

# Thankful in Adversity: Using Bahá'í Writings and Benefit Finding to Enhance Understanding and Application of Mental Health Recovery Principles

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## Abstract

Mental health recovery has been conceptualized as a process through which individuals with severe mental illness improve their health and wellness, live a self-directed life, and work toward meaningful personal goals. While this is clearly an improvement over the traditional medical model of treatment of schizophrenia and related disorders, the spiritual dimension of mental health recovery still warrants closer investigation. The idea that adversity may offer spiritual insight and opportunities for personal growth—a common theme in the teachings of the Bahá'í Faith—is particularly worthy of consideration. This paper reflects on how both the Bahá'í Writings and the literature on benefit finding can enhance the understanding and applications of mental health recovery principles.

## *Resumé*

Le rétablissement de la santé mentale a été conceptualisé comme étant un processus par lequel les personnes ayant une grave maladie mentale améliorent leur état de santé et leur bien-être, prennent leur vie en main et s'emploient à réaliser des objectifs personnels significatifs. Bien qu'il s'agisse d'une nette amélioration par rapport au modèle médical traditionnel du traitement de la schizophrénie et des troubles connexes, la dimension spirituelle du rétablissement de la santé mentale mérite néanmoins un examen plus approfondi. L'idée selon laquelle l'adversité peut mener à des prises de conscience d'ordre spirituel et offrir des occasions de croissance personnelle – un thème courant dans les enseignements de la foi bahá'íe – justifie une attention toute particulière. L'auteur examine comment les écrits bahá'ís et la littérature sur la recherche d'un mieux-être peuvent permettre de mieux comprendre et appliquer les principes du rétablissement de la santé mentale.

## *Resumen*

La recuperación de la salud mental se ha conceptualizado como un proceso a través del cual las personas con enfermedades mentales severas mejoran su salud y bienestar, viven una vida auto dirigida y trabajan para alcanzar metas personales significativas. Si bien esto es claramente una mejora con respecto al modelo médico tradicional de tratamiento de la esquizofrenia y los trastornos relacionados, la dimensión espiritual de la recuperación de la salud mental aún merece una investigación más a fondo. La idea de que la adversidad puede ofrecer una visión espiritual y oportunidades para el crecimiento personal – un tema común en las enseñanzas de la Fe Bahá'í – es particularmente digna de con-

sideración. Este documento reflexiona sobre cómo los escritos bahá'ís y la literatura sobre la búsqueda de beneficios pueden mejorar la comprensión y las aplicaciones de los principios de recuperación de la salud mental.

In the first half of the twentieth century, individuals with severe mental illness—generally defined as schizophrenia or major mood disorders with psychotic features—were frequently confined to state-run “insane asylums” due to the limited availability of effective treatments for these conditions. Living conditions for these individuals were often unhygienic and overcrowded, and asylums became notorious for the poor treatment or even the abuse of patients (Fakhoury and Priebe 313). In the 1960s, the “de-institutionalization” movement began in the United States when President John F. Kennedy signed the Community Mental Health Centers Act, which authorized construction grants for outpatient mental health clinics. At that point, psychiatric services began to shift from institutional settings to community-based outpatient care. However, treatments for individuals with severe mental illness continued to be inadequate and often were perceived as coercive (Sheth 11).

On the heels of the civil rights movement, a grassroots self-help and advocacy initiative often referred to as the consumer/survivor/ex-patient movement gained momentum throughout the late 1980s and early 1990s—a movement that worked to

ensure that individuals with severe mental illness maintained autonomy and access to services relevant to their own unique needs and preferences (Oaks 1212). The evolution of the shift from institutionalization and the traditional medical model toward a more self-directed approach in which the individual's needs and goals are prioritized has come to be known as the mental health recovery movement.

The Substance Abuse and Mental Health Services Administration (SAMHSA), the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation, has proposed the following working definition of mental health recovery: “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (SAMHSA 3). Mental health recovery is a journey of healing and transformation for a person with a severe mental health condition, such as schizophrenia or bipolar disorder, toward being able to live a fulfilling and meaningful life in communities of his or her choice while striving to reach personal goals. The recovery movement has been a welcome departure from the traditional medical model of the treatment of schizophrenia and related disorders, which focused on clinical outcomes (such as symptom severity, hospitalizations, and medication adherence) rather than on functional goals around social, educational, and occupational

pursuits. It is these functional goals that tend to be much more meaningful to those who struggle with mental health conditions. A lonely man with schizophrenia, for example, is likely to prioritize his own goal of finding a girlfriend over his psychiatrist's goal for him to adhere to his medication regimen.

The positive psychology movement, much like the mental health recovery movement, focuses on how individuals can thrive and reach their full potential. Martin Seligman, who is considered the founding father of positive psychology, defines this field as “the scientific study of the strengths and virtues that enable individuals and communities to thrive. The field is founded on the belief that people want to lead meaningful and fulfilling lives, to cultivate what is best within themselves, and to enhance their experiences of love, work, and play” (Positive Psychology Center). Positive psychology—in contrast to traditional approaches that, to their detriment, focus almost exclusively on the identification and alleviation of pathology—emphasizes the need to understand the positive side of human experiences. Unlike mental health recovery, which focuses on persons with severe mental illness, positive psychology caters to individuals in all states of mental health. It may, nonetheless, provide a useful framework for facilitating mental health recovery. Both fields have followed parallel tracks, each seeking to empower individuals to embrace what is good in their lives rather than

attend to what is wrong (Resnick and Rosenheck 120).

The topic of “benefit finding” has gained increasing attention in the mental health field, particularly within the branch of positive psychology. A few other terms represent similar concepts, such as post-traumatic growth (Tedeschi and Calhoun 455), stress-related growth (Park, Cohen, and Murch 71), meaning-making (Wright, Crawford, and Sebastian 597), finding meaning (McIntosh, Silver, and Wortman 812), positive meaning (Moskowitz et al. 49), and adversarial growth (Linley and Joseph 11). These formulations all share the premise that facing adversity can nourish the conviction that we are in some ways better off than we were before.

Benefit finding has been quantified by researchers through various validated instruments, including the Perceived Positive Change Scale (PPCS), the Post-traumatic Growth Inventory (PTGI) (Tedeschi and Calhoun 455), and the Stress-Related Growth Scale (SRGS) (Park, Cohen, and Murch 71). There is a very large body of literature to support the positive mental health effects of benefit finding in the face of a considerable range of adversities, including medical conditions (for example, HIV, cancer, heart disease, rheumatoid arthritis, lupus), natural disasters, sexual assault, combat trauma, bereavement, caregiving, and childhood abuse.<sup>1</sup>

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1 For extensive meta-analysis, see Vicki Helgeson, Kerry Reynolds, and Patricia

To my knowledge, only one study to date has examined the relationship between benefit finding and recovery among individuals with severe mental (rather than physical) illness. Chiba, Kawakami, and Miyamoto studied individuals in Japan with severe mental illness and found that independent of a wide range of demographic and clinical factors, mental health recovery scores positively correlated with benefit-finding scores.

Retta Andresen, a clinical psychologist, examined the idea of stages of mental health recovery and, through qualitative research, identified five common stages through which individuals often progress in the recovery process: moratorium, awareness, preparation, rebuilding, and growth. She theorized that benefit finding is likely to be a feature of later stages (150). This is consistent with the broader literature, which indicates that the time elapsed since the adverse event very strongly moderates the relation of benefit finding to mental health outcomes (Helgeson, Reynolds, and Tomich 797) and that *cumulative* adversity over time is, seemingly paradoxically, associated with stronger levels of emotional well-being (Keinan, Shrira, and Shmotkin 1149). A longitudinal study found that respondents' reports of benefits were more strongly correlated to adjustment thirteen to eighteen months after loss, indicating that benefit finding may be

a long-term process that unfolds over time (Davis, Nolen-Hoeksema, and Larson 561).

As the field of mental health has progressed from the medical model to the recovery model, mental health services have broadened their scope to offer interventions that cater to individuals' social, occupational, and educational goals. The spiritual dimension of mental health recovery, however, warrants further consideration. Numerous studies have shown that up to 80 percent of individuals with severe mental illness use religion and spirituality to cope (Tepper et al. 660), yet only a minority of them report ever having discussed spiritual issues with their clinicians (Mohr et al. 247). Clinicians' reluctance to actively address spiritual matters with these patients may be partially attributable to the presence of religious delusions in this population, the concern being that encouraging spiritual coping could exacerbate unhealthy beliefs.<sup>2</sup> However, a growing body of literature refutes the argument that religious involvement or integration of spiritual concerns in psychiatric practice is likely to have adverse effects on mental health. In

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<sup>2</sup> Religious delusions are thought to be present in about 25 percent of individuals with schizophrenia or bipolar disorder (Koenig 283). In my own clinical experience, I once proposed starting a spirituality group for patients with severe mental illness in the VA clinic where I was working at the time, but my proposal was declined based precisely on this concern.

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Tomich's "A Meta-Analytic Review of Benefit Finding and Growth."

fact, religious beliefs and practices, which are freely available at any time (regardless of an individual's financial or social circumstances), have been found to be a significant protective factor in reducing psychiatric symptoms (Koenig 283). Sacred writings provide role models who facilitate the acceptance of suffering, and spiritual beliefs tend to impart a sense of meaning and purpose during difficult life circumstances. As such, benefit finding may be one of the "active ingredients" in spiritual and religious coping.

In the Bahá'í Faith, adversity is seen as a vital process leading to spiritual growth, a theme that appears repeatedly in the Bahá'í Writings. These two passages from Bahá'u'lláh's Hidden Words offer an illustrative example:

O Son of Man! If adversity befall thee not in My path, how canst thou walk in the ways of them that are content with My pleasure? If trials afflict thee not in thy longing to meet Me, how wilt thou attain the light in thy love for My beauty? (Arabic no. 50)

O Son of Man! The true lover yearneth for tribulation even as doth the rebel for forgiveness and the sinful for mercy. (Arabic no. 49)

In this paper, I propose a spiritually informed conceptualization of mental health recovery as the process through which an individual gains the capacity to find benefits in adversity. I will

reflect on how both the Bahá'í Writings and the literature on benefit finding can enhance our understanding of the SAMHSA mental health recovery principles in the treatment of individuals with severe mental illness.

SAMHSA has identified a set of ten principles to operationalize mental health recovery. These principles all have areas of intersection with both positive psychology and Bahá'í teachings, which I will review below. I will employ clinical vignettes from my own experience as a psychiatrist to illustrate these ideas.

#### SAMHSA RECOVERY PRINCIPLE #1: RECOVERY EMERGES FROM HOPE.

PEOPLE CAN AND DO OVERCOME THE  
INTERNAL AND EXTERNAL CHALLENGES,  
BARRIERS, AND OBSTACLES THAT  
CONFRONT THEM.

In positive psychology, struggles are viewed as temporary occurrences that function to set the stage for hope in the context of future hardships. Individuals in the midst of current hardships are encouraged to remember past adversities and struggles they have successfully endured and to remind themselves that "this, too, shall pass." Surviving previous adversity provides a mental data bank of empirical support during current hardships that casts hope as a rational response. Therefore, the ability to draw on hope to help cope with a current struggle can be viewed as a benefit of previous adversity. It is unsurprising, then, that those who demonstrate hope as a

dispositional characteristic are more likely to engage in benefit finding (Affleck and Tennen, "Construing Benefits from Adversity" 899).

The Bahá'í Writings inspire readers in the midst of hardships to shift their perspective to one of hope, whatever circumstances may befall them:

Be thou ever hopeful, for the bounties of God never cease to flow upon man. If viewed from one perspective they seem to decrease, but from another they are full and complete. Man is under all conditions immersed in a sea of God's blessings. Therefore, be thou not hopeless under any circumstances, but rather be firm in thy hope. (Abdu'l-Bahá, *Selections* 205–06)

In this way, the Bahá'í Writings encourage us to remind ourselves that regardless of our current struggles, we are always immersed in God's blessings. As such, hope is the only rational response to hardship.

It is important to note, however, that one can grow to accept this perspective regardless of whether or not he or she believes in God. Consider the psychological attribute of optimism, which is so closely related to hope that the terms essentially are used interchangeably. Numerous studies have demonstrated the beneficial effects of optimism in improving both physical and mental health (Conversano et al. 25). Seligman defines optimism as reacting to problems with a sense of

confidence and high personal agency (5). Specifically, optimistic people believe that negative events are temporary, limited in scope (instead of pervading every aspect of a person's life), and manageable. The field of positive psychology has developed interventions to build optimism in individuals whose dispositions are less naturally inclined toward it (Seligman 205).

A clinical example from my own experience as a psychiatrist demonstrates the healing power of hope in the face of adversity. "Josh" is a twenty-five-year-old man with a history of schizophrenia. He has had a longstanding fixation with the Navy SEALs, and it has been his dream since he was a child to become one. He spends a great deal of time looking for "signs" from God that, in his mind, would indicate that becoming a SEAL is his destiny. He often takes photographs of patterns he notices in various places—the clouds, his lawn, his dishes—that demonstrate these signs. However, he is aware that his history of mental illness will likely prevent him from pursuing this dream. This has been a very difficult realization for him to come to terms with. "I can't understand why God would give me this dream, but also give me this mental illness that makes it so my dream will never happen," he said to me once, crushed. Over time, however, he has been able to reframe his struggles with his mental illness as experiences that have made him stronger and inspired him to help others. He now hopes to use his passion for the Navy SEALs to perhaps work for

them in some other capacity, such as a photographer (given his affinity for this medium) or as a personal trainer for younger men hoping to enlist in the military. “I still have hope,” he explains. “If you don’t have hope, you don’t have anything.”

#### SAMHSA RECOVERY PRINCIPLE #2:

RECOVERY IS PERSON DRIVEN.

INDIVIDUALS DEFINE THEIR OWN LIFE

GOALS AND DESIGN THEIR UNIQUE PATH.

In positive psychology, one of the ways in which suffering is viewed as meaningful is that it gives us self-knowledge and helps us to understand ourselves better. Rediscovery and reconstruction of an enduring sense of self as an active and responsible agent can be a positive outcome of severe mental illness (Davidson and Strauss 131). Individuals are encouraged to reflect upon what their adverse experiences have taught them about themselves and their relationships with others (Davis, Nolen-Hoeksema, and Larson 561). Similarly, the Bahá’í Writings emphasize the importance of knowledge of the self: “[M]an should know his own self and recognize that which leadeth unto loftiness or lowliness, glory or abasement, wealth or poverty” (Bahá’u’lláh, *Tablets* 35). The following vignette from my clinical experience illustrates the power of gaining self-knowledge through adversity.

“Tommy” is a fifty-year-old man with a history of bipolar disorder with psychotic features. He graduated from the U.S. Naval Academy and had been

a successful engineer before suffering his first psychotic break. In 2005, under the influence of delusional beliefs, he set fire to a restaurant. Despite the fact that he was clearly psychotic at the time of the incident, he was convicted for arson and spent five years in prison. During his incarceration, his illness was inadequately treated, and delusional beliefs led him to severely mutilate himself by biting off two of his fingertips and plucking out one of his eyeballs. However, once he did recover symptomatically, he spent his remaining time in prison reading the Bible, studying it with such devotion that he became a devout Christian with extensive knowledge about scripture, which he then went on to share with others. After his release, despite the immensity of the losses he had endured, he described a deep sense of purpose and serenity that he had never had before, even prior to the onset of his mental illness. “I had always seen myself as an engineer and a soldier,” he reflected, “focused on logic and reason. I had no idea that I had a ‘spiritual’ side, that I could be drawn to religion and inspired by it, that I could come to an understanding of the meaning of why we’re here—to serve God. If I had never gone to prison, I would have never discovered that about myself.”

Both positive psychology and the Bahá’í Writings, then, offer a framework whereby the importance of our own individual self-reflection is acknowledged and appreciated. Therefore, in enhancing and providing opportunities for self-reflection,

adversity can foster mental health recovery.

**SAMHSA RECOVERY PRINCIPLE #3:**  
**RECOVERY OCCURS VIA MANY**  
**PATHWAYS. INDIVIDUALS ARE UNIQUE**  
**WITH DISTINCT NEEDS, STRENGTHS,**  
**PREFERENCES, GOALS, CULTURE, AND**  
**BACKGROUNDS (INCLUDING TRAUMA**  
**EXPERIENCES) THAT AFFECT AND**  
**DETERMINE THEIR PATHWAYS TO**  
**RECOVERY.<sup>3</sup>**

One of the tenets of positive psychology is that our experiences make us who we are and give us the opportunity to learn about our signature strengths (Davis, Nolen-Hoeksema, and Larson 561). It is thought that one can develop a new, perhaps wiser, sense of self through adversity (Helmuth and Steinitz 785; Thompson and Janigian 260).

The unity of mankind is the foundation upon which the Bahá'í Faith is based. As such, one might infer that our similarities as humans are emphasized over our differences. However, the supreme diversity of the human race is in fact celebrated and nurtured. 'Abdu'l-Bahá writes:

Let us look rather at the beauty in diversity, the beauty of harmony, and learn a lesson from the vegetable creation. If you beheld

a garden in which all the plants were the same as to form, color and perfume, it would not seem beautiful to you at all, but, rather, monotonous and dull. The garden which is pleasing to the eye and which makes the heart glad, is the garden in which are growing side by side flowers of every hue, form and perfume, and the joyous contrast of color is what makes for charm and beauty. So is it with trees. An orchard full of fruit trees is a delight; so is a plantation planted with many species of shrubs. It is just the diversity and variety that constitutes its charm; each flower, each tree, each fruit, beside being beautiful in itself, brings out by contrast the qualities of the others, and shows to advantage the special loveliness of each and all. (*Paris Talks* 51–54)

Unity is seen as the means through which people can fully cultivate both their diversity and their individuality. The Bahá'í teachings emphasize the beauty of each person's unique strengths and perspectives and the importance of thoughtful collaboration and consultation to ensure that each voice is heard. This process offers a deeper appreciation of the myriad ways in which individuals with severe mental illness can each embark upon their own unique path to recovery.

What follows is one example from my clinical practice that illustrates this concept. "Jim" is a sixty-year-old man with a history of schizophrenia. Early

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<sup>3</sup> As this principle overlaps with recovery principle #7 (recovery is culturally based and influenced), I will treat both in this section.

in the course of his illness, he required frequent psychiatric hospitalizations for the stabilization of his symptoms, which included auditory hallucinations of voices berating and insulting him, as well as God's voice commanding him to do sometimes reckless and destructive things. The first time we met, he explained to me that he eventually figured out that when a voice insulted him, he could "shut it down" by saying something that rhymed with whatever vulgar phrase he had heard. "I don't know why it works, but it does," he said. "If I say something like 'duck blue,' it's like I'm pointing out how absurd that voice is, and then it doesn't bother me anymore." Additionally, with regard to his previous delusional beliefs about God, he explained, "I learned that those voices I hear aren't the way God speaks to us. He speaks to us in the wind blowing the leaves, in the feeling we get in our hearts." He was eager for me to tell other patients about what had worked for him. I reflected to him that his own pathway toward learning to manage his symptoms was a unique and beautiful one, and although other individuals with mental illness may not be able to relate specifically to his symptoms, I encouraged him to share his insights with others. He finds a great deal of meaning in helping friends and neighbors who also have mental health conditions through companionship and assistance with daily tasks.

**SAMHSA RECOVERY PRINCIPLE #4:**  
RECOVERY IS HOLISTIC. IT ENCOMPASSES MIND, BODY, SPIRIT, AND COMMUNITY. THE ARRAY OF SERVICES AND FORMS OF SUPPORT AVAILABLE SHOULD BE INTEGRATED AND COORDINATED.

From a positive psychology perspective, one can conceptualize three different levels of healing. The first is an intellectual level—the idea that a certain hardship is happening for a reason (even if that reason is not immediately evident to us). The second is an emotional level—the idea that hardships can lead to personal growth and self-understanding, as described earlier. Finally, several studies have found that adversity can foster spiritual growth, including the idea of balance in the universe and submission to God's will. Given that all three of these levels are considered and valued, it is clear that the positive psychology framework is consistent with the principle that mental health recovery should offer a holistic approach.

The Bahá'í Writings offer insights about maintaining health through approaches on multiple different levels. Present-day holistic health professionals, as well as more mainstream physicians in the emerging field of lifestyle medicine,<sup>4</sup> emphasize the importance

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4 Lifestyle medicine is an emerging medical specialty that uses evidence-based lifestyle therapeutic approaches—such as a whole food, plant-based diet—to prevent, treat, and even reverse chronic

of nutrition in maintaining physical and mental health, echoing the sentiments 'Abdu'l-Bahá expressed over a century ago:

It is, therefore, evident that it is possible to cure by foods, aliments and fruits; but as today the science of medicine is imperfect, this fact is not yet fully grasped. When the science of medicine reaches perfection, treatment will be given by foods, aliments, fragrant fruits and vegetables. (*Some Answered Questions* 297)

It is important to note that Bahá'í teachings explicitly indicate that although true healing is from God, seeking medical treatment is encouraged. Shoghi Effendi writes:

There is nothing in our teachings about Freud and his method. Psychiatry treatment in general is no doubt an important contribution to medicine, but we must believe it is still a growing rather than a perfected science. 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 available, 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. (*Directives* 62)

Finally, like all major religions, the Bahá'í Faith emphasizes intellectual and spiritual approaches in healing from suffering. 'Abdu'l-Bahá writes:

Consider that the highest type of creation below man is the animal, which is superior to all degrees of life except man. Manifestly, the animal has been created for the life of this world. Its highest virtue is to express excellence in the material plane of existence. The animal is perfect when its body is healthy and its physical senses are whole. When it is characterized by the attributes of physical health, when its physical forces are in working order, when food and surrounding conditions minister to its needs, it has attained the ultimate perfection of its kingdom. But man does not depend upon these things for his virtues. No matter how perfect his health and physical powers, if that is all, he has not yet risen above the degree of a perfect animal. Beyond and above this, God has opened the doors of ideal virtues and attainments before the face of man. He has created in his being the mysteries of the divine Kingdom. He has bestowed upon him the power of intellect so that through the attribute of reason, when fortified by the Holy Spirit, he may penetrate and discover ideal realities

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diseases such as diabetes, hypertension, and coronary artery disease (American College of Lifestyle Medicine).

and become informed of the mysteries of the world of significances. (*Promulgation 303*)

It is clear, then, that both the positive psychology framework and the Bahá'í Writings offer a holistic approach to recovery, encompassing mind, body, and spirit. Physical and mental health are inextricably connected, one influencing the other continuously, and this is perhaps especially true for people with severe mental illness. Numerous studies have shown that individuals with schizophrenia have a markedly decreased life expectancy compared with the general population, and this discrepancy is primarily attributable to lifestyle-related cardiovascular risk factors, such as obesity, diabetes, hypertension, and tobacco use (Olfson et al. 1172). Other barriers to physical wellness in these individuals include side effects of antipsychotic medications (many of which can cause weight gain and insulin resistance) and suboptimal access to, and coordination with, primary care. However, improving both mental and physical wellness is possible, as illustrated by the following vignette from my own clinical practice.

"Gary" is a fifty-six-year-old man with a history of schizophrenia. At one point, he was morbidly obese and had been diagnosed with type 2 diabetes, hypercholesterolemia, and hypertension. He was also very socially isolated. He began to participate in meetings at his local National Alliance for the Mentally Ill chapter, where he

was able to socialize on a weekly basis. Over time, he built up enough motivation to start making lifestyle changes, including healthier dietary choices and regular exercise. In a gradual, healthy way, he lost a staggering 150 pounds. His primary care providers asked him to volunteer his time as a peer mentor for other obese patients who were trying to make lifestyle changes. He found this work rewarding and meaningful, the first productive outlet for his skills in many years. In this way, the adversity of his physical health challenges enhanced his mental health recovery.

#### SAMHSA RECOVERY PRINCIPLE #5:

RECOVERY IS SUPPORTED BY PEERS AND ALLIES. MUTUAL SUPPORT AND MUTUAL AID GROUPS, INCLUDING THE SHARING OF EXPERIENTIAL KNOWLEDGE AND SKILLS, AS WELL AS SOCIAL LEARNING, PLAY AN INVALUABLE ROLE IN RECOVERY.

A common theme in the benefit-finding literature is that adversity can foster positive personality change, such as the development of empathy and compassion for others (Affleck and Tennen, "The Effect" 899). Having endured a particular hardship may heighten and perfect an individual's capacity for empathy for someone who is going through a similar experience and, as such, gives that person the opportunity to render an invaluable service to others. This is clearly valued in the field of mental health recovery, as evidenced by the growing

body of literature on the efficacy of peer support specialists (Chinman et al. 429). Peer support specialists are individuals with severe mental health conditions who work to engage others in mental health treatment, offering a degree of empathy that most mental health professionals cannot provide. In turn, the peer support specialists themselves are able to discover deep meaning in their hardships.

The Bahá'í teachings emphasize that all of us, as creations of one God, are part of one human family. Bahá'u'lláh said, "The tabernacle of unity hath been raised; regard ye not one another as strangers. Ye are the fruits of one tree, and the leaves of one branch" (*Gleanings* 112:1). As such, we are encouraged to support others through acts of service and kindness. 'Abdu'l-Bahá writes:

You must manifest complete love and affection toward all mankind. Do not exalt yourselves above others, but consider all as your equals, recognizing them as the servants of one God. Know that God is compassionate toward all; therefore, love all from the depths of your hearts, prefer all religionists before yourselves, be filled with love for every race, and be kind toward the people of all nationalities . . . Refrain from reprimanding [others], and if you wish to give admonition or advice, let it be offered in such a way that it will not burden the hearer. Turn all your thoughts toward bringing

joy to hearts... Assist the world of humanity as much as possible. Be the source of consolation to every sad one, assist every weak one, be helpful to every indigent one, care for every sick one, be the cause of glorification to every lowly one, and shelter those who are overshadowed by fear. . . . Be illumined, be spiritual, be divine, be glorious, be quickened of God, be a Bahá'í. (*Promulgation* 452–53)

The Bahá'í Writings emphasize that it is our sacrosanct duty to offer support and assistance to others whenever possible. It is only in turning away from the self and toward the face of God—that is, toward service to humanity—that we break free from the bonds of earthly suffering. Focusing one's efforts and energy in a compassionate manner toward another suffering person is one mechanism through which healing and recovery are born out of adversity. This is illustrated by the following vignette from my clinical experience.

"George" is a sixty-five-year-old man with a history of schizophrenia. He has been hospitalized numerous times over the last four decades of his life, and he has had periods of homelessness. Once he had achieved some degree of symptomatic stability, he began to volunteer regularly at a soup kitchen in Chicago. He had previously eaten at this soup kitchen when he himself had been penniless and homeless, and the opportunity to "give back" offered him a valued role

for which he was grateful. He loves to tell the story of the time Mother Teresa visited the soup kitchen and he was able to meet her. “If I didn’t have schizophrenia,” he reflects, “I would never have been homeless. And if I had never been homeless, I would not have volunteered at the soup kitchen, and I never would have met the blessed Mother Teresa. That’s why I thank God for my mental illness.”

**SAMHSA RECOVERY PRINCIPLE #6:**  
**RECOVERY IS SUPPORTED THROUGH**  
**RELATIONSHIPS AND SOCIAL NETWORKS.**  
**AN IMPORTANT FACTOR IN THE**  
**RECOVERY PROCESS IS THE PRESENCE**  
**AND INVOLVEMENT OF PEOPLE WHO**  
**BELIEVE IN THE PERSON’S ABILITY TO**  
**RECOVER; WHO OFFER HOPE, SUPPORT,**  
**AND ENCOURAGEMENT; AND WHO**  
**SUGGEST STRATEGIES AND RESOURCES**  
**FOR CHANGE.**

A common theme in the benefit-finding literature is that adversity can strengthen relationships with family and friends (Affleck and Tennen, “Construing Benefits” 899). For example, an individual in crisis may be pleasantly surprised by an outpouring of support she receives from friends, family, or the community, which leads her to appreciate those relationships and her support system more than she had prior to the adverse event. As such, gratitude for adversity can be an important element in mental health recovery.

The Bahá’í Writings, as discussed earlier, are replete with guidance

about the crucial importance of offering hope, support, and service to one another. In his book *Portals to Freedom*, Howard Colby Ives shares an anecdote that perfectly illustrates how strongly the Bahá’í Faith emphasizes service to others:

Lua Getsinger, one of the early Bahá’ís of America, tells of an experience she had in Akká. She had made the pilgrimage to the prison-city to see ‘Abdu’l-Bahá. One day He said to her that He was too busy today to call upon a friend of His who was very poor and sick. He wished Lua to go in His place. He told her to take food to the sick man and care for him as He had been doing. Lua learned the address and immediately went to do as ‘Abdu’l-Bahá had asked. She felt proud that ‘Abdu’l-Bahá had trusted her with some of His own work. But soon she returned to ‘Abdu’l-Bahá in a state of excitement. “Master,” she exclaimed, “You sent me to a very terrible place! I almost fainted from the awful smell, the dirty rooms, the degrading condition of that man and his house. I left quickly before I could catch some terrible disease.” Sadly and sternly, ‘Abdu’l-Bahá gazed at her. If she wanted to serve God, He told her, she would have to serve her fellow man, because in every person she should see the image and likeness of God. Then He told

her to go back to the man's house. If the house was dirty, she should clean it. If the man was dirty, she should bathe him. If he was hungry, she should feed him. He asked her not to come back until all of this was done. 'Abdu'l-Bahá has done these things many times for this man, and he told Lua Getsinger that she should be able to do them once. This is how 'Abdu'l-Bahá taught Lua to serve her fellow man. (85)

Similarly, 'Abdu'l-Bahá writes, "We should all visit the sick. When they are in sorrow and suffering, it is a real help and benefit to have a friend come. Happiness is a great healer to those who are ill. You must always have this thought of love and affection when you visit the ailing and afflicted" (*Promulgation* 204). Being on the receiving end of such support fosters gratitude in the face of adversity and is clearly conducive to mental health recovery. Consider, for example, the following story from my clinical experience.

"Stacy" is a forty-seven-year-old woman with schizoaffective disorder. After her husband informed her that he was involved with another woman and planned to file for divorce, she became severely depressed. She began to have distressing hallucinations, including voices urging her to harm herself. She reached out to her mental health providers for help and was admitted to the hospital for treatment. During her hospitalization, many friends from her

church community, as well as peers from the outpatient program where she had been receiving treatment, visited her to offer support and encouragement. She was surprised and profoundly touched by their kindness. She later expressed gratitude for having been hospitalized because it helped her realize that even though her marriage was ending, she was not alone.

#### SAMHSA RECOVERY PRINCIPLE #8:

RECOVERY IS SUPPORTED BY ADDRESSING TRAUMA. SERVICES AND SUPPORT SHOULD BE TRAUMA INFORMED TO FOSTER SAFETY (PHYSICAL AND EMOTIONAL) AND TRUST, AS WELL AS TO PROMOTE CHOICE, EMPOWERMENT, AND COLLABORATION.

Post-traumatic growth is a concept very closely linked to benefit finding, and one that has been operationalized by Richard Tedeschi and Lawrence Calhoun, who developed the Post-Traumatic Growth Inventory (PTGI). This measure assesses positive responses to trauma in five areas: appreciation of life, relationships with others, new possibilities in life, personal strength, and spiritual change. Trauma-informed services and supports would ideally not only address the negative impacts of trauma, but also assist individuals in identifying these potential positive responses, in order to meaningfully foster mental health recovery.

In the Bahá'í Writings, suffering is

considered an inescapable reality, but one that fosters personal growth and is indeed essential for it. “Men who suffer not,” ‘Abdu’l-Bahá writes, “attain no perfection” (*Paris Talks* 50). Elsewhere, ‘Abdu’l-Bahá reminds us that suffering is a means for attaining true happiness:

The mind and spirit of man advance when he is tried by suffering. The more the ground is ploughed the better the seed will grow, the better the harvest will be. Just as the plough furrows the earth deeply, purifying it of weeds and thistles, so suffering and tribulation free man from the petty affairs of this worldly life until he arrives at a state of complete detachment. His attitude in this world will be that of divine happiness. Man is, so to speak, unripe: the heat of the fire of suffering will mature him. Look back to the times past and you will find that the greatest men have suffered most. (*Paris Talks* 178)

Trauma distinguishes itself from other forms of suffering in that it often robs individuals of a sense of safety. In a letter to an individual believer dated 5 January 1992, the Universal House of Justice writes:

Your letter refers to experiences in the Bahá’í community, such as group activity, chanting, and embracing, which have the effect of

triggering in your daughters the revival of painful memories they are seeking to overcome. While this is unfortunate, it might also be viewed as an important part of the healing process that they learn to clearly distinguish between people motivated by a corrupt inclination to abuse and manipulate others, and a community which has as its watchword the protection of the rights of each individual, and which is striving to strengthen the bond of mutual love and respect which binds it together.

Bahá’ís view the community’s loving support as an essential part of healing from trauma and developing a sense of interpersonal safety and trust—which is of the utmost importance in mental health recovery, as the following example from my clinical experience illustrates.

“Brandon” is a twenty-seven-year-old man with a history of bipolar disorder and post-traumatic stress disorder (PTSD) related to his two combat tours in Iraq and Afghanistan. He struggled a great deal to adapt to civilian life once he returned from the war, and his anxiety was so severe that he essentially secluded himself in his apartment, only leaving home for necessary appointments and errands. He was referred to a psychosocial rehabilitation clinic that offered classes relevant to recovery goals. Initially, he was too anxious to participate in groups,

as his discomfort around other people was so severe. Over time, however, he began to feel accepted and welcomed by other veterans in the program, and he started to share some of his own experiences with his peers. He was a talented artist and skillfully used this modality to express his emotions related to his experiences in combat. After other veterans offered positive and encouraging feedback about his skills and abilities, he felt empowered to return to college. He recently graduated with a degree in social work and hopes to help other veterans suffering from PTSD.

**SAMHSA RECOVERY PRINCIPLE #9:**  
**RECOVERY INVOLVES INDIVIDUAL,**  
**FAMILY, AND COMMUNITY STRENGTHS**  
**AND RESPONSIBILITY. INDIVIDUALS,**  
**FAMILIES, AND COMMUNITIES HAVE**  
**STRENGTHS AND RESOURCES THAT**  
**SERVE AS A FOUNDATION FOR RECOVERY.**

The growing field of positive psychology, like the mental health recovery movement, has emphasized the importance of focusing on and mobilizing an individual's strengths rather than his or her deficits and pathology. Seligman and Chris Petersen, another pioneer in the field, developed a questionnaire to help individuals identify their signature character strengths so that they can engage in endeavors that build upon them to live happier, more fulfilling lives (Wood et al. 15). The field has expanded to address family and community strengths as well.

Sheridan et al. define "family-centered positive psychology" as a framework for working with children and families that promotes strengths and capacity building within individuals and systems rather than simply focusing on the resolution of problems or remediation of deficiencies (7). The family's strengths and resources are seen as the context for growth within which children can develop competencies and skills.<sup>5</sup>

Centered as it is on the principle of the unity of mankind, the Bahá'í Faith offers rich guidance on the importance of focusing on one another's strengths. As an illustrative example, 'Abdu'l-Bahá writes:

One must see in every human being only that which is worthy of praise. When this is done, one can be a friend to the whole human race. If, however, we look at people from the standpoint of their faults, then being a friend to them is a formidable task. It happened one day in the time of Christ—may the life of the world be a sacrifice unto Him—that He passed by the dead body of a dog, a carcass reeking, hideous, the limbs rotting away. One of those present said: "How foul its stench!" And another said: "How

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<sup>5</sup> See also Dan Buettner's book *The Blue Zones of Happiness*, which explores how policy-level interventions based largely on positive psychology principles can build levels of happiness in communities.

sickening! How loathsome!” To be brief, each one of them had something to add to the list. But then Christ Himself spoke, and He told them: “Look at that dog’s teeth! How gleaming white!” The Messiah’s sin-covering gaze did not for a moment dwell upon the repulsiveness of that carrion. The one element of that dead dog’s carcass which was not abomination was the teeth: and Jesus looked upon their brightness. Thus is it incumbent upon us, when we direct our gaze toward other people, to see where they excel, not where they fail. (*Selections* 320)<sup>6</sup>

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6 Notably, the Bahá’í Faith also emphasizes the importance of identifying and building upon strengths at a community level in order to engage effectively in capacity building. Consider this excerpt from a statement by the Bahá’í International Community: “One of the defining characteristics that has emerged in the conversation on resilience is the attempt to look for existing sources of strength and capacity at the local level within conflict-affected societies and seek to build on these as a vehicle for lasting transformation. In doing so, the focus on resilience captures an important insight: conflict-affected communities should be looked at through the lens of strength and potentiality, not fragility. This shift in focus has practical implications. While insights and resources from international actors are essential, a strength-based framework will recognize that peace is not transposed

The Bahá’í Writings, then, call upon us to focus on the strengths inherent in every human being. It is clear that doing so fosters not only unity among men, but also the sense of self-worth and self-efficacy<sup>7</sup> that is essential in recovery from severe mental illness.

One clinical example from my own practice illustrates the importance of a strengths-based approach. “Terry” is a forty-four-year-old man with a history of severe recurrent depression, which had led to multiple suicide attempts in the past. His mood disorder dates back to adolescence—he had been a troubled and rebellious teen and had several brushes with the law. Most notably, he was incarcerated for two years after stabbing his stepfather in an effort to stop him from beating his mother. In ninth grade, he was expelled from high school for frequent fights. He had difficulty finding employment due to his criminal record and limited education. Terry happens to be extremely intelligent, and prior to establishing treatment with me he spent almost all of his time reading in his father’s basement, where he lived. He was one of the most well-read people I have ever met, and he and I would trade book recommendations and discuss works of literature in our sessions. The depths of his insight and

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from outside, but must be driven by constructive sources within.”

7 “Self-efficacy” is defined as an individual’s belief in his or her own ability to successfully accomplish a task or influence events that affect his or her life (Bandura 71).

interpretation of these works was extremely impressive, and I did not hesitate to point that out to him. He told me that, socially isolated as he was, this was the first positive feedback he had received from anyone for as long as he could remember. He enrolled in a local psychosocial rehabilitation program that offers funding for individuals with mental health conditions to further their education. “On paper I look like a loser,” he reflected to me. “But you saw the good in me, and now I feel like I might actually be able to make something of myself.”

**SAMHSA RECOVERY PRINCIPLE #10:**  
**RECOVERY IS BASED ON RESPECT.**  
**COMMUNITY, SYSTEMS, AND SOCIETAL**  
**ACCEPTANCE AND APPRECIATION**  
**FOR PEOPLE AFFECTED BY MENTAL**  
**HEALTH AND SUBSTANCE USE**  
**PROBLEMS—INCLUDING PROTECTING**  
**THEIR RIGHTS AND ELIMINATION OF**  
**DISCRIMINATION—ARE CRUCIAL IN**  
**ACHIEVING RECOVERY.**

It is incumbent on mental health professionals to work toward the elimination of stigmas. Individuals with severe mental illness have invariably been faced with difficult and often traumatic circumstances—and they have survived. A positive psychology framework draws our attention to the resilience that is apparent in their diagnosis alone.

One of the core principles of the Bahá'í Faith is the elimination of all forms of prejudice. ‘Abdu’l-Bahá writes:

Prejudices of all kinds—whether religious, racial, patriotic or political—are destructive of divine foundations in man. All the warfare and bloodshed in human history have been the outcome of prejudice. This earth is one home and native land. God has created mankind with equal endowment and right to live upon the earth. . . . All are the children and servants of God. Why should we be separated by artificial and imaginary boundaries? In the animal kingdom the doves flock together in harmony and agreement. They have no prejudices. We are human and superior in intelligence. Is it befitting that lower creatures should manifest virtues which lack expression in man? (*Promulgation* 470)

The stigma surrounding severe mental illness is clearly a form of prejudice that we are called upon to eliminate. By emphasizing respect for all as a way to remove artificial and imaginary boundaries, the Bahá'í teachings highlight the importance of working toward unity in a manner conducive to mental health recovery. As a clinical example, consider Genesis House, a psychosocial rehabilitation clubhouse for individuals with severe mental illness affiliated with the clinic where I work as a staff psychiatrist.

Genesis House follows the clubhouse model, in which members and staff work side by side to manage various units, such as clerical tasks,

food services, outreach, advocacy, and employment. Members feel supported, accepted, and empowered to contribute their skills to the day-to-day operations of the clubhouse. Last year, members launched the first annual “All Minds Matter” 5K run/walk to promote positive support and reduce the stigma associated with mental illness. Hundreds of people from the local community participated in the race. At the event, clubhouse members were encouraged to share their recovery stories highlighting how they have successfully overcome the challenges and hardships associated with their mental health conditions. In this way, their stories of resilience and courage in the face of adversity helped reduce the stigma associated with these conditions and fight against prejudice in the community.

### CONCLUSIONS

The process through which an individual gains the capacity to find benefits in adversity can be instrumental in mental health recovery. The field of positive psychology and the spiritual principles of the Bahá’í Faith offer very similar perspectives on the healing properties of benefit finding and the mechanisms by which it can lead to personal growth.

How, then, can mental health professionals foster the process of benefit finding when working with individuals with severe mental illness? Similarly, how can Bahá’ís offer strength and support to people suffering with

mental health conditions? Encouraging spiritual reflection, regardless of one’s religious background, can be very helpful in this process. Notably, however, spirituality is not a prerequisite to benefit finding and does not predict an individual’s capacity to find something positive in adverse experiences (Davis, Nolen-Hoeksema, and Larson 561).

It can be challenging to encourage individuals with severe mental health conditions to reflect on the potential benefits of adverse experiences, a process sometimes termed “benefit reminding.” Some people may experience well-intentioned efforts to encourage benefit finding as insensitive and invalidating—as an unwelcome attempt to minimize the burdens and challenges that must be overcome—so it is important to be mindful of this possibility. In a thoughtful way, we can help others reflect on whether their adversity has helped them grow stronger as a person, revealed character strengths they had not realized they had, enhanced their appreciation of certain aspects of their lives, helped deepen their relationships, strengthened their faith in God, or made them more compassionate or forgiving.

Stress is ubiquitous in our society, and many individuals have been indoctrinated with the traditional view that stress leads to poor physical and mental health outcomes and should therefore be managed with effective coping strategies. While it is clearly important to develop and utilize coping techniques to minimize stress,

recent research suggests that it is the appraisal of stress that determines its effect on health. Jeremy P. Jamieson, Wendy Berry Mendes, and Matthew K. Nock, for example, found that acute stress responses could be improved by altering appraisals of arousal (1). The authors explain that stressful situations are accompanied by increased physiological arousal (e.g., the sensation of a racing heart), which is typically construed in a negative manner. This leads to negative affect (e.g., anxiety), increased vigilance for threat cues, and impaired performance on tasks. However, a simple arousal-reappraisal manipulation (i.e., offering education on how the stress response actually can be healthy and beneficial by improving cardiac efficiency

and peripheral blood flow) has been shown to shift negative stress states to more positive ones. This in turn reduces negative affect and facilitates performance. What this suggests is that while stress may be inevitable, altering our perspective in such a way that reframes adversity as potentially beneficial may lead to improved mental health.

Mental health practitioners can use the safety of our compassionate alliance with individuals with severe mental illness to explore the wide range of possible benefits from adverse experiences. We all stand to gain deep spiritual healing from Bahá'u'lláh's counsel to "be generous in prosperity, and thankful in adversity" (*Gleanings* 130:1).

#### WORKS CITED

- 'Abdu'l-Bahá. *Paris Talks*. Bahá'í Publishing Trust, 1972.
- . *The Promulgation of Universal Peace*. US Bahá'í Publishing Trust, 1982.
- . *Selections from the Writings of 'Abdu'l-Bahá*. Bahá'í World Centre, 1982.
- . *Some Answered Questions*. US Bahá'í Publishing Trust, 1990.
- Affleck, Glenn, and Howard Tennen. "Construing Benefits from Adversity: Adaptational Significance and Dispositional Underpinnings." *Journal of Personality*, vol. 64, no. 4, Apr. 1996, pp. 899–922.
- . "The Effect of Newborn Intensive Care on Parents' Psychological Well-Being." *Child Health Care*, vol. 20, no. 1, Jan. 1991, pp. 6–14.
- American College of Lifestyle Medicine. "What is Lifestyle Medicine?" *American College of Lifestyle Medicine*, [www.lifestylemedicine.org/What-is-Lifestyle-Medicine](http://www.lifestylemedicine.org/What-is-Lifestyle-Medicine). Accessed 21 May 2018.
- Andresen, Retta. *The Experiences of Recovery from Schizophrenia: Development of a Definition, Model, and Measurement of Recovery*. Dissertation, University of Wollongong, 2007.
- Bahá'í International Community. "Peace and Resilience: Engaging Effectively at the Local Level." *Bahá'í World News Service*, <http://dl.bahai.org/bwns/assets/documentlibrary/1165-BIC-contribution-on-Peace-and-resilience.pdf>. Accessed 21 May 2018.

- Bahá'u'lláh. *Gleanings from the Writings of Bahá'u'lláh*. US Bahá'í Publishing Trust, 1990.
- . *The Hidden Words of Bahá'u'lláh*. US Bahá'í Publishing Trust, 1985.
- . *Tablets of Bahá'u'lláh Revealed After the Kitáb-i-Aqdas*. US Bahá'í Publishing Trust, 1988.
- Bandura, Albert. "Self-Efficacy." *Encyclopedia of Human Behavior*, 1<sup>st</sup> ed., edited by V.S. Ramachaudran, Academic Press, 1994, pp. 71–81.
- Buettner, Dan. *The Blue Zones of Happiness: Lessons from the World's Happiest People*. National Geographic Partners, 2017.
- Chiba, Rie, Norito Kawakami, and Yuki Miyamoto. "Quantitative Relationship Between Recovery and Benefit-Finding Among Persons with Chronic Mental Illness in Japan." *Nursing and Health Sciences*, vol. 13, no. 2, Feb. 2011, pp. 126–32.
- Chinman, Matthew, et al. "Peer Support Services for Individuals with Severe Mental Illness: Assessing the Evidence." *Psychiatric Services*, vol. 65, no. 4, Apr. 2014, pp. 429–41.
- Conversano, Ciro, et al. "Optimism and Its Impact on Physical and Mental Well-Being." *Clinical Practice and Epidemiology in Mental Health*, vol. 6, no. 1, Jan. 2010, pp. 25–29.
- Davidson, Larry, and John Strauss. "Sense of Self in Recovery from Severe Mental Illness." *British Journal of Medical Psychology*, vol. 65, no. 2, Feb. 1992, pp. 131–45.
- Davis, Christopher, Susan Nolen-Hoeksema, and Judith Larson. "Making Sense of Loss and Benefiting from the Experience: Two Construals of Meaning." *Journal of Personality and Social Psychology*, vol. 75, no. 2, Feb. 1998, pp. 561–74.
- Fakhoury, Walid, and Stefan Priebe. "Deinstitutionalization and Reinstitutionalization: Major Changes in the Provision of Mental Healthcare." *Psychiatry*, vol. 6, no. 8, Aug. 2007, pp. 313–16.
- Helgeson, Vicki, Kerry Reynolds, and Patricia Tomich. "A Meta-Analytic Review of Benefit Finding and Growth." *Journal of Consulting and Clinical Psychology*, vol. 74, no. 5, May 2006, pp. 797–816.
- Helmrath, T. A., and E. M. Steinitz. "Death of an Infant: Parental Grieving and the Failure of Social Support." *Journal of Family Practice*, vol. 6, no. 4, Apr. 1978, pp. 785–90.
- Ives, Howard Colby. *Portals to Freedom*. E. P. Dutton and Company, 1937.
- Jamieson, Jeremy P., Wendy Berry Mendes, and Matthew K. Nock. "Improving Acute Stress Responses: The Power of Reappraisal." *Current Directions in Psychological Science*, vol. 22, no. 1, Jan. 2012, pp. 1–6.
- Keinan, Giora, Amit Shrira, and Dov Shmotkin. "The Association Between Cumulative Adversity and Mental Health: Considering Dose and Primary Focus of Adversity." *Quality of Life Research*, vol. 21, 2012, pp. 1149–58.

- Koenig, Harold G. "Research on Religion, Spirituality, and Mental Health: A Review." *Canadian Journal of Psychiatry*, vol. 54, no. 5, May 2009, pp. 283–91.
- Linley, P. Alex, and Stephen Joseph. "Positive Change Following Trauma and Adversity: A Review." *Journal of Traumatic Stress*, vol. 17, no. 1, Jan. 2004, pp. 11–21.
- McIntosh, Daniel, Roxane Silver, and Camille Wortman. "Religion's Role in Adjustment to a Negative Life Event: Coping with the Loss of a Child." *Journal of Personality and Social Psychology*, vol. 65, no. 4, Apr. 1993, pp. 812–21.
- Mohr, Sylvia, et al. "The Assessment of Spirituality and Religiousness in Schizophrenia." *Journal of Nervous and Mental Disease*, vol. 195, no. 3, Apr. 2007, pp. 247–53.
- Moskowitz, Judith, et al. "Coping and Mood During AIDS-Related Caregiving and Bereavement." *Annals of Behavioral Medicine*, vol. 18, no. 1, Jan. 1996, pp. 49–57.
- Oaks, David. "Evolution of the Consumer Movement." *Psychiatric Services*, vol. 57, no. 8, Sept. 2006, p. 1212.
- Olfson, Mark, et al. "Premature Mortality Among Adults with Schizophrenia in the United States." *JAMA Psychiatry*, vol. 72, no. 12, Dec. 2015, pp. 1172–81.
- Park, Crystal, Lawrence Cohen, and Renee Murch. "Assessment and Prediction of Stress-Related Growth." *Journal of Personality*, vol. 64, no. 1, Jan. 1996, pp. 71–105.
- Positive Psychology Center. "Welcome." *Positive Psychology Center*, <http://ppc.sas.upenn.edu>. Accessed 9 December 2017.
- Resnick, Sandra, and Robert Rosenheck. "Recovery and Positive Psychology: Parallel Themes and Potential Synergies." *Psychiatric Services*, vol. 57, no. 1, Jan. 2006, pp. 120–22.
- Seligman, Martin. *Learned Optimism: How to Change Your Mind and Your Life*. First Vintage Books, 1990.
- Sheridan, Susan, et al. "Family-Centered Positive Psychology: Focusing on Strengths to Build Student Success." *Psychology in the Schools*, vol. 41, no. 1, Jan. 2004, pp. 7–17.
- Sheth, Hitesh. "Deinstitutionalization or Disowning Responsibility." *International Journal of Psychosocial Rehabilitation*, vol. 13, no. 2, Feb. 2009, pp. 11–20.
- Shoghi Effendi. *Directives from the Guardian*. US Bahá'í Publishing Trust, 1973.
- Substance Abuse and Mental Health Services Administration. *SAMHSA's Working Definition of Recovery*. SAMHSA, 2012.
- Tedeschi, Richard, and Lawrence Calhoun. "The Post-Traumatic Growth Inventory: Measuring the Positive Legacy of Trauma." *Journal of Traumatic Stress*, vol. 9, no. 3, Mar. 1996, pp. 455–71.

- Tennen, Howard, and Glenn Affleck. "Benefit-Finding and Benefit-Reminding." *Handbook of Positive Psychology*, edited by C. R. Snyder and S. J. Lopez, Oxford UP, 2002, pp. 584–97.
- Tepper, Leslie, et al. "The Prevalence of Religious Coping Among Persons with Severe Mental Illness." *Psychiatric Services*, vol. 52, no. 5, May 2001, pp. 660–65.
- Thompson, Suzanne, and Aris Janigian. "Life Schemes: A Framework for Understanding the Search for Meaning." *Journal of Social and Clinical Psychology*, vol. 7, no. 3, Mar. 1988, pp. 260–80.
- The Universal House of Justice. Letter to an individual believer, 2 January 1992. Retrieved from <https://susangammage.com/post-traumatic-stress-disorder-a-bahai-perspective>. Accessed 13 June 2018.
- Wood, Alex, et al. "Using Personal and Psychological Strengths Leads to Increases in Well-Being Over Time: A Longitudinal Study and the Development of the Strengths Use Questionnaire." *Personality and Individual Differences*, vol. 50, no. 1, Jan. 2011, pp. 15–19.
- Wright, Margaret, Emily Crawford, and Katherine Sebastian. "Positive Resolution of Childhood Sexual Abuse Experiences: The Role of Coping, Benefit-Finding, and Meaning-Making." *Journal of Family Violence*, vol. 22, no. 7, July 2007, pp. 597–608.