

*Some Guidance
for Spiritual Assemblies
Related to Mental Illness
and Its Treatment*

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Foreword

In the spring of 1998, the National Committee for the Equality of Women and Men convened a conference of Bahá'í mental health professionals. The Committee recognized that this was a group whose members work with individuals, couples and families, and who have the affect and encourage equality at the basic unit of civilization.

One of the outcomes of that conference was the development of a resource guide for Local Spiritual Assemblies dealing with community members suffering from emotional problems. This pamphlet, *Some Guidance for Spiritual Assemblies Related to Mental Illness and Its Treatment*, is the product of that effort.

The National Spiritual Assembly of the Bahá'ís of the United States, in their statement *Two Wings of a Bird: The Equality of Women and Men*, state that “a community based on partnership, a community in which aggression and the use of force are supplanted by cooperation and consultation, requires the transformation of the human heart.” It is our hope that this pamphlet will be of assistance to Spiritual Assemblies as they minister to the members of their communities, and work to transform the human heart.

With Loving Bahá'í Greetings,

**The National Committee
for the Equality of Women and Men**

An Opportunity for Service

There is no question that the maturation of Spiritual Assemblies requires the gradual acceptance of ever-greater degrees of responsibility by that Divine Institution. Among the responsibilities spelled out for Spiritual Assemblies by the Guardian is that of being *“like unto shepherds.”*¹ In its Ridván 153 Message, the Universal House of Justice uses that same phrase in calling the Spiritual Assemblies to *“rise to a new stage in the exercise of their responsibilities as channels of divine guidance, planners of the teaching work, developers of human resources, builders of communities, and loving shepherds of the multitudes.”*² It has challenged the members of Spiritual Assemblies to *“ever be mindful of the attitude and manner prescribed for the conduct of their duties, and [they] should strive continually to approach the exalted standard set out in the Teachings.”*³ And it has, in recent years, pointed out that *“The darkness and suffering around us not only are the signs of a need, but also present us with an opportunity which we must not fail to use.”*⁴ One of these opportunities lies in the creation of a true Bahá’í community, *“a light and haven for the bewildered.”*⁵

There is no arena in which there is greater opportunity for Spiritual Assemblies to be *“a light and haven for the bewildered”* than in service to the mentally ill. Both within and without our Bahá’í community, increasing numbers of human beings suffer illness directly attributable to the stresses of a Godless world, confirming Bahá’u’lláh’s assessment that *“Should the Lamp of Religion be hidden, chaos and confusion will ensue.”*⁶ While some illnesses manifest themselves in physical disorders directly attributable to our way of life — heart disease, cancer, and immune disorders — disease may also manifest itself in psychiatric disorders, such as depression, anxiety, and the multitude of disorders for which the afflicted have historically been labeled as *“crazy.”* We are not that far from a history in which the mentally ill were seen as possessed by evil spirits. Prejudice still remains against the mentally ill, even within the Bahá’í community. Despite advances in contemporary medicine, the institutions which previously cared for the helpless mentally ill have been abandoned as governments have cut social programs, leaving this population without any support and open to abuse. Into this void, the Bahá’í institutions are increasingly finding themselves called to service. For this reason, we wish to raise some questions and suggest some answers which might assist these institutions to acquire a basic education concerning mental illness and its treatment.

Encountering Acute Mental Illness for the First Time: Overcoming Myth

One’s first encounter with a person suffering from acute mental illness can be confusing, frustrating, even frightening. Generally speaking, when someone speaks to us in a manner which is confusing or irrational, we can, through consultation with that person, calm them and achieve a rational interchange. With someone who is delusional, hallucinatory, or acutely paranoid, however, such rational dialogue may be impossible. At first, in our dealings with such a person, we may be offended or shocked by his or her behavior. But when we begin to realize that this person is mentally ill and therefore incapable of choosing a reasonable course of action, we can take their words and deeds less personally. Mental illness, therefore, provides us with an opportunity, as do other kinds of differences such as race or class, to extend the warmth of our concern and to

overcome our own prejudices, as did the Guardian in his reassuring remarks to a believer suffering mental illness:

*You must always remember, no matter how much you or others are afflicted with mental troubles that your spirit is healthy, near to your Beloved, and will in the next world enjoy a happy and normal state of soul.*⁷

As we struggle to move past our spontaneous response to the mentally ill person, we may come to the gradual recognition that we are faced with a personal responsibility for the one who is ill if they are incapable of caring for themselves. We must then decide how to respond to this person, when all the normal “rules” governing social interchanges seem to be absent. After all, if a person is ill with a bodily illness, we offer to take them to a hospital and they gratefully accept. If they appear to be in physical distress, they are not offended by our recognition of their illness. This may not be the case when a person is mentally ill. It is worth noting, therefore, that many of the negative aspects of dealing with mental illness are due not so much to the sick one, but rather to our own sense of helplessness as we try to figure out what to do. The simple remedy for this sense of helplessness is knowledge. The more experience one has with mental illness, the less confused one is about what to do and the more capable one is of a compassionate and loving response. As Spiritual Assemblies gain experience in assisting those suffering from psychiatric disorders, they will face this challenge with a compassion and competence paralleling that of mental health professionals.

Little-known Truths About Mental Illness

Such experience will readily confirm the following truths and counter the numerous myths which exist about mental illness:

- a) Most forms of mental illness do not carry an increased risk of violent behavior toward the self or others; some forms of mental illness may carry an increased risk of such violence, but they constitute a very small percentage of those who are mentally ill.
- b) Persons with a mental illness cannot simply “get it together” by choosing to do so.
- c) Mental illness does not correlate with a lack of intelligence; very intelligent persons may seem to lack common sense as a result of their mental illness.
- d) Persons with a mental illness can live happy and productive lives and are not of necessity destined to a lifetime of disability.
- e) Mental illness is not a “spiritual” disease, but a physical disease with intellectual and emotional symptoms. Prayer can assist those with symptoms, but a competent therapist is also essential.
- f) Although some mental illnesses have their origins in traumatic experiences, many do not. While some mental illnesses are signs of a chemical imbalance, some are not. While drug treatment is helpful in some cases, it is not helpful in all cases. And while psychotherapy is helpful in some cases, it is not helpful in all cases. It would therefore be an oversimplification to attribute the origins of all psychiatric disorders to a particular cause or to point to a single cure for all such illnesses.
- g) An acutely mentally ill person is not necessarily “out of control.” Even when his or her words may indicate hostility or aggression, s/he may be also less capable of

organizing his or her thoughts and actions in an orderly fashion than the average person and thus be rendered incompetent. Consequently, s/he may be surprisingly compliant and ready to do what a more rational person suggests, even if it entails seeking medical assistance that s/he denies wanting to receive. Most people experiencing emotional distress respond positively to expressions of genuine love and sympathy.

h) In those infrequent instances in which a mentally ill person possesses a potential for violence against themselves or others, it is possible to anticipate such potential violence and to protect against it. Such violent behavior does not usually come out of the blue, but is evidenced in a person's preoccupations and plans. Persons who speak of taking their own lives and who communicate that they have a plan to do so are signaling that they are at risk. Persons who obsess about killing others will likewise probably give ample evidence of such obsessive thoughts. In such cases, it is possible to enlist the support of mental health agencies or the police in order to protect against such violence.

A Definition of Mental Illness

Many bodily illnesses have an effect upon the mind, but we do not refer to them as mental illnesses, since the remedy to the illness is primarily biological. For example, a person in insulin shock due to diabetes can be irrational, but once his/her blood sugar has been stabilized, his/her mental status changes. Likewise, a person with a brain tumor may exhibit personality changes, but once his/her tumor is removed, she or he may be restored to his/her normal state. Mental illness, on the other hand, is a disease of the mind which involves changes in a person's thoughts, feelings, or behavior. The treatment of the illness may involve medical interventions, or utilize psychotherapy, otherwise known as the "talking cure."

The major psychiatric disorders may be classified into these groups:

- organic brain disorders
- schizophrenia
- affective/mood disorders
- anxiety disorders
- dissociative disorders
- personality disorders
- childhood mental disorders

Sometimes the term "*neurosis*" is used to refer to the milder disorders which cause distress but do not interfere greatly with a person's everyday life, while "*psychosis*" refers to a severe or acute mental disorder that would interfere with normal life functions. Most anxiety disorders and personality disorders are regarded as neuroses, while common psychoses may include schizophrenia and affective/mood disorders such as bipolar disorder, formerly called "*manic-depressive illness*." There are far more people afflicted with the milder forms of mental illness than the most severe, and many people who seek the assistance of a mental health professional would not give any outward appearance of requiring such treatment. Consequently, one should not presume that a person who seeks treatment for a mental illness is severely ill, nor should one regard the seeking of such treatment as shameful or a sign of personal failure. On the contrary, it would be reasonable to assume that a person who seeks treatment despite prejudice against such treatment is giving evidence of significant personal courage and an

indication of their commitment to strive for health.

Psychiatric disorders are much more common than most people realize. They affect people regardless of their national origin or their class or education. One out of nine Americans will receive treatment for a psychiatric disorder during his/her lifetime, so it is highly likely that a Bahá'í community will include persons who face the challenge of mental illness.

Origins and Influencing Factors

Our understanding of the origins of mental illness is rapidly expanding due to scientific advancement. However, since the human mind is the most complex and sophisticated reality in the universe, it stands to reason that our understanding of it is very limited. Current scientific research points to a complex interrelationship of the following factors with influence over whether one acquires a mental illness:

- inborn temperament,
- biological accidents,
- biochemical equilibrium,
- the abuse of substances,
- developmental challenges,
- life experiences such as a lack of family support and encouragement,
- environmental factors such as stress and educational attainment,
- and the will and determination of the afflicted person to overcome their illness.

Other studies have implicated a lack of social cohesion, such as results from the disintegration of such social institutions as the family or community, as a significant factor in an increased incidence of mental illness.

It is clear from research done about mental illnesses that there are a number of factors which ease the complications of this illness. People who are firmly grounded in a community, who have strong family support, who do not use alcohol or substances, who have a sense of their purpose in the world, and who have a network of supportive individuals to assist them in the challenges presented by mental illness are far more likely to respond well to treatment and to resume a productive and happy life. One need not be “doomed” by one's inherited predisposition or by one's upbringing, but can in fact adopt a spiritual perspective which can assist one in overcoming these limitations. It is clear then, that the Bahá'í way of life can be itself a positive influence on those who suffer from mental illness.

Morality and Mental Illness

A Spiritual Assembly's first encounter with a mentally ill person may involve the need to inquire into behavior which is immoral or illegal. A delusional person who believes s/he is God's agent, for example, may write checks for money s/he does not have. Or a depressed person may be attempting to self-medicate the depression by drinking alcohol or smoking marijuana. Or a woman with a personality disorder may be compulsively promiscuous. What then is the relationship of mental illness to immoral behavior?

It is clear that mental illness is not caused by immoral behavior, nor is all immoral behavior caused by a mental illness. The relationship is not linear, but systemic, and it requires a holistic view of health. That is, mental illness can impair the capacity for

judgment, which in turn can cause a person to make very poor choices in his/her behavior. Immoral behavior, or even simply poorly-thought-through choices with regard to behavior can lead to increased stress, which may intensify the risk of mental illness. Lying, for example, is not only immoral, but also stressful. It requires keeping track of one's various stories and involves the fear of being found out; it ruptures social ties; it leads to condemnation from others. All of these situations may become a precondition for mental illness. So there is no question that obedience to Divine Law contributes not only to better mental health, but also to better physical health. Many of the physical and mental illnesses which plague us today are complicated by the godlessness of our contemporary way of life.

Though the development of the psychological sciences has provided us with a much more sophisticated understanding of the dynamics of human behavior than was available two centuries ago, the uncritical adoption of psychological perspectives by popular culture has led to several unfortunate tendencies. One of these is reflected in the oft-stated notion that if a person is immoral, it is because s/he is sick or ignorant. This observation, while attempting to highlight one truth, may conceal another: human beings are not animals and therefore have choices between moral and immoral behavior. An orderly human society requires that moral choices are rewarded and immoral choices punished. Since both reward and punishment have personal transformation as their ultimate goal, the following questions are relevant as the Spiritual Assembly considers its responsibility to respond to the behavior:

- Does this person fully understand why his/her actions are unacceptable?
- Is this person mentally ill?
- If this person understands that his/her actions are wrong, does s/he understand how to manage his/her own behavior? For example, if a young woman is promiscuous, does she know how to make healthy choices about men? Has she had healthy models? Does she believe she is worthy of better treatment? Does she understand the relationship between her self-worth and her behavior? Would punishment assist her to move toward better choices, or would punishment reinforce her poor self-image?
- Which of the Bahá'í teachings would be most helpful to this person?
- How can the Bahá'í community provide social support for nobler choices?
- Would psychotherapy or medical treatment assist this person to obtain understanding?
- How can the Spiritual Assembly assist this person's growth and simultaneously show to its community that Bahá'í laws are to be taken seriously? Is it necessary to be punitive in order to demonstrate the value of the Bahá'í way of life? What kinds of limits can be of assistance? How can the Spiritual Assembly reward efforts taken in the direction of greater personal responsibility?
- If psychotherapy is recommended, how will the Spiritual Assembly know whether it is being helpful?

A Spiritual Assembly which is attempting to find an appropriate response to immoral behavior will need to understand how mental illness has played a role in that behavior. Its challenge will be to find that balance in which compassion mediates justice. It will need to simultaneously consider both the community's need for protection and the offender's need for aid and guidance. However, compassionate as its response to the mentally ill offender may be, it can require that s/he seek treatment for the condition

which has led to an immoral action at the same time that it sets firm limits on the behavior.

Treatment

It is useful for a Spiritual Assembly to have some understanding of the treatment options for the mentally ill, as it may be called upon to recommend solutions.

There are two major forms of treatment for mental illness: medical treatment and psychotherapy. Medical treatment can be initiated by family practice physicians who may rule out any physical disorders which could give rise to mental symptoms and who may treat some neurotic symptoms with prescription medication. It is often helpful for a referral to be made to a psychiatrist, who is a medical specialist in mental disorders.

Psychotherapy is most often provided by a Licensed Clinical Social Worker (LCSW), a Ph.D. Psychologist, Licensed Mental Health Counselors, or an M.D. or D.O. Psychiatrist. There are also a variety of other credentialed psychotherapists who work under the supervision of these professionals. Should a person suffer from substance abuse, s/he may be treated by a person with credentials related to their expertise in addressing this problem. There are a number of kinds of psychotherapy which have been shown to be effective with specific kinds of problems: marriage counseling, group psychotherapy, family therapy, self-support groups, family group psychotherapy, and so on. A qualified professional can make a proper assessment and referral to a person seeking such treatment.

Hospitalization

Recent efforts to reduce expenditures for medical treatment have greatly reduced the likelihood of a person suffering from an acute mental illness or substance abuse to be hospitalized. It is not sufficient that individuals are psychotic to be hospitalized; he or she may need to be a threat to himself or herself or others before hospitalization is considered. In such cases, it becomes all the more important that the patient have a supportive family or community to assist him or her with the basic requirements of life: food, clothing, and shelter during this crisis.

The Spiritual Assembly which wishes to be prepared for assisting persons facing acute mental illness may wish to familiarize itself with the social agencies in their community which offer these basic services to the mentally ill. Most U.S. communities have a local or regional department of health which can offer information about the services available and how they may be accessed. A local Mental Health Association or Community Mental Health Center may also be helpful.

Referring to Professionals

It would be wise for a Spiritual Assembly to form a relationship with qualified professionals in its community. It is fairly easy to determine such a person's credentials by simply inquiring into the nature of their training, their membership in professional organizations, and seeking word-of-mouth recommendations as to their reputation among their own co-professionals. It would not be wise to trust a clinician simply because s/he is a Bahá'í or based upon his or her sharing of views which seem in harmony with the Bahá'í teachings. The respect of other professionals in the community is a generally valid measure of competence, while philosophical leanings and religious beliefs do not

guarantee competence. Many clinicians are open to an interview session at no charge and are ready to answer questions regarding their treatment philosophy.

Sometimes concerns arise as to whether an Assembly would be legally liable if it made a referral to an incompetent or unethical professional. It need not feel vulnerable on this count; referral to a professional licensed by the state ensures that the Assembly is making a good-faith referral. However, if it wishes even more reassurance, that too is appropriate. If an Assembly wants to assure itself that it is making a referral to someone who will be supportive of a patient's ties to his or her religious community, it is entirely appropriate to ask the following kinds of questions to reassure itself of the clinician's respect for the role of religion and prayer in general and the Faith in particular:

- Can you accept, support and encourage a person who has a strong religious belief, even if it is different from your own?
- Could you be accepting and encouraging of a member of the Bahá'í Faith, even if your religious beliefs were not the same?
- Do you see a value in a religious commitment?
- Do you support a person's belief in the power of prayer?
- How would you view an individual's moral commitment to chastity, fidelity in marriage, or a refusal to use alcohol or drugs?
- Do you believe marriage is a valuable institution?

Once a referral is made to a qualified professional, a Spiritual Assembly will not be able to receive information from that clinician without the patient's permission, as his or her confidentiality is assured; however, should the Bahá'í who is referred for treatment wish his or her therapist to share treatment information with the Assembly, they can so choose and complete a release of information form for this purpose.

The Spiritual Assembly as Educator about Mental Illness

It can be very helpful for a Spiritual Assembly to demonstrate its own faith in the value of treatment for the mentally ill and to have a clear understanding of the potential value of such treatment. There is sometimes a tendency for those who are sick to resist treatment, to believe that prayer alone is sufficient for healing, or to feel a sense of shame regarding their need for professional assistance. In addition, some ethnic communities represented in the Bahá'í community may show a distinct prejudice against treatment for mental illness. By indicating its confidence that such treatment can be helpful, the Spiritual Assembly can encourage the believer seeking its counsel to invest his or her own trust in the therapeutic process.

On the other hand, there may also be an unrealistic view of treatment options among family members of the mentally ill, who may believe that a physician or therapist is a magician who has the power to totally erase all signs of illness, as sometimes happens in the movies or fiction. By informing itself of both the value and the limits of treatment, the Spiritual Assembly can become a source of accurate information and comfort to those impacted by such illnesses.

Creative Responses to the Challenges of Mental Illness

There are some realities about mental illness which may require creativity on behalf of a Bahá'í institution. The Assembly may stand in the role of parent to the believer who is ill, offering encouragement for healthy behaviors and setting some limits

on those behaviors which are likely to cause others to distance themselves from the one who is ill.

It is true, for example, that some people who are mentally ill are reluctant to take the medication which assists them to be rational. This may not be because such a person is irresponsible, however, but rather because

- a) the medication may have side effects which discourage the patient to be faithful to it;
- b) s/he may be so socially isolated that s/he is not receiving sufficient encouragement to stay faithful to their medication or
- c) s/he may suffer additionally from a problem of substance abuse which impairs her/his ability to stay faithful to a medical regime, or
- d) s/he may fear rationally facing the truth of certain circumstances, such as abuse or a life crisis.

In such a case, a Spiritual Assembly can be of great assistance in offering encouragement to seek the best medical treatment or in setting proper limits on some of the behaviors which may accompany an illness. The authority of the Spiritual Assembly may, in fact, be a great comfort to a person who is feeling confused and uncertain. Knowing that this institution, which must act only out of noble intent and not out of self-interest, is concerned for his or her well-being can be a powerful motivator to the sufferer of mental illness. And it may be possible for the Assembly to set strong guidelines for such a soul which would be impossible for a friend or family member to implement. Should an individual's behaviors have negative consequences for his or her life or family, the Assembly can, through consultation with all the parties, arrive at a plan which sets forth certain goals and consequences.

One caveat is in order. When dealing with mental illness, an Assembly may need to act decisively. But the confidence to do so is acquired gradually, as a result of experience. An Assembly must be patient with itself as it learns how to handle such challenging situations, and the Bahá'í friends must be patient with this learning process as well. A Spiritual Assembly may wish to explore the nature of its relationship to the friends who take counsel with it, so as to avoid certain common misunderstandings related to how the believers are to respond to it. While the Assembly is a divine institution and has the authority to administer sanctions and to “take decisive actions to protect its community, it exercises this authority only rarely and when the need is clearly demonstrated. When it acts as friend and a counselor to the believers who seek out its advice, it is simply offering its best wisdom based upon the Bahá'í writings, the experience of its members, and the spiritual insights obtained as a consequence of its unity in consultation. In this latter role, it may offer advice only as an option available to the person who seeks it. It does not require obedience to that advice. Since Spiritual Assemblies are themselves in a process of development, some may give better advice than others. Respect for the institution requires that its advice be considered, but the believer must decide for him/herself whether such advice is solidly founded upon the teachings and reflects genuine wisdom borne from experience. Even when there is clarity about a believer's freedom to choose to listen to advice, a person's immaturity may lead them to blame the Assembly if s/he doesn't like the advice s/he is given. This is an occupational hazard for those who offer counsel, and a wise Assembly will not be disconcerted by this outcome, knowing that it goes with the territory.

In the counseling of couples facing marital difficulties, a Spiritual Assembly can

offer some simple and common sense advice as a remedy for some of the strains in a relationship. Couples who are having difficulty in sustaining the bond in the marriage, for example, may be encouraged to take time together to nurture the relationship. Young couples with small children are particularly vulnerable to this condition, when the demands of family begin to take preference to the marital relationship. Historically, extended families have provided relief for couples facing this challenge, but in contemporary American society, where such support may be unavailable, it may be useful for a Spiritual Assembly to assist in arranging community support for child care in order to support the marriage. Likewise, in those marriages where circumstances have created hostility between the husband and wife, it might make sense to encourage the couple to keep some distance from one another for a while, until the animosity is diminished. This might even be facilitated by offering one party a temporary visit in a Bahá'í home, if the couple agree that they need a brief respite.

With the wisdom borne of experience, many Spiritual Assemblies are finding creative solutions to problems which might previously have been baffling. A few examples might illumine this creative process:

- One Assembly, for example, limited the attendance of a mentally ill believer at community gatherings because that person was disruptive, while at the same time, it offered to send visitors to pray with him in his home. It also offered reassurance of the community's prayers for his recovery.
- Another Spiritual Assembly strongly intervened with a family, believing that one member was scapegoated, and, through consultation, arrived at a plan which protected him. Simultaneously recognizing that he himself contributed to his situation, they referred him to psychotherapy.
- An Assembly, consulting with a family about how to assist one of its members with a drug habit, suggested that the family change residences so as to live in an area with fewer drug users. It worked.
- Still another Assembly, consulted by a couple having marital difficulties, recognized that the situation of the marriage was producing an acute depression in one partner, and encouraged a temporary visit to a relative which led to the treatment of this partner and the subsequent successful counseling of the couple.

Recommendations for Treatment

What kinds of circumstances might involve a referral from a Local Spiritual Assembly to public authorities or psychiatric facilities? The following problems all would reasonably involve a recommendation that an individual or family seeks treatment:

- psychosis, manifested in delusions, hallucinations, or irrational behaviors;
- substance abuse, involving alcohol, illegal or prescription drugs;
- extreme and persistent mood swings, depression, or mania, demonstrated by a person's abnormal preoccupation or excitability;
- obsessive thoughts or compulsive behaviors that significantly impair a person's daily functioning;
- acute anxiety;
- sexual addiction;
- evidence of an inability to cope with life, such as the inability to sustain intimate relationships, to hold a job or manage at school; to maintain one's personal hygiene, or to

have social relationships;

- intense grief;
- sustained family or marital conflict or marital infidelity;
- family disorganization, such as that evidenced by difficulties in managing children or teenagers, recurrent or intense financial crises, or any inability to carry through on plans.

Some Spiritual Assemblies may be reluctant to make referrals to treatment when the problems are, in their view, manifestations of personal immaturity or spiritual ignorance. However, the Assembly holds the responsibility for the education of its community; it cannot assume that those who have been deprived of an education in life-skills will simply obtain all those skills in various Bahá'í educational programs, however effective these may be. Just as would be the case with an illiterate believer who required the one-on-one assistance of a teacher of reading, it may be the case that the intense educational experience provided by treatment can lead to significant improvement in an individual's functioning. Unless an Assembly is itself trained and prepared to offer such educational experiences, it would be wise for it to take advantage of the resources of trained professionals. Moreover, the Guardian himself encouraged seeking assistance from professionals:

*As Bahá'u'lláh has urged us to avail ourselves of the help of good physicians, Bahá'ís are certainly not only free to turn to psychiatry for assistance but should, when advisable, do so. This does not mean psychiatrists are always wise or always right, it means we are free to avail ourselves of the best medicine has to offer us.*⁸

On the other hand, it should be recognized that treatment may not involve a spiritual perspective, which is the Spiritual Assembly's particular responsibility to provide. As such an institution matures, it will surely become effective at organizing educational programs which will have the practical outcome of strengthening an individual's personal maturity and supporting the growing wisdom of families.

The Spiritual Assembly must be aware of certain traumatic experiences which would be likely to precipitate seeking therapeutic assistance:

- extreme stress due to the loss of physical health, a spouse, a job, a home, or a family member;
- death in the family;
- rape and/or past or ongoing sexual abuse;
- being the victim of a violent attack.

There are circumstances which would of course require immediate crisis intervention, such as contacting the police or other safety agencies, to ensure that a believer or family is safe: evidence that an individual is suicidal;

- evidence that an individual is homicidal;
- evidence of a recent rape or ongoing sexual abuse;
- family violence;
- child or elder abuse.

When a strong and decisive intervention is called for, as in instances of family violence or child abuse, the Spiritual Assembly may face growth-producing challenges to its own functioning as an institution. Unaccustomed to intervening decisively in the lives of the friends, some Spiritual Assemblies may feel reluctant to take the risk of alienating a believer accused of violence or abuse. This is particularly true if the accused is a member of the Assembly. It would be wise, however, to take seriously all reports of rape,

sexual abuse or violence and to support and encourage the victim to ask for an official investigation of such matters, trusting that such an inquiry, while threatening, is far less serious than the consequence of neglect of such a matter.

At the same time, the Assembly should remember that an accusation in itself does not constitute the assurance of guilt of the accused. The Assembly should take strong steps to be emotionally and spiritually supportive of the accused, as well as the alleged victim. If both the accuser and the accused are members of the Baha'i community, the Assembly must be alert to the divisive effects the accusation and investigation can have on the community. Reassurance and impartial support may be a vital role of the Assembly.

A steadfast adherence to Bahá'í principles, a careful attention to impartiality, a union of consultation with compassion, and a commitment to confidentiality and the avoidance of even a hint of gossip will protect the Assembly as it undertakes such challenging matters. Should the Assembly find itself intimidated by addressing such a matter when it involves its own members, it might consider asking the assistance of the Auxiliary Board Member in their area who has the most experience in assisting Assemblies in handling such delicate matters. Regardless of how it chooses to handle the question, however, in such a case, the Spiritual Assembly is responsible to God to offer protection to those who require it and to require justice of those who claim to believe in Bahá'u'lláh.

Determining Mental Competence

There are also some circumstances in which it might fall to a Spiritual Assembly to determine, either with the assistance of professionals, or through consultation with the National Spiritual Assembly, whether an individual is mentally competent in their daily functioning. When an individual's irresponsible behavior or psychological problems interfere with his or her Bahá'í service, it could fall to a Spiritual Assembly to consider limited sanctions, such as in the example given here of an Assembly which limited participation in Bahá'í gatherings by an individual whose behavior was disruptive. There are certain circumstances in which a person's normal rights could be suspended due to a mental illness which has been formally diagnosed by a professional. For example, a parent exhibiting mental incompetence due to mental illness may not be required to give parental consent to the marriage of their children. Or an individual manifesting severe psychological problems or mental incompetence may be limited from service to a Bahá'í elected institution. A fuller and more complete discussion of such questions is available in *Developing Distinctive Bahá'í Communities*, a publication of the National Spiritual Assembly of the Bahá'ís of the United States.

There could also be circumstances in which the effective functioning of a Local Spiritual Assembly is affected by the mental health of one or more of its members. The first responsibility of the members is to respond to such circumstance's with love and encouragement of the member so afflicted for the unity of the Assembly would be impaired should it neglect this opportunity for tenderness and compassion. But should the Assembly's effectiveness be impaired by the mental health of one of its members, it would certainly be appropriate for this matter to be a subject for consultation by the Spiritual Assembly. As in all such matters, the member whose behavior causes concern can choose to absent him/herself from the consultation if s/he wishes, but s/he cannot be

asked by the Assembly to do so. Such a consultation requires prayerful consideration as well as tact and compassion, attributes which are the hallmarks of a mature Spiritual Assembly. Should an Assembly feel concerned that the circumstance facing it is one which is too delicate for it to handle alone, it always has the option of calling upon the assistance of the appointed institutions: the Counsellors and their Auxiliary Boards, whose responsibilities encompass such kinds of challenges. However it does so, the Assembly which successfully addresses such a challenge can count itself as approaching the kind of maturity which is a longed-for goal in our plans.

Conclusion

A Spiritual Assembly's responsibility to guide and protect the souls in its midst requires preparation in order that it might

- Offer support to those individuals suffering from mental illness in their communities.
- Make appropriate referrals to authorities in cases of domestic violence, rape, and child or elder abuse — whether physical, emotional, or sexual.
- Make appropriate referrals for professional counseling to individuals, couples, and families.
- Protect the Bahá'í community, as well as individual Bahá'ís and their families, from any of the disruptive or destructive ramifications of mental illness.
- Understand those circumstances in which mental illness can be a barrier to Bahá'í service and responsibilities, such as service on Bahá'í institutions and effective functioning as a parent.
- Respond appropriately to the concerns of community members about the mental health of the Bahá'í friends.
- Educate the community about mental illness so as to avoid the fear, prejudice, or estrangement borne of ignorance.

By effectively educating itself regarding mental illness and its implications for individuals, institutions, and communities, a Spiritual Assembly can rise to the high station destined for it. It is our wish that this brief summary might serve to assist those institutions in this worthy service.

Endnotes

1. March 9, 1934 letter on behalf of Shoghi Effendi, quoted in *The Local Spiritual Assembly*, compiled by the Universal House of Justice, p. 23.
2. "To the Bahá'ís of the World," Universal House of Justice, Ridván 153.
3. "To the followers of Bahá'u'lláh in North America: Alaska, Canada, Greenland and the United States," Universal House of Justice, Ridván 153.
4. "To the Bahá'ís of the World," Universal House of Justice, Ridván 151.
5. Ibid.
6. Bahá'u'lláh, quoted by Shoghi Effendi in *Bahá'í Administration*, p. 50.
7. From a letter written on behalf of Shoghi Effendi, quoted in a letter written on behalf of the Universal House of Justice to an individual believer, April 6, 1976, *Lights of Guidance*, 283.
8. Ibid.