

The *Mizán* of Affect in Material versus Metaphysical Models of Human Consciousness

JOHN S. HATCHER

*True loss is for him whose days
have been spent in utter ignorance
of his self.* —Bahá'u'lláh

Abstract

From the viewpoint of the description of the human reality in the Bahá'í authoritative texts, the essence of a human being is the soul, a metaphysical reality from which emanate all our distinctively human capacities. Unlike materialist views of the human reality, the Bahá'í teachings assert that our essence—the spiritual “self”—takes its beginning during the process of conception, whereupon it associates with the body so long as the physical temple remains capable of manifesting the reality and powers of the soul. Once the body/brain deceases, the soul dissociates from this relationship and exists and functions and progresses eternally. This hypothesis in no way diminishes the importance of a healthy brain as essential to our physical, intellectual, and spiritual development; indeed, it posits the brain as a transceiver by means of which the self manifests the soul's condition and development in action, speech, and comportment. Therefore, when the brain becomes dysfunctional,

whether through trauma or mental illness, the transparency of the soul's relation to reality ceases. This paper explores the implications of this relationship for our understanding of emotion and presents a model for understanding the function of emotion as providing us essential feedback on, and guidance for, our lives, feedback whose ultimate purpose is to help us better calibrate our approach to spiritual growth. Given the brain-as-transceiver model, this emotional feedback is reliable only so long as the brain remains transparent in this systematic relationship. The paper suggests ways in which the model could inform approaches to treatment for affective disorders.

Résumé

Sous l'angle de la description de la réalité humaine dans les textes bahá'ís faisant autorité, l'essence de l'être humain est l'âme, une réalité métaphysique d'où émanent toutes nos capacités typiquement humaines. Contrairement aux conceptions matérialistes de la réalité humaine, les enseignements bahá'ís affirment que notre essence – le « moi » spirituel – prend naissance au cours du processus de conception, après quoi elle s'associe au corps aussi longtemps que le temple physique reste capable de manifester la réalité et les pouvoirs de l'âme. Lorsque le corps/cerveau décède, l'âme se dissocie de cette relation et continue d'exister, de fonctionner et de progresser éternellement. Cette hypothèse ne diminue en rien l'importance d'un cerveau sain, essentiel à notre développement physique, intellectuel et spirituel. En fait, elle postule que le cerveau est un émetteur-récepteur qui permet au moi de manifester l'état et le développement de l'âme dans l'action, la parole et le comportement. Par conséquent, si le cerveau devient dysfonctionnel, que ce soit à la suite d'un

traumatisme ou d'une maladie mentale, la transparence de la relation de l'âme avec la réalité cesse. L'auteur explore ici les implications de cette relation pour notre compréhension des émotions et présente un modèle permettant de comprendre leur fonction en tant que source de rétroaction essentielle sur notre vie et d'orientation de celle-ci. Le but ultime d'une telle rétroaction est de nous aider à mieux adapter notre approche en matière de croissance spirituelle. Eu égard au modèle considérant le cerveau comme émetteur-récepteur, la rétroaction émotionnelle n'est fiable que si le cerveau demeure transparent dans cette relation systématique. Le présent article propose des façons dont le modèle pourrait éclairer les approches du traitement des troubles affectifs.

Resumen

Desde la perspectiva de la descripción de la realidad humana en los textos autoritativos Baha'is, la esencia del ser humano es el alma, una realidad metafísica de la cual emanan todas nuestras capacidades distintivas humanas. A diferencia de las perspectivas materialistas de la realidad humana, las enseñanzas Baha'is afirman que nuestra esencia- el ser espiritual- toma su origen durante el proceso de concepción, el momento desde cual se asocia con el cuerpo tanto tiempo como el templo humano se mantiene capaz de manifestar la realidad y los poderes del alma. Una vez el cuerpo/la mente fallece, el alma se desasocia de esta relación y existe y funciona, y progresa eternamente. Esta hipótesis de ninguna manera disminuye la importancia de un cerebro sano tan esencial a nuestro desarrollo físico, intelectual y espiritual; en efecto, sitúa al cerebro como un transmisor por medio del cual el ser se manifiesta la condición y el desarrollo del alma

en acción, discurso, y comportamiento. Por lo tanto, cuando el cerebro se vuelve disfuncional, ya sea por medio de trauma o enfermedad mental, la transparencia de la relación del alma con la realidad deja de existir. Este artículo explora las implicaciones de esta relación para nuestra comprensión de la emoción y presenta un modelo para el entendimiento de la función de la emoción proveyéndonos retroalimentación y guía para nuestras vidas, una retroalimentación cuyo último propósito es ayudarnos a calibrar mejor nuestro abordaje del crecimiento espiritual. Con el supuesto modelo del cerebro como transmisor, esta retroalimentación emocional es confiable únicamente mientras el cerebro se mantiene transparente en esta relación sistemática. El artículo sugiere maneras en las cuales el modelo podría informar abordajes al tratamiento para trastornos afectivos.

I was once told by my own psychiatrist—a prominent specialist in anxiety and depressive disorders who has made outstanding contributions to scholarship in the field—that if I, as a competent writer, could accurately describe the subjective experience of depression or anxiety, I would make a million dollars. Whereupon I commented, “So you have never experienced these affective problems?” When he replied that he had not, two things became clear to me, which I shared with him. First, it was clear that while he did not want to suffer the agony, despair, and sometimes self-destructive emotions so often associated with these disorders, he longed to be able to comprehend more fully what his patients were enduring, all

the time realizing that, because of its entirely subjective nature, he could not.

Second, I immediately informed him that in spite of whatever talents I might possess as a writer, such a task could never be accomplished, because any effective description of this malady would necessarily require a comparison to some common experience. For example, I might convey some idea of what a panic attack feels like to a person who has never had one by likening it to being in an elevator whose cables snap, and which suddenly plummets, but without ever stopping. My listener, if they have a reasonably vivid imagination, will get a reasonable sense of the sensation I am describing. But with depression, no experience I have ever endured can be likened to it: it is *sui generis*, an incomparable sensation. The closest I might come to a description is that it is something like a desire to escape from one's self. I explained to my psychiatrist that not only are these sensations of anxiety, despair, and depression beyond the power of words, but they are incomparable to anything else one will ever have to endure. In short, "you have to be there." Some poets have come close to bridging this gap, but ultimately, true appreciation of and empathy for affective disorders can only be fully attained by a fellow wayfarer.

While the description of the subjective condition of depression is beyond me, what follows can be considered the reflections of a poet, not on this and other affective conditions themselves, but on a way of understanding them, informed by reflections on the model of

reality presented in the Bahá'í writings. What I hope to convey is that our underlying understanding of reality, and in particular the reality of the human being, has meaningful consequences not only for our abstract understanding of the self, but for practical approaches to treating the affective disorders whose prevalence continues to rise in our communities.

In order to situate a Bahá'í model of consciousness and the self, it will be helpful first to consider as an alternative an extreme materialist position on consciousness—not necessarily because this is the view consciously espoused by most within the fields of neuroscience or psychology (though it is by no means absent), but because it helps cast the distinctiveness of a Bahá'í model in starker relief.

A materialist conception of neuroscience—that human consciousness is nothing but the product of the electro-chemical processes taking place in the three pounds of meat between our ears—can become the default way of thinking about consciousness, even for many of those who profess a belief in a spiritual understanding of the human reality. We may hardly question the materialist paradigm at all—even though most neuroscientists and philosophers agree that the existence of consciousness is still a "hard problem" (Chalmers 201)—and fall into thinking, speaking, and acting as though this physical device in our heads spontaneously creates consciousness, a "self" from which emanate the human powers of reason and imagination, of ideation

and will, of speech and emotion, and, most crucial of all, identity.

We may be inclined to accept—or at least rely on—this explanation for a number of reasons. One is that in its insistence on rooting the phenomenon of consciousness in purely material processes, this model associates itself with the materialist causality that we consider logical and scientific in other areas of investigation into physical reality. Additionally, the more we study the intricacy of the brain, the more astounded we are by its complexity. And with no end in sight to the discoveries being made about the brain's functioning, the claim that all the secrets of consciousness might be enfolded into its matter certainly seems plausible and satisfying. Parallel to these discoveries about the human brain are accelerating advances in computer science's development of artificial intelligence that may tempt the layperson to accept the notion of the human mind as a highly sophisticated machine, albeit a one constructed entirely of living tissue.

What is more, this materialist view of human consciousness and cognitive capacity seems to hold up in regards to our personal experiences. I see you come toward me, and I raise my hand in welcome. If we were to describe all the physical components of this simple act, we would need to write a considerable treatise; yet in the writing, we might well come to feel that we had successfully dissected the act into essentially deterministic processes of brain and body. The treatise would explain how abstract concepts (recognition,

friendship) rest in language and ideation, noting where these faculties and capacities are generated and received in discrete areas of the human brain, and how they trigger the activation of muscles—almost instantaneously and without the apparent need for deliberation—to signal an equally abstract notion (welcome, affection) demonstrated through a symbolic gesture. This treatise might describe all of the elements contributing to the interaction, from various components of the central and peripheral nervous systems to the entire phenomenon of symbolic language conveying abstract concepts¹ in terms of purely material brain function.

This sense of self as the sum total of modular components interfacing in the brain seems confirmed further by the fact that when someone receives a traumatic injury to the brain, some or all of their essential “human” capacities become dysfunctional or entirely disabled. Similarly, in the experience of watching the advance of a neurodegenerative disease, such as Alzheimer's, in a loved one, we seem to observe their faculties diminish and their essential “humanness” and personality dissolve, until they are no longer recognizable as the person we once knew and loved. The conscious self seems irreparably lost, together with all the love and life experience and sense of self that formerly emanated from that physical

1 One of the major capacities that seems to distinguish us from any other life form on this planet. For further discussion, see Gerald Filson's “Mind, ‘the Power of the Human Spirit’” in this volume.

construct. It would seem that by degrees, this once wondrous machine has ground to a halt, and with it the gradual effacement of what had been its most phenomenal output—the self, the personhood, and all the attendant human faculties and powers we once associated with a name, a face, a time, a place.²

Time and again we ponder how something so real, so palpable as personhood with all its quirks and skills—a human reality distinct from any other individual who has ever existed before or ever will again—could simply vanish into nothingness. Has this degenerative disease gradually destroyed the brain’s capacity to create the “self”? Or has it simply dispelled the illusion that there was a self to begin with? After all, if the self is reducible to a physiological or bio-chemical event or sequence of events, then logic demands that the idea of the self as possessing an independent existence apart from these underlying processes would be entirely erroneous. Or is some other solution possible? Could it be that the self still exists, but can no longer manifest or communicate its reality through the intermediary of a malfunctioning system?

METAPHYSICS AND EMOTION

Those who disagree with a materialist neuroscientific paradigm—according to which our will, memory, emotion,

2 Conversely, for an approach to this devastating condition from a spiritually informed point of view, see Ghadirian, *Alzheimer’s Disease: An Eclipse before Sunset*.

and very consciousness are but products of the interaction among the various combinations of neurons—typically theorize that a metaphysical reality (the actual source of our essential reality or our “self”) exists independently of our body. This same theory, especially as depicted in the Bahá’í texts, portrays the brain as an intricate intermediary between the self and physical reality. In effect, the brain is a transceiver whereby faculties such as will and imagination express themselves in physical action. In this same theory, the self and the spirit emanating from it maintain an associative relationship with the body/brain construct.

In this context, ‘Abdu’l-Bahá distinguishes between acquired knowledge and the “existential” awareness of the physical self because “the spirit encompasses the body.” He asserts that “the mind and the spirit of man are aware of all his states and conditions, of all the parts and members of his body, and of all his physical sensations, as well as of his spiritual powers, perceptions, and conditions.” He concludes by noting, “This is an existential knowledge through which man realizes his own condition. He both senses and comprehends it, for the spirit encompasses the body and is aware of its sensations and powers. This knowledge is not the result of effort and acquisition: It is an existential matter; it is pure bounty” (*Some Answered Questions* 40:5).

Of course, while some scientists allow for the possibility of the existence of a metaphysical reality, their scientific training—with its disciplinary focus

on material causality—makes them reluctant to accept or even to postulate some possible interaction between the two expressions of reality, or at least some persistent, consistent, or predicable interplay, particularly an interplay whereby any metaphysical process or entity exerts a causal effect on material reality. From this alternative perspective, the brain remains the foundational source of human experience, though it might admit the possibility that some correlate of this human experience survives in the metaphysical realm—what we would call “the afterlife”—what we experience after the demise of the body/brain. Here we have a more moderate position than the extreme materialist one presented above, and perhaps a view that, in various shades and modulations, and with its terms more or less precisely mapped out, accommodates a broad range of not only neuroscientists and mental health professionals, but laypeople as well.

But in such a theory, could the entity that survives death be meaningfully designated as the “soul”? In addition, from such a view would this spiritual essence retain individuality together with memory, a sense of self, and thence experience relationships with other souls? Without the help of the brain’s electrochemical processes where most neuroscientists believe memory resides, would this spiritual quiddity recall its former life? And being detached from the influence of affective chemicals such as serotonin, dopamine, adrenaline and oxytocin, could this entity experience emotions?

Furthermore, if this “afterlife self” is no longer capable of what we regard as fundamental human activities because it is deprived of the physical faculties that catalyze them, in what sense does this afterlife “self” experience existence, and in what way would such an afterlife experience even be desirable?

And then there are further questions of morality regarding any sort of relationship between how the self comporting itself in its physical existence and what it experiences in this afterlife. Does its past performance affect what sort of experience it will encounter in the afterlife or what emotions it will feel if it is capable of reflecting on its past? In short, if we are bereft of memory and imagination, of will and reason, and are unable to experience various appropriate emotions, how could this metaphysical essence be considered “human” in any important sense? Indeed, such a being experiencing such an existence would even fall short of our current conception of the components of animal life in its most rudimentary forms.

The alternative metaphysical conception which such a paradigm—or the more strictly materialist paradigm presented initially—is often pitted against is one in which the metaphysical realm is imagined as so interpenetrating, and even dominating the material reality that physical laws and causality can be viewed as tenuous, and can be expected to be broken. This view holds that someone’s will could influence other physical events besides one’s own actions, the very process that most people

of faith presume occurs when they pray for the protection of a loved one or the felicitous outcome of some sequence of events, such as an intercession in physical events from a metaphysical source. This is a view that is almost entirely dismissed as wishful thinking, as mere superstition. In fact, a person of faith who indulges in such a prayer for intercession might in a different context—such as the workplace—find it quite irrational that there could be some consistent influence of metaphysical forces on material outcomes or metaphysical interference or interplay in physical deterministic events.

A THIRD ALTERNATIVE

Religious philosophy—distinguishable from religious superstition in that it rigorously seeks to derive facts about metaphysical reality from clearly identified premises through logically sound inferences—offers a third alternative to the two we have posited. In this third paradigm, the two realities—or dual aspects of a single reality—possess a precise and predictable interaction.³

3 A more complete discussion of this alternative appears in my work *Close Connections: The Bridge Between Spiritual and Physical Reality*. As I note in that study, this interaction can be understood on the largest and most expansive level of astrophysics, as well as on the most particulate level of quantum mechanics; my focus in this paper is on the way in which emotion functions or is communicated on both levels within the self of the human being.

The essential nature of existent beings is a non-composite metaphysical reality that expresses itself through the intermediary of a physical or composite analogous reality. Thus, while no two trees are exactly the same, every tree partakes of the metaphysical concept (“form” or “idea” in Platonic terms) of “treeness.”

But since we are principally concerned with the nature of human reality, in this third paradigm we need to focus on how it presents the physical human temple as a construct, an amazingly variable biological contrivance designed to translate into all manner of physical expressions whatever the essential human reality (the metaphysical and non-composite essence of the self that is the human soul) is experiencing or attempting to accomplish. However, the paradigm that I propose in *Close Connections*, and which I here replicate, is based on inferences from the authoritative Bahá’í texts. But as I also note in that same discourse, the Bahá’í perspective—unlike most other religious, philosophical, or traditional views, portrays a relationship in which literally *all* major human capacities and powers—most especially those that distinguish human beings from all other life forms on this planet—derive from the soul, and in the physical realm are thereby conveyed both to others and to the conscious self through the intermediary of the complex human body operated by an even more complex brain.

In this configuration, then, the brain is not the ultimate source of those

faculties and capacities we ascribe to human beings: not memory, will, creativity, not rational thought, nor even emotion. Indeed, while emotion might seem somewhat tangentially related to these other faculties, it is one of the principal concerns of mental health professionals and, as we will see, one of the most significant indices to every other aspect of self. For while it may be trite and unambitious to assert that we desire “happiness” above all else, it is clear that, across time, place, and culture, positive emotions are amongst the things that human beings most desire and seek after: we all want a sense of well-being, self-respect, and peace of mind, even during those occasions when we may not be euphoric or “happy” in any ordinary sense of the term. Some of us may desire a sense of accomplishment, or nobility of character, a feeling of service to humankind, but in every one of these experiences, states of mind, or conditions of being, we are in fact responding to affective or emotional states of mind as essential indices of how successfully we are navigating our lives. Stated directly, emotions serve as the principal feedback for our overall state of being inasmuch as they provide essential information for our knowledge or sense of self during every moment of our lives. They serve as gauges for the extent to which our actions and achievements comply with our the expectations we have for ourselves, objectives that evolve over the course of our lives.⁴

*THE BRAIN AS MIZÁN
IN PARADIGM THREE*

A useful metaphor for reflecting on this relationship between our consciousness and reality itself is a commonplace conceit employed in Persian poetry—the *mizán*, the “standard” or the “balance.” Originally a qur’anic term, *mizán* can be conceptualized as a set of balance scales (see for instance Qur’án 101:6–9). In our metaphor, these scales represent the brain. On the one side of the scales is objective reality and on the other is our conscious perception of it. When the scale is balanced, the brain could be said to have perceived

emotion, then wisdom suggests that we would no more consider “tinkering” with our emotional systems (with substance abuse or other activities that have the potential to encumber or injure the brain’s capacity to become transparent in conducting emotions to the “self”) than we would consider “toying” with our autonomic and peripheral nervous systems that keep us alive from moment to moment. This has implications for thinking about the Bahá’í stance on the use of mind-altering substances: those drugs which induce a false sense of well-being may be so deleterious to those who sincerely desire to attain intellectual, spiritual, or even physical development precisely because they distort the emotional signalling that should be conveying information to us. By the same token, as discussed below, where the emotional system is physiologically disregulated due to an underlying condition, a drug may, in a physician’s considered opinion, be precisely what is needed to help restore accurate signalling.

4 If we accept this concept of

and conveyed reality accurately to the conscious mind. However, if reality and our perception of it do not accord, we may conclude that the *mizán*, the brain, is not properly exercising its function: its conveyance of reality to our consciousness has become distorted. The scales need to be recalibrated.

Extending this conceit, we might add that in order for the scales to be a useful tool in evaluating reality, they first must be “zeroed out.” With literal scales this is accomplished very simply: both sides are emptied, and the scale is adjusted until the balance bar is horizontal. Then a weight of pre-determined value is placed on one side, and the material to be weighed is placed on the other until the balance bar is again horizontal. If the weight or standard against which we are balancing the material is a one-pound weight, then we know that the material on the other side weighs one pound.

Of course, we assume that the “measure of things,” the balance or standard against which we weigh a substance, is exactly what it claims to be—if it is meant to represent one pound, then we must have confidence that its maker did a competent job, for as Juvenal put it, “Who will judge the judges?” In this same context, the *mizán* or scales represent justice or a means of measuring justice in a given situation. For this reason, the statue of Lady Justice holds the *mizán* or scales of justice in one hand. As a symbol of the goal of judicial systems to assess or weigh a matter in the balance without prejudice, she is blindfolded to avoid bias:

an action must be weighed against the standard or law, not the beliefs, opinions, or whims of the adjudicator.

Perhaps one of the most well-known uses of this term *mizán* in the context of Bahá’í texts is the famous closure to the pilgrim notes of May Maxwell. She quotes ‘Abdu’l-Bahá’s statement about faith:

And now I give you a commandment which shall be for a covenant between you and Me—that ye have faith; that your faith be steadfast as a rock that no storms can move, that nothing can disturb, and that it endure through all things even to the end; even should ye hear that your Lord has been crucified, be not shaken in your faith; for I am with you always, whether living or dead, I am with you to the end. As ye have faith so shall your powers and blessings be. This is the balance—this is the balance. (32)

‘Abdu’l-Bahá here is describing the standard against which we should weigh or assess our own faith—“This is the balance.”

A more widely known expression of the *mizán* or standard as regards human conduct is the so-called “Golden Rule,” a succinct measure for how one should exercise justice in dealing with others. The biblical version in Matthew pertains to actions, and states that we should act towards others as we would want them to act towards us (Matt 7:12). But the standard for justice as stated in the Most Holy Book

of Bahá'u'lláh is even more exacting: “Wish not for others what ye wish not for yourselves” (Kitáb-i-Aqdas ¶ 148). In effect, the *mizán* or standard now requires that we not even countenance for another what we would not wish to befall ourselves, let alone commit any action that would prove injurious.

Thus we observe that the standard or balance or measure indicated by the concept of the scales of the *mizán* is more than a useful tool for justly valuing precious metals, such as gold; it also serves as a metaphorical tool for assessing spiritual behavior and—as is the case in our present discourse—for discerning the acuity of the brain in conveying accurately the condition of the self in relation to reality.

More specifically, the image of the *mizán* demonstrates how important it is for the brain to be able to provide accurate information, including emotional feedback, in order for us to make sound decisions. In this light, we can appreciate the danger of allowing the brain to deceive our sense of self by causing it to provide inaccurate feedback through indulging in alcohol or drugs. In effect, we are causing the brain to create the sensation of well-being or detachment from danger or sorrow. A problem occurs, however, when the effects of this inaccurate feedback have worn off: we find ourselves back in the very reality we were trying to escape. The end result is that we are tempted to attain the false sense of well-being by once again disturbing or altering the transparency of the brain's assessment of our reality. This precious *mizán* is out of kilter

and will remain so until we muster the will power, or find the grace, to confront accurate information and respond accordingly by resolving our problems and willingly enduring the struggles that are presently besetting our reality.

The alternative—continuing to escape reality by obscuring the brain's transparency or accuracy as a *mizán*—means that if we ever do escape this addictive response to reality, it will be with an exponential increase in will-power and, most often, only with the assistance of others. The dangers of such activities—drugs, alcohol, and, in their own way, addictive activities such as gambling—that are capable of rendering the personal *mizán* of the brain defective and unreliable are such that Bahá'u'lláh has strictly forbidden them in His book of laws, The Most Holy Book.

THE *MIZÁN* MODEL AND MENTAL HEALTH

Thus, in terms of applying this analogy to the brain, we are asserting that so long as the brain is functioning properly (with transparency), we can rely on it to provide us with a valid means by which we can perceive reality. And yet, how can we ever be completely sure that the brain is functioning with total accuracy, that our perception of reality is accurate and not a delusion or a misconception?

Insofar as many fundamental properties of reality are concerned, the Bahá'í accepts the standard of reality portrayed in the authoritative Bahá'í

texts as the pre-determined measure on the one side of the *mizán*—that standard against which one can accurately weigh one’s concepts of “self,” reality in both its physical and metaphysical dimensions, and the relationship between self and reality.

The same standard informs the work of a Bahá’í mental health practitioner who can employ this *mizán* to measure a patient’s perception of reality. In particular, this assessment includes the patient’s perception of the self. Of course, such an evaluation is a challenging task and must needs be approached with humility, and most especially with respect for the privileged insight into the inner world that patients alone possess. After all, none of us is capable of entering the consciousness of another human being in order to discover if their perception of reality complies with ours, or with the paradigm portrayed in the Bahá’í texts. And even if this were possible, we still could not be completely sure of the accuracy or inaccuracy of their perception of reality, because while we intend to weigh that perception against the standard of reality represented in the Bahá’í Writings, what this means in practice is weighing the other person’s perception against our own. And while we may strive to bring our own perception into line with our understanding of the Bahá’í Writings, we know that this understanding is always partial, and never free from error. Our intuitive sense that our views are accurate or in accord with reality must always be tempered by an awareness that our own perception will never be complete or flawless.

On the one hand, it is not the purpose of this examination of the metaphor of the *mizán* in relation to the brain to evaluate its application to all mental health issues—such as schizophrenia or dementia where there exists stark and obvious discrepancy between the patient’s perceptions (whether of self or of reality in general) and our collective understanding. Neither will we employ this analogy to examine mental health conditions attributable to obvious physiological conditions, such as brain trauma. Where this model (conceit or analogy) will prove to be more useful is in those mental health questions that fall less squarely within the medical wheelhouse of physical cause and effect—chemical imbalance and structural irregularity, for example.

Consequently, let us focus on *affective disorders* which, while they may certainly have a range of physical correlates and contributing factors, also involve how the patient’s subjective perceptions arise from their underlying assumptions and beliefs about reality, as well as from habits of thought—factors, in other words, that a patient is at least theoretically capable of gradually modifying through being guided to alter thinking, even if the extent of this remediation will vary from one individual to another. In such cases, which may include depressive disorders, anxiety disorders, trauma and stressor-related disorders, eating disorders, self-harm, and—in some cases and to a certain extent—substance abuse disorders, the mental health professional is dealing with a somewhat more delicate

and subtle detection of miscalibration of the *mizán* related to affect or emotion.

I also feel it important to note that this choice of focus is not merely theoretical, but is significantly informed by my personal experience which, as I suggest at the outset of this paper, has provided insights that I have come to believe are largely inaccessible to those who have not had to endure such afflictions—whether they be anxiety disorders, depression, and the like. These kinds of affective disorders are so entirely subjective that even the health professional, who through specialized study can not only recognize these afflictions but become capable of assisting the patient in dealing with them or even largely overcoming them, cannot entirely understand or appreciate the affective experience unless the professional has also endured these disorders.

For this reason, we can readily appreciate the power of sharing within a group that does have these experiences in common—whether among soldiers suffering from PTSD who have seen and done what the human psyche was never intended to experience, or among those addicted to various forms of substance abuse whose lives will forever circumambulate the unrelenting siren call of total escape from reality.

While it is thus important to acknowledge that every person's experience with affective disorders is unique to them, it is my hope that sharing this notion of the *mizán* model might be of value in helping others appreciate the

war that friends and relatives enduring such afflictions are waging inside. If nothing else, such understanding may help us all become stalwart companions and compassionate listeners.

A PLAGUE UPON OUR HOUSES

One might correctly characterize the present-day widespread nature of affective disorders as a pandemic, even though we have only in the last decades become aware of the historical prevalence of such disorders, especially among those of delicate sensibilities—artists and poets, for example—and people subject to historical instances of disorder brought about by natural disasters and the “unnatural” disasters of war and such.

And in the exponentially accelerated increase in social and environmental change that peoples worldwide are presently experiencing as social order seems to be unravelling at a perilous rate, we may feel some legitimate sense of valor if we and our family are managing to endure this pandemic of affective disorders successfully. I dare say there are few who do not know a friend or family member who is having to wage war against such afflictions.

Nevertheless, as a society, we desperately need to become aware of the prevalence of affective disorders, to cease characterizing such afflictions as a sign of weakness, and to learn as much as we can about how to assist those undergoing this struggle, especially our own family members and close friends. As my previously cited

physician helpfully explained to me, the patient and the caregiver need to appreciate these affective disorders as diseases and treat them accordingly, for that is precisely what they are.

He went on to explain that we should not disdain those enduring these maladies any more than we would one suffering from diabetes, whether the principal cause of such a disorder is a chemical imbalance or malfunction in the brain, some kind of personal trauma, or the increasing decline in the social environment, whether of family or more encompassing types of social systems.

The increase we are witnessing in affective disorders is not explained merely by advances in data collection. For example, there is reliable evidence of a gradual but marked increase among college students in affective disorders over the past decades, with a study finding that by 2013 fully half of American college students met the criteria for one or more mental health problems—a proportion that rose to over 60% by 2020 (Lipson et al.). In reporting on this study, the American Psychological Association noted that despite some positive developments, including the progressive lessening of the stigma around mental health issues, this epidemic is overwhelming available resources (Abrams).

THEORETICAL PARADIGMS AND PROPER TREATMENT

To diagnose and treat affective disorders successfully, the mental health

professional first needs to understand the foundational makeup of human affect itself. It should be clear that our model of human nature, and the role of affect within it, will have implications for treatment. In the case of the materialist paradigm described above, for instance, if our conscious self is merely a biochemical construct, then a comfortable affective state may well be our sole objective—why not make the illusion of selfhood as pleasant, or pain-free, as possible, regardless of whether or not the brain is functioning as a *mizán*—as an accurate or transparent transceiver of reality? In this case, directly manipulating the affective state through pharmaceutical or other means might seem to be a rational approach.

Conversely, if the self is a metaphysical essence, and emotion is information about the condition of that self, then any alteration of affect through biochemical means would hardly change the condition of the human being. Such a remedy would simply pervert or alter the ability of the self to be aware of its own condition. It would be akin to severing a nerve to treat a broken leg. The pain might be gone, but is the problem solved?

Obviously, few professionals would recommend overriding the valuable information emotion gives us about our self, regardless of whether they consider the essential nature of the human being to be a composite biochemical construct, or a metaphysical essence that communicates to physical reality through the complex operation of the brain. However much we may agree or

disagree about the essential nature of reality, we generally agree that reality exists and that our emotions are valuable indices about how we are coming to terms with the relationship between our self and reality as our self traverses the myriad paths of our life's journey, struggling as we proceed to discover life's meaning and the particular purpose this venture holds for us—what distinct abilities we might have and what special services we might render others.

The first step, then, is to determine the extent to which the affective state complies with reality—the extent to which the biochemistry of the brain is an accurate index to what the individual should be feeling or experiencing. Like the balance scales, we want to weigh reality as it is against reality as the affective systems are portraying it to us. Only then can any remedial response be determined. Just as an orthopedist will take an x-ray to determine if the pain emanating from the leg is indicative of a broken bone, so the mental health professional will, in the case of depression, for example, assess the extent to which the affective condition is an accurate index or response to a situation worthy of depression.

For example, two individuals may present similar symptoms of depression, but if one has recently suffered the loss of a loved one while the other has no apparent life circumstances that correlate to the depression, it would be foolhardy to treat them in the same manner. The emotional pain of one may be no less real than that of the

other, but the approach to resolving, managing, or otherwise responding to it should differ.

Even if information about reality is being accurately conveyed—the patient is depressed in response to identifiable circumstances—the patient might require a palliative to withstand the emotional pain they are experiencing, even as the patient with the broken leg might require medication for a period in order to endure physical pain. But when, upon examination, reality is shown not to be as perceived and portrayed by the patient—there is nothing in the experience of the patient to warrant the extreme distress—the psychologist or psychiatrist may conclude that the problem is with the intermediary communication between reality and the conscious mind. Some part of the affective system is not working properly. Or to continue with our analogy, the *mizán* of the brain is not calibrated accurately. With this framework in mind, we can consider some of the treatments currently available for affective disorders, bearing in mind the distinct goals of treatment in each case outlined above: palliation in the one case, re-calibration of the *Mizán* in the other.

PHARMACOLOGY TO THE RESCUE?

With the epidemic of depressive disorders developing over the past several decades, research and, consequently, advances in psychiatric treatment have also grown apace. Where once electroconvulsive therapy was a primary

treatment modality for various psychiatric conditions, various tranquilizers of the benzodiazepine variety were introduced, beginning with chlordiazepoxide (Librium) in 1960, diazepam (Valium) in 1963, clorazepate in 1967, and many others. These were found to be successful in helping to abate forms of anxiety disorders, panic attacks, and a wide range of other affective disorders or related problems such as insomnia, muscle spasms, and alcohol withdrawal (Committee on Review of Medicines).

The downside of these treatments became rapidly apparent. They are addictive. They were overprescribed and, in many cases, almost cavalierly over-administered, often by general practitioners with little or no background in affective disorders. They were prescribed without a complete history of the patient's disorder or, in far too many cases, without even a cursory understanding as to whether or not an affective disorder existed in the first place (Anderson).

Stated in terms of our ongoing theme, since the *mizán* was often not adequately assayed, this category of anti-depressants (which soon became commonly known as "mood-lifters" or "brighteners," as their effect is comparable to the euphoria experienced after a couple of alcoholic drinks) really did little to correct the problem at hand, but simply masked it. In cases of anxiety or panic attacks, the patient might have gained some sense of control—the symptoms might be lessened—but the underlying condition was not

addressed. At the time when these drugs became available, depression was not yet even clearly conceptualized as a medical problem, and still today, the medical profession continues to struggle to gain an entirely accurate overview of the nature of affective disorders.

AFFECTIVE DISORDERS AS DISEASE?

Around the end of the 1980s and the beginning of the 1990s, there appeared a significant breakthrough in the pharmacological treatment of clinical depression. The newly developed category of pharmaceuticals known as selective serotonin reuptake inhibitors (SSRI's) went to the very source of the false (or at least unbearable) information the affective system was conveying to the conscious self. By actually slowing down the speed with which neurotransmitters (particularly serotonin) cross the synaptic cleft, this category of antidepressant does not mask or numb an existing emotion—it actually causes a different, and, we might hope, "correct" emotion to take its place. If in fact the depression was due simply to a biochemical error, then presumably the *mizán* is now balanced.

For a good many of those enduring the unspeakable anguish of clinical depression, the experience of taking SSRI's is like unto the gradual lifting of a veil, a pall that beclouds one's experience of every aspect of reality at every waking moment. However, over-prescription, and improper or uninformed administering of these drugs,

began relatively early and continue to this day. The incredibly serious adverse side effects of improper or uninformed prescription of these drugs include intensification of the disorder, the introduction of other forms of affective disorders, and even death by suicide. Such is the case, for example, when SSRIs are given to those suffering from depression resulting from bipolar disorder, an affective condition that requires a totally different array of pharmacological treatments.

COMPLEMENTARY MODELS OF HUMAN EMOTION

But our purpose here is not to analyze the pharmacological treatment of depressive disorders or any of the other affective disorders that seem to have reached epidemic proportions in contemporary society. Neither is it our intent to consider the plethora of obvious stresses caused by the pace and tenor of contemporary society and the instability and dysfunction of common human relationships, worthy and important as these topics may be.⁵ Rather, our central purpose is to assess how

we can still consider the conscious self as essentially a metaphysical essence even while it seems to be obviously influenced by the physically-based affective system functioning via the physical entity that is the brain.

More specifically, in order to justify the utility of the *mizán* model, we need to build an understanding of human emotion that is coherent with the paradigm in which the essentially metaphysical self is impacted by physical interventions. Let us, then, briefly consider the “affective system” in somewhat the same methodical way as we might approach the other constituent systems of the human reality before we discuss the efficacy of the third paradigm with regard to emotions as an essential index to our sense of self.

KNOWLEDGE OF SELF AND THE PURPOSE OF CREATION

The authoritative texts of the Bahá'í Faith contain a detailed and rationally consistent discussion of the construction of this third paradigm of the self. A description of the Bahá'í model of the reality of the self can begin with the axiom that there are two counterpart expressions of reality: the essential, non-composite, metaphysical or spiritual realm and the created, composite or physical expression or manifestation of that same spiritual realm.

The Bahá'í texts repeatedly note that creation is one, that while having various expressions or dimensions, the entirety of reality is an organic and integrated expression of the divine

5 The growing environmental stress we experience has been increasingly noted by thinkers and researchers within both psychology and social science. More than five decades ago, the term “future shock” was coined by Alvin Toffler in his book of the same title to describe our increasing inability to process change in an essentially unstable social environment where reality no longer stays constant for significant periods of time.

will. In short, while the metaphysical expression of reality has primacy in this relationship, these dual expressions of reality are unified as the exact counterparts of each other: “The spiritual world is like unto the phenomenal world. They are the exact counterpart of each other. Whatever objects appear in this world of existence are the outer pictures of the world of heaven” (‘Abdu’l-Bahá, *Promulgation* 10).

The consequences of this fundamental verity are weighty. For example, if the realm of the spirit is without beginning or end, without limit in plenitude or variety, then the physical world that mirrors forth that reality as an “exact counterpart” must likewise possess these same attributes of transcending limits of time or number, a conclusion confirmed throughout the Bahá’í texts.⁶

A second related axiom from the Bahá’í concept of cosmology and theology as related to the notion of “self” is that both realms are the purposeful and conscious emanation from an intelligent⁷ Being whose reality we can

only vaguely comprehend. In short, all creation is the willful expression of the character and nature of God. A corollary of this fact is found in Bahá’u’lláh’s allusion to reality in the following verse He cites from the Imám ‘Álí: “No thing have I perceived, except that I perceived God within it, God before it, or God after it” (*Gleanings* 90:1).

The logical extension of this axiom is that everything in creation in both realms of existence has as its essential reality the expression of the attributes of the Creator, each according to its ability: “From that which hath been said it becometh evident that all things, in their inmost reality, testify to the revelation of the names and attributes of God within them. Each according to its capacity, indicateth, and is expressive of, the knowledge of God. So potent and universal is this revelation,

hope to comprehend what those qualities entail at the level of the Divinity. “[T]hese attributes and perfections that we recount of the Divine Essence, these we have derived from the existence and observation of beings, and it is not that we have comprehended the essence and perfection of God” (*Tablet to Auguste Forel*). Rather than imagine God as a scaled-up version of a human being, we can reflect that our conceptions of intelligence, will, etc. represent mere signs or reflections of an Intelligence and Will to which we have no access, and which exist more fully than we do: “It is evident that whatsoever man understands is a consequence of his existence, and that man is a sign of the All-Merciful: How then can the consequence of the sign encompass the Creator of the sign?” (*Some Answered Questions* 37:3).

6 See, for example, Bahá’u’lláh, *Gleanings from the Writings of Bahá’u’lláh*, chapter 78.

7 Descriptions of a “personal God,” with attributes that permit us to conceptualize and relate to the deity as a person, can risk leading us to an anthropomorphized conception of God, one which the Bahá’í Writings unequivocally reject. While we must attempt to describe God for certain purposes, it may be helpful to keep in mind as we do so ‘Abdu’l-Bahá’s reminders that while we can logically attribute to God qualities found in creation, we cannot

that it hath encompassed all things visible and invisible” (*Gleanings* 90:1).

This statement about creation’s relationship with God connects to a third, somewhat more subtle axiom about the purpose of creation. Why has the Creator determined to bring forth creation in the first place? The very purpose of the existence of anything can, on one level, be understood as its expression of something about the Creator. This verity asserts that the motives of the Creator are entirely altruistic. He creates nothing for His own benefit, selfish desire, aggrandizement, or need, nor so that He might be praised by all that proceeds from Him. He is, instead, totally autonomous, self-sufficient, independent, and essentially incomprehensible to all but Himself. By this is meant that no being is capable of comprehending His essence, nor does the knowledge or love of God require such a complete understanding, nor does He desire or demand obeisance or acquiescence. Rather, His desire as explained in the Bahá’í texts is that the most exalted expression of His creation—the human being—come to comprehend, and thence to express to some extent, the divine attributes with which the Creator has adorned us.

Possibly the most succinct statement of this divine purpose is found in a well-known Islamic tradition (or *ḥadīth*), the tradition of the “Hidden Treasure”: “I was a Hidden Treasure. I wished to be made known, and thus I called creation into being in order that I might be known” (qtd. in Bahá’u’lláh, *Kitáb-i-Aqdas* n. 23). Bahá’u’lláh

expands on this same verity in the fourth Arabic Hidden Word where He equates this knowledge with love, or implies that the authentic knowledge of God will, by means of the magnetic attraction of His perfections together with recognition of His relentless love for us, necessarily result in our attraction to Him and, subsequently, our adoration or love of God: “I loved thy creation, hence I created thee. Wherefore, do thou love Me, that I may name thy name and fill thy soul with the spirit of life.”

This axiom is subtle because we naturally want to know *why* the Creator loves our creation and wishes to be loved in return if all His motives are entirely altruistic. Furthermore, we know from other passages that this wish or desire is not some sudden impulse but an inherent and inalienable attribute of the Creator—indeed, the very reason He bears the appellation “Creator.” Therefore, creation has always existed and will continue to exist and to develop because this attribute will never cease.

But at the heart of the answer to this enigmatic question is the Creator’s knowledge of Himself. Because He understands and possesses and is the source of all divine attributes, He is fully aware of His own worth as well as the value, benefit, and joy another being would experience were it capable of coming to recognize His attributes and, upon recognizing His love for us, return that love and thereby establish a love relationship, which, by definition, is bidirectional or reciprocal.

For this reason, God has created beings capable of accomplishing this task, and has established an elaborate and logically devised education system (physical reality) whereby this knowledge can be acquired, on both an individual and on a collective level. What is more, this educational methodology instigates a process whereby this knowledge increases systematically by degrees over time.

Perhaps the best way for us to acquire an intimate, subjective comprehension of this motive force is through our own desire to create and, subsequently, to love—whether intellectually or physically. We have, the Bahá'í writings assert, an inherent love of reality, an attraction derived from the fact that all things in their inmost essence testify to the nature of the Creator. Furthermore, because we are inherently attracted to everything that reminds us of our own nature and the nature of the Source of our own emanation, nothing will provide us with sustaining joy except the extent to which we are acquiring these same divine attributes as they are manifest in creation, in ourselves, and in our relationships with others and with creation as a whole.

Stated more axiomatically, we are possessed of an insatiable attraction to, or love for, all that reminds us of our origin, a drive or desire that can be satisfied by nothing less than our coming to understand the source of that attraction and gradually acquiring those attributes, which come to shape our thoughts, words, and conduct. This authentic affection is the awareness of

loving that which is worthy of our love and of being loved by that Being Who is the source of our longing.

This brings us, then, to the axiom found in the epigram to this article, which combines the purpose of our creation with the subject at hand—the attempt to gain knowledge of the “self.” Bahá'u'lláh pronounces as a bald fact that “[t]rue loss is for him whose days have been spent in utter ignorance of his self” (*Tablets* 156).

The reason for this assertion is made clear throughout the writings of Bahá'u'lláh: if we are inherently desirous of knowing the Creator—a process we pursue in our love of creation itself which bears the imprint of the Creator—then we are necessarily attracted to and satisfied by the most complete, complex, and perfect expressions of the attributes of the Creator. And according to Bahá'u'lláh, the human being is the most perfect and complete expression of God or Godliness in creation. Bahá'u'lláh observes that “whatever is in the heavens and whatever is on the earth is a direct evidence of the revelation within it of the attributes and names of God, inasmuch as within every atom are enshrined the signs that bear eloquent testimony to the revelation of that Most Great Light” (*Kitáb-i-Íqán* 100). But His conclusion to this assessment of the spiritual nature of creation is His pronouncement that “[t]o a supreme degree is this true of man, who, among all created things, hath been invested with the robe of such gifts, and hath been singled out for the glory of such distinction. For in him are potentially revealed

all the attributes and names of God to a degree that no other created being hath excelled or surpassed. All these names and attributes are applicable to him” (Kitáb-i-Íqán 101).

Bahá'u'lláh continues this theme and concludes with a *ḥadīth* that succinctly and axiomatically sums up the reciprocal relationship between the knowledge of God and the knowledge of the “self” in whom are “potentially revealed all the attributes and names of God to a degree that no other created being hath excelled or surpassed” (Kitáb-i-Íqán 101): “In this connection, He Who is the eternal King—may the souls of all that dwell within the mystic Tabernacle be a sacrifice unto Him—hath spoken: ‘He hath known God who hath known himself.’” (101–102).

SOME INFERENCES FROM THIS SYLLOGISM

For our present purposes, the most relevant conclusion we can draw from this sequence of causally related axioms about human nature and human purpose is that the acquisition of knowledge of the self must necessarily be an indirect process. The essential reality of the human being is a metaphysical soul, but since the soul operates in this life through the intermediary of a physical temple, we must learn about the self through the daily experience of associating with that reality by means of metaphorical or symbolic access and exercises.

Bahá'u'lláh affirms that the soul's ability to outwardly express its

capacities depends, in this life, upon the quality of the connection between the metaphysical essence and the physical temple. This expression can be impaired due to infirmities in the body, including the brain, or even severed entirely:

Consider the rational faculty with which God hath endowed the essence of man. Examine thine own self, and behold how thy motion and stillness, thy will and purpose, thy sight and hearing, thy sense of smell and power of speech, and whatever else is related to, or transcendeth, thy physical senses or spiritual perceptions, all proceed from, and owe their existence to, this same faculty. So closely are they related unto it, that if in less than the twinkling of an eye its relationship to the human body be severed, each and every one of these senses will cease immediately to exercise its function, and will be deprived of the power to manifest the evidence of its activity. It is indubitably clear and evident that each of these afore-mentioned instruments has depended, and will ever continue to depend, for its proper functioning on this rational faculty, which should be regarded as a sign of the revelation of Him Who is the sovereign Lord of all. Through its manifestation all these names and attributes have been revealed, and by the suspension of its action they are all destroyed and perish. (*Gleanings* 83:1)

From this passage, then, it is apparent that since the expression of our core rational faculty in this life through our senses and powers is mediated by the body, our capacity to manifest physically any of these capacities terminates when this associative relationship between body and soul ceases. A corollary of this observation is that, at that same instant, the conscious mind and all other powers of the self are freed from the indirect relationship with and perception of reality. Most important to the theme of this discourse, emotion, as one of the essential faculties of the spirit or soul, is no longer dependent after the death of the body on the accuracy or health of the biochemical replication of affect through the brain. Instead, our emotions, once dissociated from the body-brain, will be experienced directly without being subject to environmental or other physiological influences capable of distorting or confusing our affective response to the condition of the “self.” Instead, the conscious self, as a spiritual essence no longer constrained by an associative or periscopic relationship with reality, will have direct access to metaphysical reality—what the Bahá’í scriptures sometimes refer to as “the heavenly realm,” “the world of the Kingdom,” or “the world of vision”:

There, in the realm of vision, the soul sees without the help of the physical eye, hears without the aid of the physical ear, and travels without dependence upon physical motion. It is, therefore, clear

that the spirit in the soul of man can function through the physical body by using the organs of the ordinary senses, and that it is able also to live and act without their aid in the world of vision. This proves without a doubt the superiority of the soul of man over his body, the superiority of spirit over matter. (‘Abdu’l-Bahá, *Paris Talks* 86)

Interestingly, there are passages in the Bahá’í writings suggesting that, to a degree at least, the soul is capable of attaining some measure of this direct access to reality even in this life:

Just as man has been physically born into this world, he may be re-born from the realm and matrix of nature . . . In this second birth he attains the world of the Kingdom . . . Great discoveries and revelations are now possible for him; he has attained the reality of perception; his circle of understanding is illimitably widened; he views the realities of creation, comprehends the divine bounties and unseals the mystery of phenomena. This is the station which Christ has interpreted as the second birth. (‘Abdu’l-Bahá, *Promulgation* 332)

This highlights the reality that, from a Bahá’í perspective, the soul associates with a body during this life but is in no way *in* the body: from its inception it already dwells within the metaphysical realm, even though it is shielded

or veiled from its own reality until dissociation from the physical body takes place.

Indeed, although attaining “the reality of perception” may be possible in this life, it is by no means a given. Inasmuch as our conscious self must understand its essential reality indirectly so long as it endures an associative relationship with the human brain, our understanding of our own essential reality in this life is intrinsically capable of becoming confused, distorted, or even obliterated.

Conversely, while the idea of attaining direct access to reality, including our own self, may seem attractive to some, others may share the fear articulated by Hamlet, by which he rules out suicide as a solution to his own despair: the possibility that the “self” lives on beyond the demise of the physical temple, and that the affective senses are no less active after death, “makes us rather bear those ills we have/ Than fly to others that we know not of” (Shakespeare, *Hamlet*, III, I, ll 80-81). We can presume that after physical death, upon becoming detached from the indirect experience of reality through the sometimes faulty or diseased apparatus that is the body—the metaphorical expression of self—our affective sense of self is now completely accurate. But what if the anxiety or despair we felt in the physical stage of our existence was the result of internal disorder, some malfeasance or misuse, abuse, or conscious ungodly action on our part? What if, once our emotions are fully accurate in their conveyance of what

we feel and how intensely we should feel it, we discover that we *should* feel bad about ourselves, that our anxiety and despair are warranted reactions to how we have lived?

Here we do well to recall the statement in the Bahá'í writings—and seemingly confirmed by those who have experienced near-death experiences—that in the process of transitioning to the next stage in the life of the soul, we are made to review our past life, and to evaluate how we have done in terms of what we should have done, in terms of what we had every opportunity to understand to be the right path, the proper course of action. Bahá'u'lláh cautions us in Arabic Hidden Words no. 31, “Bring thyself to account each day ere thou art summoned to a reckoning; for death, unheralded, shall come upon thee and thou shalt be called to give account for thy deeds.”

Of course, it is also clear that, even as change is an inalienable property of physical existence, so this same condition is operant in the realm of the spirit—which is the “real world.” Consequently, while one’s initial sense of self might be regret, despair, anxiety, or depression, such a condition need not endure. Even as ‘Abdu’l-Bahá notes, our self (and logically, therefore, our sense of self) can become changed in the next life, both through the prayers of others, the mercy of God, and through our own willful contrition and prayers for assistance:

It is even possible for those who have died in sin and unbelief to

be transformed, that is, to become the object of divine forgiveness. . . . They must therefore be able to progress in that world as well. And just as they can seek illumination here through supplication, so too can they plead there for forgiveness and seek illumination through prayer and supplication. Thus, as souls can progress in this world through their entreaties and supplications, or through the prayers of holy souls, so too after death can they progress through their own prayers and supplications, particularly if they become the object of the intercession of the holy Manifestations. (*Some Answered Questions* 62:7).

THE AFFECTIVE SENSE OF SELF

With this background established, we can now explore the implications for our affective sense of self of the indirect, physically-mediated nature of our relationship to our metaphysical essential self. Arguably nothing is more important to our sense of self than our emotional or affective condition. Indeed, we would be hard put to segregate our continuous evaluation of our self (our sense of well-being, self-worth, and so on) from the emotional indices to these states of being. In other words, how we feel, and in particular how we feel about ourselves, has a preponderating influence on how we view and understand our selves.

Consider those situations in which we endure great suffering in order to

assist someone else or to uphold some worthwhile cause. The suffering will feel bad, on some level; but on a deeper emotional level, we have sufficient affective support of our chosen course of action—some sense of self-worth or nobility—to offset whatever pain or discomfort we might have to endure to carry out these efforts. In fact, we might say that, in such cases, the suffering is relegated to physical sensation, not an affective state of being. We know we are doing “the right thing,” and we feel emotionally comforted by this understanding, sufficiently so that even our physical discomfort may be totally assuaged by these ultimately more powerful sensibilities.

But the epidemic of affective disorders currently plaguing our society demonstrates the need to have a means of diagnosing and treating dysfunctional affective systems, or affective systems that are stressed beyond their capacity to deal appropriately with the toil of daily life.

As noted above, from a strictly materialist point of view, this problem might seem rather simple to resolve. If our affective system is in a constant state of depression, we can chemically alter the relay of neurotransmitters across the synaptic cleft so that the biochemical construct of the “self” is no longer in despair. And yet, the cause of that affective state—whether an underlying physical dysfunction or a set of life circumstances—will not have changed. The apparently successful short-term strategy of letting the affective system convey information

distorted by chemical manipulation (for the purpose of assuaging pain) may in fact work against the better, long-range objective of making the affective system function correctly by conveying authentic information about reality to our conscious self.

To reiterate a point we made earlier, pharmacological remedies might make one feel elation even when reality dictates that sadness or remorse or grief or despair are precisely the correct emotional indices to what one is experiencing in relation to reality. Of course, this correlation will depend on how wisely the medications are employed. Contemporary SSRI's are intended to be used to help the brain convey reality correctly. Other methodologies or pharmaceuticals might serve to help the individual endure the overwhelming conditions of reality when such remedial assistance is appropriate.

Therefore, let us consider how methodologies, whether discursive or biochemical, can be employed, both to diagnose and to treat some common affective disorders, in a way that reflects an awareness that the true "self" is a metaphysical essence.

THE HEALING ARTS

When we speak of health and healing, whether of the body or the mind or the spirit, we do well to reflect on the numerous statements attributed to Socrates, whose dialogues with his followers often focus on those professions and "arts" that are of benefit to humankind—educational systems and

learning, political systems and governance, legal systems and justice, medicine and the art of healing. In these discussions, Socrates demonstrates that what is logically the best course of action for the practitioner of an art (the teacher, the judge, the doctor) might seem the precise antithesis of a proper course of action to the one whose condition is in a state of need, dysfunction, or disrepair: the student, the criminal, or the patient.

Thus, while the criminal might desire forgiveness and pardon, he might benefit more from punishment in order that he might understand what he did wrong and refrain from actions that impede his development. Likewise, the student might wish simply to absorb and retain the information that the teacher imparts. Whereas Socrates notes that true learning requires effort on the part of the student and participation in the process (the Socratic method), so that the teacher is, according to Socrates, like a midwife bringing forth the birth of insight by assisting the student in probing reality. In a similar way, the remedy the skilled physician prescribes might seem unpalatable to the patient who is in a compromised state of health, especially if the remedy does not result in swift and easy recovery.

But at the heart of all Socratic discourse is the acknowledgment that the successful application of all arts devised to assist humanity is entirely predicated on accurate knowledge of the essential nature of human beings. As Socrates teaches his students, one

can hardly apply an efficacious remedy to someone without knowing what is ultimately propitious, what is healthy, what advances the “essential self” or soul. Consequently, one cannot know what the condition of health is until one is aware of the nature, purpose, and destiny of the human being, even as one could not nurture a seed into a thriving plant without knowing what sort of plant the seed is to become and what particular treatment will assist the seed in coming to fruition and attaining its potential.

For Socrates, the true nature of the human being parallels almost precisely what we have thus far depicted as the “third” paradigm, the Bahá’í notion of the essential self—that the human “self” is essentially spiritual. Within this paradigm, what might be temporarily discomfiting, experientially and emotionally, might be the very best means for the self to attain health. This concept of health and healing is analogous to the knowledge required to train an athlete. While the novice or untrained coach might believe the best approach is to treat the athlete with kindness and not to do anything that would be stressful or uncomfortable, the experienced trainer will wisely accustom the athlete under his tutelage to endure incrementally increased physical stress on a daily basis in order to make the body stronger and more adept.

By such a method, the dedicated athlete will, in due course, begin to perceive the stress of training as a positive experience, not only cognitively but emotionally as the brain releases

endorphins to reward the conscious self, to signal that this activity is healthful and worthy of a sense of well-being and personal achievement.

Naturally, this principle of healing or training does not imply that no benefit can be derived without a precise knowledge of the nature of the one being helped. For example, if the patient is in severe pain, administering a palliative might be the most desirable course of action from the patient’s perspective, and one the physician should assist with; but discovering the ultimate source of the pain and curing the ill or dysfunction that is producing this information should clearly be the weightier objective for the caring and competent physician.

The same process applies in the treatment of affective disorders. There may be a need first to manage the emotion (delusion, guilt, remorse, depression, anger, resentment, etc.) or to alleviate the immediate pain if, for instance, the patient is simply unable to cope, and might even be inclined to take some drastic course of action in order to escape what might seem to be an unbearable emotional state. However, it is imperative that the healer not be satisfied with mere alleviation of symptoms, but rather try to determine if the possible source of these symptoms is indeed an emotional disorder or, on the contrary, whether they are an appropriate response to objectively overwhelming circumstances. In other words, the physician should try to determine whether or not the *mizán* of the brain is properly calibrated.

For example, if we feel immense distress because we are not living up to expectations we have for ourselves (whether the result of our personal aspirations or imposed on us by others), we could be assisted (1) to apply our will to change our expectations, (2) willfully to raise our performance to comply with our expectations, or (3) to modify the emotional results of this conflict through pharmacological assistance or counseling.

For example, let us consider the case of a soldier racked with guilt at having taken the life of another. The combatant might be urged to examine the basis for this abhorrence, to determine if the moral exigencies of war warrant such an ostensibly inhuman and dehumanizing act. Even combatants who deem the war necessary, justified, or unavoidable, may still find the experiences involved sufficiently horrific that the affective sensibilities cannot endure such an assault on their humanity. Here we see clearly that the problem is not with the affective system, but with reality itself. Few if any can endure the gross inhumanity of warfare without also experiencing some concomitant damage to the “self,” and that affliction will be appropriately communicated to one’s self-awareness through affective responses. It is doubtless for this reason that few combatants are inclined to share or rehearse their experiences. It is possible that over the course of time a soldier might unconsciously protect himself by becoming inured to the act of killing. Such concealment is not a long-term solution, but may

result in the gradual dehumanization of the self and the subsequent inability of the combatant to live a “normal” life, at least not without experiencing affective disorders requiring long-term treatment.

Suppressing or denying the painful affective response to the combat experience is not, then, a healthy approach: the soldier may instead need to be helped to process and work through these emotions which are, in fact, accurately conveying a problem with wider reality. While palliation of this emotional pain may be entirely appropriate—at least on a short-term basis—it would not seem helpful or healthy to utilize such a response in an attempt to obliterate these appropriate responses, which are, after all, entirely warranted.

UNDERSTANDING THE GHOST IN THE MACHINE⁸

In the context of the above example, different theories of the human reality might seem largely a matter for philosophical musing. The reality of the

8 The term “ghost in the machine” was originated by philosopher Gilbert Ryle and acquired wider familiarity in Arthur Koestler’s *The Ghost in the Machine*. Both men had as their principal objective the refutation of the theory articulated in Cartesian dualism that the mind and the body are distinct realities. The term “ghost” is thus used ironically by both men, who reject the idea that the mind or self is a metaphysical or spiritual reality that functions in association with the body-brain, and can survive the body’s demise.

patient's condition would be the competent physician's concern, regardless of whether he or she possess a materialist or non-materialist worldview. In this sense, we do well to decide whether or not the *mizán* model derived from a Bahá'í view of the human reality provides some greater insight, or leads to a meaningful difference in approach when understood in its full metaphysical context.

On the one hand, whatever ultimately works or helps in a specific case does so regardless of the practitioner's view or understanding of the human reality. Indeed, in defiance of those elegant models of the scientific method that emphasize hypothesis testing, deductive reasoning, and the understanding of mechanism within well-articulated theory, many discoveries—in medicine as in other scientific pursuits—prove useful and come to be relied on long before the reason for their efficacy is discovered. Certainly the early stages in the evolution of mental health proceeded in such a manner. An obvious example is the aforementioned electroconvulsive therapy: it often works, but we still don't really understand precisely how or why.

And yet, on the other hand, there are at least two ways in which it does profoundly matter what model of human reality—metaphysical or material—prevails in the field of mental health. The first is systemic and relates to the trajectory of the field. While a given treatment or approach may be effective in isolation, regardless of the worldview of the practitioner who deploys

it—and indeed, with the rise of AI and robotics, more and more treatments may over time be applied by machines that have no worldview whatsoever—the direction of the mental health field will be determined over time by the models of human nature that prevail within it. The questions asked, the lines of inquiry pursued, will vary depending on those models, as will the more ineffable matter of the posture the clinician adopts towards each patient, which, compounded over time and over thousands of interactions, can shape the global relationship between a population and the mental health profession.

Ultimately, scientific progress in a given area depends precisely on knowledge gained about the systems being examined. And if a human personality and the human affective systems are not merely bio-chemical constructs created by a very complex three pound mass of electrified meat—if the self and emotional indices to its well-being or status are not illusory creations after all, but metaphysical realities communicating through that physical transceiver—then the science of mental health must account for this aspect of human nature in order to advance along the most productive lines. The progress and efficacy of the field of mental health will be greatly affected by the extent to which the healers operating within it have the most accurate appreciation of that which they are trying to heal.

But the impact of the model of human reality is not only systemic and does not only reveal itself as the field

of mental health develops over time. The second way in which it matters is in the concrete implications it has for the treatment of specific cases. As we have noted, both the materialist mental health professional and the mental health professional who holds that the essential reality of the self is the human soul must both deal with the same symptoms and the same physiology. Therefore, what import do matters of personal belief on the part of the caregiver have with regard to diagnosis and treatment in relationship? How would it be beneficial to know whether the brain is the source of self and affect, or whether it is merely the intermediary device, the *mizán*?

AFFECT AND THE ESSENTIAL SELF

The consequences of this difference in perspective on affect and emotional pain are more significant than it might appear at first. If the paradigm of the self as a metaphysical essence and the brain as intermediary is a correct analysis of the human reality, then human problems related to affective conditions are necessarily involved in or related to the essential or spiritual self. Even in the case of a purely biophysical problem—a brain injury or other materially caused condition, for instance—the spiritual side of the matter should be considered, even if only to conclude that the dysfunction is posing an impediment to the metaphysical soul's ability to express itself with the physical body. Stated succinctly, no dysfunction in the body-brain, whether

resulting from affective disorder or trauma, damages the soul or personhood itself, even as Bahá'u'lláh states axiomatically:

Know thou that the soul of man is exalted above, and is independent of all infirmities of body or mind. That a sick person showeth signs of weakness is due to the hindrances that interpose themselves between his soul and his body, for the soul itself remaineth unaffected by any bodily ailments. Consider the light of the lamp. Though an external object may interfere with its radiance, the light itself continueth to shine with undiminished power. In like manner, every malady afflicting the body of man is an impediment that preventeth the soul from manifesting its inherent might and power. When it leaveth the body, however, it will evince such ascendancy, and reveal such influence as no force on earth can equal. Every pure, every refined and sanctified soul will be endowed with tremendous power, and shall rejoice with exceeding gladness." (*Gleanings* 80:2)

This perspective can, in cases of irremediable physically-caused dysfunction, doubtless be a reassurance to the patient, and may even permit a perspective in which the challenges presented by the condition become an opportunity for a response—such as detachment, acceptance, acquiescence—responses that can provide an

avenue for spiritual progress. Whereas any such reassurance that might result in personal growth and development of the essential self would seem to be less available within a materialist framework, in which an irreversible loss of physical function could hardly be understood as being compensated for through spiritual growth. After all, if we firmly believe that the physical self is all that we are, then the diminishment of our senses and mental faculties will most probably induce in us a state of despair.

As for cases that are not purely matters of biophysical dysfunction, the spiritual perspective will have direct consequences for the treatment of the case itself. Most cases of affective problems or disorders fall in this category. Consequently, they are thus necessarily simultaneously “spiritual” problems, requiring some degree of concern for and utilization of a spiritually based remedy.

Let us consider a case in which a medical professional determines that the patient is suffering from clinical depression. The patient’s quality of life is virtually non-existent, and the patient may be considering suicide. The doctor’s first steps will be the same in either model. Some treatment must be immediately employed as a stop-gap measure—both to save the life of the patient and to allow the patient to become capable of participating in treatment and rehabilitation.

Once the symptoms of distress are sufficiently under control, then the professional’s perspective on the

fundamental nature of the human being may well lead to markedly different approaches. Investigating the patient’s life circumstances and history, the healer may conclude that the patient has a fine life, a loving family and relationships, a worthwhile vocation to which they are dedicated, and, under normal circumstances, a healthy sense of self. In other words, the professional feels confident that there is no obvious discernible cause sufficient to account for the severity of the patient’s distress.

The caregiver might thus understandably assume that, for whatever reason, the affective system itself is malfunctioning, that the depression is a result of a biochemical brain disorder that should be treated with anti-depressants to reset the *mizán* of the brain so that the patient experiences reality as it is and not as the biochemical feedback is causing the patient to experience it. Indeed, there are otherwise perfectly healthy people to whom this occurs, and in such cases we are back in the category of essentially physically-grounded dysfunction.

In other cases, it will be self-evident that the patient’s depression does have a circumstantial cause, or at least a partial one. They may be able to articulate this clearly by themselves—they feel trapped in a painful relationship dynamic, feel disempowered and unfilled professionally, or feel guilt from some as-yet unresolved and incompletely understood interaction from the past. It may then be the healer’s task to uncover the relevant circumstances and help the patient recognize what it

is that is driving the depression. Once the source of this affective problem becomes apparent and is agreed upon by both patient and professional, the latter's role is to provide strategies, tools, and frameworks to help the patient either begin to change whatever of the circumstance it is in their power to change, or to reframe their relationship to or response to whatever cannot be changed so as to enable the patient break free from the hold that the unalterable circumstances have had on the patient's emotions and which have been fostering the depression.

But if the fundamental nature of the human being is spiritual—if each of us is a metaphysical essence that progresses, or does not, based on its adherence to spiritual laws—then we should also expect that a great deal of dissatisfaction, distress, and affective disorder will manifest in people when their lives here on earth run counter to the dictates of these laws – which are, after all, not random mandates, but descriptions of how we can best relate to reality. Thus, it can be usefully observed from such a perspective that we do not so much “break” a moral law, as we “break ourselves” on the moral law, because the law describes the best path for our happiness and advancement, as well as the effects we incur if we stray from that path.

Clearly, then, this unfortunate result will occur *even if* the person's own framework for understanding reality does not include a belief in the spiritual nature of the essential self or in the existence of inviolable laws that accurately

describe the healthiest course of action for any given set of circumstances. If we commit injustice, we will reap the consequences of that inappropriate or morally wrong action. We will not necessarily experience some immediate or obvious karmic retribution. Instead, as Socrates explains in great detail in the dialogue *The Gorgias*, by committing injustice, we are doing more harm to ourselves, to our spiritual wellbeing, than we are doing to those to whom we have been unjust.

Of course, we might think to excuse someone who is oblivious to these laws, who has not had the benefit of a “spiritual” education. And yet the Bahá'í writings assert that awareness of spiritual principles and laws at work in the world is ultimately accessible to anyone who is sincerely examining themselves and reality itself. After all, as we have noted, the Bahá'í theory of the self is that we are essentially spiritual beings, and as emanations from the spiritual realm, we are inherently attracted to the spiritual or virtuous nature that is infused into the entirety of creation.

Clearly, none of us has the right or the capacity to assess the spiritual condition of another soul or to determine at what point that soul becomes responsible for having discerned the spiritual lessons underlying their experience in physical reality and the complexity of all their relations to it. This is especially true in the context of a contemporary social environment that has become so entirely moribund morally. There is certainly no shortage of societal and

environmental forces contributing to our remoteness from our essentially spiritual nature—a state which will necessarily, inevitably, and inexorably incline us towards dissatisfaction, addictive behaviors, base appetites, and dysfunctional or dissatisfying human relationships. In such a milieu, a patient may be suffering the consequence of such forces without realizing the actual source of discomfiture or affective affliction.

And here the perspective of the healer regarding the true nature of the “self” can make a great deal of difference. A materialist physician may genuinely desire the best for their patients, and subsequently approach their role as trying to facilitate a realization of the life that the patient most eagerly desires to lead. But if neither patient nor healer has an awareness of the metaphysical self or the tension between the spiritual and material aspects of reality that is promulgating the affective condition, then the prescribed remedy may totally fail to address the problem.

True, some palliative responses may succeed in helping the patient manage emotions for a time by employing cognitive, behavioral, or pharmacological tools that impact how emotions arise or how reality is perceived. Such assistance may also help the patient move towards a life more in line with what they want for themselves. But because the affective system designed to keep us in touch with reality has effectively been rendered inaccurate or its feedback about our relation to reality misrepresented (that is, reality as it actually

exists, not the illusion of reality we are proffered by society), then true healing, long-term healing, will most probably not take place because the actual cause of the condition has been essentially misunderstood.

Granted, it might be the case in some instances that the temporary alleviation of discomfiture by palliative methods will enable the patient sufficient peace of mind that pursuit of the deeper truth underlying the health of the essential self becomes easier to undertake. The distraction of the affective affliction, once removed, may allow for a more well-considered examination of the self, its true nature, and its relationship to spiritual reality.

AFFECT AND MORAL PERSPECTIVE

Generations of readers and audiences have grappled with the meaning of Greek tragedy. Particularly perplexing is the problem of how individual tragic heroes can be held accountable for their perverse acts when they are “fated” to fail, or else have inherited perverse inclinations towards the tragic actions that bring about their own downfall.

Œdipus, of course, is the paradigmatic tragic hero, with *Œdipus Rex* cited by Aristotle in the *Poetics* as best exemplifying the tragic genre. And yet the obvious question arises in this esteemed work as to how Œdipus can be held accountable for killing his father when he was “fated” to do so and took every precaution against such a possible outcome by leaving the land

in which he believed his father dwelt? The answer is that while Œdipus was careful not to kill anyone identified as his father, he was not sufficiently in control of his emotions that he could restrain himself from killing an apparent stranger—later revealed to be his father—in a fit of rage. In short, Œdipus' fault lies in his failure to exercise sufficient will to control his temper—regardless of whom he might be killing—rather than in some willful act of patricide.

One of my favorite examples of this same classical concept of a tragic flaw that results in the downfall of a tragic hero or heroine is Racine's 1677 Neo-Classical French play *Phédre*. In drawing on Euripides' play *Hyppolytus*, Racine's work portrays the ill-fated passion of Phaedra for her stepson Hyppolytus. Having inherited her familial inclination for inappropriate passion (resulting from Venus' curse, which also caused Phaedra's mother Pasiphae to fall in love with a bull), Phaedra is, like Œdipus, stricken with an affective disorder beyond her willful control.

Here, too, one might reasonably ask what is her tragic flaw, her sin, her culpability in all this. The answer here is likewise simple enough to understand. While she could not avoid the curse of having the "unnatural" passion, she clearly did have sufficient free will and willpower not to respond to her base passion. Thus, she "chose" not to exercise that restraint—and choice (free will) is critical to all notions of a tragic failure.

This is not to say that passion and infatuation are not real and powerful and difficult to control. And in contemporary society where there are no shared values about what is moral and what is immoral, the guidance, even among many mental health professionals, is liable to be that we should do whatever feels "natural." In such a context, that which is "right" becomes equated with whatever makes us comfortable. True, this maxim sometimes includes the quasi moral caveat that we should do what "feels good" so long as we do not hurt others. But what about our moral obligation not to hurt ourselves? What if what feels right is not ultimately what helps us succeed in our inherent task of becoming good people?

We might well argue that any shared sense of morality as regards our obligations to others would dictate that we give due consideration to others' affective well-being and, in some cases, even give precedence to it over our own affective sense of self. We might further argue that foregoing doing what feels affectively "comfortable" (or even "natural" in some sense) and doing, instead, what would ultimately bring about the greatest good, is more likely, in the long-term reality of our own existence, to aid our own spiritual development. Stated in the context of our obligation to assist in creating a healthy society, our consideration of what temporarily feels good or satisfying in the moment should be secondary when weighed against what course of action will best serve the human

condition as a whole, both by the example of our personal comportment and by our individual contribution to the construction of moral order.

Indeed, the sense or knowledge of “self” that Bahá’u’lláh exhorts us to attain in this life, as a primary and necessary requisite to preparing ourselves for the continuation of our lives beyond the associative relationship with the body, transcends what may be temporarily satisfying or comfortable. Certainly, those who willingly and in full knowledge sacrifice their lives for an abstract concept of freedom and justice for others are not following a path that is always emotionally comfortable.⁹ It is in this sense that the strict materialist view of emotion and of the psyche or self fails us in describing our personal reality and the proper function of emotion in assisting us to understand and develop the self.

For however much we may, in many instances, be almost entirely blameless for the difficult affective/social/psychical situations in which we find ourselves, how we respond

9 In my own discussion of the social dimension of any attempt at personal spiritual ascent in *The Ascent of Society: The Social Imperative in Personal Salvation*, I examine in detail the necessity of integrating our affective sense of self-worth and self-satisfaction with the larger and more inclusive expressions of “self” that can only derive from relationships with others, whether at the level of the family, the community, or, ultimately, humankind as a whole.

to our anguish and existential plight is within our power to control. It is in this sense that the mental health professional has one of the most weighty and challenging tasks among all those in the healing arts—to help human beings recognize the reality of the self and to assist all those in their care to come to terms with the eternal objective of the essential self, rather than to strive to become placated by readily available and socially touted short-term but deleterious responses to depression, guilt, and grief; to the “heartache and the thousand natural shocks/ That flesh is heir to” (Shakespeare, *Hamlet*, III, I, ll 62-63).

The instant “fix” may be easier to achieve and ostensibly more comforting for both healer and patient, but even though some immediate response may be called for to help a patient endure in the present, clearly the greatest gift the healer can provide is to help bestow that knowledge of self that enables and empowers one to progress eternally. This is the *mizán* that endures, the robe of justice that adorns reality as a whole, in both its physical and its metaphysical dimensions.

This knowledge of the intended order of things, the reality underlying and vivifying this mortal coil, is so essential that without it, or without our compliance with that order’s unseen but nonetheless operative laws, we risk chaos or doom. As Ulysses remarks in Shakespeare’s *Troilus and Cressida* concerning “degree”—the divine laws and order governing reality:

Take but degree away, untune that string,
 And, hark! what discord follows; each thing meets.
 In mere oppugnancy: the bounded waters
 Should lift their bosoms higher than the shores,
 And make a sop of all this solid globe. (I, iii, ll 109-111)

WORKS CITED

- ‘Abdu’l-Bahá. *Paris Talks*. US Bahá’í Publishing Trust, 1911.
- . *The Promulgation of Universal Peace: Talks Delivered by ‘Abdu’l-Bahá during His Visit to the United States and Canada in 1912*. Compiled by Howard MacNutt. 2d ed. US Bahá’í Publishing Trust, 1982.
- . *Some Answered Questions*. *Bahá’í Reference Library*. bahai.org/library/authoritative-texts/abdul-baha/some-answered-questions/
- . *Tablet to Dr. Auguste Forel*. *Bahá’í Reference Library*. bahai.org/library/authoritative-texts/abdul-baha/tablet-august-forel/
- Abrams, Zara. “Student Mental Health is in Crisis. Campuses are Rethinking Their Approach.” *Monitor on Psychology*, vol. 53, no. 7, 2022, p. 60. www.apa.org/monitor/2022/10/mental-health-campus-care
- Anderson, I. “Selective Serotonin Reuptake Inhibitors Versus Tricyclic Antidepressants: A Meta-analysis of Efficacy and Tolerability.” *Journal of Affective Disorders*, vol. 58, no. 1, 2000, pp. 19–36.
- Bahá’u’lláh. *Gleanings from the Writings of Bahá’u’lláh*. 1st pocket-size ed. Translated by Shoghi Effendi. US Bahá’í Publishing Trust, 1983.
- . *The Hidden Words*. Translated by Shoghi Effendi. US Bahá’í Publishing Trust, 2002.
- . *The Kitáb-i-Aqdas: The Most Holy Book*. 1st pocket-size ed. US Bahá’í Publishing Trust, 1993.
- . *The Kitáb-i-Íqán: The Book of Certitude*. Translated by Shoghi Effendi. US Bahá’í Publishing, 2003.
- . *Tablets of Bahá’u’lláh revealed after the Kitáb-i-Aqdas*. Compiled by the Research Department of the Universal House of Justice. Translated by Habib Taherzadeh et al. US Bahá’í Publishing Trust, 1988.
- Chalmers, David. “Facing Up to the Problem of Consciousness.” *Journal of Consciousness Studies*, vol. 2, no. 3, 1995. pp. 200–219.
- Committee on Review of Medicines, “Systematic Review of the Benzodiazepines,” *British Medical Journal*, 29 March 1980, pp. 910-912.
- Filson, Gerald. “Mind, ‘the Power of the Human Spirit.’” *Journal of Bahá’í Studies*, vol. 32, no. 3–4, 2023.
- Ghadirian, A.M. *Alzheimer’s Disease: An Eclipse before Sunset*. CreateSpace, 1999.

- Hatcher, John S. *The Ascent of Society: The Social Imperative in Personal Salvation*. US Bahá'í Publishing Trust, 2007.
- . *Close Connections: The Bridge Between Spiritual and Physical Reality*. US Bahá'í Publishing Trust, 2005.
- Healy, David. *The Antidepressant Era*. Harvard UP, 1999.
- Koestler, Arthur. *The Ghost in the Machine*. Hutchinson and Company, 1967.
- Lipson, Sarah Ketchen, et al. “Trends in College Student Mental Health and Help-Seeking by Race/Ethnicity: Findings from the National Healthy Minds Study, 2013–2021.” *Journal of Affective Disorders*, vol. 306, pp. 138–147. doi: 10.1016/j.jad.2022.03.038.
- Maxwell, May. *An Early Pilgrimage, 1898*. Bahá'í Publishing Society, 1917.
- Ryle, Gilbert. *The Concept of Mind*. U of Chicago P, 1949.
- Shakespeare, William. *The Complete Works of Shakespeare*. Craig Hardin, editor. Scott, Foresman and Company, 1951.

