

la fois in-	
poisoned the public's perception of those	carne et relationnel, de
nouveaux modes	
who suffer from mental illness. Public	de rétablissement deviennent
possibles.	
stigma also creates "self-stigma," thereby	Les personnes aux prises avec
des prob-	
causing disconnections in relationships	lèmes de santé mentale
parviennent à la	
and, sometimes, a despair that can lead to	santé lorsqu'elles créent leur
propre plan	
self-destructive feelings or suicide. New	de rétablissement et font appel
au pouvoir	
recovery models including those offered	guérisseur de l'âme et
qu'elles bénéficient	
by interpersonal neurobiology are chal-	de milieux aimants et éclairés
qui les sout-	
lenging the medical model in the treat-	iennent en maintenant avec elles
des liens	
ment of mental illness. By defining the	d'amitié exempts de jugement.
mind as transcendent and both embodied	
and relational, new avenues of healing	Resumen
become possible. Health is realized when	La depresión mayor es una
crisis glob-	
those with mental health challenges create	al de salud; es complejo, crea
confusión y	
their own recovery plans and draw on the	la mayoría de las personas que
necesitan	
healing power of the soul within loving	ayuda no la reciben. El estigma
atado a la	
and educated communities that support	depresión y otras enfermedades
mentales	
them with friendship, not judgment.	es una de las barreras más
grandes para	

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el tratamiento efectivo. Estando arraigado	this end, he began to carry
through	
en la historia, la cultura y hasta en el mod-	a plan he had been
contemplating	
elo médico, el estigma ha envenenado la	for many years—since
adolescence,	
percepción del público acerca de aquellos	in fact. He bought a large
supply of	
quienes sufren de enfermedad mental. El	over-the-counter painkillers,
sleeping	
estigma público también crea "auto-estig-	

pills, and other drugs, and he resolved
ma", causando así desconexiones en las
to take them all at once.

relaciones y, a veces, un desespero que
puede llevar a sentimientos auto-destruc-

When he got home, he sat down to
tivos y de suicidio. Nuevos modelos de re-
family, but

cuperación incluyendo aquellos ofrecidos
returned ear-

por la neurobiología interpersonal están
his plan.

desafiando el modelo médico en el trata-
room.

miento de la enfermedad mental. Al definir
adding

la mente como trascendente y tanto en-
from a few

carnado como relacional, nuevas avenidas
while he

de sanación se hacen posibles. La salud es
waiting room.

realizada cuando aquellos con desafíos de
family and

salud mental crean sus propios planes de
took

recuperación y toman del poder sanador
blood tests; did a chest X-ray; exam-

del alma, dentro de comunidades amoro-
ined his heart, lungs, eyes, ears, nose,

sas y educadas que los apoyan con amistad
y no juzgándolos.

and throat; and pronounced, "OK, you
can go home. There is really nothing

INTRODUCTION

your head!"

I have been a psychologist for most of
like

my life. A number of years ago, a man
children

I will call George came to see me and
major de-

told me a story that was shocking but
latest infor-

not unusual. George was thirty-two
Organi-

years old and had a good career, a wife,

write a goodbye note to his

at that moment, his wife

ly from work and interrupted

She took him to the emergency

He told the doctor his story,

that those negative feelings

hours earlier had lessened

had been sitting in the

He said that he loved his

wanted to go home. The doctor

wrong with you. The problem is all in

The world is full of people

George—men and women,

and teens, who suffer from

pression. According to the

mation from the World Health

zation, depression is the

leading cause

and a one-year-old child. He said that worldwide.

he had been suffering from major depression more than

most of his life, but about a living with

month before our visit he had finally than

lost hope of ever recovering. Although 2015. De-

religious, he believed God would un- is treat-

derstand that the world would be bet- who suf-

fer off without him. He was in such they need

severe and unbearable emotional pain poorer,

that he decided to take his own life. To n.p.).

Depression, Stigma, and the Soul

"Depression: A Global Public Health Concern" reported results suf-

of the World Mental Health Survey, families,

which was conducted in seventeen countries and found that on average, about one in twenty people report having had an episode of depression in the previous year (Marcus et al. 6).

About one million people take their own lives each year. For every person who commits suicide, twenty more make an attempt (Marcus et al. 6). four-

The burden of depression is 50 percent higher for females worldwide across all income levels. One or two new mothers out of every ten will suffer from depression after childbirth. stig-

Depression limits the mother's ability to care for her child and therefore can treatment and implies (contrary to the

of ill health and disability

According to their estimates,

300 million people are now

depression, an increase of more

18 percent between 2005 and

spite the fact that depression

able, nearly half of the people

fer from it do not get the help

and the figure is much lower in

less developed countries (WHO

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Depression and other major mental illnesses affect not only those who

fer from them, but also their

friends, coworkers, and community members. Often both the sufferers and those who care for them are at a loss about what to do. Even when urged to get help, many with mental health problems seem to resist. Why?

And what can be done to remedy this problem?

The goal of this discussion is

fold: first, to describe major depression; second, to explain the history and dynamics of the stigma attached to major depression and other mental illnesses; third, to show that

matizing others or oneself as being "mentally ill" can be a deterrent to

seriously impact the child's growth (Bahá'í teachings) that such illnesses and development (Marcus et al. 6). impede the progress of the soul; and According to data compiled by the fourth, to show how the concept of Centers for Disease Control (CDC), "accompaniment" can be a major contributing factor to healing when it is depressed, men are less likely to get informed by a scientifically sound and help and more likely to commit suicide (1). Suicide was the tenth leading cause of death in the United States for all ages in 2014, and men took their own lives at nearly four times the rate of women, representing almost 78 percent of all suicides (1).

CONFUSION ABOUT DEPRESSION

Depression typically starts at a young age, and depressed children and teens often go untreated. Lack of treatment has led to increasing suicide rates among the young. Suicide was the second leading cause of death in the age groups 10–14, 15–24, and 25–35 in 2014 (CDC 2).
emotion-
countries

The word depression itself is very confusing. Webster's Dictionary gives twenty different definitions for the word; only three of them refer to mood issues. Depression, among other things, can be an area of low atmospheric pressure, a downturn in the economy, or low-lying land ("Depression").

Even when referring to an emotional state, in English-speaking

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the word depression is often used in at least two ways: (1) to describe things, words events, or circumstances in the present used or in the past that cause a generally "unhappy" negative emotional state, and (2) to other denote the presence of a major mental illness—as in clinical depression (also known as major depression) or unipo-

depression would do the same. In a sense, it is understandable: the depressed and depressing are often in everyday speech to mean or "disappointing" or to signify negative emotional states. For a real estate salesman might through a "depressing"

neighborhood.

lar mood disorder.¹

prom

In George's example, the doctor who told him that his problems were who

"all in his head" was engaging in this board

confusion. George had a major mental it.

illness (major depression) and needed person is

immediate comprehensive treatment. nega-

Because the doctor could not see it sadness

with his own eyes or measure it by life.

common medical tests, he decided that kind

the problem was not real. In making mood,

this fundamental error, he was blam- busy

ing George for his illness and put- ting the onus on him to get over his helpful.

problems by himself. This error could person

have cost George his life, but, luckily, depression

George sought treatment elsewhere on inflicts

his own. The emergency room where trivial-

he had been seen was also contacted, illness and

and this incident was reported. On shame, iso-

follow-up, it was found that the erring like say-

physician had been reprimanded and "You

sent for further education about mental noth-

illness.

person

Teenagers without a date to the

might say they are "depressed" because they will miss the event. A woman

loses an election to the school

might say she is "depressed" about

In all these circumstances, a

experiencing a passing state of

tive emotion. Such occasional

is a normal aspect of everyday

When one is experiencing this

of everyday sadness or lowered

advice to ignore the problem, get

with other things, or "look on the bright side" may actually be

However, saying the same to a

who is suffering from major

or other major mental illnesses

a kind of cruelty upon them. It

izes the seriousness of the

adds to it a sense of guilt,

lation, and hopelessness. It is

ing to a person with a broken leg,

should be more careful" or "It is

ing. Just hop," or saying to a

If a trained physician can make such a mistake, imagine how much more likely it is that friends, family members, and associates of those who have major

DIAGNOSING DEPRESSION

1 Bipolar mood disorder also includes periods of major depression as well as illnesses are

periods of extremely elevated or agitated mood.

editions of

Depression, Stigma, and the Soul

the Diagnostic and Statistical Manual of Mental Disorders. The latest edition

of this volume is DSM-5, published in 2013. The first, DSM-I, was published

in 1952. The World Health Organization has its own coding system, published in the International Statistical

Classification of Diseases and Related Health Problems (ICD). ICD-10 is the

socioeconomic current version. This system is used most often for billing purposes.

DSM-5 is a large book that gives detailed explanations of the symptoms

of the illnesses and summarizes what is known and not known about their

course. Through the various revisions of DSM, different diagnoses have been

or

having a heart attack, "No need to see a doctor. You are probably just in shape. You need to get more exercise."

The definitions of mental illnesses are published by the American Psychiatric Association in various editions of

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and social factors determine the onset and course of illnesses. Biological factors like genetic predispositions

hereditary vulnerabilities are key Psychological contributors include developmental experiences,

intelligence, beliefs, other variables. Social factors are, for example, race, ethnicity, socioeconomic status, family relationships, work-related variables, community relationships, and religious affiliation.

Despite this complex interplay, biology alone can play a determining role. For instance, in our example, George reported virtually no problems with his childhood, work, relationships, or

added or removed. For instance, "neurosis" appears in DSM-I and II but was eliminated from DSM-III and later editions. he had been chronically depressed all his life.

Psychiatric diagnosis can be challenging because it relies on self-report and similar symptoms can apply to more than one diagnostic category. Often, more than one diagnosis is appropriate. For instance, substance abuse disorders are often concurrent with depression, anxiety, or other mental illnesses.

For one whose first-degree relatives have major depressive disorder, the lifetime risk of developing the disorder is two to four times greater for those without this risk factor. "Overview of the Genetics of Major Depressive Disorder," Falk W. Lohoff reports a recent review of twin studies that estimates heritability at 37

percent, "with a substantial component of unique individual environmental risk but little shared environmental risk"

plicated or unknown. Only the trauma-related disorders like post-traumatic stress disorder have specific and identifiable causes—that is, the trauma itself.

Scientists now use a "biopsychosocial" model to understand mental illness, meaning that complex interactions among biological, psychological, and environmental factors cannot be understood in isolation. Given that the word depression can indicate "just a bad day" or a major mental illness, how can an observer tell the difference? The answer is, you cannot.

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There are many reasons for this. Depression symptoms differ from person to person and may vary from day to day. 'Did you put the key in the ignition? Did you check the gas? How old is the battery?' And

family life. He had a pleasing personality, low stress, and what others to be a successful life. Yet

For one whose first-degree relatives have major depressive disorder, the lifetime risk of developing the disorder is two to four times greater for those without this risk factor.

"Overview of the Genetics of Major Depressive Disorder," Falk W. Lohoff reports a recent review of twin studies that estimates heritability at 37

percent, "with a substantial component of unique individual environmental risk but little shared environmental risk"

HOW EXPERIENCES OF DEPRESSION DIFFER

Given that the word depression can indicate "just a bad day" or a major mental illness, how can an observer tell the difference? The answer is, you cannot.

move,' and they say, 'Did you put the key in the ignition? Did you check the gas? How old is the battery?' And

it

day. Those who suffer from it often hide or minimize their symptoms, or they may not even know they are makes

depressed.

either

Depression is almost impossible to describe and even harder to comprehend unless it has been experienced first-hand. Nevertheless, I asked "fun-

friends, family members, and former clients to help me try to describe what it is like to be depressed (names have bring

been changed and descriptions edited interest.

for confidentiality).

feel-

A middle-aged man named Ken described it this way: "When you are deserve

depressed, life is a struggle, a burden, different,

like carrying a one hundred-pound unable

weight on your back all day every yourself.

day. It is hard to get out of bed in the alone

morning. Sometimes, I eat and eat and eat just to try to get some energy, but then, sometimes, I have no appetite at depression

all. Over the years, I have gained and she

lost weight like crazy. The same with remem-

sleep. Sometimes I want to sleep for depressed: "It

days and can hardly move, then other was

days I'm so agitated, I toss and turn of

all night. I can't say I am sad. It feels beckons to

makes me mad because the problem is none of the normal things you think about. There isn't a cause that

any sense. There isn't a solution

because nothing in your life explains how unbearable you feel."

Cyrus, a young African-American man, described depression as a

damental confusion between pleasure and pain." He said that when he is depressed, nothing that used to

pleasure is even remotely of

In addition, he explained, "The

ing of not being like anyone else is huge. You feel like you don't

anything either. You feel so

so apart from everyone, and so

to begin to explain it even to

There is no choice except to be

and hide."

Li, an elderly Asian woman who has had recurring bouts of

all her life, explained that when

feels "normal," she can't even

ber what it felt like to be

feels like that depressed person

someone else." But when the cloud

depression begins to rise, it

more like a numb nothingness that her, calls her, as if to home.

Although vaguely recognizable as a state of pain and despair, it also feels familiar and guilty. I know I have no reason to and therefore strangely attractive. As and feel this way, but knowing it doesn't the condition gets worse, she sinks the change anything. My thoughts seem into it and away from her previously healthy to have no power over my emotions." and life. She becomes lost in the darkness of her low mood and increasingly un- able to function. At her lowest point, she may have only a vague, faint Depression, Stigma, and the Soul 69

remembrance of her formerly healthy not knowing how to even answer that self. question"; "just trying to survive, and make it through another day"; "weakness, black men can't be Doris described depression as "a black cloud invading your mind, over-depressed"; "wishing that more people would un- derstand that you're not choosing the mental equivalent of being naked to be like this, you're not just in the cold—no blanket, no warm fire. tweets go on and on, reflecting lazy." The fact that depression is a complex, And at the same time there is a knife stuck in you and you can't escape it be- highly individualized experience. cause it feels like it is you, and the only Between persons, symptoms can look quite dif- ferent, and within any individual survival instinct is overridden by the per- son who is depressed, symptoms enormity of the pain and the inescap- can fluctuate greatly from day to day able nature of it. It feels like oppres- or

sion coming from an unknown place." She added poignantly, "The worst of

form of oppression is when your own lazi-

mind turns against you."

procrasti-

nation. It can feel like being "burn out"

THE MANY MASKS OF DEPRESSION

Because

depression can cause fatigue, aches,

A recent Twitter conversation

slow,

(#mydepressionlookslike) gives a

life, it

glimpse into the many faces of depres-

of ag-

sion.² Many tweets express the painful

or

loneliness and isolation of depression,

dementia.

the need to hide the illness, and the

feeling that no one really understands.

and

Examples include, "I'm absolutely fine,

prob-

literally, you wouldn't know anything

like

was wrong by looking at me & that's

libido,

the dangerous part"; "smiles, cookies,

tem-

tears in the bathroom, running, laugh-

vomiting,

ter, screaming into a pillow"; "kind-

etc., are

ness to others but not myself "; "being

medical,

told 'I'm too bubbly and happy to be

problems.

depressed' which only reminds me of

anx-

the facade I portray every day"; "be-

conditions often

ing always asked 'what's wrong' but

that

² See <http://twitter.com/hashtag/>

week to week.

Depression can wear the mask

other problems. It can seem like

ness, lack of motivation, or

or having a "mid-life crisis."

pains, and a feeling of being

heavy, and ready to give up on

can be misinterpreted as a sign

ing. Problems with concentration

memory may suggest early

Common physical symptoms like low

energy and problems with sleep

appetite could suggest a medical

lem, while less common symptoms

cardiac arrhythmias, loss of

loss of hearing, decrease in body

perature, sweating, nausea,

dizziness, sensations of cold,

frequently misdiagnosed as

rather than psychiatric,

Depression can masquerade as

iety, and because these

occur together, many people think

their depression is "just stress."

Anxi-
mydepressionlookslike/
nervousness,

ety can express itself as

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restlessness, tension, feelings of im-
pending danger, panic, doom, and
worry. It can include physical symp-
avoidance.

He is not alone. Stigma has been
identified by experts as the single
leading cause of treatment

toms like heart palpitations, sweating,
and rapid breathing. Anxiety attacks,
also known as panic attacks, can mimic
of

The following story will illustrate
how prejudices and false ideas work
to needlessly prolong the suffering

the feelings of a heart attack.

those who need professional help.

Chronic feelings of depression and
anxiety sometimes lead to addictive
behaviors meant to mask or reduce
internal distress. Over time, addictive
behaviors become problems in and of
re-

HOW STIGMA PREVENTS TREATMENT

themselves. Addictions include not
only drug and alcohol abuse, but also
as

Juanita came for counseling at the
insistence of her parents. She had
cently become engaged and had asked
her parents for permission to marry

things like obsessive over-work, eating
refused,

Bahá'í law enjoins. They had

disorders, excessive exercise, Internet
be-

insisting that she see a counselor

addiction, sex addiction, gambling, and
other obsessive behaviors.
again.

fore they would agree to discuss it

Despite the complexity and over-
Juanita, by now in her mid-thirties,
whelming difficulty of living with
had experienced a lifetime of struggle
major depression and other mental
with depressive symptoms including
illnesses, people manage to do it. In
low mood, crying spells, problems
fact, many famous and successful
people have suffered from major de-
pression including Abraham Lincoln

with decision-making, procrastina-
tion, and feelings of insecurity.

How-

and Winston Churchill (Solomon,
was

ever, she did not believe that she

367). Writers Ernest Hemmingway,
she

depressed. She was fine—after all,

Walt Whitman, Mark Twain, Stephen

was getting married!

King, and J.K. Rowling have openly admitted to battling low moods, while was

entertainers like Billy Joel and Ray Charles expressed their inner struggles through music. Prince Harry of Great Britain has recently opened up

In

about his chronic depression caused by she

unresolved grief over the death of his mother, Princess Diana, when he was she

only twelve years old. He now speaks candidly about his difficulties, including

delaying treatment because of the stigma of mental illness, and is urging avoiding

open conversations about these topics. Depression, Stigma, and the Soul

for help was tantamount to "giving de-

in." She also believed that if she took charac-

anti-depressant medication she would enough

get "hooked on drugs" and would have to take them for the rest of her life.

She said she did "not want to get her He

happiness from a pill." These are com-pray-

mon fears and misconceptions that are erroneous.

own

Getting help decreases the severity of the illness and increases the likelihood that when it passes, it will not about

recur. Often it is not necessary to take her

anti-depressant medications on a continuous basis. Anti-depressant medications are not addictive, and taking them allows the body's normal mood

After doing some work with me, Juanita began to realize that she

using her relationship with her prospective husband as an "anti-depressant." When she was around him, she felt less sad and more like herself.

her mind, the relationship "proved

was normal" and not "a crazy woman."

Admitting the need for treatment,

explained, would lead to a downward spiral that would cause her to "end

in the loony bin." She believed that "fighting" her illness meant

treatment, while admitting her need

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that they believed seeking help for

pression was a sign of a poor

ter, weakness, and not relying

on God. Juanita thought that if she

prayed properly, God would take away

her depression. It followed that if

didn't, it meant that she wasn't

ing right or hard enough.

Juanita not only believed her

prejudices about getting help; she

thought that others did as well: she

felt that if she told her fiancé

her depression, he would not want

because she would be "defective merchandise." And being labeled "a nut

case" would ruin her chances of marriage.

"No one would ever want me,"

to return. Using medication to fight depression is only one choice among many within a person's individualized wellness plan. The "loony bin" is a pejorative term for a mental hospital. Most people who need treatment for depression do not need to be hospitalized as part of their treatment. Only if depression goes untreated and gets so severe that the person becomes a danger to himself or herself or others (like George in the above example) might it be necessary to go to a hospital for a short time. Juanita's barriers to treatment included not only misinformation about her illness, but also all the prejudices and false beliefs she had internalized from her family and culture. She explained that according to her family, people are supposed to "pull themselves up by their own bootstraps" and "quit whining and complaining and feeling sorry for themselves," and true, but such beliefs have a long history and are deeply rooted in many cultures around the world. THE HISTORICAL ROOTS OF STIGMA health treatment and leaves many who

she said.
 As Juanita and I talked more, she began to realize that she was not honest with herself or with her fiancé. She was racing toward marriage, trying to outrun her depression before, her words, "it took over and ruined chances of living a good and normal life forever."
 Juanita's statement is the stigma—the prejudiced idea that there are two groups of people in the world, the "normal" and the "not normal," those who have mental illnesses and those who don't. It is an "us vs. them" way of thinking in which admitting mental health problems creates an inescapable mark of inferiority that separates one from mainstream society. At the beginning of our work together, Juanita could not associate idea of "a good, normal life" with mental illness like depression." It was either one or the other. This is not

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mental health by creating two separate insurance systems, one for "medical" problems and one for "mental" problems. The separation permits the allocation of inferior coverage for

Early Egyptian, Indian, Greek, and Roman writings attribute mental illness to the displeasure of the gods or possession by evil spirits. The sufferer was blamed for the illness and treated as a pariah, an outcast deserving exorcism, torture, or even death. This view prevailed despite efforts by Hippocrates around 400 BC to attribute mental illness to brain pathology. Throughout the 1800s and early 1900s, the notion that humane treatment for those with mental health problems would be curative began to take hold, but fears and misinformation from earlier times remained. Effective treatments were lacking, and those with mental health problems continued to be institutionalized with criminals, the poor, and those with addiction, other chronic illnesses, imprisonment, homosexuality, unemployment, and radical political behavior; and better treatments for major depression—most notably, a whole range of psychotropic medications and evidence-based psychotherapies. In the United States, some efforts were made to address mental illness through government measures. However, such

need help unable to obtain it.

STIGMA—PREVALENT, POTENT, PERNICIOUS

Sociologist Erving Goffman is credited with the first systematic exploration of stigma. In his book *Stigma: Notes on the Management of Spoiled Identity*, he describes it as the phenomenon of being rejected by a peer group on the basis of an attribute the group finds unacceptable. Goffman lists three categories of stigmatized people: (1) those with "blemishes of the body"—now known as physical disabilities; (2) those "blemishes of individual character perceived as weak will," among which he included mental disorders, alcoholism, suicide attempts, and (3) those with the "tribal stigma" of race, nationality, and religion.

The follow-up to Goffman's work over succeeding decades became bogged down with controversies about the labeling process itself and whether not it caused stigma. That issue was

initiatives suffered from poor funding and lack of follow-through. Meanwhile, the American medical insurance industry has been allowed to capitalize on the stigma surrounding Depression, Stigma, and the Soul

never resolved, and as interest in the topic waned, the notion that stigma was declining took hold. Meanwhile, mental health became a human rights issue.

From the 1970s onward, battles within the legal system focused on fair housing, equal employment opportunities, and adequate medical and psychiatric care for those who need it. The Bazelon Center for Mental Health Law³ has been working in this area for many years. An exhaustive treatment of this topic is outside the scope of this paper, but a few landmark cases from its website are noteworthy. For instance, in the 1970s, Wyatt v. Stickney established the constitutional right to treatment for people with mental disabilities committed to state institutions, and O'Connor v. Donaldson established the right to freedom from custodial confinement for non-dangerous persons. The Fair Housing Amendments Act of 1988 made it illegal to deny access to housing based on physical or mental disability. In 1990, the

Mental Health reviewed the literature on mental health treatment and found that stigma was "the primary barrier to treatment and recovery" (Office of the Surgeon General et al. viii). The report notes that the general public still believed Goffman's premise that mental disorders are the result of "moral failings or limited will" (viii) It also over-optimistically predicts that "[w]hen people that mental disorders . . . are illnesses that are responsive to treatments, much of the negative reotyping may dissipate" (viii). It calls for mental illness to be defined as a physical dysfunction, a "disease like any other" (viii).

Following the Surgeon General's report, what were supposed to be "anti-stigma" campaigns were launched to convince people that mental

far-reaching Americans with Disabilities Act rendered discrimination based on mental or physical disability illegal, just as the Civil Rights Act of 1964 had outlawed discrimination based on race, color, religion, sex, or national origin ("Our History").

was a brain dysfunction. For in the United States, the National Alliance on Mental Illness launched "Campaign to End Discrimination," which emphasized the bases of mental illness and the need for pharmaceutical treatments.

Within At the turn of the millennium, when serious attention from the social sciences returned to the issue, the stigma associated with mental illness was found to be prevalent, potent, and pernicious. In 1999, the first ever Surgeon General's Report on these campaigns made it worse. A study based in Washington, DC, the Bazelon Center for Mental Health Law is an organization that provides legal advocacy for people with mental disabilities.

the following decade, in countries in North America and around the world, similar widespread and expensive campaigns emphasized the brain disease model. Research indicates that in many ways, rather than reducing stigma, these campaigns made it worse. A study compared data from the 2006 National Stigma Study-Replication to the 1996 MacArthur Mental Health Study. In both studies, the same vignettes

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presented to respondents, who were asked to imagine themselves interacting with a person with a mental health diagnosis. The report concluded, "No significant decrease was reported in people any indicator of stigma, and levels remained high" (Pescosolido et al. 1324). A majority of the public continued to express an unwillingness to work closely or socialize with persons diagnosed with mental illness or have them marry into their family. And powerfully while believing mental illness to be a neurological problem was correlated working to educate the media about

decrease stigma around the world. Its efforts have been focused on the importance of the media in the fight against stigma. Research has shown that the public perception that with mental illnesses are dangerous has been fueled by media reports of hugely dramatic and destructive acts of violence committed by a very small number of people who are not getting adequate treatment. While such acts are statistically rare, they create and sustain negative public attitudes. The Carter Center has been

with believing treatment is necessary, their responsibility to provide balanced coverage of the issue of mental health challenges. It provides scholarly information that they associated mental illness with an increased risk of violence, the significant achievements, and the everyday happy lives of people in mental health treatment.

THE PERCEPTION OF VIOLENCE RISK In terms of violence risk in the general population, having a mental illness can raise the risk of committing a violent act if the illness is very severe, causing a break with reality, and if the illness is not being properly treated. Even then, the increased risk of someone committing a violent act like homicide compared to someone in the general population is believed

"But," you might ask, "what about all the media reports on mass shootings? Aren't all these committed by mentally ill people?" The answer is individuals complicated. because the lack of available psychiatric hospitals has left many homeless and without treatment or sufficient resources to survive.

For many years, the Carter Center in Atlanta, Georgia, has worked to increase mental health treatment and Depression, Stigma, and the Soul 75

THE DEVELOPMENT OF SELF-STIGMA the prejudices against those with mental health problems become reflected in Social psychologist Patrick Corrigan the government and community

infra- is one of the most well-known experts structures. The ongoing legal battles in the field of mental health stigma.⁴ and biases in the healthcare delivery system discussed above are He explains that it is important to ac- examples of structural stigma. Self-stigma knowledge that stigma is not a figment of the imagination of those who suffer curs when the prejudicial attitudes of the public sector are co-opted by from these illnesses. "The problem of indi- viduals with mental health stig- ma," he and mental health services challenges like depression. researcher Nev Jones write, "does not lie within the individual with the Larson, As Corrigan, Jonathan E. mark, but rather in the stigmatizing and Nicolas Rüsç explain, self-stig- ma develops through three communities in which the individuals separate but related processes: find themselves" (Jones and Corrigan 9). Corrigan's work shows that nega- prejudice, and discrimination (75). The first component, stereotyping, tive community attitudes (public stig- can be relatively benign. Webster's ma) can be internalized by the sufferer Dictionary defines stereotyping as a process and become "self-stigma." The story of Juanita is a good example; her sto- unfairly believing "that all people or things with a particular ry shows how internalized prejudicial characteristic are the same" ("Stereotype"). beliefs distorted her thinking and pre- Social groups share stereotypes as part of sented a major barrier to her seeking of their common culture, and these treatment. as- Corrigan, Benjamin G. Druss, and sumptions are often reinforced in the Deborah A. Perlick distinguish be- arts and media. It is easy to think of some of them: "the suit," a tween three main types of stigma:

conserva-
public, structural, and self-stigma. tive banker who dresses
impeccably;
Public stigma refers to the attitudes "the class clown," a
middle-school boy
of the general public that are outlined who is disruptive but funny; "the
soc- cer mom" with her minivan and
above. Structural stigma occurs when work-
out gear.
4 Corrigan identifies himself as a Corrigan, Larson, and Rüsç con-
survivor, researcher, and advocate. His tend that while stereotyping
itself is somewhat inevitable and not
website (<http://www.stigmaandempow->
neces- sarily damaging, it can be
erment.org/) provides tools and resourc- dangerous
es to empower those with mental health when it opens the door to the
second
challenges. Recently, he was appointed ed- and third aspects of the
stigmatization
itor in chief of Stigma and Health, a newly process, prejudice and
discrimination.
created journal of the American Psycho- When stereotypes become fixed
neg-
logical Association. ative beliefs about a group, they
are

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called "prejudices." When large seg- himself it was a just a joke. But the
ments of society begin to share those label stuck, and as time went on, he
prejudices and act upon them, discrim- began to adopt it, even introducing
ination is the result (81). himself to other people as "the new
It is important to understand how geek in tech support."
this counterintuitive and often uncon- The day before the party, Carl be-
scious process of self-stigmatization gan to imagine himself being there.
works because self-stigma can com- He thought, "I am a bit shy and seri-
bine with the symptoms of depression ous. I wear T-shirts and a hoodie all
to create a sense of hopelessness and the time. Sometimes when people tell
treatment avoidance that can lead to a joke, I don't get it." In his
mind's
suicide. Corrigan, Larson, and Rüsç eye, he imagined himself as "the
geek"
call this the "why try" effect (75). sitting alone at the party, feeling
sad
In the following hypothetical ex- and ashamed because he doesn't fit in,
ample, Carl will self-stereotype him- so he eventually decided not to go.

On

self as a "geek" and stereotype his coworkers as "artsy types." Then, based on these prejudices, he will imagine a sequence of events that will lead him to discriminate against himself.

Carl, is a gifted programmer who moved from a San Francisco technical firm to a New York City advertising and media firm. Six months into his view

new job, the creative arts department staff invited him to a party. He wanted to go because he felt lonely. He had the

been having difficulty making friends in New York. In California, he and his friends had hiked together on weekends and played video games at coworkers

lunch. These New York "urban artsy types," as he called his coworkers, didn't share his interests in computers and the outdoors. He began to notice that they often referred to him as "our new geek" or, sometimes, "the nerd." He had never been called that before and wasn't sure how to react. an

At first Carl tried to convince
Depression, Stigma, and the Soul

LABEL AVOIDANCE AND THE
"WHY TRY" EFFECT
between the pain of their own illness
The self-stigma that kept Juanita from getting mental health treatment is in of
some ways similar to Carl's self-stigma. Juanita labeled a depressed person like herself "a nut case" and saw this
herself as "less than" someone who does not need mental health treatment

Monday morning, a coworker said to him, "Hey Carl, we missed you last Saturday night! What were you doing?" Carl looked down at the floor

and mumbled, "I played video games" as he walked away. The coworker, feeling snubbed, thought, "I guess you ally are a nerd."

Carl's self-stigma blocked his view of reality. He didn't know that when his coworkers met him, they immediately liked him. They were fans of television show The Big Bang Theory, in which a "nerd" hero creates comedy out of his extreme intelligence and lack of social skills. Carl's

were comparing him to their hero when they used that label. For them it was a benign stereotype. But Carl didn't know that. Instead of going to the party and testing his theory of being an outcast, he stigmatized himself and stayed home, thereby effectively creating the reality of being

outcast through his own actions.

This is the reality for people with major depression. They are squeezed and the scourge of public opinion, forced to choose between the rages of their own internal suffering and loss of their sustaining ties. And society, we are asking them to face unsolvable dilemma at the very time they feel most vulnerable and least

(prejudice). She then acted on her beliefs when she avoided treatment (discrimination). Juanita was engaging in Is it what Jones and Corrigan call "label themselves avoidance," which he defines as "refusing to get help for mental illness in death order to avoid the label of being mentally ill" (19).

However, Juanita's self-stigmatization is different from Carl's in two important ways: first, Carl was simply feeling a bit sad about missing his De-friends, but Juanita was suffering from are a serious mental illness, major depression; second, while Carl's coworkers actually liked him, a large portion of indi-the general public holds negative views relation-about people with mental health issues. intra-Juanita had to choose between getting treatment and potentially losing the supportive network of her fiancé, depression, friends, and family, and refusing treatment to keep her social network. Can she be blamed for choosing to maintain her relationships? Is it fair to ask a person suffering from feelings of In hopelessness and self-loathing to fight getting public opinion that decades of social science research, public relations, and government programs have failed to

able to cope, at a time when all symptoms described at the beginning of this article are in full force. any wonder that many find boxed into a no-win, no-way-out conundrum that leads many to feel is the only solution?

MIND, SOUL, AND RELATIONSHIPS

The above discussion reflects the complexity of depression and stigma. Depression and other mental illnesses are private, and they are public. They are widespread throughout the world yet uniquely expressed within each individual. They are embedded in relationships yet deeply personal and psychic. Genetics play a roll, but only partially explain the complex, life-threatening challenges of depression and other major mental illnesses. Decades of research and public campaigns have failed to eradicate and the widespread phenomenon of untreated mental illness goes on.

fact, the problem seems to be worse. What can be done?

The soul is a timeless concept. Bahá'ís believe in the soul, as

do the
impact?
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major religions dating back to ancient times. Aristotle, Socrates, and many other ancient philosophers spoke of the soul. Indigenous and Native peoples also affirm the existence of our link to the Great Spirit that provides guidance during this lifetime and the next. However, introducing the concept of a "soul" into a discussion of problems that have variously been defined as the province of medicine, psychiatry, sociology, law, and public health may seem incongruous, even contrived. But consider for a moment: perhaps the intractability of stigma is related to the framework within which it has been addressed. Perhaps the approaches reviewed above contributed to stigma by labeling and categorizing human beings rather than seeing them as unique, complex, multifaceted, and transcendent. Perhaps when dimensions like wholeness, interconnection, the soul, and spirit are eliminated and replaced with static categories and nega-

as machines whose separate parts add up to the whole. The example of a broken clock is often used as an example. If the clock isn't working, take the pieces one by one, find the piece, fix it, then put the clock together. According to this logic, if the problem is depression, label the depressed group "not normal," separate it from the "normal" group, analyze the parts that appear to be concrete, physical, measurable things, such as chemical imbalances—then those with equally concrete, measurable things like medications. Notice the actions involved in approach that contribute to stigma: labeling, separating, defining as assuming an outside expert is needed to fix the brokenness, and ignoring all the unquantifiable aspects such as social relationships, inner thought processes, spirit, and soul. Although slightly exaggerated for sake of making the point, this is tially the biomedical model of health.

tive labels, stigma is the result. It prides itself on being hard
 science
 Starting with the Enlightenment, because it shows cause and effect as
 Western research and practice in most linear, fixed, and measurable.
 Within
 fields of science removed any con- this model, there is no room for the
 siderations of the spiritual nature of least measurable, least
 quantifiable,
 mankind. As technology and science most ineffable aspect of a human be-
 rapidly advanced, the dominant para- ing, the soul. Could it be that
 without a
 digm became materialistic and mecha- framework that includes the
 transcen-
 nistic. From this perspective, the only dent, the problem of stigma and the
 things that exist are those that can be puzzle of recovery from mental
 health
 observed and measured. That is why issues cannot be solved?
 the doctor in the emergency room told Daniel Siegel is a clinical
 professor
 George his problems were not real af- of psychiatry at the UCLA School of
 ter his lab tests proved to be negative. Medicine and the founding
 co-director
 Mechanistic ideologies see humans of the Mindful Awareness Research
 Depression, Stigma, and the Soul 79
 Center at UCLA. In his popular work the relational aspect of individuals
 Mindsight, he tells the story of his and the theory, skills, and benefits
 of
 own struggle with trying to help peo- personal growth and changes in
 states
 ple within the boundaries imposed by of mind. He suggests that through
 the medical model. It nearly drove him self-awareness we can become mindful
 out of the field. He took time off from of our own internal subjective
 states
 his training, and when he returned, and how these directly shape our
 phys-
 he was determined to take a differ- iological and psychological health.
 He
 ent stance. The result is his lifework, explains that through this
 awareness,
 called "interpersonal neurobiology," we can change the organization and
 which is taught through his books, structure of our own brains. He
 calls
 lectures, and the Mind Sight Institute this awareness "mindsight" and de-
 (www.mindsightinstitute.com). scribes it as a process that
 "enable[s]
 Mindsight begins with the question, us to sense and shape energy and in-

"What is the mind?" A basic question, of it would seem, in a field named "mental health." But, he says, no one really knows. He polled over eighty thousand experts about whether or not they had ever attended a course or lecture defining the mind or mental health: "The responses were easy to count. In numerous countries on four different continents, in lecture halls around our globe, the same statistic has emerged again and again: Only 2 to 5 percent of people in this field had ever been given even a single lecture that defined the very foundation of their specialty—the mind" (51). Siegel set out to do just that, and his work is noteworthy self-reflection is in many ways.

formation flow" (55). Higher states of consciousness lead to transcendence, in which people simultaneously see themselves as unique individuals and part of the entirety of humanity, whole of creation (52). "Mindsight," Siegel explains, "takes away the superficial boundaries that separate and enables us to see that we are part of an interconnected flow, a er whole. By viewing mind, brain, relationships as fundamentally three dimensions of one reality—of energy and information flow—we see our human experience with new eyes" (58). He emphasizes that at the heart of mindsight. He reports that when people become more internally integrated and insightful about themselves, "[t]heir identity expands; they become aware that they are part of a much larger whole. In various search explorations of happiness and wisdom, this sense of interconnection seems to be at the heart of living a life of meaning and purpose" (76).

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Siegel's definition of mental health and effects" (55:5), just as Siegel as- serts that "mindsight" allows one

to integration, we see ourselves with an expanded identity. When we embrace that the reality of this interconnection, being considerate and concerned with the larger world becomes a fundamental shift in our way of living" (260). Siegel uses brain science to argue that Both the "mind" can change the brain and discover therefore behavior. "The mind uses the brain to create itself," he says (261). Compare this description of the integrative mind with 'Abdu'l-Bahá's description of the rational soul in Some Answered Questions: "Reflect upon the inner realities of the universe. The human spirit which distinguishes man from the animal is the rational soul, and these two names—the human spirit and the rational soul—designate one thing. This spirit, which in the terminology of the philosophers is the rational soul, embraces all beings, and as far as human ability permits discovers the realities of things and becomes cognizant of superstition.

monitor and modify the flow of information internally. Siegel says the mind cannot be separated from relationships with others. The process of the soul is concerned with relationships too, with "the qualities and properties of beings" (55:5). definitions emphasize growth, ery, and the acquisition of Both affirm a human spirit that nects us all together in an whole. Both allow for complexity connections among seemingly disparate parts. 'Abdu'l-Bahá states, verse, the secret wisdoms involved, enigmas, the inter-relationships, rules that govern all. For every the universe is connected with other part by ties that are very ful and admit of no imbalance, nor slackening whatever" (Selections 137). Furthermore, in The Promulgation of Universal Peace, 'Abdu'l-Bahá "Religion must conform to science and reason; otherwise, it is

their peculiarities and effects, and God has created man in order that he
of the qualities and properties of beings. (55:5) may perceive the verity of existence
and endowed him with mind or reason

to discover truth. Therefore, scientific

While Siegel's definition of the knowledge and religious belief must
mind and 'Abdu'l-Bahá's definition of be conformable to the analysis of
this

the soul are not completely identical, divine faculty in man" (96).

they are compatible. The soul as de- The preceding discussion shows
scribed here is dynamic, a process and that love is good science and that
the

not a static or material "thing." It "dis- powerful reality of the human soul
and

covers the realities of things" (55:5). spirit defines human beings
regardless

The soul includes understanding and of the barriers that may at times
dim

gaining insight about "peculiarities their lights.

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"CONSIDER THE LIGHT OF THE LAMP" of soul. Let us hope in the mean-
time scientists will find better and

That movement toward the spiritual permanent cures for the mentally
and transcendent is necessary to ad- afflicted. But in this world such
dress mental health was also affirmed illness is truly a heavy burden to
by Shoghi Effendi in a letter to an in- bear! (qtd. in Selections from
Bahá'í

dividual believer dated 12 April 1948. Writings 948)

He reflects:

In this letter, Shoghi Effendi cele- brates the power of the soul, empha-
It is very hard to be subject to any sates its inherent health, and
illness, particularly a mental one. describes

However, we must always remem- illness as a "hindrance" between the
ber these illnesses have nothing soul and the body, a point also under-
to do with our spirit or our inner scored by Bahá'u'lláh:

relation to God. It is a great pity Know thou that the soul of man is
that as yet so little is really known exalted above, and is independent
of the mind, its workings and the of all infirmities of body or mind.

illnesses that afflict it; no doubt, That a sick person showeth signs
as the world becomes more spir- of weakness is due to the hin-
itually minded and scientists un- drances that interpose themselves
derstand the true nature of man, between his soul and his body, for
more humane and permanent the soul itself remaineth unaffect-
cures for mental diseases will be ed by any bodily ailments. Consid-
found. The Guardian, much as er the light of the lamp. Though
his heart goes out to you in your

fear and suffering, cannot tell you whether electric shock treatments should or should not be used, as this is a purely medical question, and there is no reference to such details in our Scriptures. The best scientists must pass upon such methods, not laymen. You must always remember, no matter how much you or your others may be afflicted with mental troubles and the crushing environment of these state institutions, that your "soul

spirit is healthy, near to our Beloved, and will in the next world enjoy a happy and normal state
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buttress those who are experiencing mental health challenges. Conversely, stigma and related negativity like judgment, criticism, or relationship "cut-off " can cause irreparable damage. The Bahá'í community, with its (Bahá'u'lláh, emphasis on love, community building, and reliance on the spirit, is uniquely suited to respond to the needs of those who suffer from mental illness. relationship

would look like when walking "even as
ACCOMPANIMENT AND RECOVERY
passage sets a new standard of friend-
Accompaniment is a concept that has says
recently become a lodestone of community building efforts within the Bahá'í Faith. To accompany someone is to stand next to that person and "be there," supporting him or her with understanding and empathy. Accompaniment is neither giving advice nor abandonment. It is non-judgmental supportive friendship, a soul-to-soul relationship in which each learns from the other.

an external object may interfere with its radiance, the light itself continueth to shine with undiminished power. In like manner, every malady afflicting the body of man is an impediment that preventeth the soul from manifesting its inherent might and power. (Gleanings 153)

Siegel's work suggests that when a person is experiencing maladies that affect the mind, relationships, or

to soul" connections, can wield a powerful force. Within loving relationships, the positive energy flow helps

of detachment may be made manifest. Such is My counsel to you, O concourse of light! Heed ye this counsel that ye may obtain the fruit of holiness from the tree of wondrous glory.

Hidden Words, Persian no. 69)

The Bahá'í Writings are very explicit in regard to what a

one soul." This beautiful and moving

ship for all of us. 'Abdu'l-Bahá

that

the Cause of the Ancient Beauty is the very essence of love, the very channel of oneness, existing only that all may become the waves of one sea, and bright stars of the same endless sky, and pearls within the shell of singleness, and gleaming jewels quarried from the mines of unity;

that they may become servants
O children of men! Know
ye not why We created you all
from the same dust? That no one
should exalt himself over the
other. Ponder at all times in your
hearts how ye were created. Since
should

We have created you all from one
same substance it is incumbent on
you to be even as one soul, to walk
with the same feet, eat with the
same mouth and dwell in the same
land, that from your inmost being,
by your deeds and actions, the
signs of oneness and the essence
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one to another, adore one another,
bless one another, praise one an-
other; that each one may loose his
tongue and extol the rest without
exception, each one voice his grat-
itude to all the rest; that all

lift up their eyes to the horizon of
glory, and remember that they are
linked to the Holy Threshold; that
they should see nothing but good
in one another, hear nothing but
praise of one another, and speak
no word of one another save only
to praise. (Selections 193)

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'Abdu'l-Bahá has given a clear answer
to the question, "How do you accom-
pany a person with mental health
challenges?" Extol without exception.
poli-

Serve, bless, praise; see the good only.
re-

Express gratitude and love, even to
guidelines

the point of "adoring" one another.
If you are the one who is depressed
or suffering from another mental
self-deter-

health challenge, you may find it help-
is

ful to substitute "one another" in the
encompasses

passage above with the word "your-
an individual's whole life "including
self " as you progress toward achiev-
mind, body, spirit, and community"
ing recovery. In spite of the veil you
("Recovery"). The guidelines state
may feel between your conscious self
that "there are many different path-
and your spirit, strive to love yourself,
ways to recovery and each individual
praise yourself, see the good in your-

(SAMHSA) is a large government
organization in the United States

oversees a variety of mental health
programs, research efforts, and

cy recommendations. Recently, it

leased a new set of policy

regarding mental health treatment
that rejects the old medical model and
embraces an individualized,

mined, holistic approach. Recovery

defined as a process that

self, and be grateful to yourself for bearing up under your heavy burden. Try not to put yourself down, even though depression may be twisting your thoughts to the negative. Be kind to yourself. And at the same time, realize that it is no one's problem to solve but yours. That means recovery from major depression and other mental illnesses may be more or less a full-time job, and it may be one you will do for the rest of your life. Taking responsibility for the illness is step number one. This does not mean believing that you caused the problem or that it is your fault. It means understanding and valuing your uniqueness while realizing that only you can create the recovery plan that will be right for you. make recovery more complex. A history of physical and/or psychological trauma requires specialized trauma-focused services by persons with training in these areas. A trauma

determines his or her own way" (del Vecchio). Recovery is defined as "a process of change through which individuals improve their health and wellness, a self-directed life, and strive to their full potential" ("Recovery"). guidelines emphasize that recovery is real. No matter how severe and longstanding a mental illness may be, possible to create a plan that allows for a full and meaningful life. By taking charge of one's own illness and assembling medical help, skill training, nutrition, mind-body practices like yoga and meditation, and other curative practices, individuals become healthy and empowered. Of course, various situations

can greatly complicate the already complex issue of recovery. Likewise, when addictive behaviors are part of

mid-thirties whom I met at a conference on healing. She was a speaker who shared her recovery plan

the picture, they too require specialized treatment. Self-help groups aid recovery and emphasize that personal change is a life-long process of discovery that benefits from group support.

personality
liv-

The recovery process is ever changing and may include setbacks and learning experiences that are painful. calls

This is normal and should not be associated with failure or lack of effort or willpower. Setbacks are opportunities for growth. Small initial steps are often the most difficult, and when they do not result in the immediate alleviation of symptoms, many individuals lose hope and stop the process. It is important not to give up but to continue forward, adding more pieces to the recovery plan until the symptoms are under control and life is livable.

regular
psychother-

physical

training

participa-

activities.

lose hope and stop the process. It is important not to give up but to continue forward, adding more pieces to the recovery plan until the symptoms are under control and life is livable.

The new guidelines highlight that recovery is a way of life and the "experts" are those with the "lived experience" of healing. In the following story, Samila suffers from major mental illnesses and stigma. When her internal distress becomes too much to bear, she is faced with a choice. Her story shows how the supportive responses of others in her life enabled her to survive and begin her journey of healing while discovering the spiritual purpose of her life.

needed.

I beat myself up for decades and

WAVES OF ACCEPTANCE

ly and emotionally. Those were

with the group. Despite having been diagnosed with major depression, anxiety with panic attacks, eating disorders, and borderline

disorder, she reported that she is

ing a full and meaningful life. Samila has created a comprehensive array of resources and practices that she

her "wellness plan." It includes

visits with a psychiatrist,

apist, and registered dietitian;

exercise; interpersonal skill

using Dialectical Behavior Therapy;

an active spiritual life; and

tion in Bahá'í community

Samila created the plan herself. She explained, "We have to find the way ourselves because no one else is

to do it for us."

Samila agreed to share her story

during a telephone conversation in August 2016:

You are already fighting a battle every single day against your own brain, but it's worse to fight the stigma that you have put on yourself and that other people have put on you. I just remember the years and years I went without help because I was so afraid of being seen as damaged. I hid it. I didn't get the help I needed.

just hurt myself so much mental-

Samila (whose name has been changed for anonymity) is a woman in her Depression, Stigma, and the Soul

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that was the only attitude they had ever known. You didn't talk about it. You certainly didn't acknowledge it. You moved forward. You distracted yourself. You just continued on as if nothing is really wrong. You can't say, "Something is wrong" because it's not your foot that hurts. It's your brain that hurts. People can't fathom that. It is a scary unknown beast. Everybody goes silent when you talk about it.

For over thirty years I lived with shame and fear and felt angry and bitter because these were the circumstances I was given. I thought, 'Why did I have to get this kind of life?'

When I had my breakdown a few years ago, it was the first time I contemplated suicide. I realized the things I was doing in my life made it impossible to live. I could not continue playing this game I had not signed up for. There were rules that had been imposed upon me, and I had no choice in them. I realized hey, if these are the rules and they mean I can't live anymore, I can't survive. I was never hospitalized. I was in my office at work when I had this realization. Later that day I was able to see my therapist. She made me sign a contract that I would not take my own life. I promised I'd go and stay with my parents and tell them the truth. That was the first time I ever told my parents I had these kinds of thoughts. It was

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circumstances that were largely set up for me by my parents, but

terrifying. My mom sat by me and hugged me and cried and was just there for me.

It is three years now that I have been talking about my mental health. I am owning my mental illness and talking openly about it. I still get scared, but now it's my way of saving myself.

I used to say, "Why did I get this as my lot in life?" And the answer

I got back from God was, "This is your purpose. You have been giv-

en this challenge so you could use

it for some good." If I talk about this, maybe it will at least reduce some of the stigma, at least in my corner of the world.

Now I go toward the love—

those who reach out to me and say either, "I struggle too," or they say, "I think you are so great and courageous," and others say, "I want to be there for people like you too." Whatever makes me feel seen and heard gives me hope, as the waves of acceptance flow out.

CONCLUSION

The goal of the preceding discussion has been to show that the application of the Bahá'í teaching of the unity of mankind is urgently needed in the field of mental health.

Depression is now the leading cause of disability worldwide and despite the fact that highly effective treatments are available, the majority of those who suffer do not get the help

they need. The stigma of mental ill-

As the many stories and examples

ness is the greatest barrier to treatment. Stigma is a societal problem; a problem of attitude, of ignorance, and all human denial. It labels and blames those who suffer and greatly enhances their distress at the time when they most need love and support. It creates societal barriers that go unchallenged despite their glaring inequities and negative consequences.

illustrated, depression expresses itself uniquely within individuals and each healing journey is different. But human beings benefit when the reality of the soul and the potency of relationships are acknowledged. Interpersonal neurobiology shows how the mind depends on relationships for health and how transcendence itself is linked to the reality of love as it unfolds within each of our lives. Healthy individuals have a responsibility to examine their attitudes about mental health challenges, educate and take an active role in combating stigma through loving compassion towards those who suffer.

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