

# Awakening to Recovery and Honneth's Theory of Recognition

TOM O' BRIEN, NUI MAYNOOTH

---

## **Abstract**

*Heroin users are a stigmatized group of learners on the edge of society, whose struggle for recognition remains largely ignored. Drug treatment in the form of methadone and prescription drugs has only served to further stigmatize and disrespect their rights. Adult education aspires to be a discourse of resistance and a social movement for the creation of a diverse and just society. The work of Axel Honneth and his 'Theory of Recognition' can help to advance those aspirations and radically shift our understanding of the drug user and the recovery process.*

## **Introduction**

Drug addiction continues to deepen its grip on Irish society. Heroin users now typically use a multitude of drugs, including cannabis, cocaine, benzodiazepines, anti-depressants, hypnotics, methadone and alcohol. Over the last twenty years the Irish State has responded with the development of a wide range of policies and services for drug users (Butler et al., 2005). Yet the drug problem continues to grow in size, complexity and cost. New drugs emerge with each generation. Addiction to prescription drugs is becoming a serious problem as increasing numbers of people are being medicated for their symptoms. Being on some form of medication is being increasingly normalized as the pharmaceutical industry and the medical profession gain more control and influence over our understanding of health. However after nearly twenty years of methadone treatment for heroin addiction, the evidence on the ground is clear, that 'The Drugs Don't Work. The only make you worse' (Ashcroft, 1997).

Longitudinal studies have shown that most people on methadone treatment are unable to abstain from heroin use for sustained periods, either switching

from treatment to regular heroin use or continuing to use heroin while in treatment (Bell et al., 2006; Dobler-Mikola et al., 2005). Treatment outcomes are not encouraging if we examine them from an abstinence perspective. Fewer than four percent of addicts emerge from treatment free from dependency (Gyngell, 2011). The methadone clinic has become a dead-end for many drug users, who reluctantly reconcile themselves to a life on methadone (O'Brien, 2007). In the UK the National Treatment Agency have expressed concerns with the number of people who are being parked on methadone (National Treatment Agency, 2012). The average length of a methadone treatment is getting longer with many exceeding fifteen years on the substitute. The longer an individual is 'in treatment' the less likely they are to be motivated to utilize their potential to become drug-free.

Drug deaths have continued to rise, with 2,015 drug related deaths in Ireland in the six-year period between 2004 and 2009. Methadone was implicated in 345 of these deaths during the same period. That is an average of one death per week involving methadone over the six-year period (Health Research Board, 2011). In a 2007 Danish study methadone was the main intoxicant accounting for 51 percent of drug related deaths (Wiese Simonsen et al., 2010). In a study carried out in Norway into methadone related deaths, methadone was implicated in 85 percent of poisonings, with an average of one death per week over a six-year period (Bernard et al., 2012). In Scotland in 2011 methadone was a factor along with other drugs in causing 275 deaths – nearly half (47 percent) of the 2011 fatalities and up 58 percent on the 2010 figure of 174 (National Records of Scotland, 2012). Methadone was introduced to help stop drug related deaths, however now it's increasingly being implicated in many drug related deaths. Illich (1975) referred to this as the iatrogenic effect, where health interventions lead to more widespread health problems.

Treatment policy has not achieved what it set out to do. It has not saved lives. It has not reduced crime. It has not got people better.

(Gyngell, 2011:14)

### **A Prescribed Drug Epidemic**

The World Drug Report (2011) has highlighted the non-medical use of prescription drugs as a growing problem in a number of developed countries. In the US prescription drug abuse is becoming the fastest growing drug problem. Data from the National Survey on Drug Use and Health found that one-third

of people aged 12 and over who used drugs for the first time in 2009 began by using a prescription drug non-medically (Substance Abuse and Mental Health Services Administration, 2011). Data from an Irish study covering the period 1998–2008, benzodiazepines accounted for 31% of all deaths by poisoning, antidepressants were implicated in 23% and the other prescription drugs in 18% of these drug-related deaths (Alcohol and Drug Research Unit, 2011).

The medical monopoly over addiction is fueling the problem (Dalrymple, 2007). Behind the drug related statistics are real people who were not recognized as valuable in their lifetime. Before that final overdose, they most likely would have been homeless, ex-prisoners, educationally disadvantaged, socially and culturally excluded, suffering from depression, suicidal and lonely. They are a whole generation of brothers and sisters, uncles and aunts, father and mothers and sons and daughters. With so many drug users stuck on methadone and the high number of drug related deaths, it's time to reflect, question and rethink our approach to the drug problem in Ireland and listen to the dissenting voices.

### **In search of grass roots**

'What do we want? Pushers out! When do we want it? Now!' chanted the protestors as we walked down Gardiner Street in the North Inner City of Dublin in 1995. As we marched an experienced community worker with a strong socialist and community development background, said to me '... we need more methadone'. Although I was a lot younger and inexperienced, I was still surprised by his narrow focus on methadone. As a student at the time, I had immersed myself in the writings of Paulo Freire author of 'The Pedagogy of the Oppressed' (1972) and Augusto Boal, creator of 'The Theatre of the Oppressed' (1979). I had also studied with Boal in London who told me that he and Freire were friends. I had come to understand heroin addiction as a form of internalized oppression (Boal, 1995) and I was in search of ways to break the oppression of addiction by drawing on the philosophy and principles of Adult Education. Initially I was drawn to the work of both Freire and Boal, who had developed systems in my view to decrypt the code of oppression through the mediums of education and theatre. Boal developed the concept of spec-actors to infuse his theatre with the possibility of breaking the oppression and transforming the stage, in contrast to the more passive form of spectators, looking without the power to change. In a similar way, I thought if drug users could be infused with the power to act, to become the spec-actors in their own recovery drama, it might be possible to shift their positioning from victim to active citizen.

It was that comment, 'we need more methadone' that sent me on a journey researching the place of Adult Education within drug treatment (O'Brien, 2004). As an Adult Educator I have struggled to claim my space on the addiction stage, in a play dominated by the professions of medicine and psychology. At the margins of this stage, I sit as an observer, participating in the dialogue, deeply aware of the limitations of my own ontological position. From the edge of this drama my observations form part of a naturalistic inquiry (Guba & Lincoln, 1985) and provide a valuable reflection on addiction from the inside. Convinced there was another way I studied herbal medicine and found a tradition of healing that dates back thousands of years. From this additional perspective I found it even more difficult to understand why we allow medicine to dominate the conversation of drug treatment and why we accept Adult Education being relegated to an ancillary service and something to keep the clients occupied between prescriptions. I could understand the disciplines of psychology and psychotherapy negotiating their place on the treatment hierarchy, but couldn't accept Adult Educators being cast as the clowns who entertained the spectators between the main acts of medicine and psychology (O'Brien, 2004).

This was the context in which we allowed methadone to dominate the development of addiction services for heroin users in Ireland. Methadone treatment had the sociological effect of silencing the protests and the marches. The grassroots were cut off and made redundant after funding flowed into the sector between 1997 and 2007. The solution to the drug problem became professionalized and a new career pathway opened up for those traditionally drawn to adult education and community development. As the community drugs sector became legitimized and dependent on Government funding, its influence weakened, as did its ability to think critically and independently. Yes, we needed methadone to replace the short-term withdrawals of heroin addiction, but not as a cheap social substitute in place of the social structures required for full human flourishing.

### **Adult Education – a discourse of resistance**

Heroin users are of interest to Adult Educators as they represent a group of stigmatized learners struggling for recognition and respect (Honneth, 1996). The identity of the heroin user is one that is constructed through a series of oppressive discourses, which dominate, control, disempower, oppress and sedate the cognitive, emotional and biological systems of the person (Keane, 2008). Adult Education with its roots in critical social theory and the struggle for emancipation and social justice is well positioned to offer an alternative reflection on

addiction and the recovery process.

Adult Education understands knowledge as emancipation (Santos, 1999) and so provides a useful frame of reference for exploring issues like addiction. Mezirow explored learning as transformation (2000) a process by which we transform our taken-for-granted frames of reference and habits of mind. He suggested that the human condition could be best understood as a continuous effort to negotiate contested meanings. Kegan (1994) argues that by transforming our epistemologies, we can learn to liberate ourselves from that in which we are embedded. Brookfield (2005) suggests that when ideologies become dominant we dispense with actual thinking and leave it to the experts to tell us how and what to think.

However this is not the dominant view of adult education in Ireland today according to Grummell (2007) who suggests that the more radical and critical perspectives on Adult Education have been largely ignored and even marginalized within the education debate. Others have also expressed concerns, as in Connolly (2007) on the need for critical learners and Finnegan (2008) on the impact of neo-liberalism on University education. Still the most common view of Adult Education is the functionalist perspective, which is associated with second chance education for adults and focuses on training for employment and the maintenance of the existing social order. As a result Adult Education is at risk of being absorbed by the neo-liberal discourse of individualism and consumerism, where the needs of the economy are allowed to dominate (Fleming et al., 2010).

Such was the world of the Celtic Tiger, a neo-liberal economy, which intoxicated us into believing that economics would realize all our aspirations and raise all boats equally. Now that this illusion has passed and the economy has fallen, as suddenly as did the city of Pompey and now we are left to pick up the pieces. In this new landscape Adult Education needs to assert its position and influence the reconstruction of our a people, independent, resourceful and unwilling to accept more offers that only seek to maintain relations of domination. A world where we can't reflect critically and question, is an unsafe world. You have to fit in. Be one of the crowd. Don't question or shout against your team. Swallow your medicine. Take 'a pill for every ill'. Hide your difference. Comply, follow, agree, nod, wink, pat on the back, turn a blind eye and look after number one. A world where nobody is thinking, reflecting or questioning is a dangerous world.

This paper adopts a radical approach to Adult Education, one that is rooted in the tradition of Critical Theory and the Frankfurt School of Philosophy. Critical theories aim to dig beneath the surface of social life and uncover the assumptions that keep us from a full and true understanding of how the world works (Johnson, 1995). Axel Honneth a German political and social philosopher from the critical theory tradition is of interest to Adult Educators, because of his efforts to develop a comprehensive theory of society and social action. His theories provide us with a framework for assessing forms of social organization and analyzing relations of domination and oppression (Petherbridge, 2011:1). His political philosophy builds on Hegel's work on recognition, which they both agree is fundamental to identity formation and self-realization. We grow and develop in relation to each other inter-subjectively and are highly dependent on our mutual social connection. Honneth stresses the importance of social relationships to the development and maintenance of a person's identity. To develop as human beings we are dependent on specific sorts of relationships that promote the development of self-confidence, self-respect and self-esteem (Meehan, 2011).

### **Honneth's Theory of Recognition**

There are three different types of recognition that are central to developing an autonomous identity; self-confidence, self respect and self esteem (Honneth, 1996). An individual's *self-confidence* is established within the relations of friendship and love. Love and friendship are the forms of recognition by which family members and friends create basic trust. Individuals learn to express themselves without fear of abandonment. The self emerges and recognizes its right to exist. This is the starting point of one's existential self-recognition, the right to exist, to stand out from the crowd and exist in your own unique skin. Lack of recognition affects the individuals' integrity. When recognition is absent at this stage and there is a greater risk, that a negative self-concept will find expression through negative emotional responses e.g., addiction (Honneth, 1996).

*Self Respect* is the second form of recognition required to achieve full recognition as a citizen and member of society. The individual is accepted as an autonomous person with legal rights to participate in the shaping of the world around them. Self-respect is established by a person's position as a legal subject with civil, political and social rights. Civil society is the domain where self-respect is achieved. Civil society offers wider possibilities for individual self-realization than the family domain. Civil, political and social rights required for every

individual to achieve recognition in the form of self-respect. The absence of self-respect leads to the denial of people’s civil, social and political rights. Their autonomy as a person can be undermined and they risk being stigmatized and isolated within society.

The third form of recognition is *self-esteem*, which is confirmed by being valued in a social community. According to Honneth (1996) self-esteem is realized in social solidarity where values are shared and valued by others. Here he links the notion of solidarity and the sphere of social esteem. Solidarity is shared esteem that creates social stability. Social esteem is dependent on collectively shared values and goals.

Each form of recognition has a reciprocal relationship with the other. The three areas of recognition represent different ways that the individual employs to develop personal and social relations.

### Honneth’s Theory of Recognition

|  |                     |                                |                         |
|--|---------------------|--------------------------------|-------------------------|
| <b>Mode of recognition</b>                 | Emotional Support   | Cognitive Respect              | Social Esteem           |
| <b>Dimensions of personality</b>           | Needs and emotions  | Moral responsibility           | Traits and abilities    |
| <b>Form of recognition</b>                 | Love and friendship | Legal relations/ rights        | Community and Solidarit |
| <b>Practical relations to self</b>         | Self-Confidence     | Self-Respect                   | Self-Esteem             |
| <b>Forms of disrespect</b>                 | Abuse/rape          | Denial of rights and exclusion | Condemnation            |
| <b>Threatened component of personality</b> | Physical integrity  | Social integrity               | Honour and dignity      |

Honneth (1996:129)

Honneth (1996) articulates a theory of recognition in which social justice can be achieved through the relationships we have with each other, subject to sub-

ject. He argues that our unique human interdependence is inter-subjective recognition, has been institutionalized in society, in the sphere of family, civil society and the state. Recognition is fundamental to our sense of self, our well-being and our ability to function freely (Taylor, 1994). Recognition theorists argue that empowerment and social change is best achieved inter-subjectively, by being recognized by others (Murphy et al., 2012).

The philosophy of recognition is resonating with a wider audience interested in social change. This shift is taking place in the context in which more people are becoming dissatisfied with theories of redistribution that have not shifted the scales of justice or brought about a more equitable society as speculated e.g., 'from North to South, from the rich to the poor, and from owners to the workers' (Fraser & Honneth, 2003:7). Recognition enables us examine justice claims for same-sex marriage, struggles over religion, nationality and gender. Equally it can be applied to claims for recognition among drug users, seeking recovery and an identity beyond one constructed in the context of drug use and addiction.

Honneth (1996) describes struggles for recognition as social processes in which certain groups resist forms of unequal treatment, and demeaning labels ascribed to them (e.g., Junkies, Scumbags) by dominant and powerful elite groups. Disrespect can occur when recognition is denied at either stage of personal or social development within family/friends, civil society or by the state. These correspond to the experience of physical/emotional abuse, denial of rights and the denial of social value. Entering treatment should be the starting point on a journey into becoming and being, into existence and recognition. Treatment for addiction is imagined as a place where pain and suffering is recognized and hope of recovery is realized. However in the case of treatment for heroin addiction this is not always the case and recognition becomes misrecognition as interventions become overshadowed by a treatment, that predominately provides more drugs.

### **The struggle to exist**

The first form of recognition required to awaken recovery is being recognized in a relationship of support, care, compassion and solidarity. The first steps in recovery are often motivated by love for someone or by the experience of support. Love and support provides a secure base for the development of the self, a unique identity that allows us to express ourselves with confidence. Love in the form of a secure attachment is the basic requirement for the develop-

ment confidence in myself. We know that we are interdependent on each other for survival. No one will survive outside of a relationship, neither infants nor children. Parental care of some kind is required. Winnicott (1960) suggests the idea of the 'good enough mother' who provides 'a holding environment' where the 'true self' can emerge without fear of abandonment. In the absence of the 'good enough mother' the child develops what he calls the 'false self' as a mask of protection to gain acceptance and recognition from others. Bowlby (1969) also emphasized the importance of attachment between mother and child describing it as a 'lasting psychological connectedness between human beings' (Bowlby, 1969:194). He understood the significance of having a central caregiver, to create a secure base for the child to explore the world. Bowlby suggests that failure to form secure attachments early in life can have a negative impact on behavior in later childhood and through out life. If someone experiences abuse their self-confidence is undermined and there is an increase risk of developing depression, addiction or illness.

Taylor (1994) suggests that misrecognition or disrespect is a form of oppression because it imprisons someone in a false, distorted and reduced mode of being. Recognition aims to repair the 'internal self dislocation' by contesting the dominant cultures demeaning picture of oppressed groups (Morrison, 2010:10). Recognition is not just for children, but also for all people. Recognition is fundamental to everyone's identity formation. The denial of opportunities for identity formation and self-realization are central to the experience and process becoming addicted.

Many drug users who become addicted have been victims of abuse and neglect, with their basic needs for security, belonging, esteem and self-actualization often being unrealized (Maslow, 1943). How do we create the conditions for confidence to develop as a drug user enters treatment? How do we nurture confidence to reduce drug use; to detoxify off methadone; to say no to old friends; to learn how to read and write as an adult; to believe in the future and to overcome unforeseen challenges along the way? Honneth helps us address these questions and understand why the development of self-confidence is central to overcoming addiction.

### **The struggle for respect**

The second form of recognition required to awaken recovery is respect. This is the respect that comes with being recognized as an autonomous person, with rights to participate in the institutions of civil society. However the rights of

heroin users in particular are often disrespected under the guise of harm reduction and evidence based medicine. As citizens we are all morally and legally responsible to recognize the rights of drug users in treatment. As methadone forms part of a public health policy, the rights of drug users are sometimes sacrificed to protect the public good. Psychiatry plays the lead role in the treatment of addiction and as a self-regulated profession with a close relationship to the pharmaceutical industry there is a risk that the rights of drug users are being compromised.

Psychiatry carries a lot of status and influence and dominates the way we talk about addiction and its treatment. It alone carries the power to diagnose, label and even brand the person. Psychiatry has transformed everyday behaviors into symptoms of mental illness (Kirsch, 2009). Drug users are constantly constructed as diseased, genetically flawed, addicted personalities, lacking in self-control or the desire to want or conceive alternative choices (Mayock, 2000). The social context of their choices is ignored (Filc, 2004) and addiction becomes medicalized through a process of interpreting social problems purely in medical terms (Zola, 1972).

As a result the medical encounter is often experienced as a site for misrecognition of the drug user, who is turned into an object, classified, diagnosed, and scripted accordingly. The labels ascribed to the drug user seal their faith and legitimize the opposing positions in the social structure. The drug user, becomes patient and client, where they are required to be passive spectators of a treatment that promises to make them well, 'a least do no harm'. The drug user agrees to swap their illegal and dangerous drugs for the prescribed legal and safe drugs. They consent passively with the hope that the promise of a 'normal life' will be the end result of the treatment. The drugs don't work and more are sought and procured.

Psychiatry plays a central role in maintaining a culture of misrecognition of people who experience drug problems. As part of the biomedical discourse psychiatry has achieved a dominant position or hegemony over our thinking about addiction, treatment and recovery. Psychiatry has achieved a powerful status as lead profession in defining and treating addiction. Psychiatry has gained control over the production of addiction knowledge, through its grip on addiction research sites, data, analysis and outcomes. Only psychiatry decides what are valid research proposals and who gains access to the key research sites. A study by Bekelman et al., (2003) reviewing the prevalence of financial conflicts

of interest in academic research found that a quarter of university researchers receive funding from the pharmaceutical industry. Healy et al., (2003) estimated that as many as seventy five percent of papers documenting randomized controlled trials of therapeutic agents were written by ghostwriters.

How do we ensure the rights of drug users are respected? How do we ensure that the conditions within the methadone clinic, respects their rights, their choices, their needs, their options for detoxification or alternative treatments? How do we ensure their right to confidentiality and consent to treatment is respected? How do we change from a position of disrespect to one of respect? How do we live the values of equality in practice rather than in theory? These questions need to be explored if we are to improve the protections for drug users in treatment. The risks are too high to allow anyone profession to have such powers over vulnerable adults. The role of psychiatry in addiction needs to be examined and new protections for drug users in treatment need to be put in place to ensure their rights are recognized.

### **The struggle to be valued**

The third form of recognition required to awaken recovery is self-esteem, which we develop when we experience social recognition for our abilities and skills. Social recognition exists when we experience ourselves as part of a community of solidarity that recognizes our value and contribution. Misrecognition here comes in the form of social condemnation and stigma. Heroin users are a highly stigmatized group of individuals.

When we are mistreated we are denied recognition and our positive understanding of ourselves is damaged. Misrecognition leads to certain groups being stigmatized. Drug users are one of the most stigmatized groups in society. The word 'stigma' stems from a practice in ancient Greece, of branding slaves with a pointed stick to ensure universal recognition of their status and to prevent them from absconding. Ritsher et al., (2004) found that high levels of internalized stigma and alienation was associated with depression and low self-esteem, respectively. The stigma of addiction is associated with disgrace, shame, low self-esteem and confidence and social exclusion and even condemnation. The stigma can override all other aspects of the drug users identity. As a result they can become devalued as individuals and marginalized as a group. Negative views of drug users are common throughout society, including among some of the professions that work with drug users (Llyod, 2010).

The drug addict is generally perceived as a passive and helpless victim. They are regularly labeled as 'Junkies' and socially stigmatized (Lloyd, 2010). They are often misrepresented in the media (Taylor, 2008), thus proving a '...platform from which politicians and other moral entrepreneurs are able to launch and wage drug 'wars' (Murji, 1998:69). Drug users provide data for researchers and in most cases have no control over how it is analysed or finally represented. They are assessed, diagnosed, pathologised and treated by psychologists, therapists, doctors and psychiatrists.

When someone's way of life is not recognized or respected e.g., heroin users, then damage is done to their self-esteem and sense of social value. We need to start by removing the stigma and the process of stigmatisation of drug users, and provide them with opportunities for social recognition and respect.

Honneth sees the good relationship as central to resolving social conflict and reducing relations of disrespect. When we recognize others it nurtures self-confidence, self-respect and self-esteem. Recognition provides a powerful source of personal, civic and social validation that is required for the creation of a just and equal society. When we recognize drug users as people, as subjects rather than objects, as agents of change capable of making new choices, we realize the power of recognition.

### **Conclusion**

The phrase '*you're a lifer*' is often used to describe someone who has been written off and destined to be on methadone for life. It's a phrase that sadly reflects the reality of methadone for many who feel bound to the clinic because of their addiction. The methadone clinics were set up to support people to reduce their dependence on drugs, but have become places where drug users are trapped under an increasing burden of medications and their negative side effects. The clinic is no longer just a building, but a mindset, visible on *the street, the Luas, the Bus* and *the Boardwalk*, anywhere you can see prescriptions being bought and sold to ease our social pain.

Axel Honneth provides a way of thinking about the struggle to leave the clinic and ultimately to recovery from addiction. His work on 'Recognition' provides a framework for understanding all social struggles as struggles for identity formation or identity healing. He suggests that all humans are seeking recognition and that a lack of recognition creates the conditions for what he refers to as misrecognition or disrespect (Honneth, 2007). Addiction treatment acts to

further stigmatize drug users by locking them into deeper patterns of chemical addiction in the form of prescription medicine. Honneth's theory enables us to examine addiction treatment and its effect on the development of *self-confidence*, *self-respect* and *self-esteem*. These three relations to the self and its development form the basis of normal identity formation. Any injury or disrespect to one aspect of relations to self damages the others and restricts our freedom and development. By creating the conditions for the full flourishing of all three relations to self, we will create a community of solidarity that will reduce the risk of addiction, and also have a positive effect on other social struggles linked to addiction like depression and suicide.

### References

- Alcohol and Drug Research Unit (2011). Drug-related deaths and deaths among drug users in Ireland: 2008 figures from the *National Drug-Related Deaths Index HRB Trends Series 9*. Dublin: Health Research Board.
- Ashcroft, R. (1997). 'The Drugs Don't Work' in *Urban Hymns*. London: HUT.
- Bekelman, J.E., Li, Y., Gross, C.P., (2003). *Scope and impact of financial conflicts of interest in biomedical research; a systematic review*. *Journal of the American Medical Association*, 289(4) 454-65.
- Bell, J., Burrell, T., Indig, D. & Gilmour, S. (2006). *Cycling in and out of treatment; participation in methadone treatment in NSW, 1990-2002*. *Drug and Alcohol Dependence* 81; 55-61.
- Bernard, J.P., Havnes, I., Slodal, L., Waal, H., Morland, J. (2012). *Methadone related deaths in Norway*. *Forensic Science International*, 224, 111-116.
- Boal, A. (1992). *The Theatre of the Oppressed*. London: Pluto Press.
- Boal, A. (1995). *The Rainbow of Desire: The Boal method of theatre and therapy*. London: Routledge.
- Bowlby, J. (1969). *Attachment and loss*, Vol. 1: Attachment. New York: Basic Books.
- Brookfield, S. (2005). *The Power of Critical Theory: Liberating Adult Learning and Teaching*. San Francisco: Jossey-Bass.
- Butler, S & Mayock, P. (2005). 'An Irish Solution to an Irish Problem': *Harm reduction and ambiguity in the drug policy of the Republic of Ireland*. *International Journal of Drug Policy*, 16, 415-422.
- Connolly, B. (2007). *Beyond the third way: New challenges for critical adult and community education*. In B. Connolly, T. Fleming, D. McCormack, D. & A.Ryan, (Eds.), *Radical learning for liberation 2*. Maynooth: MACE.
- Dalrymple, T. (2007). *Junk Medicine: Doctors, Lies, and the Addiction Bureaucracy*. Hampshire: Harriman House.
- Dobler-Mikola, A., Hättenschwiler, J., Meili, D., Beck, T., Böni, E., Modestin, J. (2005).

- Patterns of heroin, cocaine, and alcohol abuse during long-term methadone maintenance treatment.* Journal of Substance Misuse Treatment 29, 259-265.
- Filc, D., (2004). *The medical text: between biomedicine and hegemony.* Social Science & Medicine, 59, 1275-1285.
- Finnegan, F. (2008). *Neoliberalism, Irish Society and Adult Education.* The Adult Learner. Dublin: Aontas.
- Fleming, T., Murphy, M. (2010). *Taking aim at the heart of education : critical theory and the future of learning.* In Mark Murphy & Ted Fleming (eds.), *Habermas, Critical Theory and Education.* London: Routledge.
- Fraser, N. (2000). *Rethinking recognition.* New Left review, 3, 107-120.
- Fraser, N & Honneth, A. (2003). *Redistribution or Recognition: A Political-Philosophical Exchange.* London: Verso.
- Freire, P. (1972) *Pedagogy of the Oppressed,* Harmondsworth: Penguin.
- Guba, E.G & Lincoln, Y.S., (1985). *Naturalistic Inquiry.* London: Sage.
- Grummell, B. (2007). *The 'Second Chance' Myth: Equality of Opportunity in Irish Adult Education Policies,* British Journal of Educational Studies, 55(2), pp. 182- 201.
- Gyngell, K. (2011). *Breaking the habit.* Centre for Policy Studies: Surrey.
- Health Research Board. (2011). *Drug-related deaths and deaths among drug users in Ireland: Revised 2009 figures from the National Drug-Related Deaths Index.* Dublin: The Health Research Board.
- Healy, D., Cattell, D., (2003). *Interface between authorship, industry and science in the domain of therapeutics.* British Journal of Psychiatry, 183, 22-27.
- Honneth, A (1996). *The Struggle for Recognition: The Moral Grammar of Social Conflicts.* Cambridge: MIT Press.
- Honneth, A (2007). *Disrespect: The Normative Foundations of Critical Theory.* Cambridge: Polity.
- Honneth, A. (2009). *The Pathologies of Reason.* London: Verso.
- Illich, I. (1976). *Medical nemesis: The exploration of health.* London: Marion Boyars Publishers Ltd.
- Johnson, A. (1995). *The Blackwell Dictionary of Sociology.* Malden, Massachusetts: Blackwell Publishers.
- Keane, H. (2008). *Foucault on Methadone: Beyond bio-power.* International Journal of Drug Policy; 20 (5), 450-452.
- Kegan, R. (1994). *In Over Our Heads: The Mental Demands of Modern Life.* Cambridge, MA: Harvard University Press.
- Kirsch, I., (2009). *The Emperor's New Drugs. Exploding the Antidepressant Myth.* London: The Bodley Head.
- Llyod, C. (2010). *Sinning and Sinned Against: The Stigmatisation of Problem Drug Users.*

- London; The UK Policy Commission.
- Maslow, A.H. (1943). *A theory of human motivation*. *Psychological Review*, 50(4), 370–96.  
Retrieved from <http://psychclassics.yorku.ca/Maslow/motivation.htm>
- Mayock, P. (2000). *Choosers or Losers?* Dublin: The Children’s Research Centre.
- Meehan, J. (2011) *Recognition and the Dynamics of Intersubjectivity*. In Petherbridge, D. (Ed.) (2011). *Axel Honneth: Critical Essays. With a reply by Axel Honneth*. Boston: Brill.
- Mezirow, J. (1996) ‘*Adult Education and Empowerment for Individual and Community Development*’. In *Radical Learning for Liberation*. Maynooth Adult and Community Education Occasional Series Number 1. Connolly, B., Fleming, T., McCormack, D., & Ryan, A. (Eds). Maynooth: MACE.
- Mezirow, J. (2000). *Learning as Transformation. Critical Perspectives on a Theory in Progress*. San Francisco: Jossey-Bass.
- Morrison, Z. (2010). *On Dignity. Social Inclusion and the Politics of Recognition*. Melbourne: Centre for Public Policy.
- Murji, K. (1998) ‘*The Agony and the Ecstasy: Drugs, Media and Morality*’, in R. Coomber (ed.) *The Control of Drugs and Drug Users: Reason or Reaction?*, pp. 69–85. London: Harwood.
- Murphy, M & Brown, T. (2012). *Learning as relational: intersubjectivity and pedagogy in higher education*, *International Journal of Lifelong Education*, 31:5, 643-654
- National Records of Scotland. (2012). *Drug related deaths in Scotland in 2011*. Scotland: National Records of Scotland.
- National Treatment Agency (2012). *Medications in Recovery: Re-orientating Drug Dependence Treatment*. London: The National Treatment Agency for Substance Misuse.
- O’Brien, T. (2004). *Discourses in Drug Treatment*. Doctoral Thesis. Maynooth: Unpublished.
- O’Brien, T. (2007). *Is There a Way Out of this Clinic? An Adult and Community Education Perspective on Methadone and the Absence of Rehabilitation*. The Adult Learner. Dublin: Aontas.
- Petherbridge, D. (Ed.) (2011). *Axel Honneth: Critical Essays. With a reply by Axel Honneth*. Boston: Brill.
- Ritsher, J. B., Otilingham, P. G. & Grajales, M. (2003). *Internalised stigma of mental illness: psychometric properties of a new measure*. *Psychiatry Research*, 121, 31-49.
- Rogers, Carl. (1951). *Client-centered Therapy: Its Current Practice, Implications and Theory*. London: Constable.
- Santos, B. (1999) ‘*On Oppositional Postmodernism*’ in R. Munck, and D. O’Hearn, (Eds) *Critical Development Theory: Contributions to a New Paradigm*, London: Zed.

- Substance Abuse and Mental Health Services Administration. (2011). *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Taylor, Charles. (1994) 'The Politics of Recognition'. Multiculturalism: Examining the Politics of Recognition. Ed. Amy Gutmann. Princeton: Princeton University Press, 25-73
- Taylor, S. (2008). *Outside the outsiders: Media representations of drug use*. The Journal of Community and Criminal Justice, 55(4): 369-387.
- The World Drug Report (2011). *The World Drug Report 2011*. New York: United Nations Office on Drugs and Crime.
- Wiese Simonsen, K., Normann, P.T., Ceder, G., Vuori, E., Thordardottir, S., Thelander, G., Hansen, A.C., Teige, B., Rollmann, D. (2011). *Fatal Poisonings in drug addicts in the Nordic countries in 2007*. Forensic Science International, 207, 170-176.
- Winnicott, D. W. (1960). "Ego Distortion in Terms of True and False Self," in *The Maturation Process and the Facilitating Environment: Studies in the Theory of Emotional Development*. New York: International UP Inc., 1965, pp. 140-152.
- Zola, I.K., (1972). *Medicine as an institution of Social Control*. The Sociological Review, 20(4), 487-501.