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AN APPROACH TO THE BOUNDARY PROBLEM: Mental Health Activism and the Limits of Recognition



ABSTRACT: For several decades, philosophers of medicine and psychiatry sought to clarify the boundaries of illness by defining a scientific concept of disorder. This project, which has come to be known as naturalism, has met with considerable difficulties that cast doubt on its approach and presuppositions. The difficulties met in arriving at a naturalistic definition of disorder suggest the need for an alternative approach to the boundary problem. Prompted by engagement with the philosophy of social recognition and with recent developments in mental health activism this article provides a new approach to the boundary problem. This approach does not operate with the customary concepts of disorder, disease, distress, and dysfunction but with a different set of concepts that bring forth their own boundary conditions and judgments: The concepts of social recognition, social and individual identity, and unity and continuity of self. On the basis of the proposed approach, clarifying the boundary problem is not to be achieved by getting a handle on the definition and limits of the concept of mental disorder, but on understanding the addressees and normative limits of recognition and what this means for a wide range of mental health phenomena.

KEYWORDS: Politics of recognition, philosophy of recognition, synchronic unity, diachronic unity, mad pride, madness, normative theory

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THE BOUNDARY PROBLEM

EVER SINCE THE revival of philosophical interest in psychiatry and mental health in the 1980s, a fair amount of debate and research have been devoted to the boundary problem: Which aspects of human suffering, experience, and behavior are legitimate candidates for medical concepts and responses? This question has always been infused with an urgency arising from the accusation that psychiatry cannot define its domain. On this view, psychiatry trespasses onto areas of life that have nothing to do with medicine or, more gravely, engages in the management of social deviance under the cover of medical justification. Today these issues are more commonly referred to as the problem of overdiagnosis and the medicalization of everyday life, but the concern remains the same: The boundaries of illness are blurred.

Philosophers and philosophically minded clinicians sought a solution for the boundary problem by attempting to clarify the concept of mental disorder. This was, perhaps, inevitable given that clarifying concepts, either in definition or in use, is a project with which philosophers are acquainted.

Spurring things into motion even further was the attempt by the authors of the *Diagnostic and Statistical Manual of Mental Disorders* to provide a definition, an attempt that raised more problems than they probably foresaw. In any case, the project of defining mental disorder was well motivated, for it was thought at the time that a scientific concept, that is, an objective, value-free concept, would assuage the worries of psychiatry's critics. With such a concept at hand, the critics could be told: The boundaries of illness are not up to us; they are not determined by our values, but by our nature. Robert Kendell had his finger right on the pulse of the matter when he wrote in 1986:

The most fundamental issue, and also the most contentious one, is whether disease and illness are normative concepts based on value judgments, or whether they are value-free scientific terms; in other words, whether they are biomedical terms or socio-political ones. (Kendell, 1986, p. 25)

Yet, more than three decades later, the philosophical project of defining the concept of mental disorder—what has come to be known as naturalism—has not delivered the expected goods. Naturalist theories, as presented in the leading accounts of Christopher Boorse and Jerome Wakefield, have set themselves the ambitious goal of defining (at least part of) the concept of (mental) disorder without recourse to values, a goal they have not been successful at realizing (see Bolton [2008] and Rashed [2019, Ch. 2]). This has led to various proposed solutions: Some have continued the quest for an updated naturalist account of disease (e.g., Powell & Scarffe, 2019); others have conceded that the concept of disorder is value-laden, but argued that this does not, necessarily, undermine its validity (e.g., Thornton, 2007); others sought to define mental disorder as a breakdown in the basic psychological capacities required for living a free life in any cultural environment (e.g., Graham, 2013); while others have moved beyond the naturalism/normativism dichotomy in favor of a clinically grounded account of the reasons that bring people to the clinic, that is, distress and disability (e.g., Bolton, 2008). These attempts come with their own problems. Bolton's solution, for example, although certainly attractive, pushes the contention—as he points out—from the dis-

inction between mental disorder and order to that between illness-distress and normal-distress (Bolton, 2013, p. 438). And Thornton's argument amounts to a philosophical softening of the natural/normative and fact/value dichotomies and not a solution to the boundary problem as such. Notwithstanding, it is fair to say that in so far as the boundary problem is concerned, we now need a different way of proceeding.¹

The debate, so far, has been framed by two key issues: First, it operates with a cluster of related concepts, which include disorder, disease, distress, and dysfunction; second, in each case the challenge is to clarify inclusion criteria for the concept in question with the implication that whatever satisfies these criteria lies within the boundaries of illness. In this essay, I move beyond this customary way of proceeding by proposing a new approach to the boundary problem. This approach, as we shall see, differs on both key issues: First, it does not operate with the aforementioned concepts and their cognates, but with a different set of concepts that bring forth their own boundary conditions and judgments; second, the approach is not concerned with what should lie within the boundaries of illness but with what should lie without. This may seem like a subtle change in emphasis but in fact is much more than that. By focusing on what should lie outside the boundaries of illness we inevitably impart judgments grounded in certain positive values. We have to, for we are making a statement as to some of the conditions for a good life. This focus enables us to see more clearly the explicitly normative nature of the boundary problem, which in turn carries a range of positive consequences identified toward the end of this essay.

The concepts that I shall introduce to define an approach to the boundary problem arise from the sociopolitical critique of psychiatry itself, namely from consideration of mental health activism. The concepts are social recognition, social and individual identity, and related notions such as unity and continuity of self. In the proposed approach, clarifying the boundary problem is not to be achieved by getting a handle on the definition and limits of the concept of mental disorder, but on understanding the addressees and normative limits

of recognition and what this means for a wide range of mental health phenomena. Accordingly, we start, in the following section, by situating the boundary problem in the context of social recognition and mental health activism.

SOCIAL RECOGNITION AND MENTAL HEALTH ACTIVISM

There are many ways in which we can fail to find a home for ourselves in the social world. A physical home, no doubt, but also a social space in which we feel respected, understood, and valued. Certain political arrangements can make it very difficult for people to build a fulfilling life for themselves: Economic disempowerment, exploitation, corrupt institutions, and limited access to healthcare and education, can all conspire to alienate persons from the world in which they exist. These examples relate to material conditions and reflect the *maldistribution* of resources and opportunities. But there is another set of problems that can alienate people from the social world and that are not directly about material conditions. For it often happens that people are not accorded the respect that they are owed, or perceive themselves to be owed. They can find themselves in the midst of social relations and cultural understandings that portray them in a negative way, and they might not be able to see themselves in these understandings. They are exposed to *misrecognition* of the meaning and value of their social identities. We are familiar with the reality of misrecognition—of distorted social visibility—in the various social difficulties of our times and of previous times; racism and homophobia are prominent examples. And in the case of mental health, as we shall see, it is for a diverse range of experiences, emotional expressions, and psychological states to be widely understood as mental illness or psychological dysfunction: as negatively evaluated deficit states, rather than potentially meaningful phenomena and components of people's identities.

Our ability to find ourselves at home in the social world can therefore be jeopardized in two dimensions: Maldistribution and misrecognition, which correspond with the positive dimensions of *redistribution* and *recognition* (see Fraser [1995]

and Fraser & Honneth [2003]). With redistribution the aim is to restore social and economic equality in relation to resources and opportunities—material conditions more broadly. Whereas with recognition the aim is to transform culture, language, and the quality and nature of social relations. Redistribution and recognition are entwined, given that, for example, the possibility of equal access to employment opportunities depends, in part, on the existence of positive discourses around peoples' abilities. Analytically and practically, however, the two concepts raise different issues and require separate consideration.

Mental health activists and service-users have a stake in redistribution *and* recognition (see Radden [2012]). This is evident in the history as well as the current reality of activism and advocacy in mental health.² For example, the demands of various groups at the height of civil rights activism in the 1970s reflected the admixture of material and cultural concerns. The mental patients' liberation movement—which was the term used to refer to this period of activism—sought to abolish involuntary hospitalization and forced treatment, to prioritize freedom of choice and consent, and to restore full civil rights to mental patients including equal access to employment and education. All of these can be understood as concerns with material conditions (deprivation of liberty is the ultimate material constraint). At the same time, activists were concerned with cultural conditions. They sought to end the dominance of the medical model as a primary framework for understanding mental suffering, and to reverse negative perceptions in the media such as the inherent dangerousness of people with mental health conditions.

A thread running through the history of mental health activism to this day, and which reflects the concern with cultural conditions and recognition, is the meaning of mental suffering, the language that should be brought to bear upon it, and the role of medical understandings in this process. This is most radically addressed by some strands of Mad Pride where the idea of madness as grounds for identity has been proposed. Mad Pride itself was predated by other activist movements that questioned and debated mental health identities. In the 1970s, some activists referred to themselves

as “psychiatric inmates” or “ex-inmates” to highlight their incarceration in asylums and other institutions. They felt that the terms “patient” and “ex-patient” —which were used by other activists—were not an accurate depiction of their experiences. In the 1980s new mental health identities emerged, with the idea of the mental health patient as a “consumer” or “user” of services. Although these terms gained popularity and, in fact, are with us to this day, some activists rejected them, for, it was thought, they connoted the freedom to choose the services one receives and implied an acceptance of the medical model (McLean, 1995, p. 1054; Morrison, 2005, p. 80). Coming up against these terms was “survivor” identity, where the emphasis shifted to the positive attributes of strength and resilience in the face of mental distress, forced treatment, and discrimination. Survivor discourse centered the voice of ‘patients’ and their ability to tell their own stories (Campbell, 1992, p. 122; Crossley, 2004, p. 167). It prefigured the notions of “lived experience” and “expertise by experience,” which are common today.

The next major shift in mental health identities was to occur in the late 1990s with the emergence of the discourse and movement of Mad Pride. Here we witness the most radical grass roots challenge to the language of mental illness and the social norms underpinning it. Mad Pride is not solely concerned with the functioning of mental health institutions but has the much broader and ambitious goal of cultural change in the way ‘madness’ and ‘normality’ are perceived. An important strand in Mad Pride activism resists the medicalization of mental distress by rejecting the language of ‘mental illness’ and ‘mental disorder’ and reclaiming the term ‘mad.’ It seeks to broaden the cultural repertoire beyond medical and psychological models of illness by creating counter-narratives of psychological, emotional, and behavioral diversity. These narratives aim to register, in equal measure, the suffering as well as the value afforded through voices, visions, and states of heightened salience and sensory awareness (e.g., DuBrul [2014]). Underpinning these attempts is the claim that madness can be grounds for identity, an identity that is then populated with positive counter-narratives. Moreover, these attempts are accompanied by the

demand for society to recognize the validity and the value of Mad identities. The parallels with other social movements that have campaigned on similar grounds, such as the Gay rights movement, are explicitly noted by activists. A key part of the issue is the public representation of people’s identities, with the dominant cultural view of madness as a disorder of the mind being seen as a hindrance to a positive mental health identity.³

Returning to the debate surrounding the boundaries of illness, we can see that Mad Pride transforms the debate, and radically so. Instead of a concern with naturalism and the definition of dysfunction, we shift to a concern with identity and social recognition. Possible disagreements are therefore no longer about the limits and definition of mental disorder, but about the limits and meaning of identity and the scope of recognition. In other words, we encounter other boundary problems. This should be evident once we examine the claim that madness can be grounds for identity. We find that phenomena such as delusions, passivity experiences (e.g., thought insertion and volitional passivity), hallucinations, and extremes of mood are widely considered to impair identity formation in various ways. How then can these phenomena constitute the grounds for identity? And if they cannot do so, does not this suggest that madness lies outside the scope, or the limits, of recognition? To ask this question is, in effect, to reinvoke the central question of the boundary problem—What should lie within purview of the concept of mental disorder?—only now we have replaced the concept of disorder for the concept of recognition, and asked a similar boundary question—*What should lie within purview of the concept of social recognition?*

As posed here, the question implies that recognition is a normative theory, a normativity that generates boundaries or limits. In the following three sections I explore this idea, first by clarifying what it is for a normative theory to have limits, then by outlining a theory of recognition, and finally by presenting the epistemic and psychological capacities that delineate the limits of this theory. With this in place, the final two sections demonstrate how the theory of recognition and the concepts that emerge from the analysis conducted

in this essay constitute a novel approach to the boundary problem.

THE LIMITS OF NORMATIVE THEORY

Normative theories, whether moral or political, concern how we should live and what we owe each other. Typically, a normative theory begins with a core idea and follows through its implications for individual and social action and for the functioning of political institutions. The Kantian paradigm, for example, begins with the idea that human dignity finds its source in our capacity to lead our lives through principles of which we are, at the very same time, their source of authority. A moral theory derived from this idea becomes a form of deontology, concerned with establishing in reason the rules by which we ought to act. A political theory (e.g., liberalism) that draws on Kantian morality and foregrounds our capacity for self-governance (autonomy) would seek to establish the conditions under which people are able to develop and exercise this capacity. The power to determine for ourselves a conception of the good, of what is valuable and worth pursuing, is to be respected equally in all subjects. And so governments, in order to treat their citizens with equal dignity, must remain neutral and not espouse a particular conception of what gives value to life (see Dworkin [1978], Rawls [1971], and Kymlicka [1991]).

In contrast with the formality of the Kantian paradigm, neo-Aristotelianism begins with the virtues—the valued dispositions of human character—and the role they play in enabling and constituting a flourishing life (Hursthouse, 1999). Moral theories derived from this idea become a form of virtue ethics, such as the ethics of care. The latter foregrounds interpersonal relationships, human dependence, and the virtues of caring-for, compassion, and empathy. At the level of political theory, an ethics of care (virtue ethics more broadly) would lead us to a communitarian outlook where political action ought to play a role in developing, protecting, and promoting the collective sources of our flourishing (e.g., MacIntyre [1984], Taylor [1994b], and Shapiro [2003]).

Both Kantianism and neo-Aristotelianism presuppose an addressee whether implicitly or ex-

PLICITLY.⁴ Naturally, they are addressed to humans, and not to camels or stones. More specifically, they are addressed to certain capacities within us. The addressees of Kantian moral theory are persons capable of rational autonomy, of reason; the addressees of virtue ethics are human beings capable of virtue and—in the case of the ethics of care—of compassion. Given that they are normative theories, they aspire to change our behavior in line with their core principles. Accordingly, it is understood that the addressees of the theories might struggle to exercise their capacity for reason, might be tempted to act on their desires and inclinations, and might be distracted from cultivating the virtues. But they must be capable, in principle, of reversing this. And it is the necessity of possessing the requisite capacities that can place certain people outside the limits of the normative theory, for perhaps not everyone is capable of reason or virtue or compassion. If so, at the very least, the person might not be considered capable of approximating the ideal suggested by the theory. Or, he might not be considered a possible enactor of the theory at all and, accordingly, incapable of moral or virtuous behavior. He might then be regarded as someone who can receive moral or virtuous treatment but not reciprocate it, and so he might be excused from the duties that are in place by virtue of being a moral agent: He is not held to the same standards.

It is inevitable that normative theories presuppose an addressee, for they concern how we, human beings, ought to live and treat each other. And it is understandable that these theories assume certain capacities. But over the past few decades, it has been demonstrated that the assumed addressees of particular theories are not representative of humanity in general; that the capacities in question are typical of a specific range of human beings. Or that the capacities are ones that everyone has but are not ones that everyone prioritizes to the same degree. If that is the case, then there is something wrong in putting forth a theory that is supposed to speak to all of us, when it cannot do that. An example of the latter criticism can be found in the various feminist critiques of the various forms of liberalism. With reference to Kantian liberalism (of which the political theory of John Rawls is an

example), the essence of the critique, as identified by Martha Nussbaum (1997), is that liberalism is too severe in its emphasis on the individual over the community; that its ideal of equality is too abstract, ignoring the role of power in social relations; and that it valorizes reason and neglects care, emotion, and compassion.

Yet, a notable fact about this critique, and about critique of normative moral and political theory in general, is that it occurs within a range of human subjectivity that excludes madness. In other words, if Kant and Rawls excluded madness, so did their critics. We could say that it is a common denominator of various normative theories that madness lies outside their limit: on a reason-based account, madness is excluded by virtue of irrationality; on an autonomy-based account, it is excluded by virtue of impaired decision-making capacity; on a compassion-based account, it is excluded by virtue of disruption to intersubjectivity and empathy; and—as I shall argue in what follows—on a recognition-based account, it is excluded by virtue of impairments to identity formation. Madness, so the claim goes, lies outside the limits of recognition. Before we can unpack this claim we need to outline a theory of recognition and discern its addressees and limits.

PRECIS OF A THEORY OF RECOGNITION

A central concern of modern moral and political philosophy is the problem of freedom: What are the possibilities and limits of independence amid other subjects? The discovery of the self-governing (autonomous) subject problematized the notion of freedom and brought a range of interconnected questions: Under what principles should the subject govern itself? Can these principles be derived without ensnaring the subject in social dependencies and traditions? At the same time, can they take other subjects into account, given that they also have the capacity for self-governance? Divergent answers to these questions have generated two distinct paradigms, one grounded in the notion of *moral duty* and the other in the notion of *ethical life*. Advancing the former notion, the Kantian paradigm sought a resolution to the problem of freedom by formulating a priori principles

for conduct that stand outside the contingency of inclinations, communities, and traditions, thereby freeing the subject from impositions that could violate its autonomy (Kant, 1998). Advancing the latter notion, Hegelian philosophy critiqued Kant's idea of unconditioned (non-contingent and universal) yet action-guiding moral principles: The withdrawal into reason to formulate principles for conduct can only produce *formal* principles that become *contingent* the moment we begin to apply them in the world in order to guide action (Hegel, 1977, pp. 252-262; see also Anscombe [1958] and Korsgaard [1996]). Moral principles acquire content not through the demands of reason (i.e., pure moral duty), but from the very practices that Kant argued we must withdraw from in order to know what we ought to do (i.e., ethical life) (Hoy, 2009, p. 161). Thus, although the solution to the problem of freedom requires reconciliation between social practices and individual autonomy, this reconciliation cannot be accomplished in pure reason, and must be accomplished from within the practices themselves. That is what the theory of recognition seeks to do.

The theory of recognition begins with an articulation of the conceptual connection between autonomy and dependence, which can be expressed in the adage that *one can only be free through others*. The starting point for making sense of this adage is the necessity of mediation for the possibility of self-relation (Hegel, 1977, p. 105). A self-relation, which is the basis for self-consciousness, is a relation where the subject takes itself as object. The subject holds a conception of what it takes itself to be and seeks to realize that conception in the world as reflecting its truth. In Hegel's terminology, self-consciousness is both for-itself (the *certainty* of how it conceives of itself) and in-itself (the *truth* of how it conceives of itself). Self-identity exists to the extent that certainty and truth correspond. But they cannot be made to correspond by, as it were, a unilateral declaration by the subject. This would amount to a pure relation of consciousness with itself to the exclusion of everything outside of it. It recalls theories of self-identity from Descartes up to Fichte that posit a subject able solely through introspection to gain self-knowledge in an im-

mediate manner, or, in Hume's case, to find no such knowledge. What these theories leave us with is not self-consciousness but "the motionless tautology of: 'I am I'" (Hegel, 1977, p. 105). The subject's relation with itself must be mediated via its relation to an other. And the central challenge of the problem of freedom is how to reconcile the necessity of mediation—and therefore of potential dependence—with the subject's conception of itself as autonomous.

Hegel's answer to this challenge is the concept of mutual recognition. In a dense two-page argument, he demonstrates the failure of all attempts by the subject to negate its dependence on a mediating other (Hegel, 1977, pp. 111–112).⁵ This failure culminates in the positive realization that the subject can only become free once it engages with other subjects in uncoerced relations of mutual recognition through which it finds confirmation of its self-conception as an autonomous subject. The stability of such relations requires equality in the sense of symmetry of interaction: There are two subjects in the recognitive encounter, and what applies to the first, applies to the second.⁶ In this way, the concept of recognition is a philosophical answer to the problem of freedom; as Pippin (2008, p. 62) explains:

Hegel's argument for a particular sort of original dependence necessary for the possibility of individuality—recognitional dependence—is not based on a claim about human need, or derived from evidence in developmental or social psychology. It involves a distinctly philosophical claim, a shift in our understanding of individuality, from viewing it as a kind of ultimate given to regarding it as a kind of achievement, and to regarding it as a normative status, not a fact of the matter, whether empirical or metaphysical.

The idea of individuality as a "normative status" can be clarified through Pippin's (2008) analogy between recognition of what is mine in a material sense and what is mine in a psychological sense. In "modern political reflection" a distinction is drawn between what is mine, yours, and ours. To affirm that a property belongs to you, and not to me or to us, is to affirm a normative status involving a right, not an empirical fact that can be "read directly off the social world" (Pippin, 2008, p. 65).

It is to affirm a sphere of what is rightfully yours, and in which consists an aspect of your freedom as a person. Freedom is not limited to ownership and extends to being regarded as a successful agent, an agent able to "own" her mental states. Here we can talk about what is rightfully mine in a psychological sense. I can claim a piece of land, but I cannot be properly said to own it until I am recognized as the owner (by a relevant authority). Similarly, I can claim to be the best pianist in the world, but I cannot be cognizant of myself in the right way until others recognize me as such. In the absence of recognition, my insistence that I am the best pianist in the world could amount to self-deception or delusion. My self-conception can only be rightfully and genuinely mine—in the sense of being truly who I am—if affirmed through recognition. And part of my success as an agent is for others to "recognize me as having the social status and identity I attribute to myself" (Pippin, 2008, p. 67).

Success and truth are entwined and are to be understood in social terms. The identity that I attribute to myself and which I project onto the world acquires its truth through the social practices in which I participate. These practices are negotiated, and the concept of mutual recognition is the vehicle through which this negotiation can aspire to reconcile my individual self-determination with the collective practices in which I participate. There is, then, a tension between autonomy and the social world, a tension brought to light by the many struggles for recognition active today. Every time we encounter this tension we are presented with various possibilities toward a solution: Should we repair social relations such that the recognizees receive the recognition they demand for their identities; or should we reject the identities in the terms they are presented since they are morally objectionable?

To ask these questions is to be in the domains of moral and political theory. So far in this section I only sought to outline the *core idea* underpinning the theory of recognition (see p. 301 for the three steps involved in the construction of a normative theory). Beyond this, we encounter various theoretical possibilities that are worked out in detail in the literature and which I shall not get

into here.⁷ It suffices for what follows that we take with us an understanding of the notion of self-conception, the importance of recognition for successful agency, and the general structure of the recognitive encounter. With this to hand, we can now identify the implied addressees of the theory of recognition.

THE ADDRESSEES AND LIMITS OF RECOGNITION

Every normative theory presupposes an addressee. This presupposition is usually implicit—unstated and unargued for. For Kantian moral theory, virtue ethics, and the ethics of care the addressees are, respectively, persons capable of rational autonomy, virtue, and compassion. Who are the implied addressees of the theory of recognition? To what capacity or capacities within us is the theory addressed? And what limits do these capacities pose for the recognition of certain identities?

We can begin by discerning the schematic of the recognitive encounter from the foregoing account. One of the elements of securing my success as an agent is for the identity that I attribute to myself to be recognized by others. Identity, in the sense employed here, is the totality of my self-conceptions. The first step in the recognitive encounter is for the subject to adopt a self-conception. This self-conception, which constitutes an aspect of the subject's certainty of what it is, is projected onto the world. What this means is that the subject acts in accordance with how it views itself: Its self-conception is not a private matter. This public expression, in some cases, meets social resistance. Accordingly, the second step involves the emergence of a tension between the subject's autonomy (evident in the view that it holds of itself) and the social practices in which it cannot, yet, see itself. In step three, the subject's claim enters the fray of negotiation, and questions such as the following become relevant: Should this person be recognized as the identity he claims for himself? Should the meaning and range of this identity be modified to include this person within its boundaries? Is the identity good/valuable/worthy as asserted by the recognizee? Once the subject arrives to step three, the claim is now within the *scope of recognition*,

which is the scope of social and political negotiation. This is no guarantee that the claim will be recognized as valid, only that it is the kind of claim that merits a social or a political response, whatever these turn out to be.

From the first step we can discern a list of basic capacities. The subject of recognition is an agent, with a sense of herself as agent, and with the ability to participate in a shared medium of expression, such as a language. These capacities enable an organism to express a self-conception and to be aware of oneself as an individual with that self-conception. They distinguish human beings from most life-forms and certainly from all inanimate objects. Being a self-aware agent and a language user are basic capacities that develop over time. A 9-year-old, typically, would have some mastery of both and so would be in a position to express a self-conception. But she might not have sufficient confidence or have given much thought to a particular idea of who she is. She is still forming her views and will require guidance and support to arrive to step two.⁸ For once we are at the second step, determination in pursuing one's case and holding one's ground is required. It is precisely this confrontation that problematizes social relations and generates tension, as seen through the lens of recognition and misrecognition.

Having arrived to step two the person is able to form and hold a self-conception. Moreover, he is able to demand recognition and push against societal rejection of his claim.⁹ But this does not mean that the claim automatically qualifies for step three—that is, qualifies to enter the fray of negotiation and the scope of recognition. There are certain features that the claim must fulfill in order for it to be the kind of claim that can be considered within the scope of social and political contention. What are these features?

EPISTEMIC STATUS OF THE CLAIM

The first feature is the epistemic status of the claim. In light of extant social understandings of the identity category in question, the recognizee in the recognitive encounter is considered by the relevant social group to be wrong about his proclaimed identity. The recognitive encounter is motivated by

such deficits in social validation, which are gaps between my understanding of myself and other people's understanding of me. But can all such deficits be considered within the scope of recognition? This will depend on the relation between the person's subjective conviction that he is y and the social category y with which he identifies; it will depend, that is, on the nature of the alleged mistake. The key point is that it must be possible, in principle, for the mismatch between subjective conviction and social category to be resolved by modifying the category in order to accommodate the conviction. The following examples illustrate the possibilities.

Suppose that your friend, whom you have known for 15 years, surprises you one day by asserting that he is of Māori identity. As far as you know he is not, and so you become interested in his reasons for what is, in your view, an absurd suggestion. He might tell you that he did a DNA test and found out that he is 13.5% Māori. Or he might relay to you a recent experience where he encountered a pattern created by a flock of birds, a pattern that resembled a Māori tattoo he had once seen in a magazine. He believed that this pattern held a message of significance for him. Alternatively, he might justify his new identity by noting a deep knowledge and interest in Māori culture. Whatever the reasons, if you are inclined to challenge your friend, you can respond to him in one of two ways: 1) You could question whether he does, as a matter of fact, satisfy the feature he claims or 2) you could question whether that feature entitles him, or anyone for that matter, to claim Māori identity. With the first response we are considering facts about your friend: does he share 13.5% DNA with Māori ancestry? Has he had the experience that he claims to have had? Is there sufficient evidence of a connection to and knowledge of Māori culture? With the second response we are debating the grounds for claiming Māori identity: Are any of the proposed features necessary conditions for the legitimacy of such a claim?

Returning to the recognitive encounter, from your perspective your friend can be wrong in one of two ways: 1) He can be wrong in that he does not satisfy the claimed feature. 2) He can be wrong

in supposing that the relevant feature (which he satisfies) entitles him to claim Māori identity. With the first mistake we cannot progress to step three of the recognitive encounter; we are, as it were, coming up against reality and not against an unaccommodating social order. No amount of social and political action can address such a mistake and so it lies outside the scope of recognition. Now, determining whether or not a person satisfies a particular feature is not always straightforward, but the key point here is that we are dealing with an issue that can be resolved, in principle, by examining the available facts. With the second mistake, what your friend has (allegedly) got wrong are the grounds for claiming Māori identity and so the boundaries and use of this identity. If we were, through a process of recognition, to modify these boundaries it might be possible to accommodate your friend's subjective conviction that he is Māori. We might have reasons not to do so, and his claim might not be socially accepted. Whatever the outcomes, these are matters to be considered within the scope of recognition. Stated more generally: In (1) x claims y in virtue of having z where z is a recognized feature of y – x does not satisfy z . Whereas in (2) x claims y in virtue of having t ; t is not a recognized or a sufficient feature of y ; x presents a new definition of y ($y1$) that would include x in virtue of having t – $y1$ lies within the scope of recognition.

DIACHRONIC UNITY OF SELF-CONCEPTION

The second feature that a claim must possess before it can be considered within the scope of recognition is diachronic unity of self-conception. The self-conception for which recognition is demanded must persist over a sufficient period of time; it cannot be a momentary obsession that lasts a few hours or a few days. There is a straightforward practical imperative for this: To demand recognition is to demand substantial change in the quality and nature of social relations and in existing cultural understandings. Such change is necessarily complex and drawn out in time—think years rather than weeks or months. The assumption underpinning such processes, and which

partly justifies the required change, is that the identities in question are of key importance to the people involved. And a measure of importance is the extent to which these identities inform people's lives across a wide range of activities over time.

Another related argument in favor of the importance of diachronic unity is the relation between our self-conceptions and agency. When we understand ourselves as persons of a certain gender, ethnicity, race, profession, or religion, and where we've taken an active position toward these social categories, they become much more than labels. They begin to play a key orientating function in our lives as agents. Our identity, which is the totality of our self-conceptions, can be characterized as an articulation of notions central to us as agents. By appealing to and making unique certain social categories, our self-conceptions provide us with a life-script—with a way of behaving, experiencing, and valuing, and so with a way of navigating the world (see Taylor [1989] and Appiah [1994]).

An identity crisis is a situation where I no longer know who I am in the sense that I do not know how I relate to the social categories that are on offer or in which I was previously invested. This can be deeply distressing, not only because of the loss of a horizon in the present, but also due to the loss of the sense of agency and engagement with the world that is necessary for having a future. Identity crises paralyze agency in the present and, through the loss of the diachronic unity of self-conception, hinder its projection into the future. And herein lies one of the key problems with this loss.

If we understand agency as the capacity to instigate and pursue projects over time, we can see that many of our valued projects occupy months, years, and sometimes a lifetime: Being a friend, partner or parent, learning a musical instrument, writing a book, or training for a marathon. In committing ourselves to such projects, as Korsgaard (1989, p. 113) argues, "we both presuppose and construct a continuity of identity and of agency." If, for whatever reason, I am unable to conceive of myself as unified over time, then the goods that would otherwise be potentially available to me would be foreclosed. I would not be able to instigate and pursue projects on the grounds that I would not be able to assume that my future self

will buy into the reasons, values, and goals of my present self. "Only the notion of a unitary self," Radden (1996, p. 196) writes, "will permit us to preserve the concepts and distinctions surrounding our sense of ourselves as voluntary agents, planners, and goal-directed actors." Diachronic unity of self-conception matters because it allows an extended and rich sense of agency, thus permitting the pursuance of valued projects over time.

SYNCHRONIC UNITY OF SELF-CONCEPTION

The third feature that a claim must possess before it can be considered within the scope of recognition is synchronic unity of self-conception. The requirement here is for a certain quality and depth of self-understanding to be evident in a person's identifications. This in turn requires that my self-understanding, as far as possible, takes account of my concurrent mental states no matter how unsavory a particular desire or thought happens to be. The justification for this requirement is not borne out of the value of a rounded self-understanding as such, but out of the possibility that in the absence of such understanding, the bestowal of recognition can constrict rather than enlarge the subject's freedom.

Consider the example of a woman in an abusive relationship. On the one hand, she can see that her spouse is regularly trying to control, coerce, and undermine her, all sufficient reasons, in her view, to leave him and seek a fulfilling life elsewhere. On the other hand, she resists the idea of ending it for fear that this would hurt their two young children. She is conflicted over which impulse to follow, that which arises from her desire to be fulfilled and happy, or that which arises from her sense of duty toward her family (and what she believes this duty to entail). We can view this situation as involving two self-conceptions that circumstances had brought into conflict with one another: She has a duty to realize her self-fulfillment and she has a duty toward her children.

Conflicts of this sort are familiar enough and often result in ambivalence of action, which can be intractable and psychologically distressing. And the conflict is intractable precisely because both

self-conceptions are of foundational importance to the person. In time, certain compromises are made toward resolving this conflict by emphasizing one self-conception at the expense of the other. This amounts to a suppression of a key part of her identity, the price to pay for reducing the distressing state of ambivalence. She foregrounds the identity of the dutiful mother who must withstand an abusive relationship for the sake of her children. She might even find social acceptance for this narrative, perhaps as reflecting stoicism and responsibility. Alternatively, she might not find such acceptance and might seek recognition from others for her social role. But to consider her attempts within the scope of recognition is to go along with her in suppressing a key part of her identity. Recognition in such cases is no longer a matter of restoring worth to devalued identities but a collusion with the subject in a psychological suppression/self-deception that constricts rather than enlarges that person's freedom. Addressing synchronic disunity must precede consideration of one pole of this disunity within the scope of recognition.

In summary, the theory of recognition presupposes a range of capacities: The capacity to determine the nature of the relation between one's subjective conviction and the social category with which one identifies; the capacity for diachronic unity of self-conception; and the capacity for synchronic unity of self-conception. The first capacity emerges as a necessary criterion for the scope of recognition, in as much as the relation between subjective conviction and social category must be of a certain type. By contrast, the arguments for the second and third capacities are more directly practical and normative in nature. In setting the limits of recognition, these three capacities exclude certain identities from the scope of recognition, a point that I now discuss in the case of particular mental health phenomena.

THE LIMITS OF RECOGNITION AND THE EXCLUSION OF MADNESS

As I stated earlier, normative moral and political theories occur within a range of human subjectivity that excludes madness. This applies to Kantian

theory and its derivatives as much as it does to neo-Aristotelianism. We are now in a position to demonstrate how madness is also excluded by the theory of recognition (see Rashed [2019, Ch. 7 and Ch. 8]).

It is not surprising that a theory to which the notion of identity is central would struggle to accommodate phenomena of madness, given that these phenomena, as noted in the literature, manifest in various impairments to identity formation. For example, Jeanette Kennett (2009, p. 92) notes that, in some case of 'mental illness,' "the central project we all have of constructing and maintaining our identity is profoundly undermined." Delusions, hallucinations, and disordered thinking, she argues, "may reduce or remove [the] capacity to recognize, or to weigh appropriately, relevant moral considerations and to judge accordingly" (2009, pp. 94-95). For George Graham (2015, p. 372), mental health patients "may be compromised or impaired not only in their capacity for self-responsible action or deliberate or reflective agency, but in their experiential appreciation of their identity as persons and agents." 'Mental illness' can undermine the person's ability to conceive of herself as a unified self over time and with it the possibility of living out fulfilling life projects and plans (Kennett, 2009, p. 97). Jennifer Radden (2004, p. 133) makes a similar point when she notes that "mental disorder inevitably challenges traditional ideas about personal identity" and can "profoundly alter and transform its sufferer, disrupting the smooth continuity uniting earlier and later parts of subjectivity and, viewed from the outside, of persons and lives."

We have established that for a claim to enter the scope of recognition it must be of the right epistemic status and must manifest appropriate diachronic and synchronic unity of self-conception. These three features, as conceived in the previous section, exclude a range of phenomena as I demonstrate in what follows.

EPISTEMIC STATUS

The most extreme examples of mistaken identities are so-called delusional identities. Here, a person might believe that she has significant power or

wealth befitting of a monarch; another might consider himself to be a brave Knight and expect others to acknowledge his status; and another might want people to recognize her as being of a race or ethnicity different to what the majority of people would judge her to be. To say that these identities are delusional is to say that they do not satisfy basic standards in belief acquisition, maintenance, and revision; the belief is poorly grounded and is supported by insufficient or irrelevant reasons. The person tends to be excessively preoccupied by these beliefs and holds them with unwavering conviction. Moreover, the belief has no adherents in the person's cultural context. In relation to the epistemic status constraint on the scope of recognition, delusional identities are likely to violate the requirement for the self-conception that is the subject of the demand for recognition to be reconcilable, in principle, with the corresponding social category. In light of the analysis offered earlier (pp. 304–305), delusional identities implicate the subject in a mistake of the first kind. However, we must note here that at least some delusional identities are actually mistakes of the second kind, that is, what the subject has allegedly got wrong are the boundaries and use of the social category. Accordingly, some delusional identities are within the scope of recognition.

DIACHRONIC UNITY OF SELF-CONCEPTION

The disruption of the unity of self-conception over time is a feature of several mental health conditions, notably 'schizophrenia' and 'bipolar.' In persons diagnosed with 'schizophrenia' there are often radical changes in self-awareness and personality. In *General Psychopathology*, Karl Jaspers (1963, p. 126) cites the words of a man after the onset of psychosis:

When telling my story I am aware that only part of my present self experienced all this. Up to 23 December 1901, I cannot call myself my present self; the past self seems now like a little dwarf inside me. It is an unpleasant feeling; it upsets my feeling of existence if I describe my previous experiences in the first person. I can do it if I use an image and recall that *the dwarf reigned up to that date, but since then his part has ended.* [italics added]

In a more recent case report, a young woman "in the early stages of schizophrenia" expressed that she was "in the process of becoming someone else, that her self had left her, somehow, that she was fundamentally different than she had once been and discontinuous with that person" (Wells, 2003, p. 299). She added: "I know I'm still myself, but it doesn't feel that way. Where I was is filled with noise and voices, and there's—it's a small area, the brain, but there's a huge emptiness there that I used to fill."

The uncertainty evident in these accounts contrasts with delusional identities, where the new emerging person is identified and named. The new identity emerges as a revelation, and aspects of the past are reinterpreted to support the new self-understanding. In both cases the present self would struggle to identify with the past self, and hence may not be able to endorse the values and continue the projects initiated by the past self. This can result in suspension of relationships, commitments, and other long-term projects a person was engaged in.

In persons diagnosed with 'bipolar,' disruption to the unity of self-conception is cyclical rather than longitudinal. It consists in alternation between three key states: Mania, depression, and baseline. In a case report described by Radden (1996, pp. 62–66), we learn about Mr. M, a married thirty-three-year-old postal worker and a father of two. One day he announced that he was "bursting with energy" and that he was "wasting his talent" in his job as a postman. He stayed up all night working an elaborate plan for a business venture. The next day he quit his job and, using the family savings, bought a large amount of tropical-fish equipment convinced that he had figured out a way to make millions by modifying this equipment. He had become "provocative, optimistic, reckless, ambitious, and energetic," a contrast with his traits both before and after the episode. If we were to ask Mr. M during his manic episode, he might not report discontinuity. Things will look different when he returns to his usual mood and self, or if he experiences a depressive episode. At that point, the manic episode and the associated behavior can appear to him entirely out of character. Whatever projects he believed then to be of vital importance suddenly lose their rationale and

are thwarted. In ‘schizophrenia’ and in ‘bipolar’ discontinuity of self-conception disrupts agency.

SYNCHRONIC UNITY OF SELF-CONCEPTION

Disruption of the unity of self-conception at a time is a feature of several mental health phenomena, most notably so-called ‘passivity’ phenomena. This is when the person experiences a thought, emotion, or volition in the absence of the usual, and usually implicit, sense of agency that most people have toward their mental states. Thought insertion, for example, is expressed as the belief that the thoughts a person is experiencing are not his own, with further elaboration as to the source of agency to which these thoughts belong. With volitional passivity the subject does not experience her actions as emanating from her own will, attributing them to some outside agent who is controlling her. If we begin with the premise that the mental states in question are the subject’s own in the sense that they have been generated by his mind—and not by an outside agent as the subject claims—then what we have is a fracture in the synchronic unity of self. From this perspective, passivity phenomena diminish the quality and depth of a subject’s self-understanding, landing us in the problems identified earlier (pp. 306–307).

AN APPROACH TO THE BOUNDARY PROBLEM

We now have what we need to specify an approach to the boundary problem. The problem as originally conceived in the philosophy of psychiatry literature involved an attempt to answer the question: Is this condition a mental disorder? This led to a concern with the definition of mental disorder, and from there began investigations into varieties of naturalism, and attempts to discern the relative role of facts and values in the definition of dysfunction. These investigations, as I argued in the first section, have not succeeded in defining mental disorder in such a way that would address the sociopolitical critiques of psychiatry. One way out of this impasse is to reconceive the boundary problem in line with the framework outlined in this essay. Instead of asking whether a condition

is a mental disorder, we ask: *Is this condition (or phenomenon) within the scope of recognition?* Given the addressees of the theory of recognition, and the capacities the addressees are presupposed to possess, we have established that the limits of recognition are set by the epistemic status of the claim, and by the presence of diachronic and synchronic unity of self-conception. These limits, as I have demonstrated, exclude a wide range of mental health phenomena and, in this way, generate new boundary problems.

Substituting the boundaries of mental disorder for the boundaries of social recognition still leaves us with a contested boundary, but the loci of contestation are no longer the concepts of disorder, distress, and dysfunction (and their cognates) but the definitions and inclusion criteria of the concepts that establish the scope of recognition (as discerned through the theory of recognition outlined in this essay). Once we have determined that our theory of recognition poses limits that exclude a range of mental health phenomena, we can begin to closely examine these limits. We can ask if these boundaries can be modified, perhaps extended, in such a way that renders the theory of recognition inclusive of a wider range of experience and cognition. And we can do so on principled grounds, by starting with a substantive account of the boundary that would yield productive questions, as I illustrate briefly in what follows in the case of diachronic unity of self-conception.

The requirement for diachronic unity of self-conception is borne out of the necessity of such continuity for an extended and rich sense of agency, a continuity that is often disrupted in the conditions known as ‘schizophrenia’ and ‘bipolar.’ If we accept this argument, we are left with a key unresolved question: Just how much continuity is sufficient for agency? (see Radden 1996, p. 229). If agency is understood as the capacity to instigate and pursue projects, then continuity of self is sufficient in so far as it allows the pursuance of such projects. The question therefore becomes one of time frames: How long is a project: A few months, years, or an entire lifetime? It is evident that there is no clear-cut answer here. The question of how long a project should be falls back on our values. If we look at communities around the world we would find that friendship, vocational achieve-

ment, and parenthood—to name a few long-term projects—tend to be valued. And where notions such as ‘marriage’ or ‘career’ are ridiculed, that would be in favor of other long-term perspectives on life. ‘Living in the moment,’ elevated to a dictum, is the project to end all projects, and hence becomes itself a form of long-term accomplishment. Nevertheless, it is certainly possible to extend the limits of recognition by relaxing the normative requirements for continuity of self. This means relaxing the idea that time-intensive projects set the bar for successful agency, and to hold with equal value a life proceeding in shorter episodes. This would allow for more discontinuity of self than otherwise possible and in this way accommodate a wider range of individuals.¹⁰

Constructing an approach to the boundary problem around the concepts of recognition and identity has benefits over the customary concern with the definition of mental disorder. An advantage of the proposed approach arises from the normativity evident in the limits of recognition. In contrast with the debate on mental disorder and naturalism where the concern was to eliminate normativity, here we accept it and, in fact, welcome it. By focusing on what should lie within (as opposed to without) the limits of recognition we are identifying positive values that enrich our life in some way—such as the importance of diachronic unity of self-conception to the pursuance of valued projects. By laying the relevant values on the table, we are from the start in a position conducive to questioning them, as we have already started to.

Another advantage of the proposed approach is that we begin from a place and conduct the investigation in a language that honors the concerns expressed by many mental health activists, such as Mad Pride. Recall that activists have expressed dissatisfaction with the medicalization of madness, and with the use of concepts such as mental disorder and mental illness to describe the varieties of relevant experiences and behaviors. Recall also that activists have presented madness as possible grounds for identity and worthy of social recognition. Both issues are addressed by the proposed approach: First, we put aside the contested language and so begin from a more

acceptable position to many of those who are concerned with the boundary problem; second, we take seriously the demand for recognition by investigating the experiential and epistemic constraints on this demand. Accordingly, even after we reject the language of mental disorder and mental illness, we are still left with a boundary in need of clarifying. And such clarification is now possible through the proposed approach.

What role does psychiatry have in negotiating and utilizing this new approach to the boundary problem? It is evident that there is no obvious reason for phenomena that lie outside the scope of recognition to be subject to the concepts and interventions that psychiatric practice offers. Although some form of care, guidance, support, and compassion are likely to be required, the question of the context where this can be delivered, including who is best positioned to deliver it, is a multifaceted question that I began examining elsewhere (see Rashed [2020] and Rashed [2019, pp. 184–199]). Perhaps, however, we must now talk of the boundary problem in the plural. The domain of mental health care might be better served if there are multiple boundaries, each with its attendant concepts and normative limits, each illuminating distinctions that can be thought about, modified, and possibly extended, each being more suitable for certain conditions and not others, and each calling for different structures of care, as well as ethical and political responses. All of these are possibilities that merit further exploration.

What is certain is that attempts to clarify the boundary problem by defining the concept of mental disorder have run their course. New approaches and concepts are required, and this essay argued for and proposed one such approach. The concept of recognition, and the limits set by the epistemic status of identity claims, and by the diachronic and synchronic unity of the self-conceptions that make up a person’s identity, provide us with a rich normative framework to think through the boundary problem. At the same time, the proposed approach does not obscure the contested nature of the boundary but illuminates and confronts it. It allows us to question and, if appropriate, modify the boundary and remain responsive to developments in mental health activism.

NOTES

1. One could question the need for a boundary as such and proceed to deconstruct the boundary problem. That is not the approach pursued in this essay. Here, it bears reminding that the distinction between mental disorder on one hand, and normal suffering and social deviance on the other, recalls strongly held intuitions about moral and legal responsibility, individual character, and social obligations. Our communities have terms that signal a negative evaluation of a person's conduct and character, terms such as lazy, criminal, weak-willed, and vindictive; the discourse of illness, as Derek Bolton puts it, "is the *alternative* we acknowledge" (2013, p. 444). It reaches deep into our social practices, from excusing people for failing to fulfill their obligations to providing them with care while they recover. To jettison the boundary altogether we need to contend with, and possibly deconstruct, these intuitions and practices. And whilst that would be a valuable project in its own right, it is not the one pursued here. Accordingly, in this essay, the existence of a boundary as such will not be debated, the main issue being the concepts required for its clarification.

2. For accounts and summaries of early activism consult Chamberlin (1988, 1990), Crossley (2006), Bluebird (2017), Curtis, Dellar, Leslie, and Watson (2000, pp. 23–28), and Rashed (2019, Ch.1). For accounts of Mad Pride and mad-positive activism consult Sen (2011), Triest (2012), Costa (2015), Clare (2011), Polvora (2011), and deBie (2013). See Hoffman (2019) for some distinctions among different types of Mad Pride activism.

3. Today, all the ideas raised in the text can be found in mental health activism. The terms service-user, survivor, expert by experience, and Mad Pride are all in use. And there remains a variety of stances within the activism on all the important issues, such as involuntary detention and treatment, the medical model, and the extent of service-user involvement in services. For example, there remain disagreements over whether compulsory treatment can ever be justified, and there are debates over the legitimacy of the medical model, with some activists rejecting it in favor of social and political understandings of mental distress, and others seeing that it has a role in certain conditions.

4. We say of a work of art that it is addressed, meaning that whether or not the artist is conscious of it, there are those to whom he speaks through the work, and who thus implicitly shape its creation. In the same vein, a normative theory presupposes an addressee, which is the person (or persons) the theory speaks to in contradistinction to the persons it speaks about.

5. The perspective summarized in the text is only one possible interpretation of Hegel's work. For an

account of other possibilities and for a reconstruction and unpacking of his argument for recognition consult Rashed (2019, pp. 65–71).

6. Quante (2010, pp. 98–99) describes the recognitive encounter in these terms: "A and B here meet one another with the attitude of conceiving of themselves and their interaction partner as autonomous self-consciousnesses. The interaction thus implies, on the one hand, the recognition of the free self-determination of the respective other, so that the interaction implies a self-confinement on both sides. On the other hand, because A and B conceive of themselves as such autonomous agents, this attitude contains the request toward the other to confine himself in order to let room for the other."

7. For further reading on the theory and politics of recognition consult Honneth (1996, 2012), McNay (2008), Markell (2003), Taylor (1994a), Zurn (2000), and am Busch and Zurn (2010).

8. This process, which is studied by developmental psychologists and social theorists, requires that the child experiences positive and sustaining care-giving relationships. A fundamental purpose of these relationships is to provide the child with the material and dialogical resources to develop an independent identity in the midst of attachment to the caregivers. If one is secure through the love of others in the knowledge that care and concern will be forthcoming unconditionally, then one can develop the self-confidence required to "engage with one's deepest feelings both openly and critically" (Anderson & Honneth, 2005, pp. 133–135). A person who is able to do that, is also able to articulate with confidence what his wants and desires are, and hence is able to subsequently relate to himself in more complex and confident ways.

9. One problem often pointed out by critical theorists is that the "the desire for recognition might be far from a spontaneous and innate phenomenon but the effect of a certain ideological manipulation of individuals" (McNay, 2008, p. 10; see also Markell, [2003] and McBride [2013]). According to this view, recognition, instead of constituting moral progress (in the sense of an expansion of individual freedom), becomes a mechanism by which people endorse the very identities that limit their freedom. They seek recognition for these identities and in this way "voluntarily take on tasks or duties that serve society" (Honneth, 2012, p. 75). I attend to this problem, the 'problem of ideology,' elsewhere (Rashed, 2019, pp. 93–95). Briefly, arguments such as McNay's trade on the idea that people are willingly, yet unknowingly, subjecting themselves to oppressive norms. However, the notion of 'willing subjection' is conceptually and politically problematic. Once we deconstruct it we find that it cannot support the critical theorists' views on recognition and ideology.

10. A similar process of critique and re-evaluation can be conducted for passivity phenomena and synchronic unity of self-conception. For example, we could argue that the claim that the mental states in question are ones with which the subject should identify presupposes a normative cultural psychology that delineates the right way persons should relate to their mental states. It presupposes particular models of the self and its boundaries. Alternative cultural psychologies could yield a different assessment whereby ‘passivity’ phenomena are not a breakdown in the unity of self but an enrichment of the self.

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REFERENCES

- am Busch, S., & Zurn, C. (Eds.) (2010). *The philosophy of recognition: Historical and contemporary perspectives*. Lanham, MD: Lexington Books.
- Anderson, J., & Honneth, A. (2005). Autonomy, vulnerability, recognition, and justice (pp. 127–149). In: J. Christman & J. Anderson (Eds.), *Autonomy & challenges to liberalism*. Cambridge, UK: Cambridge University Press.
- Anscombe, E. (1958). Modern moral philosophy. *Philosophy*, 33 (124), 1–16.
- Appiah, K. (1994). Identity, authenticity, survival: Multicultural societies and social reproduction (pp. 149–163). In: A. Gutmann (Ed.), *Multiculturalism: Examining the politics of recognition*. Princeton, NJ: Princeton University Press.
- Bluebird, G. (2017). History of the consumer/survivor movement. Available: <https://power2u.org/wp-content/uploads/2017/01/History-of-the-Consumer-Survivor-Movement-by-Gayle-Bluebird.pdf>. Accessed August 01, 2021.
- Bolton, D. (2008). *What is mental disorder? An essay in philosophy, science and values*. Oxford, UK: Oxford University Press.
- Bolton, D. (2013). What is mental illness (pp. 434–450). In: K.W.M. Fulford, M. Davies, R. Gipps, G. Graham, J. Sadler, G. Stanghellini, & T. Thornton (Eds.), *The Oxford Handbook of Philosophy and Psychiatry*. Oxford, UK: Oxford University Press.
- Campbell, P. (1992). A survivor’s view of community psychiatry. *Journal of Mental Health*, 1 (2), 117–122.
- Chamberlin, J. (1988). *On our own. Patient controlled alternatives to the mental health system*. London: MIND
- Chamberlin, J. (1990). The ex-patients’ movement: Where we’ve been and where we’re going. *Journal of Mind and Behavior*, 11 (3), 323–336.
- Clare. (2011). Mad culture, mad community, mad life. *Asylum: The Magazine for Democratic Psychiatry*, 18 (1), 15–17.
- Costa, L. (2015). Mad Pride in our Mad Culture. Consumer/Survivor Information Resource Centre Bulletin, No. 535. Available: www.csinfo.ca/bulletin/Bulletin_535.pdf. Accessed December 2020.
- Crossley, N. (2004). Not being mentally ill: Social movement, system survivors, and the oppositional habitus. *Anthropology & Medicine*, 11 (2), 161–180.
- Crossley, N. (2006). *Contesting psychiatry: Social movements in mental health*. London: Routledge.
- Curtis, T., Dellar, R., Leslie, E., & Watson, B. (Eds.). (2000). *Mad Pride: A celebration of mad culture*. Truro: Chipmunkpublishing.
- deBie, A. (2013, July 27). And what is mad pride? Opening speech of the First Mad Pride Hamilton Event. *This Insane Life*, 1, 7–8.
- DuBrul, S. (2014). The Icarus Project: A counter narrative for psychic diversity. *Journal of Medical Humanities*, 35, 257–271.
- Dworkin, R. (1978). Liberalism (pp. 113–143). In: S. Hampshire (Ed.), *Public and private morality*. Cambridge, UK: Cambridge University Press.
- Fraser, N. (1995). From redistribution to recognition? Dilemmas of justice in a ‘post-socialist’ age. *New Left Review*, 1 (212), July/Aug.
- Fraser, N., & Honneth, A. (2003). *Redistribution or recognition? A political-philosophical exchange*. London: Verso.
- Graham, G. (2013). *The disordered mind: An introduction to philosophy of mind and mental illness*. London: Routledge.
- Graham, G. (2015). Identity and agency: Conceptual lessons for the psychiatric ethics of patient care (pp. 372–386). In: J. Sadler, C.W. van Staden, and K.W.M. Fulford (Eds.), *The Oxford handbook of psychiatric ethics, volume 1*. Oxford, UK: Oxford University Press.
- Hegel, G. W. F. (1977). *Phenomenology of spirit*. Oxford, UK: Oxford University Press.
- Hoffman, G. (2019). Public mental health without the health? Challenges and contributions from the mad pride and neurodiversity paradigms (pp. 289–326). In: K. Cratsley, & J. Radden (Eds.), *Developments in neuroethics and bioethics volume 2: Mental health as public health: Interdisciplinary perspectives on the ethics of prevention*. London, UK: Elsevier.
- Honneth, A. (1996). *The struggle for recognition: The moral grammar of social conflicts*. Cambridge, MA: MIT Press.

- Honneth, A. (2012). *The I in we: Studies in the theory of recognition*. Cambridge, UK: Polity Press.
- Hursthouse, R. (1999). *On virtue ethics*. Oxford, UK: Oxford University Press.
- Hoy, D. (2009). The ethics of freedom: Hegel on reason as law-giving and law-testing (pp. 153–171). In: K. Westphal (Ed.), *The Blackwell guide to Hegel's phenomenology of spirit*. Oxford, UK: Wiley-Blackwell.
- Jaspers, K. (1963). *General psychopathology*. 7th ed. Trans. J. Hoenig & M.W. Hamilton. Manchester: University of Manchester Press.
- Kant, I. (1998). *Groundwork of the metaphysics of morals*. Cambridge, UK: Cambridge University Press.
- Kendell, R. (1986). What are mental disorders (pp. 23–45)? In: A. Freedman, R. Brotman, I. Silverman (Eds.), *Issues in psychiatric classification: Science, practice and social policy*. New York: Human Sciences Press.
- Kennett, J. (2009). Mental disorder, moral agency, and the self (pp. 91–113). In: B. Steinbock (Ed.), *The Oxford handbook of bioethics*. Oxford, UK: Oxford University Press.
- Korsgaard, C. (1989). Personal identity and the unity of agency: A Kantian response to parfit. *Philosophy and Public Affairs*, 18 (2), 101–132.
- Korsgaard, C. (1996). *The sources of normativity*. Cambridge, UK: Cambridge University Press.
- Kymlicka, W. (1991). *Liberalism, community, and culture*. Oxford, UK: Oxford University Press.
- MacIntyre, A. (1984). *After virtue: A study in moral theory*. Notre Dame, IN: University of Notre Dame Press.
- Markell, P. (2003). *Bound by recognition*. Princeton, NJ: Princeton University Press.
- McBride, C. (2013). *Recognition*. Cambridge, UK: Polity Press.
- McLean, A. (1995). Empowerment and the psychiatric consumer/ex-patient movement in the United States: Contradictions, crisis and change. *Social Science and Medicine*, 40 (8), 1053–1071.
- McNay, L. (2008). *Against recognition*. Cambridge, UK: Polity Press.
- Morrison, L. (2005). *Talking back to psychiatry: The psychiatric consumer/survivor/ex-patient movement*. London: Routledge.
- Nussbaum, M. (1997). The feminist critique of liberalism. The Lindley Lecture, Department of Philosophy, University of Kansas.
- Pippin, R. (2008). Recognition and reconciliation: Actualised agency in Hegel's Jena phenomenology (pp. 57–78). In: B. Van Den Brink, and D. Owen (Eds.), *Recognition and power: Axel Honneth and the tradition of critical social theory*. Cambridge, UK: Cambridge University Press.
- Polvora (2011, April 4–5). Diagnosis “human.” *Icarus Project Zine*. Available: www.theicarusproject.net/ article/community-zines. Accessed December 2020.
- Powell, R., & Scarffe, E. (2019). Rethinking “disease”: A fresh diagnosis and a new philosophical treatment. *Journal of Medical Ethics*, 45, 579–588.
- Quante, M. (2010). “The pure notion of recognition”: Reflections on the grammar of the relation of recognition in Hegel's *Phenomenology of Spirit* (pp. 89–106). In: H. Schmidt am Busch & C. Zurn (Eds.), *The philosophy of recognition: Historical and contemporary perspectives*. Lanham, MD: Lexington Books.
- Radden, J. (1996). *Divided minds and successive selves: Ethical issues in disorders of identity and personality*. Cambridge, MA: MIT Press.
- Radden, J. (2004). Identity: Personal identity, characterization identity, and mental disorder (pp. 133–146). In: J. Radden (Ed.), *The Philosophy of Psychiatry: A Companion*. Oxford, UK: Oxford University Press.
- Radden, J. (2012). Recognition rights, mental health consumers and reconstructive cultural semantics. *Philosophy, Ethics and Humanities in Medicine*, 7 (6), 1–8.
- Rashed, M. A. (2019). *Madness and the demand for recognition: A philosophical inquiry into identity and mental health activism*. Oxford, UK: Oxford University Press.
- Rashed, M. A. (2020). The identity of psychiatry and the challenge of Mad activism: Rethinking the clinical encounter. *Journal of Medicine and Philosophy*, 45 (6), 598–622.
- Rawls, J. (1971). *A theory of justice*. Cambridge, MA: The Belknap Press.
- Sen, D. (2011). What is Mad culture? *Asylum: The Magazine for Democratic Psychiatry*, 18 (1), 5.
- Shapiro, I. (2003). *The moral foundations of politics*. New Haven, CT: Yale University Press.
- Thornton, T. (2007). *Essential Philosophy of Psychiatry*. Oxford, UK: Oxford University Press.
- Taylor, C. (1989). *Sources of the self: The making of the modern identity*. Cambridge, UK: Cambridge University Press.
- Taylor, C. (1994a). The politics of recognition (pp. 25–73). In: A. Gutmann (Ed.), *Multiculturalism: Examining the politics of recognition*. Princeton, NJ: Princeton University Press.
- Taylor, C. (1994b). Can liberalism be communitarian? *Critical Review*, 8 (2), 257–262.
- Triest, A. (2012). Mad? There's a movement for that. *Shameless Magazine*, 21, 20–21.
- Wells, L. (2003). Discontinuity in personal narrative: Some perspectives of patients. *Philosophy, Psychiatry, and Psychology*, 10 (4), 297–303.
- Zurn, C. (2000). Anthropology and normativity: A critique of Axel Honneth's formal conception of ethical life'. *Philosophy & Social Criticism*, 26 (1), 115–124.