

# Love - Rights - Solidarity: Psychotherapy and the Struggle for Recognition

**Gudrun Frerichs**

## **Abstract**

The aim of this paper is to explore overarching principles that need to be present in each therapeutic encounter, no matter what orientation the therapist has and independent of the status of the client's mental health. Such overarching principles can be drawn from 'Recognition Theory', a philosophical concept developed by critical social theorists that offers a language that moves away from pathologising and labeling clients as ill or deficient and towards identifying those experiences that are understood as necessary for identity formation and self realization.

## **Introduction**

Recognition theory has been developed as a means of understanding complex social processes. Its aim is to identify the parameters of ethical life and a just society from a critical social theory's point of view. Such broad parameters make it impossible to discuss the theory in depth in this paper. However, this paper will introduce the basic principles as a starting point to discuss its usefulness for psychotherapeutic practice.

Recognition theory has been developed by Axel Honneth, presently the director of the Institute fuer Sozialforschung, Frankfurt, Germany, better known as the Frankfurt School, a main centre for critical social theory. He succeeded Habermass and other critical socialists such as Horkheimer, Adorno, and Marcuse, who in the broadest sense followed the Marxist tradition of understanding social problems to arise from capitalist distribution of goods and resources.

In contrast, the new generation of critical theorists understands social struggle differently by emphasising that social justice relies on more than the fair distribution of goods. Indeed most present social conflict is rather a struggle for recognition of people's way of life (political separatism, homosexuality), their dignity and status as a person (disability, refugees), and the inviolability of their physical integrity (Amnesty International, UNICEF).

The word 'recognition' has two different meanings in the English language. One is referring to re-identification, such as voice recognition, pattern recognition and so on. The way it is used by Honneth refers to ascribing a positive status to someone. For example the PLO recognises the state of Israel or a physicist is recognised with the Nobel Prize.

## **Recognition Theory**

The importance of recognition is based on inter-subjective processes by which people arrive at a sense of self and a sense of identity. Following George Herbert Mead, identity formation is an interactive process by which a person is able to view herself through the perspective of the 'other'. A strong and healthy sense of self depends on a person having a certain sense of him or her self which is affirmed and recognised by the 'other' (Mead: 1934).

It is at this junction that recognition theory reveals its close connection with psychoanalytic concepts. Winnicott, Bowlby, and Stern have described our need to be recognised by another person whom we in turn recognise and value. This need for reciprocal recognition can be observed in early mother-infant interactions through to adult sexuality and public life. Winnicott clearly stated that feeling alive and being real can only be achieved through mutual recognition (1971). Developmental psychodynamic theories that stress the importance of a positive early environment where the infant experiences support and love as well as stage-appropriate challenges for optimal growth have long informed psychotherapy. "These factors lead to positive affect regulation, biological homeostasis, and a quiet 'internal milieu' allowing for the consolidation of the experience of subjectivity and a positive sense of self" (Cozolino: 2002:26-27).

Social life then starts with the individual as he or she encounters the 'other' and is reproduced by acts of mutual recognition. Therefore recognition is much more than a nicety, politeness, etiquette, or a means of receiving feedback. It is a core element of social interaction, the quality of social life and human integrity, and it is vital for the formation of identity, which is a precondition for persons to be autonomous and individualised and to be able to sense, interpret and realise their needs (Taylor: 1992; Honneth: 1995).

In turn lack of recognition is a threat to a person's self-development and can bring the identity of a person as a whole to the point of collapse. Prime examples of this are dissociative identity disorder or other disorders with identity disturbances. The severity of the impact of withheld recognition or acts of disrespect on a

person depends largely on which form of recognition is at stake. Generally speaking, lack of recognition can restrict the freedom of individuals and it evokes very strong feelings of shame, rage, hurt, indignation, and of being insulted or humiliated. It is for that reason and for expressing their need for individualisation and for claiming their subjectivity that individuals are compelled to remove any constraints to mutual recognition.

Recognition theory then posits that for persons to be able to sense, interpret and realise their needs they must develop **self-confidence** (the capacity to express one's needs and desire without fear of abandonment), **self-respect** (one's sense of universal dignity of personhood, being capable of raising and defending claims, viewing oneself as entitled to the same status and treatment as others), and **self-esteem** (the sense that one has something to offer that is valuable, able to contribute something worthwhile to society).

Honneth (1995) has identified the following three forms of granting and being granted recognition as necessary to develop these self-relations. They are recognition through LOVE in primary relationships, through the granting of RIGHTS through legal systems, and through SOLIDARITY within one's community.

## Love

"The experience of love represents the core of all forms of life that qualify as ethical" (Honneth: 1995: 176), highlighting the primary position recognition through love has in achieving a just society. It is the first and most important path for the development of identity and provides the foundation for all other forms of recognition. Recognition through love is experienced in primary relationships in which strong attachment bonds are formed. Although all love relationships are important for a person's development of identity, the most significant relationship is the parent-child relationship because it lays the foundation for a person's self-relations.

Honneth (1995) refers to object relations theory when he posits that, when all is well, being recognised by being loved helps the child not only to develop a basic trust in its own abilities and the environment and a sense of self and identity, it also helps to differentiate between self and environment, to coordinate sensory and motor experience, and to develop a body-scheme. It enables the child to develop self-confidence, which means it is able to sense and express its needs and desires without having to fear abandonment or rejection.

The lack of loving recognition from the parents or caregiver has the most devastating impact because of the child's total dependency on the parent. It erodes the child's systems of attachment, it erodes basic trust, and as we know from neuro-psychobiology it arrests or impedes the growth of the limbic area of the brain, causing lasting damage (Siegel: 1999; Schore: 2003; Lewis: 2001). Acts of abuse or neglect deprive a person of freely disposing of their body and therefore represent degradation, shame, humiliation, and denial of subjectivity. This form of disrespect impacts more destructively on a person's development of identity than any other form of disrespect. It erodes or interferes with the child's systems of attachment, it erodes basic trust in one-self and in the environment, and it distorts or arrests a child's relations-to-self and with its body (Honneth: 1995).

### *Relevance for Psychotherapy*

We know from clients who have been abused or neglected in childhood that they lack self-confidence in the sense that they don't trust themselves and equally don't trust their environment. They may have built a whole value and belief system based upon their own inadequacies and often lead lives that reinforce their beliefs. They may not have learnt how to express their needs adequately. More often than not they don't express their needs at all and when they do they might go about it in unhelpful ways. They might struggle with transference phenomena where the therapist is either experienced as the aggressor, their victimised self, or the idealised parent. Needless to say, all of these positions create considerable distress for the traumatised client and therapist alike.

Like the parent-child relationship the relationship between therapist and client is asymmetrical in that they are not equal partners in interaction. The child is completely dependent on the parent as a source of recognition. This dependency lessens with the increase of social interactions as the child matures. Although the parent receives recognition from the infant, the main thrust of the interaction is rather one-directional and completely focused on the child's being. Young parents' position of asymmetrical recognition makes them very vulnerable to emotional stress and depression. They need the protective recognition of a third party to be able to continue care-taking of the dependent child.

A similar process manifests itself in the therapeutic relationship. The client may enter psychotherapy in a state of utter chaos and disorganisation and for a while may be completely dependent on the therapist as a source of recognition – or better positive recognition. As therapists connect with their clients with care and positive regard or recognising them through love therapy becomes the nurturing path of mutual recognition.

Like young parents therapists also need recognition from a third party to be sustained in their demanding work. That recognition may come from a supervisor, peer, one's workplace, from society or the community, or for example ACC. If that recognition is not forthcoming or worse, if therapists are subjected to acts of disrespect, they may struggle just as the young parent does. Burnout and compassion fatigue are clear signs of the lack of recognition. This may be particularly concerning for therapists who work in the isolation of their home or in agencies with poor support and/or poor supervision arrangements.

In the widest sense, recognition theory affirms what has been the core of most psychotherapeutic theories and encourages therapists to focus on the basic principles of attending with empathy and care to the relationship with the person that comes to us for help. It is under those conditions that the client then can develop a sense of self-confidence, a vital stepping stone to improving or developing her self-relations.

## **Rights**

Recognition through rights refers to those individual claims that a person can legitimately raise and defend because he or she participates with equal rights in the institutional order as a full-fledged member of a community. The experience of being granted rights through legal systems therefore enables adults to understand their own actions as the universally respected expression of their own autonomy (Honneth: 1995).

In contrast to physical integrity, love and concern, rights have been subjected to change over history. Originally they were linked to a person's status and/or gender, for example the rights of aristocracy, the lack of rights of slaves, rights to inherit. Over time rights expanded with civil rights guaranteeing liberty, protecting a person's life and property (eighteenth century), political rights guaranteeing participation in public will-formation (nineteenth century), and social rights guaranteeing basic welfare and a fair share in the distribution of basic goods such as education, health, and social assistance (twentieth century).

Through the experience of being granted legal recognition individuals are able to view themselves as equal to other members of society, which leads to a sense of self-respect. They are able to respect themselves because they deserve the respect of everyone else. Self-respect is not so much understood as having a good opinion of oneself but rather "a sense of oneself as a morally responsible agent capable of participating in discursive will-formation" (Honneth: 1995: xv). Only when

rights exist that provide the opportunity for persons to exercise that capacity is a basis created for the development of self-respect. Women being granted the right to vote would be an example of this thesis.

Being structurally excluded from the possession of certain rights within a society leads in the widest sense to social exclusion and a sense of inequality in social interactions. “The kind of recognition that this type of disrespect deprives one of is the cognitive regard for the status of moral responsibility that had to be so painstakingly acquired in the interactive processes of socialisation” (Honneth: 1995:134). Honneth describes the outcome of ‘legal under-privileging’ as dismantling a person’s moral self-respect, causing crippling feelings of social shame that can only be lifted by protest and resistance.

### *Relevance for Psychotherapy*

When reflecting on the parameters of therapeutic action the intersubjective relational sphere of recognition through love stands out most clearly, given that therapy to a large extent is about assisting in developing, resourcing, or repairing a person’s sense of self-confidence and trust. Nonetheless, recognition through rights or rather the lack thereof is underlying many issues that clients bring to psychotherapy. I am referring to experiences of disrespect in the form of neglect, abuse, or violence that clients may have had in their lives.

Not only that, by using mental health services clients may encounter a range of situations in which their right to be autonomous and self responsible is compromised. Clients report being treated disrespectfully: for example, decisions being made for them rather than with them, privacy being invaded, and confidentiality not being observed. A mental health service provider may not investigate whether the person has a history of sexual abuse, thereby depriving them of the option to access ACC funded counselling or compensation. Likewise policies and procedures that are designed to cut costs (i.e. allocating a limited amount of hours, frequent assessments), or triage access to services (i.e. providing treatment only for the most symptomatic patients), or other procedures that may compromise clients’ sense of dignity and therapeutic needs to meet administrative or financial priorities of service providers or funding agencies.

Clients’ rights may also be compromised by diagnostic practices, in particular the labelling and treating of a traumatised person as mentally ill or suffering from a mental disorder. This way what is in most cases a normal or rather understandable response to an extreme experience becomes a problem located in the client’s psychological make-up. The therapist’s way of interacting with the client may be

another factor. Is the client treated as fragile, incompetent, and unable to look after herself, or is the style one of fostering empowerment through collaboration, where the client is seen as equal partner in the therapeutic project?

All the above examples have in common a regrettable lack of understanding and consideration for client's needs in the face of at times strong psychological distress. By personalising clients' problems and exploring them in terms of their internal conscious or unconscious processes therapists may collude with systems that are structurally oppressive, excluding, and perpetuate violence in society. Unless we pay attention to the social and political background that shapes clients' experiences, we have to examine the ethical question whether we help clients to feel better or be more resilient under abusive and unjust circumstances. "Counsellors might achieve greater understanding of the human psyche if they spent more time examining the nature of the socio-economic soil from which we all emerge and via which we are nurtured, defined and constrained" (Howard: 2000:273).

The pivotal question then is whether psychotherapists have a mandate and the responsibility to assist clients in gaining recognition for these rights. To what extent is advocacy part of psychotherapy? And if we have such a mandate how should advocacy be practised to maintain clients' right to be equal partners in the therapeutic encounter – presupposing that the client already enjoys this right in the therapeutic relationship?

Before concluding this section I would like to comment on therapists' need for recognition. Psychotherapists seek recognition from the health and mental health field for being qualified and capable health practitioners who provide specialised and effective services. This struggle is best reflected in the effort to ensure that psychotherapy becomes a registered profession, which implies that experiences of disrespect or non-recognition have preceded this effort.

Examples of this are employment policies that discriminate against psychotherapists in public health services, (funding) agencies interfering with the provision of appropriate care for clients, or third-party-funding pressures creating situations where psychotherapists' professional integrity and standards of ethical conduct may be threatened.

## **Solidarity**

Recognition through solidarity is closely linked to a person's honour, dignity, status, or social standing in the community. What society deems to be a valuable

contribution has seen significant changes in the history of social development. For example the status of an actor in the Middle Ages was close to that of a beggar or other low status persons living on the fringe of respectability. Actors today enjoy a very high status with high income and at times obsessive admiration of the general public.

As people are able to experience that social value is attributed to their abilities and their individual forms of life and manners, thus being esteemed by their peers or their community, they will be able to develop self-esteem.

If peoples' traits and abilities are devalued as inferior they will lose personal self-esteem, a phenomenon that we can observe for example with people who have been made redundant or have been unemployed for some time. The lack of social approval and group solidarity postulates the devaluation of one's patterns of self-realization. They can not relate to their mode of life as something of positive significance within their community, which leaves them feeling denigrated and insulted. We can regularly observe such reactions in clients who struggle with the legacies of lack of recognition due to poverty, solo-parenthood, abusive family dynamics, or mental health issues.

They may also be affected by negative recognition in the media and the general public, for example the recovered memory debate, debates by members of parliament regarding fraudulently acquiring treatment or compensation from ACC, or the recent debate about getting beneficiaries back into the workforce. Likewise, the inconsistency with which mental health issues are discussed in the media: either beautified (the young, beautiful, smiling aunt with bipolar disorder surrounded by her loving family), sensationalised (the elderly ex-convict who applied for government funded sex-change) or ignored (the vast amount of physical and sexual abuse in families), certainly gives conflicting messages. Such inconsistent or negative patterns of recognition can easily reinforce abuse-based beliefs about not being OK or not being entitled to financial help. Clients may also be inclined to discount their experience, or they feel ashamed and humiliated for needing help, for their inability to function independently, for their inability to work, and for being on the benefit, to name a few issues.

The lack of recognition often is accompanied by lack of interpersonal relationship skills needed to engage socially with people who could offer support and solidarity. To develop good self-relations and in particular self-esteem is under these circumstances an up-hill battle. This is made even more difficult by lack of understanding by both clients and the general public of mental illness or childhood abuse and their long-lasting and intrusive psychological scars.



Psychotherapists can facilitate recognition through solidarity by being mindful that they may be the client's first experience of having someone else assign value to their being or way of living. However, the strongest experience of recognition through solidarity will be provided in groups. These can be therapy groups or groups involved in sports or other forms of recreational interest. Here group members are able to empathise with their various ways of coping with the legacies of mental illness or abuse. In groups they have the opportunity to esteem each other for their achievements and their courage, and to offer mutual support, understanding, and appreciation.

## **Conclusion**

This paper has elaborated on recognition theory as a useful, additional lens for psychotherapists in understanding their clients' struggle and in indicating pathways towards psychological well-being. Although recognition theory is firmly grounded in the psychoanalytical concepts of development and attachment, there is no aim to compete with any psychotherapeutic models. Instead it may be used as an over-arching sociological principle that may give an appreciation for a person's continuing need for recognition not only over the life-span but also from a variety of sources. These sources are primary relationships, legal systems, and a community of peers. They are necessary for the individual to attain self-confidence, self-respect, and self-esteem, the building blocks for a person's positive sense of identity, positive self-relations, and self-realisation within the context of all social relationships.

This brief overview has shown that psychotherapy has the potential to provide important re-constructive experiences in all three spheres of recognition as psychotherapists engage compassionately with their clients in their struggle for recognition of the inviolability of their person, their autonomy, and their value as members of society.

I have also given some examples of recognition theory as a useful tool of analysis. Dynamics in the interactions between psychotherapists and clients, clients and public health services, clients and funding agencies, psychotherapists and other health professionals, psychotherapists and psychotherapists, psychotherapy and society are very complex and intricate. Their analysis using recognition theory might reveal interesting results that could enhance the social interactions between all parties involved.

## References

- Cozolino, L. (2002). *The Neuroscience of Psychotherapy: Building and Rebuilding the Human Brain*. New York: Norton
- Honneth, A. (1997). *The Critique of Power: Reflective Stages in a Critical Social Theory*. Cambridge: MIT Press
- (1995). *The Struggle for Recognition: The Moral Grammar of Social Conflict*. Cambridge: MIT Press
- (1997). *Recognition and moral obligation: The Decent Society*. [www.findarticles.com/pl/articles/mi\\_m2267/is\\_nl\\_v64/ai\\_19382724/](http://www.findarticles.com/pl/articles/mi_m2267/is_nl_v64/ai_19382724/)
- *Mutual Recognition as a Key for a Universal Ethics*, [www.unesco.or.kr/kor/science\\_s/universal\\_ethics/asianvalues/honneth.htm](http://www.unesco.or.kr/kor/science_s/universal_ethics/asianvalues/honneth.htm)
- Honneth, A. & Fraser, N. (2003). *Redistribution or Recognition: A political-Philosophical Exchange*. London: Verso
- Howard, A. (2000) *Philosophy for Counselling & Psychotherapy:Pythagoras to Postmodernism*. Houndsmill: Macmillan
- Lewis, T., Amini, F., Lannon, R. (2001). *A General Theory of Love*. New York: Random House.
- Mead, G.H. (1934) *Mind, Self, and Society from the Standpoint of a social Behaviorist*. Morris C.W. (Ed.) Chicago: University of Chicago Press
- Schore, A.N. (2003) *Affect Dysregulation and Disorders of the Self*. New York: Norton.
- Siegel, D.J. (1999). *The developing mind: Toward a neurobiology of interpersonal experience*. New York: Guilford
- Stern, D. (1977). *The First Relationship: Infant and Mother*. Cambridge MA: Harvard University Press
- Taylor, C. (1992) The politics of recognition, in Amy Gutman (ed.), *Multiculturalism and the Politics of Recognition*. Princeton NJ: Princeton University Press
- Winnicott, D.W. (1971). *Playing and Reality*. London: Penguin Books