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Recognition, Identity, and the Regulation of Self-Esteem: A Body–Mind–Culture Perspective

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ABSTRACT

Self-esteem is commonly treated as an individual psychological attribute, yet its development is deeply embedded in interpersonal, social, and cultural contexts. This editorial examines the relationships among social recognition, identity, collective belonging, and self-esteem from a body–mind–culture perspective. Recognition is considered a relational process through which individuals experience dignity, respect, social value, and belonging, whereas misrecognition may contribute to identity discontinuity, humiliation, exclusion, and threatened self-worth. The editorial proposes that collective identity may regulate self-esteem through two flexible pathways: an integrative pathway, in which recognition and meaning-making support continuity and the coexistence of multiple identities, and a compensatory pathway, in which collective affiliation becomes dependent on external validation. Migration is discussed as a context in which changes in social status, language, professional identity, cultural legitimacy, and social networks may challenge recognition and identity continuity. Clinical implications include assessing patients' experiences of belonging, dignity, identity continuity, and recognition, while supporting differentiated self-conceptions that do not depend exclusively on social evaluation. The proposed framework is conceptual and requires empirical testing, particularly among migrant populations and within Iranian cultural contexts. Integrating social identity theory, recognition theory, trauma studies, migration research, and culturally informed psychotherapy may contribute to a more comprehensive understanding of self-esteem across bodily, mental, and cultural domains.

Keywords: Recognition, Identity, Self-Esteem, Collective Identity, Misrecognition, Migration, Body–Mind–Culture Perspective.

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Recognition, Identity, and Self-Esteem

Self-esteem is often understood as an individual psychological attribute. Yet a person's sense of worth develops within relationships, social groups, and cultural contexts. People maintain a sense of who they are not only through internal processes, but also through being recognized, valued, respected, and acknowledged by others. Recognition, identity, and self-esteem may therefore be understood as interconnected processes within a relational and cultural system.

Recognition, identity, and self-esteem are closely related but different concepts. Recognition is a social phenomenon involving the perception and acknowledgment of one's social value, identity, dignity, and belonging. Identity, in turn, reflects an individual's understanding of who they are and where they belong. Self-esteem refers to the overall perception of one's worth as an individual. Collective memberships, including cultural, ethnic, national, and professional affiliations, may provide continuity for identity, belonging, and self-esteem (Tajfel & Turner, 1979).

Self-categorization theory further suggests that people move between personal and collective levels of self-definition as social contexts make particular group memberships salient (Turner et al., 1987). This shift can support belonging and collective efficacy, but it can also intensify social comparison when group status becomes the principal basis for personal worth.

Recognition, Misrecognition, and Identity Threat

When recognition is disturbed, social displacement, loss of status, exclusion, humiliation, or devaluation may occur. These experiences can disrupt identity continuity and dignity. Honneth's account of recognition emphasizes that respect and social esteem are not peripheral needs; they are conditions through which people develop practical relations to themselves (Honneth, 1995). Similarly, Breakwell's identity-process model explains how threats to continuity, distinctiveness, self-efficacy, and self-esteem can motivate efforts to restore a coherent sense of self (Breakwell, 1986).

Trauma is one possible disturbance of these processes. Distressing events or prolonged conditions can disrupt expectations of safety, belonging, and continuity. Nevertheless, social change or loss of status associated with migration and social transition should not automatically be equated with a traumatic event. Its impact depends on context, duration, personal and social resources, and opportunities for adaptation and recognition.

Integration and Compensation

Collective identity may function as one mechanism of self-esteem regulation following experiences of disruption. Two broad and potentially changing pathways can be considered: integration and compensation.

In an integrative pathway, acknowledgment, meaning-making, and renewed recognition allow collective identity to become a flexible resource for reconstructing the self. Multiple identities can coexist, and past and present experiences can be incorporated into a broader sense of continuity. In a compensatory pathway, chronic misrecognition or threatened dignity may lead to reliance on collective identity as external validation. Strong in-group attachment and social comparison can temporarily restore a sense of value, but may also increase dependence of self-esteem on recognition from others. These pathways are not fixed personality types; the same person may move between them across contexts.

A Body Mind Culture Perspective

A body-mind-culture perspective adds an important dimension to this model. Recognition and misrecognition are not merely cognitive or social experiences. Safety, exclusion, belonging, humiliation, and dignity may also become embodied. Chronic social stress can interact with emotional regulation, cognition, interpersonal relationships, and physiological processes. This does not imply a simple causal relationship between social experience and physical symptoms; rather, it emphasizes the continuous interaction between social meaning and embodied experience. A culturally informed account of health likewise requires

attention to the narratives and meanings through which people interpret illness, care, and recovery (Seyed Alitabar, 2025).

This emphasis is also consistent with transcultural approaches that treat bodily experience as part of meaning-making rather than as an isolated biological residue. When shared meanings become unstable, the ability to understand oneself and others may be strained across cultural and relational boundaries (Sollmann, 2025).

Migration and Clinical Implications

Migration is a particularly relevant context for this framework. Changes in professional status, language, social networks, cultural legitimacy, and opportunities for recognition can create discontinuities between past and present identities. Cultural identity may be an important source of continuity and resilience, while persistent marginalization or loss of recognition may contribute to identity-related distress. Recent clinical discussion of migration similarly highlights identity fragmentation, loss, cultural dissonance, and the need to rebuild belonging without reducing migration to a purely geographic transition (Afshar, 2025).

The clinical task is therefore not to undermine cultural identity, but to support flexible forms of belonging that allow multiple identities to coexist. Assessment should consider identity continuity, belonging, dignity, and experiences of recognition or misrecognition. Therapeutic work can then differentiate personal worth from social status, identity from evaluation, and belonging from social comparison. The goal is not to renounce collective identity, but to develop a more differentiated and less recognition-dependent self-conception.

Directions for Research

The framework proposed here is conceptual and requires empirical testing. Future studies could examine whether ongoing misrecognition is associated with greater identity discontinuity and increased reliance on collective identity. It would also be valuable to test whether acknowledgment, meaning-making, and multiple sources of recognition are associated with more differentiated identity patterns. Studies

with migrant populations and within Iranian cultural contexts could examine how individual self-esteem, collective dignity, cultural identity, social recognition, and changing social circumstances interact over time. Such work should avoid treating Iranian people as a homogeneous group and should attend to differences in generation, gender, class, migration pathway, and social location.

To conclude, recognition, identity, and self-esteem can be understood as elements of a system of bodily, mental, and cultural functioning. When recognition is relatively stable, identity can provide continuity and belonging. When recognition is disrupted, collective identity may become either an integrating resource or a compensatory strategy, depending on whether dignity, meaning, and alternative sources of recognition can be restored. This distinction may help connect social identity theory, recognition theory, trauma studies, migration research, psychosomatic medicine, and culturally informed psychotherapy within a shared body–mind–culture framework.

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