

# The role of social representations in the construction of power relations

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## Abstract

The conceptualizations of power, traditionally associated with control, have been nuanced in the past decades by influential authors such as Michel Foucault, Hannah Arendt and Pierre Bourdieu. These authors offer a perspective on power focused on the agency of individuals, with an emphasis on the way the dynamics and relations of power operate. Relying on these conceptual frameworks, we argue that the theory of social representations is of particular relevance to an analysis of the construction of power relations, whether it be to criticize the effects of domination or examine those of emancipation. The results of our research on the social representations of depression illustrate the latter's role in the construction, continuity and transformation of the power dynamics at play in the area of access to healthcare services by people who have experienced a depressive episode.

## KEYWORDS

depression, dialogism, healthcare, internalization, legitimacy, power relations, social representations

## 1 | INTRODUCTION

Power relations permeate the social experience of individuals (Arendt, 1972; Foucault, 1994a). As a necessary condition for action, power is omnipresent in social interactions (Arendt, 1972). Social representations can play an important role in the continuity and transformation of relations of power (Howarth, 2004; Jovchelovitch, 2008). However, this role has seldom been

explicitly examined, when criticizing the effects of domination or even when exploring the broader mechanisms of power dynamics.

In this article, we will first present the conception of power-as-capacity as derived from the works of Foucault, Arendt and Bourdieu. We will then explain how social representations contribute to the construction of power relations. To this end, we will employ Jodelet's (2008, 2012) three-level analytical model of social representations, basing our demonstration on the results of our research on the social representations of depression. These empirical data will be used to illustrate the representational dynamics at play in the power relations between people who identify as depressive and healthcare professionals in intervention settings.

## 2 | SOCIAL REPRESENTATIONS OF DEPRESSION

For the purposes of this article, we will be referring to the results of two of our previous studies exploring the social representation of depression among French-speaking Canadians in a minority setting. Our first study was conducted among individuals who self-identified as having experienced depression, while our subsequent enquiry was informed by the print media.

The first study, which was qualitative, involved 44 participants from the Canadian cities of Moncton, Sudbury, Winnipeg and Ottawa. The participants had to identify as having experienced a depressive episode within the previous year or as living through one at the time of the study. The sample comprised a reasonable representation of women and men, as well as younger and older adults (aged 18–30 and 40–65 respectively). There were two parts to each individual meeting: a word association activity (Vergès, 1992) followed by a semi-structured interview. The word association technique applied required respondents to produce and associate any words (adjectives or nouns) that represented their depressive disorder according to their personal experience, and to order these words according to their importance in describing depression. Then, during the semi-structured interview, each participant was invited to elaborate on the meaning given to each word and the varied aspects of their experience with depression. All interviews were recorded and transcribed verbatim.

The second study aimed to explore the social representation of depression in the French language press in a minority setting in Canada. 272 articles from 13 newspapers were analyzed over a one-year period (from July 2014 to July 2015). For our data collection, we targeted French language newspapers from both larger metropolitan areas (Toronto, Ottawa, Moncton and Halifax) and remote communities with a lower population density (Iqaluit, Yellowknife, etc.). The guiding principle of the data collection was its relevance with regard to the object of representation: depression. The keywords retained to select the articles arose from the semantic associations that emerged during the previous study.

Lastly, both studies used the same twofold analytical method. Lexicographic tools were mobilized through IRaMuTeQ software to better grasp the semantic organization of each corpus, namely the descending hierarchical classification (Reinert, 1983) and the factorial analysis of correspondence. Adhering to the triangulation principle (Flick, 1992), we also conducted an integrated content analysis (Negura, 2006) on each data base with the support of the NVivo platform, in itself both a qualitative (thematic analysis) and quantitative (frequency, co-occurrence, valence) analysis.<sup>1</sup> We will use these data, which have been published in several papers (Gaborean, Negura, & Moreau, 2018; Lévesque, Negura, Moreau, & Laflamme-Lagoke, 2018; Martel et al., 2018; Negura, Moreau, & Boutin, 2014; Negura, Moreau, & Marin, 2016a, 2016b;

Rivest, Moreau, & Negura, 2017), to illustrate our analysis of the role of social representations in the construction of power relations.

### 3 | POWER-AS-CONTROL AND POWER-AS-CAPACITY: THE ROOTS OF THE CONCEPTIONS OF POWER

The concept of power has traditionally been associated with “the concrete translation of a desire for domination, whether in a direct form (subjugation) or indirect form (influence),” a concept referred to as power-as-control (Le Bossé, 2008, p. 141, trans.). This has led to a relatively pejorative and moralistic conception of power, ultimately associated with coercive means, the use of force and even violence (Hasenfeld, 1987; Hutchison, 1987; Palmer, 1983). As such, according to this conception, there are “good” and “bad” ways of exerting power (Bourricaud, 1969; Palmer, 1983). However, this deterministic and essentialist conception of power largely limits the capacity to study the entire vast and complex array of power dynamics. Indeed, the limits of this unilateral interpretation of power have been raised by many scholars, most notably Hannah Arendt, Michel Foucault and Pierre Bourdieu.

Arendt (1972) has reservations concerning the pejorative connotation of power, and its strict association with the “capacity to control others” and with violence. Indeed, she goes further, positing that power and violence are opposite in nature: “[...] where the one rules absolutely, the other is absent” (p. 155). In her view, power depends not on violence but rather on support. Foucault (1976) concurs, explaining that power is always intrinsically associated with freedom; it can only be wielded on “‘free subjects’ [...] with a field of possibilities before them, where a variety of actions, reactions and modes of behavior are possible. When everything is determined ahead of time, there is no relation of power” (p. 1056, trans.).

Both Foucault, by relating power to a person’s capacity for action, and Arendt, by relating it to support, bring up a fundamental element of the conceptualization of power: power can only be exerted through social means, as it depends on others for its very existence and its use. According to this understanding, the concept of power breaks away from its unilateral association with domination and can take multiple forms, including those that give rise to emancipation.

This does not mean that this world of possibilities is equitably divided and shared among all members of society (Foucault, 1994b). Certainly, some relations of power are entrenched within asymmetrical power dynamics, as is the case for institutional power or the power of a parent over his child (Foucault, 1975). Studies on institutional power and asymmetrical relationships, while fully legitimate, nevertheless carry the risk of confining their analysis by explaining power through power: power works because it exists and exists because it works (Foucault, 1982).

This is why Foucault advocates for the study of how power operates rather than the essence of power itself. Hence, when he discusses madness, the question is not whether or not a dominant discourse exists, but rather how it plays out. Neither is it a question of whether or not the relationship between a psychiatric physician and his patient constitutes a power relationship or entails power dynamics (a matter which Foucault thought to be self-evident and to which he granted little importance), but rather how power operates within this relationship (Blais, 2006). As such, psychiatry, like prison or medicine, is an apparatus whose analysis allows us to see how power, and what he calls the “micro-mechanics of power,” operate (Foucault, 1994b, trans.).

Arendt (1972) also holds that power makes action possible, but argues that the latter depends on the level of recognition granted to it by others; while power is the condition for action, the latter's legitimacy is also indispensable. Power, in principle, is accessible to all, but its actualization is not (Jovchelovitch, 2008). This brings Arendt to link power to the public sphere, which makes its actualization possible through a system of recognition. This system of recognition effectively explains what Bourdieu (1977) calls symbolic power. He points out that where power is least visible is precisely where it is most recognized, and as such its arbitrary nature is obscured. According to this author, "what gives power to words, such as those used to give orders, to maintain order or subvert it, is a belief in the legitimacy of these words and of the people who pronounce them" (p. 410, trans.).

Thus, power, as conceived of in this article, is power-as-capacity (Le Bossé, 2008); it is a subject's capacity for action, legitimated by a system of recognition activated in accordance with the meaning attributed to this action by those involved in a set of social interactions. This perspective highlights how the legitimacy required for action is granted by the reference group of the subject. This brings us to the importance of studying power, not in terms of its essence, but rather as exerted through the representational dynamics that play out in the relationships between socially divided and historically situated individuals and groups. Here, social influence plays a major role in changing the representations that legitimate action, hence power. It should be noted here that social influence, as demonstrated by Moscovici (1991), is not the prerogative of majority or dominant groups. In sum, when it comes to analyzing the relations of power, we argue that the theory of social representations is ideally suited for grasping the dynamics involved in the manifestations of power.

#### **4 | SOCIAL REPRESENTATIONS AS THE CONSTITUENT ELEMENTS OF POWER RELATIONS**

While Moscovici did not refer specifically to the notion of power in developing his theory (Moscovici, 1961), some conceptual parallels can nevertheless be drawn. First, Moscovici (1988) explains that social representations, like power as conceived of by Arendt, are the prerequisites to action. They guide actions and reactions and define the field of possibilities: "representations that shape our relations with society are in turn a component of social organization" (p. 214). In discussing their performative nature, Moscovici (1988) goes so far as to consider social representations as having a quasi-material status given the magnitude of their effects: "mental states that are shared do not remain mental states, they are communicated, take shape, tend to materialize, to become objects. In that light, they acquire power. There is a 'power of ideas' that makes itself felt in its highest form when representations acquire the intensity of a belief" (p. 230). Moreover, social representations should not be seen as a reflection of reality, a mirror image intended to approach a reflection of *true* reality but limited by our cognitive capacity to apprehend the abstract or complex. As Moscovici (1988) explains, social representations contribute to the very construction of reality; they are "ways of world making" (p. 231). Hence, with respect to the relations of power, social representations create "possibilities," or guide the capacities for action.

On the other hand, in order to be actualized, power is very much dependent on the legitimacy granted to it. This legitimacy is contingent on social representations. In this respect, the social representations of the social groups with which individuals are associated will either lend support to or undermine the legitimacy and recognition of their actions, and hence their power.

For example, in the French communist press following the Second World War, psychoanalysis was represented as a science of the bourgeoisie, consequently depriving it of all the legitimacy it enjoyed in the liberal press of this era (Moscovici, 1961). Consequently, through their therapeutic practices, psychoanalysts received great recognition and power in liberal circles during this period, but very little of the same among communists (*Ibid.*).

Finally, relations of power are made possible by the subjective internalization of social representations through the symbolic role they play. The dialogism of representational realities was emphasized, in what Jodelet (2015) calls the psychosocial perspective, in Moscovici's (1984) description of the interrelationships between "subject-other-object," explaining the role of social mediation in any individual's relationship with the world. According to Jovchelovitch (2005), this relationship between "subject-other-object" produces a symbolic meaning that is both expressive and referential, depending as much on the subjectivity that gives it a "life force" as on the object that grounds it within a history and context. An individual's action is hence limited by his awareness of otherness, of an inter-subjective reality that also involves an awareness of the self and the object. Symbolic knowledge entails an awareness of both the limits of our action, and also the power of the other, as a result of the interaction between the self, the other and the object. Power is therefore effective through the subjective internalization of one's relationship with the world, which is shaped through communication with others.

## **5 | AN ANALYSIS OF THE RELATIONS OF POWER BASED ON A THREE-LEVEL MODEL OF SOCIAL REPRESENTATIONS**

The role of social representations in the relations of power operates at several levels. We draw on the analytical model of social representations put forward by Jodelet (2012, 2008), which is particularly useful for understanding the genesis of social representations, and the roles and functions they play in the construction, continuity and transformation of relations of power. Social representations play a role at each of three levels, namely, the inter-subjective, trans-subjective and subjective levels. At the trans-subjective level, which is the most pervasive, social representations legitimate the power of dominant social groups through their anchorage in themata, ideologies and social norms. At the inter-subjective level, given their dialogical nature, social representations define the fields of possibilities for action, and for power, through the type of communication that social representations impose between individuals and between groups. Lastly, at the subjective level, social representations participate in the internalization of relations of power.

These different levels continually interact within representational dynamics. As such, any analysis of the construction of social representations, or of the way they operate, must consider each of these levels. The same is true with regard to the role they play in the construction, continuity and transformation of relations of power.

### **5.1 | The trans-subjective level and the anchoring of social representations in themata**

At the trans-subjective level, social representations represent the cultural system in which individuals are immersed (Jodelet, 2012). This level encompasses values, socially transmitted norms and power structures organized within a symbolic universe that transcends both inter-subjective and subjective processes in the development of social representations (Jodelet, 2012). As Jodelet

**TABLE 1** Levels at which social representations (SRs) operate and their roles in the construction of relations of power

Levels at which SRs operate	Manifestations of SRs	Roles of SRs	Examples
Trans-subjective	Themata	Legitimizing power	<b>Thema:</b> <i>The sacred/profane in the social representation of depression</i>
Inter-subjective	Hegemonic Representations Emancipated Representations Polemic Representations	Defining the fields of possibilities	<i>The <b>medical</b> representation of depression – Non-dialogical, hegemonic;</i> <i>The <b>experiential</b> representation of depression – Dialogical, emancipated;</i> <i>The representation of depression as a <b>consequence of the modern way of life</b> – Non-dialogical, polemic.</i>
Subjective	Meaning attributed to the object	Internalizing the relations of power (acceptance of power)	Adoption of the <b>depressive identity</b>

(2012) explains, this level has been more or less neglected by research, at least in recent years, because it has tended to be analyzed in deterministic terms, alluding to an essentialist conception of power.

However, asserting individual freedom does not mean that individuals live in a world that is exempt from multiple oppressive structures and power relations, which could be said to be culturally instituted (Foucault, 1982). Social representations are considered as symbolic stances and must be studied in context. This context relies on a network of pre-existing representations that shape, while not necessarily determining, the construction of new representations (Flament & Rouquette, 2003). This pre-established network depends on the group and differs according to the social structure (*Ibid.*).

As such, Jodelet (2008) explains that representations at the trans-subjective level are imposed on individuals and subsequently endorsed either by adhesion or submission. In other words, while norms, values and ideologies can generate a range of responses among individuals, they nonetheless constitute the representational background, or organizing context that limits, while also enabling, communication between individuals and groups (Jodelet, 2012). As such, Jodelet (2012) associates the trans-subjective level with the organizing and classifying roles of social representations.

The trans-subjective level relates to the public sphere, wherein social representations are widely circulated. Here, Jodelet (2012) refers to Arendt in describing the effects of power in the public sphere, a space wherein systems of recognition are established and lead to the actualization of power. As mentioned above, Arendt (1972) argues that while power, in principle, is accessible to all, its actualization is not. Indeed, the recognition needed for its actualization is not fairly distributed in the public sphere. More specifically, Jovchelovitch's (2008) work demonstrates that, while offering more visibility and possibility for debate, contemporary public spheres are also the arenas of power struggles. Her studies also show how relations of power shape the status and recognition of different knowledge systems. Knowledge is the result of many dialogues, which are influenced by power dynamics, and not all interlocutors are equal in the construction of what will be upheld as valid knowledge (Jovchelovitch, 2008). Moreover,

as Jovchelovitch (2007) argues, representation, a social psychological construct relating self, other and object-world, is at the basis of all knowledge. Social representations, among other things, build a hierarchy between different types of knowledge. Consequently, some knowledge systems will have a greater impact than others, and hence will hold more power. This is the case, for example, of the medical discourse on depression, which is presented as an authoritative reference in the articles in the press that we analyzed (Negura et al., 2016b).

At this level, the relationship to different types of knowledge is shaped by the influence of themata. Moscovici and Vignaux (1994) describe themata as pre-constructed elements, “pre-conceptions,” or “source-ideas” onto which all social representations are grafted; they are the organizing principles of social thought. Themata are “initial and deep-rooted conceptions, informing science and the perception we hold of it. They are ‘primitive notions,’ deriving as much from the original strata of cognition as from archetypal images of the world, its structure or its genesis” (Moscovici & Vignaux, 1994, p. 45, trans.). As such, themata are deeply rooted and established over a long period; they are “reliant on rhetorical stories and social beliefs [...]” (*Ibid.*, p. 65, trans.). Inscribed in collective memory, they organize the objects of social thought in a dichotomy, always opposing two poles such as right and wrong, justice and injustice or even nature and culture. In each case, one of the two poles represents what is desirable, and the other what is not (Spadoni, De Abreu, & De Souza Castro, 2014). Their assimilation into a binary system of opposites shapes the formation of new representations (Jodelet, 2006).

Thus, when it comes to analyzing power, themata give more legitimacy to some representational systems than others. The imbrication of different social representations, according to our study on access to care services among individuals who are said to be depressive (Lévesque et al., 2018), participates in the definition of types of competencies and their credibility. The representations of the physician and depression also rely on the themata that categorize and classify them “[...] into laws of distribution of the self in relation to others” (Moscovici & Vignaux, 1994, p. 66, trans.). Consequently, as brought out in our study, medical expertise is associated with a competence that is reserved for physicians and emanates from scientific knowledge, whose representation is itself anchored in the sacred/profane thema.

The concept of themata “enriches the possibilities for analysis through the paths that this concept opens up to the history of knowledge, anthropology and semantics” (Moscovici & Vignaux, 1994, p. 32, trans.). In our case, “the adjective ‘profane,’ without having lost its technical or religious meaning, saw its use multiplied following a resurgence of its metaphorical use from the latin *profanus*, which has (since pagan antiquity) designated the ignorant in relation to the expert, and the non-initiated in relation to the initiated [...]” (Borgeaud, 1994, p. 391, trans.). Moreover, what puts a physician in the initiated class is not only a consequence of his coolly and rationally applied knowledge and expertise, but is also owed to a particular status that has been granted and consecrated to him. As Durkheim points out, “sacred things” are prohibited and set apart (Durkheim, 1925, p. 65, trans.). Beyond knowing or analyzing which beliefs are associated with the sacred, it is primarily their uniqueness and exceptional character that grants them the specificity of being sacred. These exceptional and prohibited qualities define the physician’s expertise. Indeed, even in a world seemingly as desacralized as our own, because of this thema, the physician is still symbolically invested with a remarkable character: that of having access to exceptional knowledge – a symbolism that far surpasses the terms of service that bind him to a patient.

The effects of power associated with these sacralized elements are substantiated by this anchoring, which grants the physician legitimacy with regard to his actions and the biological interpretation of depression as a disorder. The biological etiology of the problem and its medical

treatment, even when the patients receiving this treatment find it difficult, remain legitimated by the sacred/profane thema, which, paradoxically, organizes the credibility of scientific competencies.

It is to this antagonistic organization of thought that we can associate our results (Lévesque et al., 2018). Indeed, we find in the social representations associated with depression and the acceptability of care services that “the image of the asylum, associated with shame and judgment [presents itself] in stark contrast to the image of family and friends associated with relational competency” (p. 18–19, trans.). Hence, we see that the representation of the nature of care services is linked to the distinction between expert competencies and the relational competencies pertaining to the profane world. Expert competencies, viewed as inaccessible and incarnated in the persona of the physician, are related to the images of the asylum and madness that remain deeply anchored in the collective imagination.

Let us come back to the propositions of Foucault (1994a). In his view, institutions, such as hospitals and psychiatric hospitals, form some “[...] “blocks” in which the adjustment of capacities, the networks of communication and the relations of power form regulated and concerted systems” (p. 1053, trans.). In this type of organization, the social representations that circulate underpin the disciplinary nature of these medical procedures, which help subdue individuals by reinforcing their sense of a loss of control (Lévesque et al., 2018). As such, the thematic weight behind the representations of madness and the asylum still to this day influence the power relations between depressive individuals and the medical body.<sup>2</sup> In the extreme, one could say that the fear that is still generated by madness, a disorder of reason that is somewhat unpredictable and remains hard to “tame,” justifies a disciplinary response to the problem. This response is based on the credibility of the physician and the objective to be achieved. In this sense, we find the lens of the biological etiology of depression to be strongly related to the sacred/profane thema, which justifies and also organizes the asymmetry in the power relationship between the physician and the patient. The decisional process in place, together with the almost exclusive recourse to medication in treatment plans (even when the individuals receiving such treatment express reservations with regard to it), is but another example of this prevailing asymmetry.

## **5.2 | The inter-subjective level: position-taking and the shaping of representations based on the social group to which one belongs**

This section seeks to demonstrate how social representations maintain or transform power relations at the inter-subjective level (Jodelet, 2012). Power relations are established through the representations that groups and individuals have of one another, which are reflected in their interactions. They underline the importance of modes of communication in the construction, transmission and transformation of social representations (Gillespie, 2008). This is undoubtedly the level at which social representations are the most dynamic.

At the inter-subjective level, Jodelet (2012, 2008) explains that social representations intervene as interpretative frameworks and as means of mutual understanding. She specifically links this level to the interactions between individuals, and the communication between them, which can lead to a new mutual understanding, the re-understanding of an object or its polarization, where positions diverge more markedly. There are numerous cases illustrating the role of dialogical exchange, which can lead to the transmission of information, the construction of knowledge, the expression of agreement or disagreement concerning objects of common interest, the interpretation of themes that are relevant to the lives of the participants of the interaction, and



the possible creation of understandings or new consensual meanings (Jodelet, 2008). Moreover, Jodelet specifically connects the inter-subjective level to the types of exchanges in therapeutic intervention with which we also associate medical intervention:

*This type of exchange is a privileged object of social psychology and therapeutic-type interventions or those targeting individuals needing to modify their relationship to a living situation in a community setting, or a work situation in an institutional setting. In these spaces of dialogue, one also refers to a pre-constructed realm of representations, on a personal or social level. (Ibid, p. 39, trans.)*

Furthermore, in terms of analyzing power, the inter-subjective level brings out the different strategies (particularly communicative) that can be put in place to maintain or transform a power relationship, even if the exchanges are not always dialogical. Based on Moscovici's analyses of the social representations of psychoanalysis, Gillespie (2008) shows that different semantic barriers act as communicative strategies, hindering potential exchanges with what he calls alternative representations. The latter refer to a "representation of a potentially competing representation from within a social representation" (Gillespie, 2008, p. 380). These strategies are first employed with a protective aim: to avoid the change that a dialogue with an alternative representation could imply. As such, some strategies may rely on preexisting power relations, or contribute to their continuity or intensification. Such is the case, for example, with stigmatization, where the alternative representation is associated with a pejoratively described group.

In this type of encounter, we concur with Jovchelovitch (2008), who argues that the type of communication put in place is central to the actualization of power in the representational field, with regard to both emancipating (or *empowering*) and dominating effects. At the level of representations, it all depends on the level of dialogue, or non-dialogue, between the social representations of the other or, as Jovchelovitch (2008) explains, on the level of recognition held by the other's knowledge system and the role assigned to him in the development of a common social representation.

Depending on the level of dialogism, Gillespie (2008) also shows that the hierarchizing of social representations gives more or less space to alternative conceptions of a given object. Some representations are hegemonic, when they are shared by most members of a society or political party or the members of other structured groups (Höijer, 2011). In Moscovici's view (1988), hegemonic representations are the modern form of the collective representations described by Durkheim, from which he derived the concept of social representations.

The social representation of depression associated with the scientific and medical discourses is an example of this: depression is a disorder with a biological etiology associated with a set of symptoms (Negura et al., 2014). This representation is largely shared by physicians, but also by a substantial part of the population. It wields a hegemonic effect when compared to other social representations of depression such as that which explains depression as a result of a traumatizing experience or that which views depression as a consequence of the modern way of life (Negura et al., 2016b).

Accordingly, the hegemonic medical representation of depression can easily be connected to Foucault's notion of the "regime of truth" and the power/knowledge complex (Blais, 2006). Hence, it is not a question of ascertaining the degree to which it corresponds to the actual truth, but rather of observing how this representation enables psychiatric power to function. It is precisely because it determines what is normal and abnormal that this discourse participates in a mechanism of power. As underlined by Gillespie (2008), hegemonic representations typically

offer very little dialogism and flexibility compared to other representations of the same object. They are, in this sense, egocentric.

To quote Blais (2006): “the pervasiveness of the neurobiological paradigm has the effect, in a crisis situation, of centering the focus on the physiological processes of the body, at the expense of the subject’s words, narratives, history and (individual or collective) trajectory” (p. 154, trans.). The hegemonic nature of the medical representation of depression can be seen here by the fact that it conceals other types of knowledge and alternative representations, those of people and patients. It thus participates in a mechanism of power, as described by Foucault. This representation does not authorize any field of possibilities other than medical treatment for individuals experiencing depression.

While it commands a hegemonic position, the medical representation of depression is not the only one in existence. For example, the social representation of depression as a result of individual traumatic experiences pertains to what Moscovici calls emancipated social representations. They are associated with the circulation of emerging ideas that do not overtly oppose the dominant medical discourse (Negura et al., 2016a). Further, they constitute the complementary representations of a given object with a certain degree of autonomy, as they coexist in the social world. This emerging representation expands the field of possibilities to less medical therapeutic practices, such as psychotherapy, communication with family and friends, and social engagement (Negura et al., 2016a).

Polemic social representations, for their part, are generated following conflicts, debates and controversies. In this sense, they are not shared by society as a whole. Rather, they entail mutually exclusive relationships. Taking up to Moscovici’s proposition, Gillespie (2008) shows that communicative exchanges, even in the contemporary world, are still largely marked by processes of propaganda and by the “presence” of multiple polemic social representations. Social representations hence play a role in what Foucault calls “power strategies.” For example, propaganda, and the polemic social representations to which it refers, are a strategy used to maintain or operate a mechanism of power (Foucault, 1982). In our own research (Negura et al., 2016b), we believe we identified a polemic social representation of depression in the French-Canadian press. This representation explains depression as an effect of civilization and therefore authorizes, as part of the field of possibilities, practices such as a “return” to nature, simplicity and authenticity. This polemic representation directly opposes the scientific representation, medical approach to and medical treatment of depression. That said, it shares its non-dialogic nature with the medical representation of depression, since the style of communication adopted in these articles does not allow for parallels to be drawn with the dominant view it opposes (Negura et al., 2016b).

This level of dialogism is also “strategic.” It reflects a type of relationship centered on differences, the type of communication maintained with the other conception and the combat strategy present in the power relationship. However, these strategies are not only arbitrary, they are part of a context: “in these spaces of dialogue, one also refers to a pre-constructed realm of representations, on a personal or social level” (Jodelet, 2008, p. 39, trans.).

### **5.3 | The subjective level: social representations and the internalization of power relations**

In Jodelet’s view (2012), at the subjective level, social representations play an essentially expressive role and reveal the meaning that is attributed by a subject to a specific object, based on the

subject's desires, emotions or interests. The establishment of power relations also depends on how the latter are received by the actors involved. Indeed, the reaction of individuals regarding various power relations and their effects also depends on the meaning they attribute to these relations and to the construction of common identities that derive from asymmetrical relations between groups (Elcheroth, Doise, & Reicher, 2011). As indicated by Glăveanu (2009): "individuals are never mere 'objects' of representation, powerless in the face of an overwhelming social force" (p. 2.5). Indeed, individuals integrate representations within themselves:

*[...] people don't have only the need to feel good about themselves and the groups they belong to but they also have the need to feel good about the social system they are part of, and this means to perceive it as fair, legitimate, good, natural, and even inevitable (Glăveanu, 2009, p. 2.14).*

However, this process is not entirely rational, far from it. Indeed, Jodelet (2008) distinguishes the social representations that are actively developed by individuals from those that are passively internalized through routines or under "the pressure of tradition or social influence" (p. 38, trans.). The problem, when the effects of power help subdue certain groups more than others, lies in the fact that the members of dominated groups internalize the dominant social representations. They thus support the *status quo*, even if it contributes to limiting their capacity for action and, by extension, their power (Glăveanu, 2009). For example, Lorenzi-Cioldi (2002) explains that, by internalizing personological essentialism and the meritocratic norm, the dominated admire the dominators more than they criticize them. This is precisely one of the effects of symbolic power explained by Bourdieu (1977), which, by relying on internalized social representations at the subjective level, help uphold asymmetrical power relations.

Howarth (2004) demonstrates the active role of subject-actors in relations of power influenced by the very stereotypes affecting them. The young people she studied to gain an understanding of the persistence of racial exclusion in British schools developed a critical engagement with the social representations that filter and construct their reality. She brings to light the role of resistance in the contestation and development of social representations.

*In this way, through trying to protect themselves against institutionalized racism, they may inadvertently sustain the relations of power and racializing practices that limit their possibilities at school. Ironically such passive resistance confirms the representation of Black pupils as disengaged and anti-education. As such, they participate in the conditions of their own oppression. Equally, open resistance to perceived injustices and racializing discourses at school also sustains the stereotype of confrontational Black youth, when pupils actively resist by truanting, confronting staff and challenging authority. (Howarth, 2004, p. 368–369)*

An effect of symbolic power (Bourdieu, 1977) can be seen here, exerted within the school setting. The stances taken by the young people, parents and staff were shaped by their membership in a dominant or dominated social group and were reproduced in the school setting.

In our study, the description of "a normal person, who is not depressive" identified in the discourse of individuals who had experienced depression (Rivest et al., 2017) shows the effect of internalizing social representations that maintain asymmetrical power relations. It remains to be seen, however, how the depressive identity is experienced by those outside its label (for example in intervening physicians or family members). Further research could benefit from

exploring its influence beyond the enhancement of the medical representation of depression which professionals are found to follow. Nevertheless, our current findings, albeit incomplete, provided us with crucial insights on the socio-representational negotiations of power relations illustrated by our results. The elements mentioned by our participants can be summed up in five themes that reflect their representation of a “normal person, who is not depressive,” namely, showing a positive and optimistic attitude, having the capacity to act, being functional and able to perform, having the capacity to self-manage, and enjoying good social relationships. Lastly, “non depression” was also associated with the ability to project oneself and engage in many projects. The participants' observations echo those of Martuccelli (2004), describing what he calls “the imagery of reactivity.” Martuccelli explains that reactivity is tied to the conception of power, seen as the capacity to act. It corresponds to the extension of power to individuals while also being associated with a decrease in the scope of this power. Moreover, this author suggests that this imagery is highly representational, as it derives from belief: “We ‘know’ that we cannot master deviances in advance, but we increasingly ‘believe’ that we can neutralize all threats, through real time reactivity” (p. 189–190, trans.). This capacity to react to unknown risks is idealized and represents in itself a new norm of individual behavior: using our individual capacities, we “should” be able to react, and correctly choose from among the vast field of options presented to us, the right response to the many challenges of existence. This reactivity differential, however, is not shared equitably among all actors:

*The reactivity differential among actors is thus diversified according to their ability to put in place filters and mechanisms that soften opposition from the social world and thus, strictly speaking, to dispense with of all forms of reactivity (Martuccelli, 2004, p. 196, trans.).*

By virtue of their dominant position, members of privileged social classes can relinquish reactivity. Hence, “success” is not only contingent on the ability to react, but also on the ability to avoid *having* to react by protecting oneself from the impacts or effects of reality. Thus, the so-called “normal” person is an ideal that corresponds to this imagery of reactivity. This ideal, however, is never truly achievable and does not consider, for example, that the ability to project oneself and engage in projects or enjoy fulfilling social relationships is not equally accessible to all members of society.

Lorenzi-Cioldi (2002) discusses meritocracy and the personnological ideology, while Martuccelli (2004) defines the imagery of reactivity. In both cases, these authors highlight how “behavioral” norms, which act as sources of success, come from the functioning of dominant groups and apply much more aptly to them than to dominated groups. These norms, while being open to criticism, are nonetheless integrated into every social echelon.

These factors also echo Jovchelovitch's (2008) remarks: elites and their members do not have to modify their knowledge systems or social representations. They are, in this regard, always more conservative. This is also explained by Staerklé, Clémence, and Spini (2011): “Majorities strive to maintain their dominant position [...] If majorities successfully resist the influence attempts, the network of social influence is stable, representations become emancipated and normalized, and existing social arrangements are maintained” (p. 765).

Moreover, this ideal of reactivity can be associated with the strong sense of shame expressed by the participants in our study (Negura et al., 2014). The latter explained that “depression is experienced as an invisible handicap, that is, as an inability to respond to social expectations regarding how to function in society according to normalized social roles – a handicap that is

not recognized or understood as such by one's family and friends" (p. 134, trans.). The prejudices they mentioned were believed to be derived from an interpretation of their difficulties as arising essentially from personal characteristics (laziness, weakness, passivity) and were strongly associated with the social judgment they experienced and felt. As such, maintaining their capacity to act, and thus their power, depended at least in part on their ability to maintain a reactive image of themselves as being in possession of their means and autonomous in the eyes of the people around them. However, a depressive identity stood out as the main effect of this process of internalizing the power relations marked by the medical representation of depression. This identity is associated with the image of a patient and the reduction of one's personal identity to one's diagnosis, which is central to the perceived acceptability of health services (Lévesque et al., 2018). As we have seen, this representational element helps to dispossess individuals of their power.

## 6 | CONCLUSION

This article aimed to explore and discuss the body of work pertaining to the roles of social representations in the construction, continuity or transformation of power relations. This was achieved by using a three-level analytical model of power, as understood through the theoretical framework of social representations. First, the traditional definition of power referred to as *power-as-control* was contrasted with the new understanding of power brought forth by contemporary authors, which we labeled *power-as-capacity*. The major distinctions pertain to power as centered around individual agency, with legitimacy being the foremost factor involved in limiting or expanding the possibility of actualizing one's choices.

The second part of our inquiry delved into social representations as constituent elements of power relations. We argued that social representations are inherently linked to power because they shape the field of possibilities and guide action. Furthermore, as the frames of reference used to navigate the world, they determine the legitimacy granted to an individual's actions and by extension his power, through recognition. Finally, we suggested that the continuity and transformation of power relations are only possible through the internalization of social representations. The latter inform us on our own power as individuals and groups as well as on the power of others, thus reifying the relations of power in society.

Our third and final section sought to give substance to our theoretical contemplation by exemplifying the mechanisms of power as seen through our research on the social representations of depression. We used Jodelet's (2012, 2008) three-level analytical model of social representations to situate and discuss the many roles that social representations play in the relations of power.

Let us recall that the three-level model of social representations aims to "analyse the social representations held by individuals and localized groups in concrete areas of life and, going beyond a simple description of representational states, aims to define the modalities of transformative actions [...]" (Jodelet, 2008, p. 37, trans.). In analyzing the role of social representations in the construction, continuity and transformation of power relations, each level highlights different roles played by social representations.

In our example, at the trans-subjective level, the social representation of depression arises from a cultural device and social norms largely associated with the medical discourse and the neurobiological etiology of the disorder. As such, this representation allows for the construction of interpretative frameworks that support the medical norm and the power of the physician in

his relationship with depressive individuals. At the inter-subjective level, this representation constitutes an active interpretative framework and derives from a negotiation between individuals. Through a shared understanding, the mechanisms of communication and their degree of dialogism allow for an analysis of the hierarchy of social representations. The hegemonic medical representation of depression is decidedly non-dialogical and limits the field of possibilities open to individuals to the dictates of mental health professionals. On the contrary, the experiential representation of depression as the consequence of an event or a series of traumatizing experiences is dialogical and emancipated. As such, it authorizes the mobilization of the relational competencies of professionals other than physicians, such as psychologists or social workers and so forth.

The representation of depression as a consequence of the modern way of life, for its part, is shared by a minority who seek a rupture with the dominant discourse. This representation authorizes possibilities (a "return" to nature, simplicity and so forth.) that evacuate any possibility of submission to the power of healthcare professionals. All of these representations shape the power relations, in each specific communicative context, between depressive individuals, healthy individuals and healthcare professionals. Finally, the subjective level pertains to the internalization of dominant social representations by the individuals affected by them. By adopting a depressive identity, derived from the social representation of depression, individuals contribute, through the meaning they give to their experience of depression, to the subjective legitimation of the deficient status they hold in their relationships with healthcare professionals.

While our article does not specifically position itself as a critical perspective on power, the examples we cited point to the still vast and largely socially structured existence of asymmetrical power relations. Like Howarth (2004), we consider that the theory of social representations can, in this regard, justifiably be employed as a socially transformative perspective in the fight against the many forms of social oppression.

We live in a world where asymmetrical power dynamics are still manifold, as are their effects of domination on groups and individuals. In this world, where modes of thought are plural and complex, their manifestations nevertheless often remain subtle (Bourdieu, 1977; Foucault, 1994a, 1994b). As stated by Lorenzi-Cioldi (2002) and Martuccelli (2004), contemporary discourses on individualism and meritocratic norms do not prevent the stigmatization and exclusion of entire parts of society, even in areas where decisions and public debates touch them directly.

The analysis that we propose in this article aims to elucidate the subtleties of the continuity, transformation and construction of power dynamics. Such an analysis would be useful in a multitude of scenarios where power dynamics continue to hinder the emancipatory abilities of groups and individuals. Conversely, an analysis of emancipatory dynamics would be of great interest to complete our understanding of the functioning of power relations in social behavior. In this regard, our studies provide a few examples of the emancipatory potential of the representational dynamics associated with power relations. In the case of access to medical services for people seeking help for a depressive disorder, the available data appear to reflect the significance of an asymmetrical power relation between patients and doctors and underline the domination effects involved.

That said, this power relationship, while asymmetrical, can certainly have some emancipatory influence, as best illustrated by Jovchelovitch (2008), drawing on the work of Freire in discussing educational relationships. What, then, would be the representational dynamics in a situation where the doctor-patient relationship leads to an identity emancipation? Would we observe a better dialogue between the existing representations of depression? By extension, is the polemic representation of depression contributing to the continuity of power relations in

the medical sphere through its non-dialogical nature? As previously expressed by Foucault (1994a), power must not be studied in a linear fashion, but rather by analyzing the complex dynamics through which it is exercised.

While our proposed analytical model is of interest in studying the role of social representations in these dynamics, further study is nevertheless required to better understand not only the effects of domination, but also those of emancipation, which may be associated with power relations.

## ENDNOTES

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<sup>2</sup>In the authors' empirical research on depression (Lévesque et al., 2018), this link between madness and asylums was repeatedly made by participants, particularly when discussing their fear of stigmatization.

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