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SCIENTIFIC MATERIALS

Genesis, development and actuality of the Social Representation theory in more than fifty years (1961-2011 and beyond): the main paradigms and the "modelling approach"



European/International Joint Ph.D.
in Social Representations and Communication

Social Representations in the 'Social Arena'

Edited by Annamaria Silvana de Rosa

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14 Resisting cognitive polyphasia in the social representations of madness

Annamaria Silvana de Rosa and Elena Bocci

Introduction

The broad social debate that developed on psychiatry in the 1970s and 1980s, and which accompanied the deinstitutionalization of madness (as enacted in Italy by the Basaglia Law n°180 promulgated on 13 May 1978 with repercussions that extended well beyond Italy's borders), coincided with a series of studies on mental illness.

In social psychology, research in this field was conducted in regard to both social cognition and social representations. However, despite thematic affinities, the different epistemic principles characterizing the two theoretical paradigms (de Rosa 1990b, 1992a, 1992b, 1994b) gave rise to bodies of research with different purposes and methodologies. Those studies inspired by the theory of social representations differed from those drawing on the various paradigms of social cognition, by paying particular attention to the symbolic order of reality and its historical and cultural roots (Moscovici 1986), and by using more articulated investigative methodologies suited to disentangling the individual and social, cognitive and emotional, symbolic and cultural – and therefore not purely processual – dimensions of information processing.

Among the researches inspired by the paradigm of social representations, that by Denise Jodelet (1989, 1992a, 1993, 1996; see also Jodelet and Harvey 1993) in France has acquired value as an exemplary study for an anthropological approach to, and field study of, a community for the mentally ill. In the 1980s, another study with strong impact in terms not only of its results but also its modelling value was financed by the Ministry of Scientific Research in Italy among projects of outstanding national interest and simultaneously supported by research units working in the North (Bologna), Centre (Rome) and the South (Naples) of Italy, respectively coordinated by Zani, de Rosa and Bellelli. The project considered the points of view of practitioners (psychiatrists, psychologists, psychiatric nurses) and trainees (university students of psychiatry and psychology or ones attending vocational school for psychiatric nurses), as well as those of the general public (Bellelli 1994; de Rosa 1994a, 1994b; Zani 1984).

During the 1990s and 2000s, mental illness has continued to be a salient theme of research (see e.g. Angermeyer and Matschinger 1999; Angermeyer *et al.* 2004;

Castillo *et al.* 2008; Cross 2004; Dixit 2005; Dorvil and Benoit 1999; Flores Palacios 1997; Foster 2001, 2003, 2006, 2010; Howarth *et al.* 2004; Leblanc 2007; Morant 1995, 1998, 2006; Narter 2006; Petrillo 1996; Rose 1998; Wagner *et al.* 1999; see also, in a broader context, Nascimento-Schulze *et al.* 1995).

Among the pioneering studies of the 1970s and 1980s, the only research programme concerned not just with adult subjects but also ones of developmental age arose from the pilot studies of de Rosa (1981a, 1981b, 1982) and Quadrio *et al.* (1981), based on the de Rosa's doctoral dissertation (de Rosa 1980). The originality of the results of these studies – which evinced the existence of a developmental pattern in the image of madness and the insane – prompted further research by de Rosa during the 1980s¹ (de Rosa 1984, 1987a, 1987b, 1988a, 1988b, 1988c, 1994a, 1995a, 1997; de Rosa and Schurmans 1990a, 1990b), with a follow-up conducted in Italy in 2006 with the collaboration of Bocci (and extended in Brazil with the collaboration of Pedreira) also on the urgings of Moscovici, and with funding granted by the Balzan Foundation.

By extending the data gathering to over 4000 subjects among children, adolescents and adults (parents, teachers, trainee experts, and experts), these investigations demonstrated that a purely linear reading of the evolution of social representations of madness in history – whether social and collective (historical perspective) or inherent to individual development (the developmental and differential perspectives) – showed a shift from a magical-sacred vision of madness to a criminalized one. The latter became gradually decriminalized with the advent and imposition of the medicalized view (first in strictly organicist terms, then on the basis of psychosomatic explanatory hypotheses), and it was finally supplanted by a psychologized – psychodynamic, relational or socio-genetic – view of madness.

Generally, in smaller children (aged 5 and 6) the representation of madness was anchored to deviance. Consequently, when such children were asked to indicate what they considered to be the most suitable therapeutic structures, they identified them in prisons, just as they indicated prison guards as responsible for furnishing treatment (a cure, moreover, they very often deemed impossible). Subsequently, with the rise of the medicalized representation among children aged 8 to 9, the protagonists of therapeutic treatment became doctors, and the places of treatment were hospitals. Finally, during adolescence, the representation of mental illness further evolved from physical to psychological. The family and society were therefore identified as the places of treatment, while the therapists instead became psychologists and psychiatrists. An active role of the ill person was also envisaged. The language used in adolescence became more specialized in that it drew on the diagnostic categories of psychiatric nosology employed by experts (de Rosa 1984, 1987a, 1987b, 1994a, 1995a).

At the same time, deeper examination of the dynamic structure of the 'representational field' of madness deducible from many historical sources, and from the many levels investigated (iconic/symbolic and prescriptive/behavioural) using various approaches (verbal and non-verbal, direct and indirect, structured and projective) has enabled identification of figurative nuclei still bound up with the

magical conception of the mad person (as a *mythological figure* or a *demonic one* possessed by alien forces, as a *monster*, an *androgynous creature*, as *theriomorphic* or *dysmorphic*, etc.). Such representations were flanked by the conception of madness as *social deviance*: the mad person as a criminal, a drug addict, a tramp, an alcoholic, a transvestite, or as a behavioural misfit; or by the 'medicalized' conception: the mad person as sick, physically handicapped, cerebropathic, under-developed, etc.; or the 'psychologized' view of madness: the mad person as depressed, prone to hallucinations, emotionally disturbed, as a scapegoat for damaged affective relations, as a social victim, etc.

In the figurative tools included in research designs, the magical-fantastic representation of madness was manifest in a polarization between positive connotative dimensions (a joker, a clown) and negative ones (a devil, a monster, a mythological figure). The representation of madness as deviance depicted the mad person as a threat to society, as a social reject incongruous in terms of behaviour, while the medicalized representation focused both on the physically ill person and the psychologically insane one (de Rosa 1985, 1987a, 1987b, 1995a, 1997, 2009; de Rosa and Schurmans 1990a, 1990b).

The interest of the results obtained by the first research wave through use of a wide array of verbal and non-verbal techniques stemmed from the co-existence in the same subjects of representations of madness that were at once evolved and archaic, despite the linearity found from both the phylogenetic and ontogenetic perspectives.

The research furnished empirical confirmation of the theoretical construct termed 'cognitive polyphasia' by Moscovici (Moscovici 1961, 2000; see also among others: de Rosa 1990b, 2009; Emiliani and Palmonari 2009a; Jovchelovitch 2008): the co-existence of archaic and scientific representations related to either common sense or expert knowledge divulged to the general public which make the expression of knowledge regulated by criteria of social desirability apparently contradictory.

Given the dynamic nature of social representations, around thirty years from enactment of the Basaglia Law, interest in following up on this initial research induced us to verify whether and to what extent the images of the insane and madness identified by the first research wave had changed, and whether or not those more archaic images still persisted alongside the more scientifically evolved representations, thereby confirming the hypothesis that cognitive polyphasia is a means to resist change and adhere to pre-scientific collective representations.

In this regard, there follows a review of the main results obtained by the first research wave using verbal and non-verbal techniques of data collection, with brief discussion of the continuities and the main differences recorded by the follow-up research.

The modelling approach in service of the theory of social representations

In light of the theoretical option adopted, the need to adapt research designs to the theoretical paradigm justified the use, in both the first research wave and the follow-up, of a multi-method approach (de Rosa 1987a, 1990c; Mazzara 2002) able to grasp the multidimensional complexity of the social representation construct.

The multi-method approach is driven by specific hypotheses concerning not only a relationship between independent and dependent variables but also the interaction between techniques of investigation and the results (as illustrated in Tables 14.1 and 14.2). It underpins the ‘modelling approach’ developed by us on the basis of a specific theory of method (de Rosa 1990c, 2002a, 2006, 2012a; see also Chapter 13 in this book; de Rosa, d’Ambrosio, Aiello, 2012, in press; Mazzara 2002).

Population and tools

The first research wave covered a population of around 4,000 respondents, over a period of ten years (1980–1990). The population consisted of 3,221 persons belonging to groups of naïve children, young people and adults and their teachers, and 744 trainee experts (university students at faculties of medicine, sciences, psychology, and nursing) and experts (socio-health professionals: psychologists, psychiatrists, psychiatric nurses).

The various groups of naïve respondents were equi-distributed on sociodemographic variables: sex, age, social class and area of residence, while the various groups of experts were equi-distributed on the variables: gender, education, professional role, area of residence.²

For the purpose of comparison, also the follow-up, like the first research wave, was carried out on samples of naïve respondents, future experts, and experts. As regards the naïve population,³ interviews conducted with questionnaires were administered to 156 subjects aged from 6 to 16 attending schools in metropolitan (Rome) and rural (small villages in the province of Viterbo) areas, and 104 adults (parents and teachers of the same children interviewed)

Also included in the research population were 188 experts/trainee experts in the field of mental illness treatment, who were interviewed in the context of their training or professional role, both in Rome and the province of Viterbo.

The follow-up data collection was performed during the period between May 2006 and January 2007.

Starting from a detailed examination of the representational field of madness conducted by studying numerous historiographical sources (written legislative–institutional, literary, philosophical, scientific and non-scientific documents; oral, figurative and material testimonies, and others), the multi-method research design was inspired by a modelling approach, in order to investigate numerous levels (iconic/symbolic and prescriptive/behavioural) by using diverse investigative

methods (verbal and non-verbal, direct and indirect, structured and projective) (see Table 14.1).

In regard to the former, those common to the first research wave and the follow-up were the following: questionnaire, social distance scales, semantic differential and free associations technique. The free associations used in the first research wave (de Rosa 1988c, 1995b) and the associative networks (see de Rosa 2002b, 2003, 2005) – replacing them in the follow-up – made it possible to determine the elements structuring the semantic field, without being concerned solely with evaluative processes on scalar dimensions within choices between pairs of adjectives pre-established by the researcher – as in the case of the semantic differential – and without, moreover, incurring the procedural constraints on graphic techniques (especially if administered to adults, given the well-known decline in graphical–pictorial abilities from adolescence onwards).

The common non-verbal techniques were figurative tools. The methodological design consisted of three graphic tests:

- A drawing of the human figure (Goodenough–Harris: DHF test: Harris 1963; Italian standardization: Polacek and Carli 1977) used as the control test;
- A drawing ‘of’ a mad person (first experimental test);
- A drawing ‘as’ a mad person would draw it (second experimental test).

Data collection was followed by strategies of content analysis appropriate to overcoming the dichotomy between qualitative and quantitative data. Among the main statistical processing strategies used, those common to both the first research wave and the follow-up are indicated in Table 14.1.

Objectives and hypotheses inspired by a ‘modelling approach’

From a *historical perspective*, the aim of the first research wave was to determine what representational nuclei – elaborated around madness/mental illness in different historical periods before and after madness became the subject of a specific discipline (psychiatry) and in relation to the evolution of the psychiatric, psychological, psychoanalytic, etc., paradigms – re-emerged among the naïve populations (children, adolescents, parents, teachers), and among the experts and trainee experts. The aim of the follow-up research was to focus mainly on comparison with the results obtained previously, the purpose being to investigate if and to what extent representations of madness and mental illness have changed almost thirty years after the anti-asylum ‘Basaglia Law’ (1978), and to contextualize the findings in the present cultural context with those of the first research wave conducted in the 1980s and 1990s in a post-1968 socio-political climate characterized by the anti-psychiatric movement.

From a *developmental perspective*, the first research wave was intended to study the evolution from infancy to adulthood of the social representations of the ‘mad person’ and of mental illness. The purpose of the follow-up research was to

Table 14.1 A continuum of methods inspired by a ‘modelling approach’

<i>METHODS listed in the reverse order of administration from the more structured tools to the more projective instruments</i>	<i>DIMENSIONAL ANALYSIS</i>	<i>DATA COLLECTION TECHNIQUES Guided by the hypothesis of a relationship between technique and expected results</i>	<i>DATA ANALYSIS STRATEGIES guided by descriptive–differential, structural, and inferential objectives</i>
<i>VERBAL</i> 5. Questionnaire	opinion (informational component); attitudes (anticipatory schema guiding behaviour) relational models expressed in reference to a symbolic meeting with the ‘mad person’	It was hypothesized that structured verbal techniques enable identification of attitudinal dimensions in cognitive (information component) terms and relational patterns (in the form of evoked action – presumed behaviour), these being more peripheral dimensions of social representations and more subject to the desirability effect.	FREQUENCIES, CHI SQUARE TEST and KENDALL’S TAU (SPSS). Useful for determining the significance of the relationship between population and dependent variables on the basis of the research hypotheses.
4. Social Distance Scales			
3. Semantic Differential	Evaluative profiles of different objects of investigation: – Normal person; – Mad person; – Self	It was hypothesized that more projective verbal techniques (such as lists of free associations and the semantic differential) are better able to elicit	FACTOR ANALYSIS and ANALYSIS OF VARIANCE (SPSS). Suited to identifying the different structural patterns among the evaluations made of the various objects and to bringing out the significant differences among the groups of subjects in relation to the different average profiles obtained by the various objects of representation on a seven-point scale.

2. Free Associations and Associative Networks	Structure and content and polarity of the representational field associated with the stimuli: <ul style="list-style-type: none"> – Normal person; – Mad person; – Ill person; – Mentally ill; – Self 	<p>(i) structural factors of categorization as well as cognitive polarization, and</p> <p>(ii) the evaluative profiles underlying the social representations of the objects examined.</p>	<p>CALCULATION OF THE INDEXES OF POLARITY AND NEUTRALITY (SPSS):</p> <p>Designed to determine the attitudinal component of the representation (polarity).</p> <p>ANALYSIS OF LEXICAL CORRESPONDENCES (SPAD.T):</p> <p>Able to reveal the structure and contents of the representational field associated with the prompt-words.</p>
<p>NON VERBAL</p> <p>1. Figurative Tools</p> <p>Three graphic tests (based on the Goodenough–Harris: DHF test):</p> <ul style="list-style-type: none"> – a drawing of the human figure (used as the control test); – a drawing ‘of’ a mad person (first experimental test); – a drawing ‘as’ a mad person would draw it (second experimental test). 	<p>stereotypical figurative nuclei in the figures drawn; latent and archaic dimensions of the representation.</p>	<p>It was hypothesised that the non-verbal projective techniques (like drawing) can reveal fantastic and mythical–archaic representative nuclei, so as to free the latent contents of social representations.</p>	<p>QUANTITATIVE AND QUANTITATIVE ANALYSIS (SPSS):</p> <p>guided by specific hypotheses (see Table 14.2)</p>

Table 14.2 Objectives and hypotheses inspired by a ‘modelling approach’, guided by the assumption of a relationship between technique and expected results

METHODS	OBJECTIVES	HYPOTHESES
VERBAL 5. Questionnaire 4. Social Distance Scales	Determine the evolutionary pattern of the social representation of the ‘mad person’ and ‘mental illness’ from childhood to adulthood.	<p>According to the guiding hypothesis, the social representation of the ‘mad person’ and the associated relational attitudes toward the ‘mad person’ would exhibit great diversity in relation to the age of the subjects, their degree of expertise (among experts and training experts) and their area of residence. Specifically, we expected to find a gradual transition, with increasing age, from a criminalized social representation of the ‘mad person’, marked by greater social distance and intolerance, to a more psychologized representation demonstrating greater openness and social tolerance. We assumed that, in the transition from childhood to adulthood, the mutation of the representational structure of the field which, starting from an image of madness couched in terms of ‘deviance’, would develop into an image couched in terms of ‘disease’ before stabilizing in a psychologically internalized image. Depending on the background (anchored in psychiatric or psychological training), we also expected to find differences in the experts’ representations, especially in the languages that they used.</p> <p>1). It was assumed that the image of a ‘mad person’ is a negative benchmark against which to assess self and others.</p> <p>2). It was assumed that the negative image of a ‘mad person’ would stabilize as early as the positive image of self and that of the normal person.</p>
3. Semantic Differential	Obtain information on the image of a ‘mad person’ in its physical, psychological and social order so as to conduct comparisons with the image of self and of the normal person.	
2. Free Associations and Associative Networks	Detect the structure, content and polarity of the semantic field related to five stimuli: –normal person; –mad person; –ill person; –mentally ill; –self.	<p>1). It was assumed that the contents and structure of the semantic fields associated with the representations of the normal person and the self would differ from those of the ‘mad person’, mentally ill person, and ill person;</p> <p>2). It was assumed that there was a clear distinction between the semantic fields organized according to the opposition between normality and deviance and the opposition between physical illness and mental illness, and that it would exhibit a similar structure independently of the social positioning of the different groups and their differences in the use of language</p>

NON VERBAL

1. Figurative Tools

Three graphic tests (based on the Goodenough-Harris DHF test):

- a drawing of the human figure (used as the control test);
- a drawing 'of' a mad person (first experimental test);
- a drawing 'as' a mad person would draw it (second experimental test).

Highlight the elements and stereotypical nuclei characterizing the different images of the 'mad person' compared to the 'normal' person.

In contrast with the development of linear representations of madness from a criminalized representation to medicalized and psychologized ones, elicited via verbal tools, we expected that the figurative tools would reveal, at deeper levels, the coexistence of polymorphic and archaic images (magical, criminalized, monstrous) together with others, both in children and adults, including experts.

We also expected to find: a) a progressive reduction in I.Q. from test A to tests B and C as an indicator of progressive impoverishment; b) sexual identification of the subject's gender in the drawings of the human figure and opposite or impossible sexual identification in the drawings 'of' and 'as' a mad person; c) an increase in the number of details in tests B and C which reflected aggressive attitudes towards the mad person compared to the normal person; d) an increase in angry-aggressive and sad mimical-emotional gestalt in drawings 'of' and 'as' a mad person compared with inexpressive or smiling expressions in drawings of the normal figure; e) an increase in the number of alterations (in the body structure or certain details: like hair, additional bodily elements, mutilations, contamination with animal, vegetable or mechanical parts, lack of axial symmetry, miniaturization or enlargement of the figure, transparency of anatomical parts, etc.) in the drawings 'of' and 'as' a mad person; f) an increase in the number of bizarre, extravagant and unrealistic representations in the drawings 'of' and 'as' a mad person; g) the detection of figurative nuclei to be classified according to three main classes of stereotypical representations: magical-fantastic, deviant and medicalized.

investigate the stability of change in the ‘genetic archaeology’ of social representations of the mad person and madness from childhood to adulthood.

From a *comparative perspective*, the national research focused on comparison among social representations surveyed according to the social positioning of groups of naïve subjects, experts and trainee experts, also distinguished according to residence in metropolitan or rural areas. At international level, comparison was conducted among results on samples of subjects collected in Italy and abroad (Switzerland and Spain in the first research wave, Brazil in the follow-up). Again, the purpose of the follow-up was to investigate the stability in/change of the social representations of the mad person and madness from cultural and cross-cultural perspective compared to the results of the previous set of studies carried out in the 1980s and 1990s.

Finally, *crosswise to the three perspectives*, investigation was made as to whether and to what extent the representations of madness underwent changes as a function of the different levels of dimensional analysis conducted and the relative projective/structured, iconic–figurative/verbal–textual methods employed.

In regard to the *historical and developmental perspectives*, the initial hypothesis was that, on the one hand, the linear development of representations of madness proceeded from a criminalized vision to a medicalized and psychologized one; and on the other, that such development did not exclude, at deeper-lying levels, the coexistence of archaic (magical, criminalized, monstrous) images with others, thereby empirically confirming the theoretical construct of cognitive polyphasia. Assuming madness as a ‘themata’, the imaginary code was presumed to be the one most resistant to change, evoking the co-existence of polymorphic ‘collective representations’ of madness and mental illness in history (from the archaic and magical–religious representations to the pre-scientific and scientific ones).

In regard to the *comparative perspective*, at both the differential and cross-cultural levels, it was hypothesized that notable differences would be found among the various groups investigated, but that the presence of invariant archaic nuclei would nevertheless be identified in the social representations of madness, not only in the naïve population or the residents of rural areas, but also among the experts and trainee experts (de Rosa, Bocci, Pereira, 2012, in press). Particular attention was paid to the role of the variable ‘age’ as a factor in the change undergone by the representation of the ‘mad person’ from the deviant view to the medicalized one and thereafter (from adolescence onwards) to the psychologized view.

The *methodological assumptions* predicted that differences would emerge relative to the specificity of the methods of investigation. In particular, it was expected that more peripheral dimensions of the representations would be detected by the more structured tools (questionnaires, social distance scales), while it was foreseen that more projective instruments (including verbal ones – the semantic differential and lists of free association – but especially graphic tools) would afford access to the most archaic dimensions of representation (de Rosa 1990c, 1997; 2002a; 2006, 2009/2010; 2012b in press; de Rosa, d’Ambrosio, Aiello, 2012, in press).

An empirical confirmation of cognitive polyphasia

In regard to the social representations of children of different ages and adults, as detected by more structured verbal tools, both the first research wave and the follow-up confirmed the hypothesis on the incidence of the age variable in differentiating social representations of the 'mad person' and mental illness in terms of gradual de-criminalization in favour of medicalization and psychologization, in compliance with the canons of scientific reasoning in the interpretation of mental illness.

However, in both studies, projective tools furnished empirical evidence that some representations of madness, which seemingly pertained to an archaic collective imagination, re-actualized themselves as figurative nuclei in the social representations of both children and adults.

Madness in words

The results obtained in the first research wave through use of the questionnaire integrated with the social distance scales evidence the high and general significance of the relationship between the dependent variables (representations of mad person and madness and related attitudes) and age. The social representation changed with age, evolving from criminalized categories to medicalized ones; it then, during adolescence, stabilized into psychologized categories (de Rosa 1987a, 1987b, 1994a, 1995a).

Younger children expressed an image of the mad person as dangerous, and relational attitudes marked the closure (the options recurrently chosen related to flight, alarm, avoidance); while adolescents' attitudes evolved towards greater tolerance and a declared endorsement of Law 180, which had just abolished the asylums in Italy.

The attitudes of adolescents and parents were very similar: in fact, adolescents expressed the positions closest to those of their parents; in some cases showing attitudes towards the mad even more tolerant than those declared by adults: a result consistent with the emergence of humanitarian commitment to social problems among youth widely documented in the literature on adolescence.

In short, the results of the first research wave highlighted the evolution of relational models in regard to the 'mad person' from attitudes characterized by intolerance to more tolerant ones in function of the increasing age of the subjects.

The follow-up research confirmed the developmental pattern to a highly significant extent, finding the same pattern in both children and adults. Indeed, as regards the identity of the 'mad person' there were significant differences between children from 6 to 8/9 years old and adolescents ($\chi^2(4) = 29.653$, $p < 0.001$).

More specifically, children preferred to identify madness with deviance (78.8 per cent) expressed in behaviours such as alcohol and drug addiction, while adolescents attributed madness prevalently to actions such as a rejection of life, or

seeing and feeling things that do not exist, which relate to aetiological categories of psychiatric type (57.9 per cent) like depression and schizophrenia.

Significant differences also emerged from replies to the questions 'If on the street you meet a mad person' (regarding evaluation of relational attitude in a public space) and 'If on the bus a mad person sits down next to you and starts talking to you' (regarding evaluation of the relational attitude in a situation of contact in a context of physical contiguity).

In general, children exhibited a prevalence of relational attitudes aimed at defensive rejection, while adolescents expressed greater openness to social contact and tolerance towards the 'mad person'.

In replies to the first of the two above mentioned questions, for example, the prevalent relational attitude for children was rejection (40.9 per cent) and to a lesser extent indifference (24.2 per cent); while for adolescents the predominant attitude was indifference (57.9 per cent) and only to a slight extent defensive rejection (5.3 per cent) ($\chi^2(5) = 34.434, p < 0.001$).

Equally significant differences in the same direction were recorded in response to the other above mentioned question, which evoked a situation of close encounter with a mad person on the bus ($\chi^2(3) = 28.335, p < 0.001$).

Moreover, while the clearest rejection was apparent among the younger children (asking the driver for help to stop the pestering), which involved a request for help from others, a more discreet mode of avoidance prevailed among teenagers (standing up as if one has to get off the bus).

Also in the sample of adults, replies to same question 'If on the street you meet a mad person' recorded the greatest percentages for indifference (76.5 per cent in subjects aged between 18 and 35, 37.8 per cent for those aged between 35 and 60), and a pronounced openness to social contact (17.6 per cent among young adults, 37.8 per cent among older subjects) ($\chi^2(3) = 8.693, p < 0.034$).

A further level of stability in representations emerging from the first research wave and follow-up was displayed by the pattern representative of the image of the mad person investigated using the semantic differential; a pattern with negative connotations, for adults as well as children, in both studies.

This result is particularly interesting, both as regards aspects connected with the more latent dimensions organizing the representational field, and as regards methodology (confirming the validity of a multi-method approach). In fact, although the semantic differential is a verbal tool, it enabled detection of evaluative processes on structural connotative dimensions assumed by the image of the normal person, the mad person, and the self. It brought out a marked categorical difference among the three profiles in the population, both that of children of different ages and of adults.

In short, the results of the first research wave highlighted representative models that positively polarized the image of the normal person and negatively the image of the mad person, with an intermediate position occupied by the image of self. In addition, the negative image of the mad person has stabilized in results produced by the semantic differential as early as the positive images of the self and that of the normal person since early childhood.

Specifically, the average profiles for the three objects described (normal person, mad person, self) for the scale of adjectives saturated by the factor analysis, demonstrated that the patterns representative of the mad person were negatively polarized with respect to the image of the normal person and the self, both in children and adults, with a greater tendency to categorical differentiation among children. In other words, along a continuum of seven levels, the image of the mad person always tended to be positioned towards the negative pole, followed by the image of the self, and then by that of the normal person at the positive pole. The sequence, therefore, from the negative pole to the positive one, was mad person – self – normal person.

Similar patterns were found by the follow-up research as regards the profile of the mad person, which was positioned on the negative pole, with an inversion in the profiles of the normal person and the self positioned on the positive pole, in both the sample of children and those of the adults and experts. Hence the most recent results seemingly reveal a generalized tendency to individualism (self-centredness to the detriment of normative anchorage on the normal person) that Louis Dumont (1993), Lévi-Strauss and Eribon (1988), Lévi-Strauss (2003) impute to social pressure.

The free associations used in the first research wave enabled identification of both the common elements structuring the representational field and the differential elements among the various groups. In particular:

- Analysis of the structural relations among the five stimulus-objects (normal person, mad person, ill person, mentally ill, self) showed that, for all the groups (naïve and expert), the representational field was constituted on the basis of a sharp categorical difference between the area of normality (in which the representations of the normal person and the self were situated and which therefore functioned as the in-group) and the area of abnormality (which comprised the representations of all the other social objects evoked: mad, mentally ill, and ill; the area of otherness, which therefore functioned as the out-group);
- Differential analysis among the various groups making up the naïve population showed that the semantic fields associated with the various stimuli were contiguous relatively to the groups of children aged 5 to 6 and 8 to 9, on the one hand, and relatively to the adolescents and adults on the other, with an evolution of language from terms referring to more strikingly tangible aspects of corporeality or behaviour (e.g. as regards the mentally ill: ugly, bad, aggressive, unpleasant; and the mad person: dangerous, shabby, strange, rude) to terms borrowed from psychiatry or referring to aspects concerning the cognitive sphere and social adaptation (e.g. for the mentally ill: maniac, schizophrenic, crazy, stupid, unbalanced; and for the mad person: reckless, unpredictable, marginalized, nervous, needy, abnormal) (de Rosa 1988a, 1988b, 1994a).
- In regard to the population of trainee experts and experts, differential analysis among the various groups of the population of ‘aspiring practitioners’ found that the semantic fields associated with the various stimuli were more

contiguous relatively to the groups of medical and science students and the student nurses compared with the trainee psychologists. Similar contiguity was also recorded among practitioners relatively to the stimulus 'mad', while the semantic fields relative to the object of representation 'mentally ill' of psychologists and psychiatric nurses were somewhat distant from those expressed by the psychiatrists, who made greater use of labelling language taken from the nosography (de Rosa 1988a, 1988b, 1988c, 1990b).

- When intergroup differential analysis was conducted, on moving from the naïve population to the population of experts, a simple reading of the various graphs produced by the analysis of correspondences highlighted the presence in representations of the mad person and the mentally ill of an accentuation of elements inspired by an aetiological psychodynamic and socio-relational view of mental illness (recurrent associations were: misunderstood, isolated, abandoned, marginalized, alone, anguished, etc) with greater use of terms drawn from psychiatric nosography (schizophrenic, depressed, paranoiac, phobic, etc.) compared with the ingenuous terms employed by the naïve population (stupid, sad, aggressive, etc.).

By way of summary, when the free-association technique was used and the data were subjected to multi-dimension analysis, the result most strikingly apparent for the various groups was the similar structure of their representational fields. The latter were organized along axes discriminating the 'sane' from the 'ill'; the world of the 'normal' from that of the 'deviant' (whether mad or mentally ill); the sphere of 'mental distress' from that of 'physical suffering'; the area of social adaptation, health and organic integrity, aesthetic fullness, cognitive, affective and relational balance, of a social status denoting well-being, autonomy, and independence from the area of maladjustment, illness and hardship (physical, emotional and social), imbalance in the world of rationality, affective relationships and interpersonal dynamics, and a social status denoting malaise, dependence, and need for assistance. The consistency of this result throughout the entire population (naïve and expert) – beyond differences of age, gender, social class, residence, professional role, type of training – suggested the existence of processes of bipolar categorization of reality functional to the in-group/out-group differentiation.

Coherently with the results obtained by the first research wave, analysis of the data collected in the follow-up once again revealed similarities between the profiles of the normal person and the self, on the one hand, and of the mad person, the ill, and the mentally ill on the other, with marked affinities among the naïve subjects in comparison with the experts in the representations evoked.

Particularly as regards the children and their parents/teachers:

- Comparison of the lists of words associated with the five stimuli of the associative network (from which the factors were extracted by analysis of the lexical correspondences) evidenced continuities between the profiles of the normal person and the self in the naïve samples with reference to the aesthetic and cognitive dimensions: the children described themselves and a

normal person according to the positive stereotypical canons of body image ('beautiful'), of the mental self ('intelligent') and of the personality ('nice'). The adults likewise emphasized aesthetic and cognitive qualities relative to the self, always resorting to terms such as 'beautiful', 'intelligent', 'nice', although they were also self-critical of their body image ('fat' and 'I eat too much' among subjects of rural areas and low social class). The representations of the adults also included references to interpersonal dimensions ('generous', 'loved') and ethical–normative and valorial ones ('responsible', 'consistent', 'courageous') or evocations of the primary ('family') group and the social roles connected with it ('married', 'children', 'brother', 'husband').

- A different lexicon somewhat common to the three stimuli 'mad person', 'ill person' and 'mentally ill person' was recorded among children, adolescents and adults. It expressed semantic fields relative to both the medicalized ('medicines') and psychologized ('alone') representations marking the boundary with the sphere of normality and the self. Thanks to the projective nature of the associative networks, there emerged words which equated mental illness to madness, with evocations even in adults (particularly among female subjects, resident in metropolitan areas, housewives, of middle–upper social class) anchored to a criminalized and deviant representation ('drugs', 'murderer', 'dangerous') which coexisted with psychologized representations expressed by attitudes of relational closure ('talks to himself', 'alone', 'introverted'). Among subjects resident in rural areas, of male gender and low social class there prevailed a medicalized representation ('nursing home', 'doctor', 'tranquilizers', 'care', 'medicine', 'cure' and 'hospitalization').
- The figure 14.1 – derived from the intersection between factors III and IV – highlights the co-existence of different facets of the social representation of the mentally ill in the adult respondents. A deviant image of madness associated with terms (such as 'drugs', 'destroy' 'gets agitated', 'off his head', 'murder') positioned in the upper quadrant coexists with a medicalized representation ('hospital', 'treatment', 'pharmacy', 'straitjacket', 'electroshock') also evoking terms drawn from the psychiatric literature ('phobias', 'obsessions', 'paranoiac') located in the central area, and with a psychologized representation (in the lower part of the diagram, in which the role of the family and social network is emphasized in treatment identified as measures of psychological support ('society', 'relatives', 'understanding', 'understood', 'love', 'patience', 'nursing home').

Despite the substantial differences among the representations evoked with reference to health and illness, it was possible to discern some similarities in the naïve samples, most notably in regard to emotional dimensions: 'happiness' and 'sadness' were recurrent both in the representation of the self and of the normal person, but also in the representation of the mad person, ill person or mentally ill. These two emotions sometimes co-existed in the same representation (as on the negative semi-axis of the factor 1 stimulus 'mad': 'unhappy' and 'happy' at the same time).

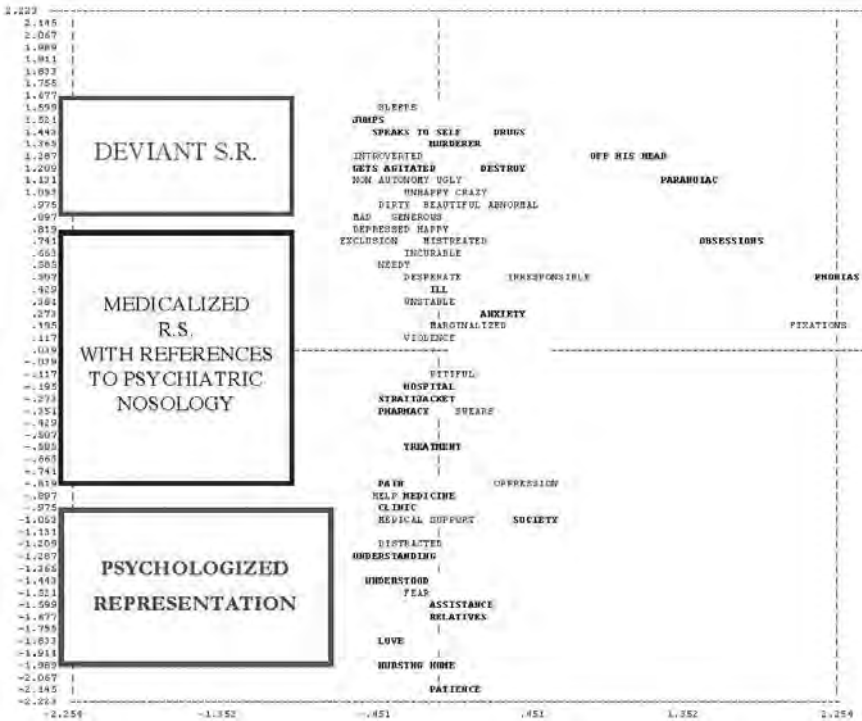


Figure 14.1 Structural organization of the semantic field evoked by free associations with the stimulus ‘mentally ill person’: intersection of the third and fourth Factors by SPAD-T (adult sample)

Finally, the lexicon used by the experts for the profiles of the in-group (self and normal person) was more composite.

- Although not focused on the stereotypical canons of beauty and intelligence, it evoked cognitive components through terms such as ‘balance’, ‘objective’, ‘rationality’, as well as motivational–behavioural components (‘interests’, ‘hobbies’) and interpersonal ones (‘generosity’, ‘relationships’). The Spad-T tables relative to the stimulus ‘normal person’ also evidenced a representation anchored to emotions (‘happiness’ – ‘sadness’) that was cross-wise both to the self and normal person and to the mad person, ill person and mentally ill person. This feature also emerged among the naïve respondents.
- In regard to the sphere of the out-group, the lexicon of the experts comprised diverse elements: terms common to those elicited from the children and from the adults (‘loneliness’ and ‘medicines’); references to a deviant vision of madness (‘dangerousness’, ‘violent’); terms drawn from psychiatric nosology such as ‘hallucinations’, ‘deliria’, ‘depression’, ‘alienation’, where the medicalized stereotyped came into play; allusions to a psychologized

view of madness where society instead had a role, with terms like 'stigma', 'abandoned', 'maladjusted'. Nevertheless – besides the stability of the structural configuration in the follow-up compared with the first research wave – many terms were common to the spheres of normality and pathology in regard to affective relationships ('friendship', 'love', 'companionship', 'understanding', 'affectivity') and states of mind like 'happiness'.

In light of these results, in the more recent data of the follow-up research the areas of normality and abnormality for all the groups, naïve and expert, exhibited attempts at contiguity between the representations of the stimulus-objects referable to the self and the normal person, on the one hand, and to the mad, ill and mentally ill person on the other.

Stable in comparison to the results of the first research wave was the progressive decriminalization of the social representation of the 'mad' in the transition from childhood to adolescence, which gave way to a psychologized representation of mental illness that persisted into adulthood, sometimes together with other facets of the same representation.

In fact, differential analysis of the various groups making up the naïve population showed that the semantic fields associated with the various stimuli were contiguous relatively to the groups of children, in which a clearly deviant view of madness predominated. As regards the stimulus-word 'mad', for instance, we recorded free associations with self-directed behaviours: 'smokes'; 'drinks'; 'drunkard'; 'self-destructive'; 'drug addict'; and with socially dangerous ones: 'thief' and 'brutal' (factor 1 positive semi-axis for the stimulus 'mad'). Only in the adolescent phase did the respondents use terms more specifically related to cognitive aspects and problems of social adjustment, in that they defined a mad person as 'misunderstood'; 'different'; 'suffering' (factor 1 negative semi-axis for the stimulus 'mad').

The social representation of the 'mad' evoked in adults a multiplicity of aspects that can be summarized as criminalized, medicalized, and psychologized components of madness. Some tables constructed on the basis of the results obtained by factor analysis and some graphs derived from the intersection of two factors at a time highlight the co-existence of different representations in adults.

We cite, for instance, the positive semi-axis of the third factor relative to the stimulus 'mad', which comprised: the *psychologized representation*, with terms such as 'mentally unstable', 'problems', 'family', 'parents', 'depression'; the *medicalized representation*, with terms such as 'medicines' and 'doctors', which therefore referred to pharmacological treatments administered by health services; and the *deviant representation* expressed with terms such as 'discourteous' and 'rude'.

Differential analysis of the various groups making up the population of trainee experts showed that the semantic fields associated with the various stimuli were more contiguous among the nurses and psychiatrists, these being the respondents who alluded most frequently to the deviant representation of madness together with the medicalized and psychologized ones; while the respondents who focused most closely on the psychologized representation were students of psychology.

Madness in images

The hypothesis behind the choice of the three drawing tests was that varying the instructions from 'draw a human figure' to 'draw a mad person' to 'draw a human figure as a mad person would draw it' would elicit projective phenomena – presumed to be more intense in test C than in test B, and in test B than in test A (owing to some sort of regressive disinhibition in the instructions) – which reflected archaic figurative nuclei in the representation of madness as subject to social prejudice, and that it would do so to significantly different extents according to age and the other differential variables.

It was presumed in particular that the graphic tests would yield:

- 1 Indicators of psycho-physical and cognitive handicap through a progressive decrease in the IQ (intelligence quotient) score attributed to the three graphic tests using the Goodenough–Harris method;
- 2 Reversal of gender in the drawing tests 'of' and 'as' a mad person with respect to the gender of the subject and to his/her sexual identification with the figure projected in the human figure (test A); or the emergence in the drawings 'of' and 'as' a mad person of figures with ambiguous (androgynous) sexual connotations, or even ones impossible because of their radical dysmorphism;
- 3 Modification of the mimical–emotional gestalt, hypothesising the presence of happy and smiling expressions in the drawings of the human figure (test A) and angry, aggressive or sad ones in the drawings 'of' (test B) and 'as' mad persons (test C);
- 4 Elements of regressive disinhibition (naked mad person with evident sexual organs);
- 5 Evidence of alteration in body structure (alterations to and/or lack of axial symmetry, mutilations, polymorphisms, dysmorphisms, miniaturization or exaggeration of body parts (grossly enlarged heads) as signals of chromatic–figurative decomposition, contamination with the vegetable, mechanical or animal world);
- 6 Evidence of eccentricities (on physical, behavioural or expressive level) and increase in bizarre features and extravagant or unrealistic representations in drawings 'of' and 'as' mad persons;
- 7 Stereotypical figurative nuclei of the 'mad person' as portrayed in both magical–fantastic terms (in the dual positive/negative connotation) and those of deviance (the mad person as a criminal, drug addict, vagrant, drunkard, as anti-social, confined to prison, etc), and in terms of illness (the mad person as ill, cerebropathic, underdeveloped, physically handicapped, ideationally alien: prone to hallucinations, confined to a mental hospital, etc.) (see Table 14.3).

The hypotheses formulated, in the first research wave as well as the follow-up, were supported both by the results of the quantitative analysis of the data, which applied a grid consisting of fully fifty-eight dependent variables to each drawing, and by qualitative inspection of the figurative gestalts of the drawings.

Table 14.3 Stereotypical figurative nuclei in the representations ‘of’ and ‘as’ a mad person

<i>CATEGORIES</i>	<i>SUB-CATEGORIES</i>	<i>FIGURATIVE NUCLEI</i>	<i>ILLUSTRATIONS</i>
MAGICAL– FANTASTIC	WITH POSITIVE CONNOTATION	Clown, buffoon Artist, boffin	
	WITH NEGATIVE CONNOTATION	Monster	Theriomorphic, dysmorphic or polymorphous figure Figure with miniaturization or exaggeration of body parts Fleshless figures Figures contaminated with vegetable, mechanic or animal world
DEVIANT		Devil Mythological figure	Centaur Androgyne Cyclops
	THREAT TO SOCIETY	Criminal Confined to prison Drug addict Drunkard	
	REJECTS OF SOCIAL NORMS	Sexually uninhibited or exhibitionist Transvestite Vagrant Drop out freak Upside-down world	
	INCONGRUOUS IN TERMS OF BEHAVIOR	Incongruous in terms of behaviour	
MEDICALISED	ILL	Physically handicapped Hypo-developed: cerebropathic, hyper- regressed or bony skeletal figure	
	MENTALLY ILL	Ideationally or affectively disturbed Depressed, suicidal with self-harming tendencies Confined to a mental hospital	Prone to hallucination

The first research wave identified figurative nuclei anchored to a 'magical' vision of madness (the mad person as a monster, a demoniac one possessed by alien forces, as a mythological figure: an androgyne, a centaur etc) together with a vision of madness as 'social deviance' (the mad person as a criminal, a drug addict, a vagrant, an alcoholic, a transvestite, someone incongruous in terms of behaviour, etc.), or a 'medicalized vision' (the mad person as ill, handicapped, under-developed: cerebropathic, bony skeleton, etc), or a psychologized one (the mad person ideationally or affectively disturbed, as prone to hallucinations, as depressed, etc., a scapegoat for damaged affective relationships, a social victim).

In what follows are some of the graphs (based on a selection of the statistical analyses and accompanied by example drawings), which confirm the above hypotheses. Then illustrated is the rich 'gallery' of polymorphous images produced by categorizing the drawings of a human figure, of a mad person, and 'as' a mad person on the basis of the stereotypical figurative nuclei (hypothesis 7).

Empirical results illustrating the confirmation of the hypotheses series

Illustration of the progressive decrease in the IQ

The results of repeated measures ANOVA (sex \times age \times Tests: $2 \times 4 \times 3$) conducted on the mean values of IQ (dependent variable) – calculated according to the criteria indicated by the Goodenough and Harris DHF test – confirmed, in both the first research wave and the follow-up, the progressive impoverishment of the figure in the drawings 'of' and 'as' a mad person with respect to test A, with probability values significant at 0.0001 level. Although these were three drawings produced by the same subject (and therefore endowed with the same IQ), the projection in the figure of the mad person to be drawn (test B) and by putting oneself in the place of a mad person (test C) elicited a progressive impoverishment of detail, of articulation in the figure, of care in the body's description such to bring out hyper-regressed or even skeletal figures similar to those that a subject of a much younger age would draw, which induced a decrease in the IQ value. Instead, only significant in the first research wave were the *test by age* interaction (in both the metropolitan, $p = 0.003$, and rural contexts, $p = 0.0001$), the *gender by age* interaction only relatively to the metropolitan context ($p = 0.0001$) and the *test by gender* interaction only relatively to the rural environment ($p = 0.03$).

Moreover, a general pattern of lower IQ values with respect to those of the first research wave was recorded in all three tests in the follow-up, which was indicative of a decline in the graphic–pictorial abilities of the subjects interviewed in 2006 compared with those of the 1980s (see Figure 14.2).

This pattern is evident in the three drawings by the same subjects selected as examples in Figure 14.3, and which were produced by a female and a male aged 15–16 resident respectively in metropolitan and rural areas. There were numerous similar examples at all ages (among children and naïve and expert adults) independently of their graphic–pictorial abilities.

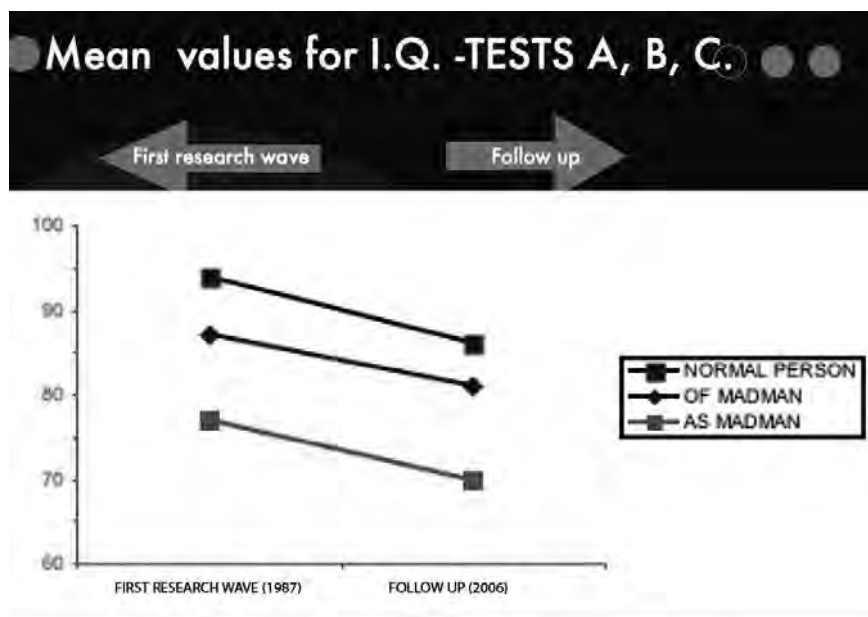


Figure 14.2 Mean IQ values attributed to the three drawing tests in the first wave of the research and in the follow-up (A, B, C)

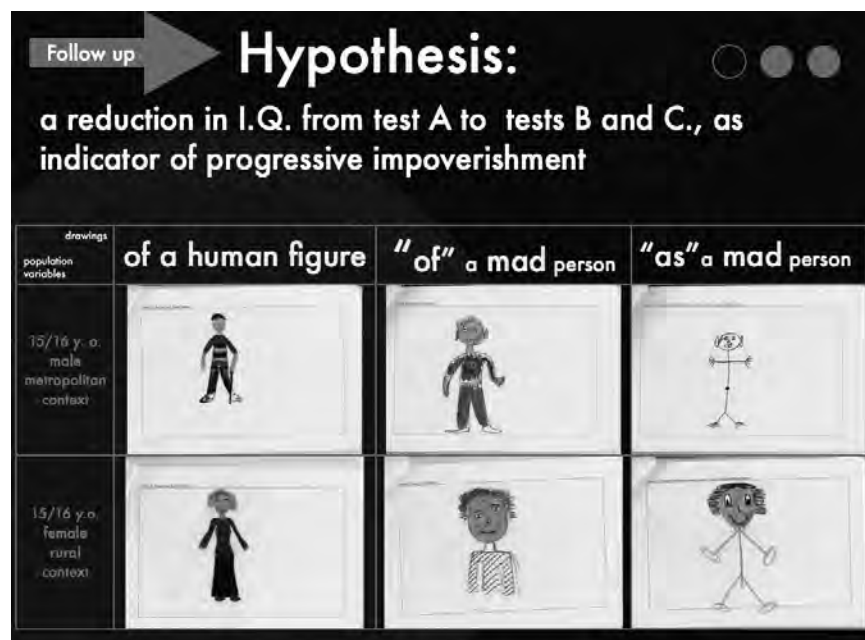


Figure 14.3 Drawings by two adolescents from metropolitan and rural contexts confirming the progressive reduction of IQ from test A to tests B and C

Illustration of the reversal of gender

Also the hypothesis of a *reversal of gender* in the drawings ‘of’ and ‘as’ a mad person relative to the gender of the subject and his/her sexual identification with the figure projected in the human figure (test A) was confirmed statistically, especially in female subjects. Likewise confirmed – in the follow-up as previously in the first research wave – was the emergence in the drawings ‘of’ and ‘as’ a mad person of figures with ambiguous sexual connotation (mythological figure of the androgyne, or those evidenced by comments like ‘it’s neither a man nor a woman’), or even personages impossible because of their radical dysmorphism, as shown by Figure 14.4 and Figure 14.5 and the Chi-square values.

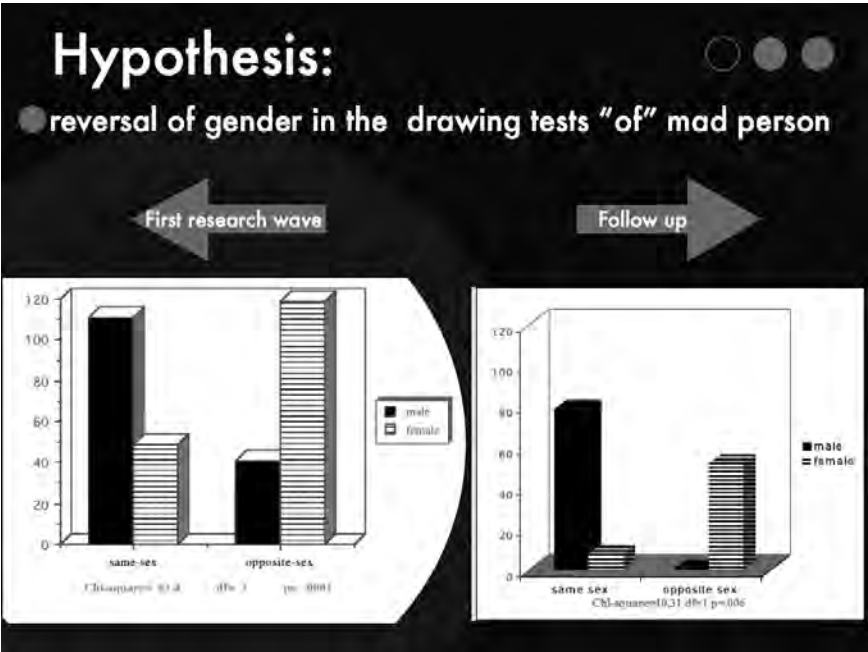


Figure 14.4 Sexual identification of the subject with the sex ‘of’ the mad person drawn: same sex; opposite sex

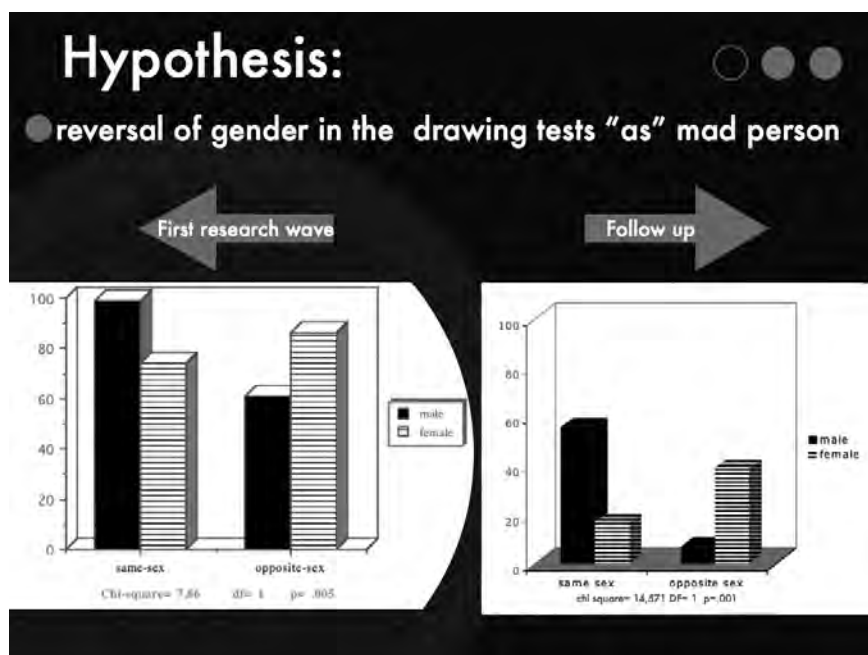


Figure 14.5 Sexual identification of the subject with the sex of the person drawn ‘as’ a mad person: same sex; opposite sex

Illustration of modification in the mimical–emotional gestalt

The hypothesis of *modification in the mimical–emotional gestalt* identifiable in the presence of happy and smiling expressions in the drawings of the human figure (test A) and angry, aggressive or sad ones in drawings ‘of’ (test B) and ‘as’ (test C) a mad person was statistically confirmed both in the first research wave and the follow-up by systematic analysis of the three drawing tests. This is evidenced – at a qualitative and purely inspective level – by the three drawings produced by the same person and illustrated in Figure 14.6, and by some drawings selected from tests B and C, which had clearly aggressive connotations and details.

The hypothesis that the number of details with aggressive connotations would increase in the drawings ‘of’ and ‘as’ a mad person compared with the drawing of the human figure (test A) was statistically confirmed in both the first research wave and the follow-up. There were numerous examples – even among the population of experts – of images ‘of’ or ‘as’ mad persons depicted wielding a wide range of dangerous objects (knives, guns, daggers, axes, hammers) used both on themselves and on others or directed towards the mad person by others in drawings of marked sophistication in their projective identification with the mad person in test C (Figure 14.7: male, aged 14–16, rural context).

Depictions of a mad person sometimes exhibited details, which made explicit – even without the addition of particular objects – alterations with aggressive

Follow up

Hypothesis:

a modification of the mimical-emotional gestalt from the test A to tests B and C -from happy, smiling figure to angry-aggressive or sad figure




drawings population variables	of a human figure	"of" a mad person	"as" a mad person
15/16 y.o. female metropolitan context			

Figure 14.6 Drawings by metropolitan female adolescent confirming modification in the mimical-emotional gestalt from test A (a smiling human figure) to tests B (a crying mad person) and C (a depressed person drawn 'as' a mad person)



Figure 14.7 Test B drawing 'of' a mad person by a male adolescent, 14–16 years old, from the rural context, showing the increase in aggressive details (knife in the heart, blood)

connotations (for example, bristling hair, bared teeth, particular arm gestures, bulging eyes, etc.). The drawings in Figure 14.8, by two metropolitan adolescents, have been selected because of the evident alterations of the hair from long and straight in the human figure tests (two female figures, probably projections of the two girls who produced the drawings) to bristling and tangled (or entirely absent due to impoverishment of the figure) in the drawings ‘of’ and ‘as’ the mad person. These drawings, moreover, confirm the above hypothesis of gender reversal in tests B and C.

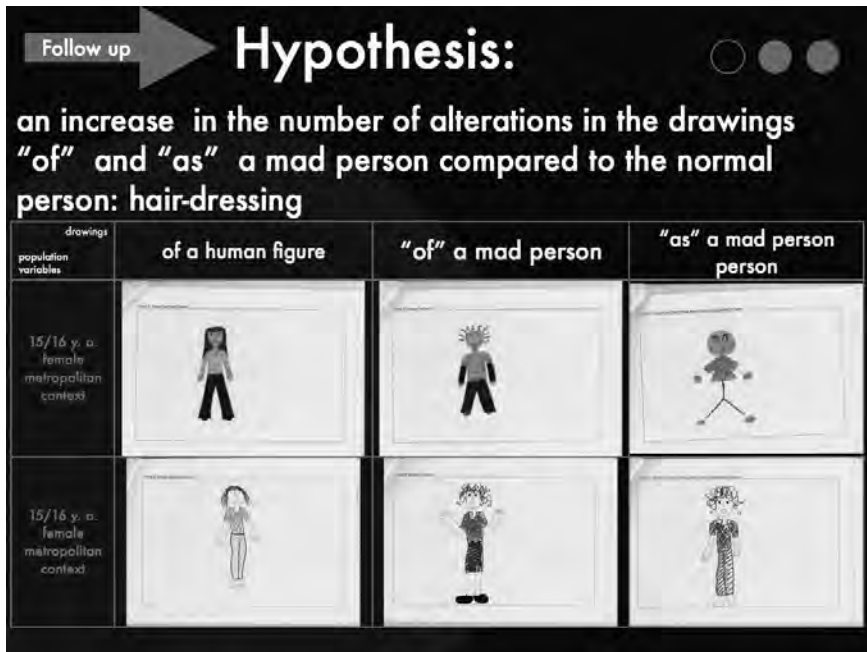


Figure 14.8 Drawings by two female adolescents, 15–16 years old from the metropolitan context, confirming the modification of the mimical–emotional gestalt from test A (a smiling human figure) to tests B (increase in aggressive details: bristling hair, bulging eyes, axe, scythe) and C

The bar graphs in Figure 14.9, respectively for the first research wave and the follow-up, confirm for the total of B and C tests an increase in mimical–emotive expressions of aggressiveness and sadness, especially in drawings ‘of’ mad persons, compared with the prevalence of smiling figures in test A, especially in the follow-up research.

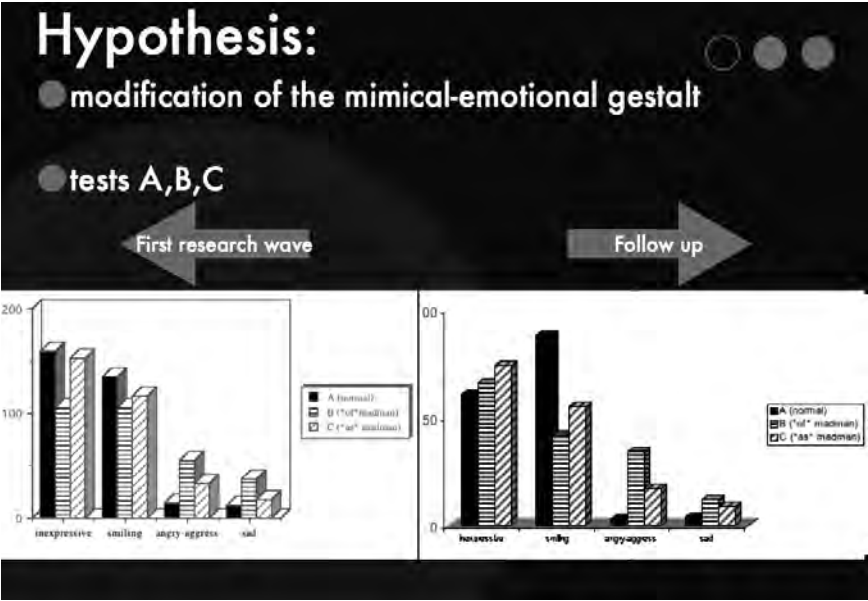


Figure 14.9 Graphs confirming modification of the mimical–emotional gestalt from test A to B and C in the first wave of the research and the follow-up

Illustration of regressive disinhibition

Sometimes apparent was aggressive behaviour towards a mad person, who was being punished for evident signs of regressive disinhibition – as in the case of Figure 14.10, which shows a drawing by a rural child, aged 8–9, who



Figure 14.10 Drawing by a male, 8–9 years old, from a rural context, showing a naked mad person with evident sexual organs subject to aggressiveness by another person in test B ‘of’ a mad person

in test B depicted a naked mad person with evident sexual organs subject to attempted castration with a rope by another subject, or the drawing (Figure 14.11) by another child of the same age, also from a rural area, who in test C depicted a naked subject without underpants and with pronounced sexual organs.



Figure 14.11 Drawing by a male, 8–9 years old, from a rural context, showing a naked mad person with evident sexual organs in test C ‘as’ a mad person

Illustration of alteration in body stucture

Both research programmes (original and follow-up) strongly confirmed, at a distance of time, the hypothesis of alterations to body structure in drawings ‘of’ and ‘as’ mad people through alterations to and/or lack of axial symmetry, mutilations, polymorphisms (see Figures 14.12, 14.13, 14.14 and 14.15) dysmorphisms, miniaturization or exaggeration of body parts, e.g. a grossly enlarged head, contamination with the vegetable, mechanical, animal, etc., world.

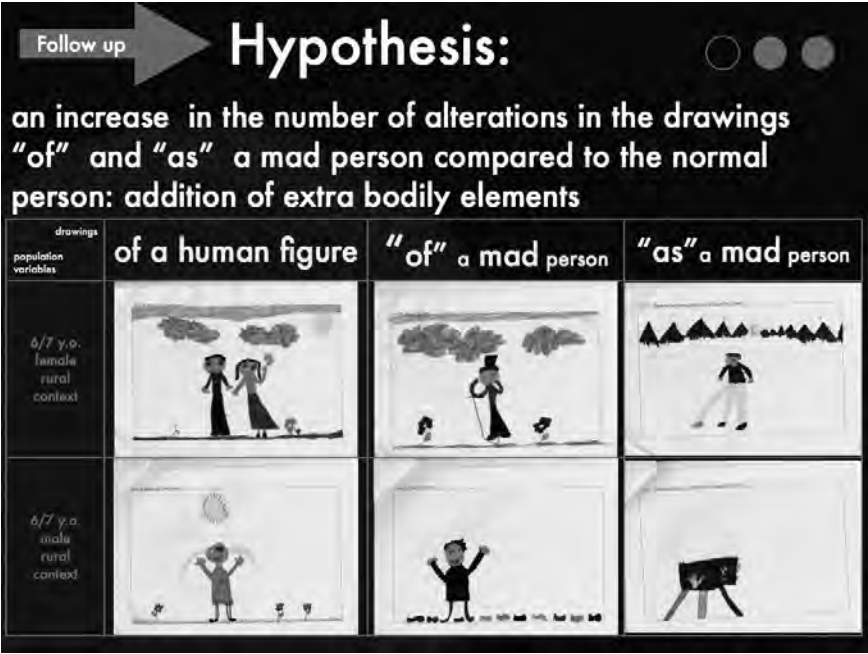


Figure 14.12 Drawings by a female and a male, 6–7 years old, from rural contexts, showing in test C a mad person respectively with three legs and with a large head contaminated by a technological artefact (TV)

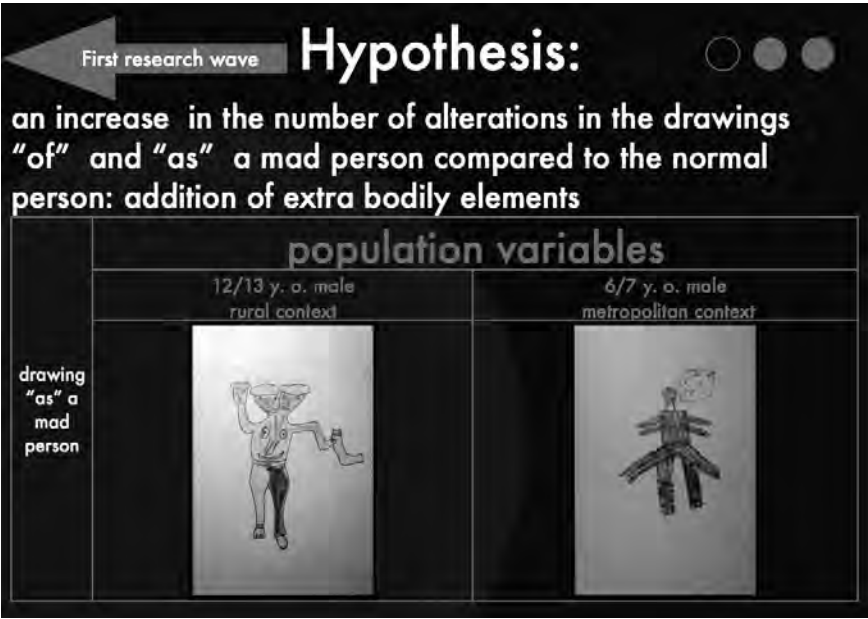


Figure 14.13 Drawings by two males, 12–13 years old and 6–7 years old, from rural and metropolitan contexts, depicting a polymorphic figure defined as aliens with three heads or four legs in a test C drawing 'as' a mad person in the first research wave







Follow up		Hypothesis:		
		an increase in the number of alterations in the drawings "of" and "as" a mad person compared to the normal person: mutilation		
drawings	population variables	of a human figure	"of" a mad person	"as" a mad person
6/7 y.o. male rural context				
15/16 y.o. male metropolitan context				

Figure 14.14 Drawings by a male, 6–7 years old from a rural context, and an adolescent 15–16 years old from a metropolitan context, showing in test C a mad person with one leg and asymmetric body structure in a deprived setting with no natural or social features




Follow up		Hypothesis:		
		an increase in the number of alterations in the drawings "of" and "as" a mad person compared to the normal person: lack of axial symmetry		
		population variables		
drawing	"as" a mad person	8/9 y. o. female metropolitan context	12/13 y. o. female metropolitan context	12/13 y. o. female metropolitan context
				

Figure 14.15 Three drawings 'as' a mad person by females, 8–9 and 12–13 years old, from metropolitan contexts, showing in test C a mad person with an evident lack of axial symmetry and a de-structured face

Illustration of eccentricities

Also the hypothesis of an increase in bizarre features (physical, behavioural, expressive) and extravagant or unrealistic representations in drawings 'of' and 'as' mad persons was statistically confirmed in both the first research wave and the follow-up, as shown by the bar graphs in Figure 14.16.

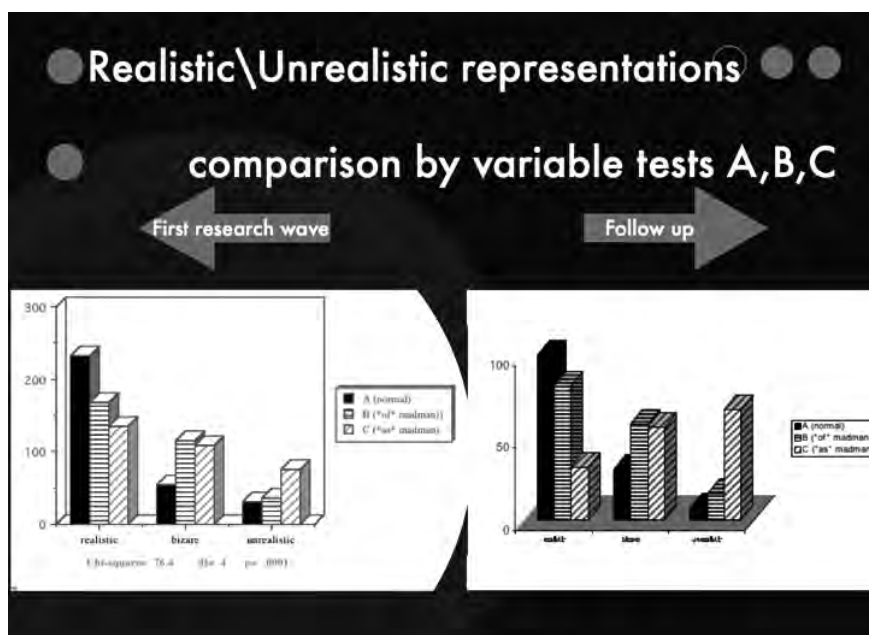


Figure 14.16 Distribution of frequencies of realistic, bizarre or unrealistic representations in the drawings of the human figure (test A), 'of' a mad person (test B), and 'as' a mad person (test C) in both the first wave of the research and the follow-up

The research found further extravagant, unusual and eccentric examples of this representation of madness as a breakdown in physical, behavioural and expressive schemes. Provided in this chapter is just one example – among many – of the logical–expressive reversal typical of the tradition of the upside-down world, which was a leitmotif of the social representation of madness during the sixteenth and seventeenth centuries (see Figure 14.35, below).

Illustration of stereotypical figurative nuclei

Specific discussion and more detailed illustration is required of the different stereotypical representations of madness apparent in the drawings 'of' and 'as' a mad person.

The twenty stereotypical figurative nuclei – detected in the drawings – have been regrouped in three categories (magical–fantastic, criminalized, medicalized)



Figure 14.17 Distribution of frequencies according to the three classes of figurative stereotypical nuclei (magical–fantastic, deviant and medicalized) in the representation ‘of’ and ‘as’ a mad person (tests B and C)

as summarized in the table 14.3 and in the graphs showing the distribution of frequencies (see Figure 14.17).

In both the first research wave and the follow-up, there were some rare cases in which test A produced images so representative as to be ‘stereotypical’ because of their adherence to the instructions, which, by asking for a drawing of a human figure, tended to elicit ones of people so ‘normal’ as to be not graphically typified. When it was possible to identify ‘stereotypical’ figurative nuclei, these related in general to socially valued behaviours, attitudes and roles. In the first research wave, for example, the human figure was characterized in its ‘normality’ through representation of the typical well-dressed English ‘gentleman’ with an umbrella, a bowler hat and a newspaper, or through personification of a typical social role (e.g. a doctor or nurse), generally contextualized in a positively connoted social setting or activity (e.g. a man lunching in a restaurant and served by a waiter, a football player on a sports field, a boy courting a girl in the street). The image of the football player reappeared in the follow-up (as in the drawing by a Rome adolescent, with a re-actualization of the protagonist wearing the legendary number 10 shirt of the Rome football team), and so did that of the school-teacher. Interestingly, these figures representing positive social roles were sometimes also produced in the test B drawings ‘of’ the mad person; but they were accompanied by textual markers, which for instance specified that the drawing portrayed a ‘mad teacher’ of the drawer (female adolescent, aged 12–13, from a rural area).

Although the stereotyping usually occurred in drawings ‘of’ and ‘as’ mad people, as repeatedly found in tests B and C, a stereotypical transposition, if not an outright inversion, was sometimes apparent in the first research wave. Examples are the drawing by a 16-year-old boy, who in test A drew a firework of some kind, commenting ‘normal person seen by a normal person’, and in test B drew the mad person as a perfect gentleman with a bowler hat and a walking stick; or the drawing by another adolescent, who in test A depicted a normal person as an individual imprisoned in a barrel, and in test B the same man freed from the barrel, almost as if to portray madness as liberation from surrounding reality.

This process was also recorded in the drawings produced around thirty years later during the follow-up research, as evidenced by a test A drawing by a Rome adolescent, who wrote ‘the drawing started as a normal human figure and then became a kind of clown’ and, to the question ‘Who is he?’, answered ‘He’s a clown’; or the test A drawing by another Rome adolescent where an under-developed skeletal figure constituted the control test rather than the experimental tests; or the Roman adolescent whose test A drawing depicted ‘a girl wearing make-up who could be the goddess of the sun’ (Figure 14.18). It is highly informative in regard to this last case to conduct simultaneous analysis of the three test drawings, which exhibit the presence of natural elements: the sun harmoniously framing the female figure’s face like hair in test A gives way to clouds, rain, and lightning striking the mad person of test B – with hair bristling with fear – (Figure 14.19) and then to flowers sprouting from the three heads in the bizarre polymorphous figure ‘as’ a mad person in test C. (Figure 14.20)



Figure 14.18 Drawing by a female, 12–13 years old, from a metropolitan context, depicting a ‘goddess of the sun’ in a test A drawing of a ‘normal person’



Figure 14.19 Drawing by a female, 12–13 years old, from a metropolitan context, depicting a ‘mad person struck by lightning’ in a test B drawing ‘of’ a mad person



Figure 14.20 Drawing by a female, 12–13 years old, from a metropolitan context, depicting a ‘polymorphous figure’ in a Test C drawing ‘as’ a mad person

These extreme cases were nevertheless rather sporadic, and they testified to a problematization of the normality/madness relationship, sometimes almost a metaphysical interrogation, mainly by adolescents, on the human condition of the mad and their social perception, as well as on the clownish comedy of normality. In general, however, test A worked well as a control, precisely because of the absence of the stereotypical nuclei distinctive of the images 'of' the mad person and 'as' the mad person. In fact, unlike in test A, in both the first research wave and the follow-up it was possible to identify a substantial corpus of stereotypes by means of tests B and C.

Tests B and C in the first research wave have identified representations covering a range of twenty stereotypical figurative nuclei concerning the three broadest categorizations. Analysis of the frequency distributions of both the samples of children and adults showed very clearly that, whilst in the drawings 'of' the mad person (test B) the greatest concentration of stereotypes was in the representative category of the mad as deviant (40.5 per cent in the sample of children resident in Rome, 32.9 per cent of those resident in the rural area of Sardinia, and 30.2 per cent in the sample of adults), in the drawings 'as' a mad person (test C) the magical-fantastic representation predominated (22.8 per cent in the sample of Rome children against 14 per cent of the drawings categorizable as representations of the mad as deviant and against 12.2 per cent of those relative to a medicalized representation). This result weighed in favour of the hypothesis concerning the greater loosening of inhibitory control produced by the instructions for the third test ('Draw a human figure as if you were a mad person') such to elicit more archaic and primitive projective processes structuring fantastical representations devoid of any social logic, rather than representations organized according to reversed socio-normative criteria (the mad person as deviant predominant in the drawings produced by the instruction 'Draw a mad person' of test B).

From the historical perspective adopted by the follow-up research, the findings of the first research wave were confirmed, in that the stereotypes of the 'mad person' still persisted, rotating around the three originally identified: magical-fantastic, deviant and medicalized, as shown by numerous drawings in tests B and C. However, contrary to the findings of the first research wave, where the highest frequencies were recorded in test B for the deviant representation and test C for the magical-fantastic representation, the follow-up research highlighted a greater tendency to represent the 'mad person' as physically and mentally ill. In both test B and test C, in fact, the Italian children primarily depicted the medicalized 'mad person' (42.95 per cent), while the adults did so in test B (33 per cent), but to a lesser extent in test C, in which the regressive disinhibition instead favoured, as in the first research wave, a not insignificant percentage of magical-fantastic stereotypical figurative nuclei (12.7 per cent).

The three categories of figurative nuclei

Magical–fantastic stereotypical figurative nuclei in the representations ‘of’ and ‘as’ a mad person

With specific regard to the drawings relating to the magical–fantastic representation of madness in the first research wave, these exhibited two connotative polarities – one ambiguously positive, the other more explicitly negative – reflecting the twofold face of madness through history: that of the jester, which acknowledged an expressive and creative freedom not granted to normal individuals, and that of the monster, where madness is the manifestation of a diabolic nature and possession by malignant supernatural forces, or at any rate by unnatural ones.

Polychromatic vivacity, postural and gestural dynamism, and extravagant clothing characterized the stereotype of the mad person as a *buffoon* in the drawings by two 9-year-old Rome children, of upper social class (test B) and by an adult of the same class, also resident in Rome (test C), and the stereotype of the mad person as a *clown* in the drawing by a Rome adolescent of low social class (see Figure 14.21), like many others of the same age.

Other drawings comprised figurative nuclei depicting the mad person as an *artist* (in many cases a painter, like that of an 8-year-old Roman boy, of low social class) or as a *boffin*, some sort of genius. Apparent in these drawings was a social representation of madness (together with a social representation of culture) founded on the binomials madness–art, art–madness, and madness–genius, which are leitmotifs of Western culture, and particularly emphasized in the humanistic and romantic tradition, while not disdained by a certain psychiatric culture.

Some of the drawings selected as exemplifying a magical–fantastic representation of the mad person expressed, through the attribution of ludic social behaviour or of creative social roles, a positive connotation (at least extrinsically). Other drawings by children and adults depicted madness in more fantastical terms by substituting human features with objects, sometimes anthropomorphized, intended to express desire and denoting a source of pleasure (as in the drawing by a Rome adolescent, of upper social class, who in test C represented the mad person as an enormous ice-cream cone of assorted flavours anthropomorphized with eyes, a lascivious mouth, and hair like whipped cream). Or they used symbols with evident reference to the magical dimension (as exemplified by the fairy which appeared in the test B drawing by another adolescent of the same age and social class); or cute animal figures, such as the happy squirrel drawn in a test C by a low-class adult resident in Rome.

More explicit in their negative connotations were those social representations, which enriched this polymorphous gallery of symbolic figurations of the mad person as a *devil*. Examples are the drawings (test C) by both Roman and Sardinian children and – so that it is not thought that these depictions were merely the fruit of childish imagination – some drawings by adolescents and adults (respectively by a 12-year-old girl, Roman of low social class, and an upper-class adult resident



Figure 14.21 Drawings by a female, 9 years old, and by a male, 15–16 years old, both from a metropolitan context, depicting a ‘buffoon’ and a ‘clown’ in a test C drawing ‘as’ a mad person in the first research wave and in the follow-up



Figure 14.22 Drawing by a male, 12 years old, from a rural context, depicting a ‘devil’ in a test C drawing ‘as’ a mad person in the first research wave

in Rome) which seemingly proposed the symbolic tension evoked by Dürer when representing the mediaeval binomial 'madman-devil'; as in 'madman-poverty-plague-natural calamities' (see Figure 14.22).

For that matter, if one considers that this demonological representation of madness – bred by the mystical-apocalyptic fervours of the mediaeval mentality which still raged at the height of humanism, identifying sacrificial victims in various social subjects, and which persisted until the end of the eighteenth century – continued to inspire psychiatric diagnoses of '*demonomania*' in the nineteenth (Carotenuto and Picone 1985; Picone 1982), it should be less surprising to find the persistence of this figurative nucleus in drawings by children and adults in the 1980s.

Even more explicit in their negative connotations in the first research wave were the representations of madness with its various senses that imbue collective imagery with mythical-symbolic meanings. Not only were these once apparent in the European iconographic tradition in various historical periods (being particular intense in those in which – like the Middle Ages – man's relationship with the ultramundane world and the universe of the 'non-visible' was especially dramatic), but they again appeared in drawings by children and adults resident in urban-metropolitan contexts of advanced technological culture.

The monstrous features ascribed to the mad person differed considerably, but all of them were highly imaginative. Besides anthropomorphic figures which assumed features so deformed as to be indefinable, there were 'theriomorphic figures' displaying human/animal contaminations in the form of man-cockerel, man-monkey, man-bear (as in the drawing by a Sardinian adolescent of low social class), with all the relevance of animal symbolism if it is true, as Gilbert Durand maintains, that: 'the Bestiario seems solidly installed in language, the collective mentality, and the individual imagination' (Durand 1972: 62). Man-animal contamination has always animated representations of the monster, which, as Kappler writes (1980: 280), is 'an example of symbolic functioning of psychism'. In all ages and in the most diverse of cultures, theriomorphic figures, hybrids of humans and animals, have populated the iconographic galleries inspired by the representation of the monstrous: that is, a phenomenon conceived as contrary to nature, the very essence of disorder and evil, madness of the imagination and the reason.

In other drawings, the monstrous features of the mad person were depicted by evoking mythological figures: the centaur, which is also a theriomorphic mix between man and animal, (as in the imaginative drawing by a 12-year-old Sardinian boy, of upper social class, who in test C represented the mad person as a being half man and half horse, with two heads, the one human the other animal, and with two limbs, one resembling a crooked leg, the other the head of a crocodile; See Figure 14.23); the androgyne (as in the test C drawing by a 8-year-old boy from Rome, of upper social class, who commented on his drawing thus: 'It's half man and half woman'); the Cyclops (as in the drawing by an upper-class adolescent, resident in a rural area, who in test C represented the mad person as a one-eyed man with evident dysmorphism: one arm enormously longer than the other; See Figure 14.24).



Figure 14.23 Drawing by a male, 12 years old, from a rural context depicting a 'Centaur' in a test C drawing 'as' a mad person in the first research wave



Figure 14.24 Drawing by a male, 12 years old, from a rural context depicting a 'one-eyed Cyclops' in a test C drawing 'as' a mad person in the first research wave

Evident in these drawings, too, was the symbolic activation of representative gestalten pertaining to the historical–iconological heritage: suffice it to compare the sketches representing the centaur with the twelfth-century wood-panel painting by Anonymous (Zillis, Switzerland), or with the classical representation of the Sphinx and the Minotaur; or to inspect the man–woman hybridizations in the androgynous figures drawn by Schedel (*Chronica Mundi* 1493); or again, to consider the drawings of Cyclops accompanying Mandeville's prints, or the more recent painting by Odilon Redon (1895–1900, Otterlo, Rijksmuseum Kroller-Muller).

Other forms in which children and adults depicted the monstrosity of madness were dysmorphic figures: for example, one with inverted head and arm (drawing by an 8-year-old boy from Rome of low social class) or with a balloon-like head detached from the body (drawing by a Rome adult of low social class) or carried under the arm (drawing by a Rome adult of upper social class); or ones with mutilated necks so that the head was joined to the trunk, as in various drawings (for example by an upper-class Rome adult) reminiscent of Mandeville's 'blemmyes'.

In other cases, the monstrous aspect of the 'mad person' was polymorphous: figures with several heads (drawing by a low-class adolescent resident in a rural

area, which recalled the two-headed figure drawn by Schedel (*Chronica Mundi* 1493)) or with several limbs (as in the drawing by an upper-class Rome boy aged seven, or the one by a 13-year-old boy, also resident in Rome and of upper class, reminiscent of the monstrous multi-limbed figures of Schedel or Conrad von Megenberg (*Buch der Natur*, Augsburg 1478)).

Emblematic of the lack of proportion was the representation of the insane as having some body parts monstrously hypertrophic with respect to others, as in the drawing by a 16-year-old adolescent, Roman and of middle-upper class, who depicted the mad person as a 'bighead' (*testone*).

In other cases, this lack of proportion between the head and the trunk was expressed with 'hyper-underdeveloped' forms whereby, especially in test C, human figures had bodies which were only outlined with broken lines (as in the drawing by a Rome adolescent of upper social class).

When these drawings – with their sparseness, poverty of detail and scant formal structuring – were evaluated according to Goodenough and Harris's criteria (DHF test: Harris 1963; Italian standardization: Polacek and Carli 1977), they received very low IQ scores, sometimes below the minimum tabular value for the subject's age. It was therefore interesting to find that – in accordance with the hypothesis of a progressive impoverishment in tests B and C with respect to test A of the constitutive properties of the human figure and its articulation (proportion, coordination, clothing, features, etc) – analysis of variance showed a significant difference between the tests relative to the IQ cognitive indicators attributed to drawings 'of' and 'as' a mad person and that of a normal person. This result can be interpreted in light of 'projective identification' processes which induced the same subjects to attribute scalarly lower cognitive values to the figures relative to madness owing to latent or implicit stereotypes of the 'madman-idiot', the 'madman-bighead' – mentally 'underdeveloped' or in any case backward.

Highly impressive was the drawing by a low-class adolescent resident in a rural area, who depicted the mad person (test C) as a skeletal figure stripped of the visible part of the body ('flesh' as the metaphorical attribute of the living), which is normally the most tangible mediator of the body's image and the part with others come most directly into contact. The monstrosity of this madman-skeleton was further emphasized by the dimorphism with which the limbs were depicted, with the feet in place of the arms, one hand in place of the sternum and the other attached to the skull.

But the *magical-fantastic representation* of the mad person found other expressive forms through *contamination of anthropomorphic features* with elements from the 'vegetable kingdom' (as in the C test drawing by an adult woman, from Rome, of low class, who drew an apple in place of a hand) or with 'mechanical parts' (as in the C test drawing by a 5 to 6-year-old boy, Roman of low class, who commented on his drawing thus: 'mechanical hands, two trumpets, a magic wand, an ice-cream, a telescope, and the magic fairy'; or the drawing by an adult, from Rome, of upper social class, who in test C represented the mad person as a UNIVAC card reader; or again, as in the drawings respectively by an 8-year-old Rome boy, of upper class, and by two low-class rural adolescents, who – again

in test C – represented the mad person as a kind of robot–rocket, with various connotations, more or less aggressive and comic).

These representations contaminating parts of the human figure with vegetable or mechanical elements are also to be found in artistic iconography, as exemplified by the sixteenth-century painting by Giuseppe Arcimboldi, *The Gardener* (Cremona: Museo Civico) and *L'Homme de Mesnage* by an unknown seventeenth-century artist. They also recur in representations of the monster constituting a specific category in the typology drawn up by Kappler, who termed it '*Mélange des règnes animal, végétal, minéral*' (Kappler 1980: 135–43).

Today, as in the 1980s, magical–fantastic representation is polarized on dimensions connoted both positively and negatively. Thus, for example, the stereotype of the mad person as a 'clown' appeared in the drawings (test B) by two children aged 6 and 7 resident in a rural area, who commented: 'A clown throwing rubbish'; 'A clown'; or in the test C drawing by a classmate of 'A clown'. Among adolescents, a boy and a girl from Rome drew the head of a clown in test B.



Figure 14.25 Drawing by a female, 12–13 years old, from a metropolitan context, of a 'Picassian person' depicting a 'dismorphous figure' in test C 'as' a mad person



Figure 14.26 Drawing by a female, 8–9 years old, from a rural area, depicting a 'devil' in test C 'as' a mad person in the follow-up

Recurrent in the first research wave was the figurative nucleus representing the mad person as an 'artist' (in some cases a painter: for instance, in the test C drawing by a 6 to 7-year-old Roman, who commented: 'The madman has drawn a person'); or as a 'boffin' (as in the test B drawing by a 6 to 7-year-old Roman boy, who added in his description of the protagonist: 'A person who has invented something'). In test C, a Rome adolescent expressly drew 'A Picassian person' depicting a 'dismorphous figure' (see Figure 14.25). Asymmetrical images characterized by strong decomposition of the figure or parts of it (as opposed to the highly harmonious depictions of the normal person) were also produced by the experts, such as psychiatrists working in a metropolitan context.

Present in these drawings is a social representation of madness based on the binomials madness–art and madness–genius recently reprised in an exhibition curated in Siena by the art critic Vittorio Sgarbi and entitled *Arte, Genio e Follia* (Art, Genius and Madness): see the exhibition catalogue published by Mazzetta in 2009.

Demonstrating that magical–fantastic representations do not spring from the expressive freedom distinctive of children, other creative representations appeared in the adult subjects' drawings 'of' and 'as' a mad person. Among these, we mention in particular those recalling forms of art: for instance, in test C a Roman parent drew and commented in writing on 'A rain of men; men and women who live in the sky but are now descending to earth', evoking René Magritte's *Golconde* (1953).

As regards madness due to love, in test C, a Rome adolescent wrote that he had drawn 'The dead wife of the mad person for whom she'd lost her head; the woman who was madly in love when alive'.

Whilst the drawings discussed thus far tend to have rather positive connotations, clearly negative is the representation of a mad person as a 'devil' in a test C drawing by an 8 to 9-year-old girl resident in a rural context (see Figure 14.26).

Moreover, the children's drawings pullulate with monsters depicted in a wide variety of forms: round (as in the test C drawing by a 8 to 9-year-old boy from a rural area, who described the subject of his picture as a 'man–monster'); square (as in the test C drawing by a 8 to 9-year-old girl from a rural area, who described her subject as a 'person–monster'); indefinable (as in the test C drawing by an 8- to 9-year-old Roman girl); 'theriomorphic' with man–animal contaminations (as in the drawing by a 6- to 7-year-old Roman boy, that by a 8 to 9-year-old girl from a rural area, or that by a student educator aged eighteen to thirty-five resident in a metropolitan area, all of whom described their test B drawings as being of a 'man–cat') (see Figure 14.27).

Elsewhere, representations of the mad person depicted his or her monstrous features by evoking the Loch Ness monster (Nessie), a murderous creature allegedly inhabiting the Scottish lake of the same name, and whose first sighting dates back to AD 590. The monster was attributed positive intentions by an 8- to 9-year-old boy resident in a rural area, who commented on his test C drawing thus: 'The Loch Ness monster altered: she is saving someone' (see Figure 14.28).



Figure 14.27 Drawing by a female, 8–9 years old, from a rural context, showing a theriomorphic figure with man–animal contamination in test B ‘of’ a mad person



Figure 14.28 Drawing by a male, 8–9 years old, from a rural context, depicting ‘the Loch Ness monster’ in test C ‘as’ a mad person

Other expressions with which the monstrosity of the mad person was represented were dysmorphic figures, such as those described by two classmates, aged six and seven, from a rural area, who in test C respectively commented on their drawings thus: ‘one foot on the head, then the hands between the teeth’; ‘a person with three legs: one leg on the neck and two legs on the cheeks’.

In other cases, ‘polymorphous’ features were used to convey the monstrous appearance of the ‘insane’: figures with several heads (like the three-headed alien drawn by a 6- to 7-year-old Rome girl, and the two-headed human figure drawn in test C by a Rome adult), or with several limbs (as in the test C drawings by four classmates – two male and two female – aged six and seven resident in a rural area, who described their pictures as follows: ‘a person with four feet’; ‘a person with three hooves’; ‘a person with three legs’). Distinctive in form and colour was the test C drawing produced by a fifth child, which, although it generally resembled a dragon, was described as ‘a person with eight feet and four hands’) (see Figures 14.29 and 14.30).

Besides fleshless figures, as in the case of the bony skeleton and in the hyper-regressed figures represented in the results of the first research wave and in the follow-up, the images were sometimes deprived of parts of the body, which seemed to have been erased (as in the drawings produced by a 8- to 9-year-old boy



Figure 14.29 Drawing by a female, 6–7 years old, from a metropolitan context, depicting a ‘three-headed alien’ in test C ‘as’ a mad person



Figure 14.30 Drawing by a male, 6–7 years old, from a rural context, depicting ‘a person with eight feet and four hands’ in test C ‘as’ a mad person



Figure 14.31 Drawing by a female, 14–16 years old, from a metropolitan context, showing the presence of ‘woman–vegetable contamination’ in test C ‘as’ a mad person

from Rome, and by a rural adolescent, who commented: 'It's an incomplete... abnormal man', or that by a Rome psychiatrist.

As already anticipated, the magical-fantastic representation of the mad person was also expressed through forms of 'contamination' of anthropomorphic features with elements pertaining to the 'vegetable kingdom' (for example, in the test B drawing by a 6- to 7-year-old Roman girl who represented a blue figure with some sort of sun for its head and flowers for its legs, or that by an 8- to 9-year-old boy from a rural area who invented and described 'the potato-man', or that by a Roman adolescent who in test C drew 'A woman with an apple instead of her head') or with 'mechanical parts' (as in the test C drawing by a 6- to 7-year-old girl, from a rural area, who depicted 'The television-man' and described him as 'a person with a TV-head'), recalling a work produced in 1996 by the artist Mattia Moreni, *L'umanoide tutto computer. PERCHÉ?* (paint on canvas, 130 × 90 cm, Collezione Buscaroli, Massa Lombarda) (see Figures 14.31 and 14.32).



Figure 14.32 Drawing by a female, 6–7 years old, from a rural context, showing the presence of 'man-mechanical contamination' in test C 'as' a mad person

Stereotypical figurative nuclei in the representations 'of' and 'as' a mad person as deviant

Both in the first research wave and the follow-up, testimonies such as those reported above constitute a privileged means to activate fantastic and mythical-archaic representative nuclei such to free in adults the latent contents of the social representation of madness that would otherwise not have emerged if subjected to the rationalizing filters of the expressive logic of verbal language. Not always, however, did the drawings produced by the subjects reveal, either in the original

research or in the follow-up, such an archaic representational system of madness. In other cases, and especially in test B, the drawings instead represented madness as 'deviance', in accordance with a widespread perception of the mentally ill as outcasts and an interpretation of mental illness as a residual category of deviance (Scheff 1966).

In the first research wave this was expressed in various stereotypical nuclei: the image of the 'behaviourally odd' individual who breaches formal or informal social norms, or, simply, does not adjust to contextual circumstances (for example walking under an umbrella when the sun is shining, as in the drawing by an upper-class Roman adolescent; or blocking a driver's path by playing a trumpet in front of his car, as in the drawing by another Roman adolescent, this time of low class; or stripping in the street, as in the drawing by an adult Roman woman of low class; or swearing and gesticulating as in the drawing by a 12-year-old Roman girl of upper class; or perching on all fours on the roof of a car, as in the drawing by a rural adolescent of low social class; or as one reads in comments on other drawings: 'wearing trousers and a short-sleeved shirt in winter', 'standing in the middle of the road when the bus arrives', 'punching the bus instead of getting a ticket', 'asking a friend for a cigarette while saying he doesn't smoke', 'tipping wine on his head', 'doing karate without being able to', 'riding a motorbike while listening to music through headphones', etc.)

Popular prints widespread in Europe during the sixteenth and seventeenth centuries, inspired by the tradition of the 'upside-down world', attest to this ancient vision of madness as a reversal of the normal and as freedom from the rules governing everyday life.

In other cases, the representation of madness as deviance denoted a more violent and criminalized perception of it: there arose the stereotype of the insane murderer, represented as 'someone chopping people's heads off', 'someone shooting' or – as one reads in other comments – 'someone killing his children', 'someone beating a man up', 'someone throwing stones', or even as 'a terrorist with a bomb and a knife' (13-year-old boy from a rural area and of upper social class).

Needless to say, the stereotype of the insane criminal has occupied such a large part of Western history before and since the birth of psychiatry, that it has been sanctioned by the various systems of confinement used to 'fence off' the deviant.

Nor can it be said that the complete identification of the insane with common criminals and the marginalized in general has been superseded – with the advent of the medicalized representation of madness and the diversification of institutional spaces of confinement (mental hospitals separate from jails) – by an image of the mentally ill free from the stereotypical nuclei of criminal deviance. For that matter, the continuing existence of asylums for the criminally insane, the crime news pages of newspapers, the conversations of ordinary people as they comment on breaches of the law, are powerful factors in the persistence of the criminalized representation of madness. Nor is artistic iconography extraneous to this process (see for example the painting – oil on canvas – by Antoine Wiertz, entitled *La Faim, la Folie et le Crime*, Brussels, Musées Royaux des Beaux Arts).

And it is significant that in some drawings the mad person is dressed in the same uniform as a prisoner (the typical striped pyjamas) and is still depicted chained up in a place resembling more a jail than a hospital (as in the drawing produced by a 8-year-old Rome boy of upper social class).

But the repertoire of images with which children and adults represented madness as deviance covered an even broader range. Some drawings likened madness to new social labels of deviance such as 'drug addict', or the more popular one of 'drunk'. A common element was the psychological dimension of madness perceived as over-indulgence and substance abuse (drugs, alcohol).

In other drawings, madness-deviance was depicted mainly in terms of social marginalization, with a twofold conception of the insane as the protagonist and cause of exclusion, on the one hand, and as its subject and victim on the other. Particularly frequent in drawings by adolescents – especially sensitive to the ethical issues raised by social exclusion, probably because of the antagonistic effect of their developmental need for inclusion in the world – were elements intended to amplify the meaning of marginalization which bred the representation of the mad as 'social rejects'. Examples are a drawing by a 12-year-old boy who, alongside the mad person dressed in rags, drew a rubbish bin with the word 'refuse' written on it; or the test B drawing by another adolescent which depicted the mad person holding a poster declaring 'I'm in the world as well'. In many cases, however, the general degradation of the insane to the status of dirty idle vagrants with patched clothes was depicted with the features of the 'ragged vagrant' and the 'tramp'

Also this figurative nucleus of the mad as vagrants has been communicated in history through artistic imagination, as evidenced by Brueghel the Elder's painting *Mad Meg* (1562, Antwerp, Museum Mayer Van den Bergh) and Hieronymus Bosch's celebrated painting representing the '*stultifera navis*' on which the mad were forced to wander the rivers of the Rhineland and the Flemish canals by a fifteenth- to sixteenth-century practice (1490–1599, Narrenschiff, Paris, Musée du Louvre).

Distinctive in this category, moreover, were drawings more imaginative and generally more sophisticated from a graphic-figurative point of view (greater attention to detail, eccentricity of attire, chromatic richness, visibly creative expressive modes) which exhibited stereotypes closer to the 'freak', to the eccentric and non-conformist 'hippy', than to the outcast, but were nevertheless representative of the desire to breach social norms.

As sociologists of costume well know, clothing is a powerful metaphorical indicator of status. It was again through clothes, in fact, that in other drawings the representation of madness as deviance was expressed. For example, the woman's clothes and make-up worn by a male figure in a drawing by a 13-year-old Rome girl, of low class, encapsulated the stereotype of the mad person as a 'transvestite', evoking both collusive dimensions between madness and sexuality (the man who wants to look like a woman) and the clownish and histrionic aspects that we have already seen attributed historically to madness.

It was, instead, a lack of clothing and the highlighting of sexual features, which in other drawings emphasized the representation of the mad as 'sexually

uninhibited', thereby once again expressing the link between Eros and madness and its transgressive character.

As in the first research wave so in the follow-up, and especially in test B, the drawings projected a representation of madness as 'deviance' expressed in various stereotypical nuclei. One of them concerns the image of the 'behaviourally odd' individual who breaches formal or informal social norms, or simply does not adjust to contextual circumstances. For example 'He's throwing himself off the ladder onto the table', as an 8- to 9-year-old Rome boy stated in regard to his test B drawing (see Figure 14.33); or jumping on the table as in the test B drawing by an 8- to 9-year-old boy from a rural area; while another boy of the same age represented a mad person about to set fire to his car and saying in a speech bubble: 'You see I've reached my destination' (see Figure 14.34). A Rome adolescent instead represented in test B a 'naked man in the rain, so a mad person.' The upside-down world appears in the test C drawing by a Rome adolescent who represented a tree with roots instead of foliage, a stylized man with a triangular head, and an inverted house seemingly built entirely underground. This example (see Figure 14.35), chosen among many others, not only recalls the widespread tradition in Europe during the sixteenth and seventeenth centuries of the social representation of madness, but also evokes the visionary Chagall's upside-down world (Fréchuret and Pacoud-Rème 2010).



Figure 14.33 Drawing by a male, 8–9 years old, from a metropolitan context, showing the presence of 'behavioural oddities' in test B 'of' a mad person



Figure 14.34 Drawing by a male, 8–9 years old, from a rural context, showing the presence of ‘behavioural oddities’ in test B ‘of’ a mad person

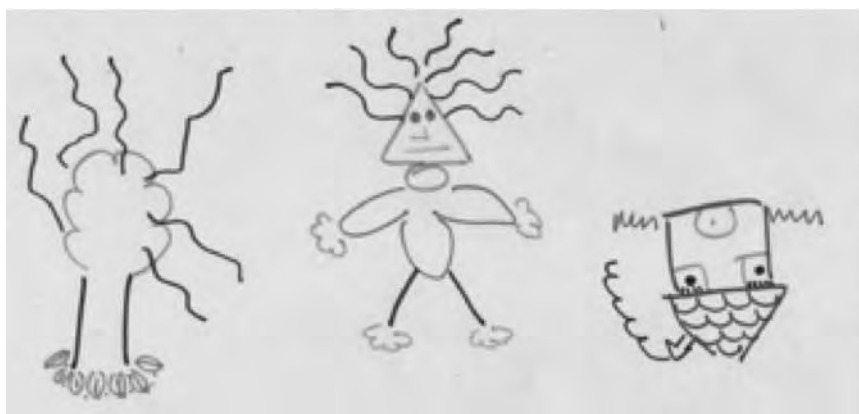


Figure 14.35 Drawing by a female, 14–16 years old, from a metropolitan context, showing an ‘upside world’ in test C ‘as’ mad person

In other cases, the representation of madness as deviance still today appears in ‘violent and criminalized forms’: as in the stereotype of the mad murderer who strikes bare-handed (for instance, in the test B drawing by a 8- to 9-year-old Rome boy, one reads in the description, written in dialect, that ‘He’s battering someone’) or armed (as in the test B drawings by two young Rome boys, respectively aged 6 to 7 and 8 to 9 years old, who depicted a mad person shooting. In one of these drawings, there are two mad persons: one is shooting at an aircraft while the other, on board a car, is running him over. The description explains: ‘One is shooting, and the other is running the mad person over’ (see Figure 14.36).

Another 8- to 9-year-old boy from Rome instead drew a man wielding a saw and commented: ‘He’s breaking up the houses.’ A rural adolescent drew a man holding a bloody dagger, and in the description wrote: ‘He’s bad and he must go

to prison'; a rural adolescent in test C drew 'a beheaded man and his murderer'; a mother from a rural environment represented in her test B drawing 'a mad person beating a child' with some sort of club to cause a head wound with spurting blood; another mother depicted a mad person shooting a gun in the same test (see Figure 14.37). As in the first research wave, several respondents depicted a mad person 'placing a bomb', as in the description of a test B drawing by an 8- to 9-year-old Rome boy.

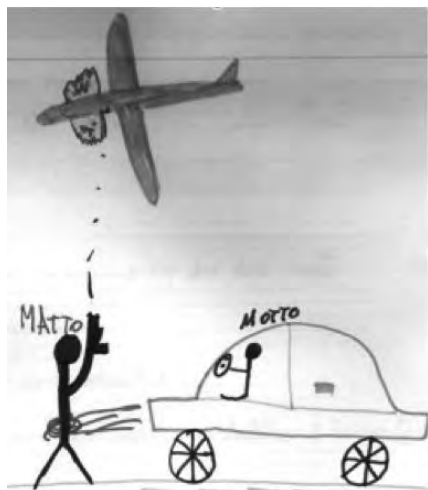


Figure 14.36 Drawing by a male, 8–9 years old, from a metropolitan context, showing 'one mad person shooting and the other running him over' in test B 'of' a mad person



Figure 14.37 Drawing by a mother, 36–60 years old, from a rural context showing a mad person beating a child and causing a head wound with spurting blood in test B 'of' a mad person

Some drawings portrayed deviance as substance abuse. Exemplary as regards the image of the drunkard are the drawing by a 6- to 7-year-old Rome boy, who in his description added: 'He's throwing the bottle away'; or those by three children of the same age from a rural area – a female and two males – who depicted the mad person drinking from a bottle, or by a girl aged 8 to 9 from a rural area, who wrote: 'He seems an alcoholic to me'; or finally that by a rural adult, who in his test B drawing represented: 'a shabby man who likes smoking and drinking' (see Figures 14.38 and 14.39).

Drug addicts were generally less uninhibited. Nevertheless, it was possible to identify explicit representations where addicts were drawn holding syringes. In test B, a rural adolescent depicted a 'freak' with a syringe in his hand and wrote 'He's taking drugs'. In the same test, a Rome adolescent drew a 'crazy drug addict', while another Rome adolescent also depicted a 'crazy drug addict',



Figure 14.38 Drawing by a female, 8–9 years old, from a rural context, showing the ‘representation of madness as alcohol abuse’ in test B ‘of’ a mad person



Figure 14.39 Drawing by a father, 36–60 years old, from a rural context, showing the ‘representation of madness as alcohol abuse’ in test B ‘of’ a mad person

alluding to prison as the place for his treatment by writing: ‘He’s taking drugs and imagining prison’. Or there were comments such as those by an 8- to 9-year-old Rome boy who, in regard to the protagonist of his test B drawing, commented: ‘He’s drug addicted’; or by a rural adolescent in regard to his test B drawing of a musician: ‘He’s a good boy who’s thrown his life away on drugs and Heavy Metal’ (see Figures 14.40 and 14.41).



Figure 14.40 Drawing by a male, 14–16 years old, from a rural context, showing the ‘representation of madness as substance abuse’ in test B ‘of’ a mad person



Figure 14.41 Drawing by a female, 8–9 years old, from a rural context, showing the ‘representation of madness as raggedness’ in test B ‘of’ mad person

As previously in the first research wave, in some drawings produced during the follow-up the representation of madness–deviance assumed mainly the features of social marginalization expressed by the ‘ragged vagrant’ and the ‘tramp’ (as in the test B drawing by an 8- to 9-year-old girl from a rural area, or the test B drawing by a Rome adult, who wrote in his description that it was of a ‘man–tramp’). Also recurrent in this category were ‘freaks’ and ‘hippies’.

In another drawing, the mad person is depicted by a rural adolescent in test C with ideological symbols, such as swastikas, and religious accessories (rosary and cross) on the same figure. There was no lack of other explicit ideological references, such as those apparent in the test B drawing by a Roman adolescent depicting two Italian political leaders: Umberto Bossi of the ‘Lega Nord’ party with a green shirt and an angry posture; while prime minister Silvio Berlusconi was drawn wearing a blue suit and with an amiable expression (see Figure 14.42); another Rome adolescent in test B instead depicted a priest ‘telling a kid off’ (see Figure 14.43).



Figure 14.42 Drawing by a female, 14–16 years old, from a metropolitan context, showing the presence of ‘explicit ideological references’ in test B ‘of’ a mad person



Figure 14.43 Drawing by a male, 14–16 years old, from a metropolitan context, showing the presence of ‘religious references’ in test B ‘of’ a mad person

In the first research wave, transvestism mainly concerned male cross-dressing (as in the test B drawing by a girl aged eight to nine, who commented: ‘It’s a crazy man wearing a skirt and boots’ and by a Rome girl of the same age, who commented: ‘It’s a male who’s put on a skirt and dyed his hair’; or by an adult from a rural area who in test C drew a scantily clad protagonist and commented: ‘a man dressed as a woman’). Alternatively, transvestism concerned

sexual uninhibitedness (as in the drawings by two 8- to 9-year-old rural boys, one of whom commented: 'I've drawn a naked man', while a classmate drew a mad person descending by parachute from a plane over Italy and commented: 'He's showing himself naked to the whole of Italy'. In the follow-up research, however, transvestism carried a further meaning: that of *disguise*, as evidenced by some drawings which alluded to carnival costumes and cartoons produced by the smallest children which bordered on the fantastical (see for example the test C drawings by a boy and a girl aged six to seven from a rural area – the girl commented: 'two madmen who go around frightening people' – and in the description of a test C drawing by a rural adolescent which referred to Homer Simpson, the protagonist of the American cartoon series *The Simpsons*).

Medicalized stereotypical figurative nuclei in the representations 'of' and 'as' a mad person

Classifiable as being on the boundary between the deviant and medicalized views of madness is the drawing (B test) by a Rome adolescent which depicted a 'mad person confined to a lunatic asylum' wearing a straitjacket and with a ball and chain attached to his foot (see Figure 14.44).



Figure 14.44 Drawing by a male, 14–16 years old, from a metropolitan context, showing the combined presence of the deviant and medicalized representations of madness in test B 'of' a mad person

The same mixture of the deviant and medicalized stereotypes was seemingly apparent in the drawing by a Roman mother, which showed: 'a man confined to a cell, solitary, abandoned; he's a person with psycho-somatic problems and is suffering because of his difference and loneliness'. This is therefore an instance of a particular type of mad person 'institutionalized' in a total institution midway

between a jail and a hospital, undiversified and regressed, insofar as it is not possible to distinguish between what is the responsibility of the judicial system and what is of medical–psychiatric competence.

As regards the ‘medicalized representation of madness’, the stereotypes identified by the first research wave concerned the ‘institutionalized’ mad person with explicit reference to the mental hospital: the mad person as ‘physically ill and handicapped’ (as in the drawing by a 13-year-old Rome girl of upper class who added indicators of social handicap to physical disability by depicting a mad person in rags dreaming of a wheelchair); or the mad person as ‘mentally ill’, ‘ideationally odd’, subject to delirium or hallucinations (as in the drawing by a low-class rural adolescent depicting the mad person as wearing a priest’s vestments and invoking Satan, or the drawing by another Rome adolescent of upper class portraying the mad person as the usual megalomaniac with the illusion that he is Napoleon; or the drawing by a 12-year-old Rome girl, of upper class, who commented: ‘It’s a retard in mind and time who believes he’s living in the age of Nero’; or again, in the drawing by a 9-year-old Rome girl, of low class, who in depicting a mad person in a sort of open-sided house added the caption: ‘It’s a mad person who imagines that he’s inside the house, but he isn’t’).

Again with regard to the medicalized representation of madness, the first research wave identified stereotypical nuclei portraying mad persons as ‘problematic and neurotic’, closed in on themselves, and in constant search of the reasons for things and the meaning of life. Several drawings, usually by adolescents, confirmed the peculiarity of ‘metaphysical ruminants’ (as defined by Maurice Debesse) by depicting madness in thickly shaded drawings dense with interrogatives: as in the test C drawing by a 15-year-old Rome girl, of upper class, which showed only a face behind dense shading, as if in a fog, adding the caption: “‘Normal’ as seen by the ‘mad person’. Question: ‘indifference of the normal?’”; or in the test C drawing by another low-class Rome adolescent, which expressed the Hamlet-like question ‘To think? Why? How?’ written in cloudlets among the hair of a person adopting the oracular posture of a sphinx. In one case, the mad person was rendered as ‘a depressed person with suicidal or anyway self-harming tendencies’. The range of self-destructive behaviours depicted was rather wide: other drawings were accompanied by comments of the type: ‘He’s shooting himself’, ‘He’s throwing himself off a railway bridge’, ‘He’s tearing his ears off’, ‘He’s cutting his head’, ‘He’s bashing himself on the head’.

Finally, classified within the category ‘medicalized representation’ were the drawings that represented the mad person as a ‘hypo-developed bighead’ or with ‘hyper-regressed skeletal forms’, which, by depicting visible alterations to the body structure or pronounced regression of the human figure, exhibited a stereotype of the mad person as physically marked. The drawing by a 9-year-old Rome boy, of low class, with its multi-coloured depiction of the mad person’s head on a highly regressed body structure was a typical example of how the head has been reprised as the seat of madness. Not by chance, a sixteenth-century painting by Bosch depicts an attempt to extract the stone of madness from a man’s cranial cavity (see Hieronymus Bosch, *Extraction of the Stone of Madness*, Madrid, Prado Museum).

In the follow-up research, stereotypical figurative nuclei clearly classifiable within the category of the 'institutionalized' mad person were apparent, for example, in the test B drawing produced by a Rome adolescent, and in another one by an adolescent from a rural area, portraying the 'raving mad' subject to constriction: in the former drawing the mad person 'tries to wriggle free', in the latter 'he's immobilized by a straitjacket'; or in the test B drawing by another rural adolescent of 'a mad person in the lunatic asylum' subject to 'fits of anger'; or again, in the test B drawing by a rural mother of a seated and constricted figure, with the comment: 'a crazy man in a straitjacket' (see Figures 14.45 and 14.46).



Figure 14.45 Drawing by a male, 12–13 years old, from a rural context, depicting an 'institutionalized mad person' in test B 'of' a mad person



Figure 14.46 Drawing of a male, 12–13 years old, from a rural context, depicting an 'institutionalized mad person' in test B 'of' a mad person

The mad person as physically handicapped emerged from, amongst others, the C test drawings by a Rome adolescent and a 6- to 7-year-old rural boy, who drew a mad person lacking a leg and commented: 'a child with one leg and one arm'. The mad person as mentally ill, represented as ideationally odd and subject to delirium or hallucinations was present in the drawing by an 8- to 9-year-old girl from a rural area which depicted a human figure greeting the grass on which it is walking with 'Hi grass' (see Figure 14.47). Another girl of the same age and from the same area drew a mad person who, probably under the influence of alcohol, says in a speech bubble 'See, I'm dead!' A Rome adolescent depicted a man with a speech bubble saying 'Blah, blah, blah' and commented: 'Since he's talking to himself, he's not entirely normal'. Likewise, a Rome mother drew 'a man walking through the town talking nonsense: it is a man who, unlike the others who lead normal lives, lives in a world of his own'.

Again with regard to the medicalized representation of madness, there were stereotypical nuclei which represented the mad person as *problematic* (as evinced

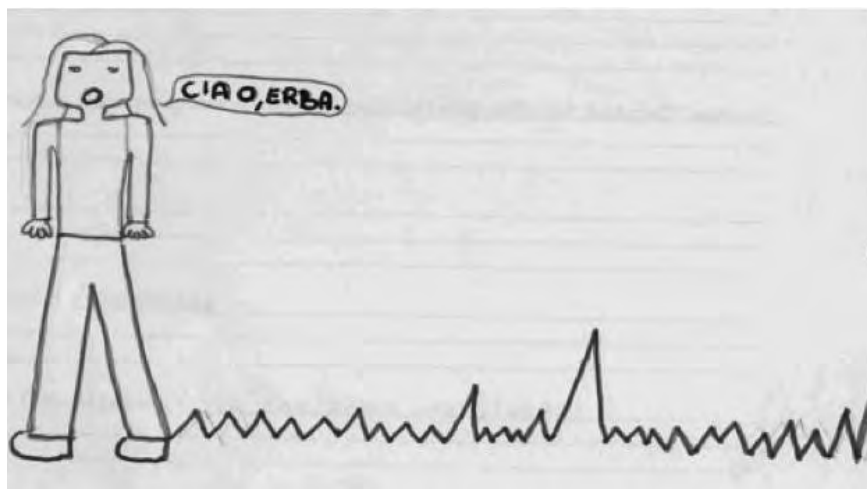


Figure 14.47 Drawing by a female, 8–9 years old, from a rural context, depicting a ‘mad person subject to delirium and hallucinations’ in test B ‘of’ a mad person

by the description written by an adult in test B: ‘A person with mental problems – mad’, and the description by a Rome mother, who in test B drew a man with communication difficulties expressed through a speech bubble full of question and exclamation marks, and specified in the caption: ‘He’s walking among people, he’s disoriented and trying to communicate; he seems to be troubled by numerous thoughts and conflicting emotions’, while another Rome mother represented problems as an insurmountable wall and wrote in the caption: ‘A mad person with what in his eyes is an immense obstacle to overcome’; *neurotic* (as in the description by a rural adolescent who in test B drew a human figure with a downturned mouth and commented: ‘a psychopathic–crazy–neurotic person’, while an adult of rural area described the protagonist seated on a chair in meditation as ‘a seated mad person thinking about what?’); or *manic* (as in the test B description by a rural adult); or *schizophrenic* (as in the test B drawing by a rural adolescent, who explained that the man portrayed was ‘a mental–schizophrenic ill person’).

The mad were also described as *depressed* (as in the drawing by a Roman adolescent whose depiction of a mad person with his head in his hands recalled the protagonist of Munch’s *The Scream*. He commented: ‘An insane person, in hospital, severely depressed’, while one reads in the comment on the test B drawing by a parent in a rural area: ‘It’s a sad person’) with *self-harming tendencies* (as previously in the first research wave, the test B drawing by a 6- to 7-year-old Rome boy represented the mad person wielding hammer and stated in the description: ‘He’s giving himself a hammering’; while in the same test a rural parent drew a seated person using two hammers to hit himself repeatedly on the head). The mad were sometimes depicted as *suicidal* (as in the test B drawing by a rural adolescent of a man aiming a gun at his neck; or the test B drawing by a rural parent of a man on a bridge of a river with a stone tied to his neck, accompanied

by the comment: 'Someone about to attempt suicide') (see Figures 14.48, 14.49 and 14.50).

Finally, classified within the 'medicalized representation' category, were drawings that represented the mad person as a 'hypo-developed bighead' or with 'hyper-regressed skeletal forms' and therefore presented an individual marked physically. The test C drawings by two Rome adolescents are typical examples.

The various stereotypes identified were combined in the test B drawing by a Rome adolescent who drew an extravagant and bizarre figure with the comment: '*a mad, crazy, drunk and hysterical man with physical and mental problems and drug addiction*'; drawn above his head are a threatening raincloud and a lightning bolt, which are explained as follows: '*The cloud means misfortune for him and the lightning describes his anger*'.



Figure 14.48 Drawing by a male, 14–16 years old, from a metropolitan context, showing a 'mad person as depressed' in test B 'of' a mad person



Figure 14.49 Drawing by a father, 36–60 years old, from a rural context, depicting a 'mad person with self-harming tendencies' in test B 'of' a mad person



Figure 14.50 Drawing by a father, 36–60 years old, from a rural context, depicting a ‘suicidal mad person with self-harming tendencies’ in test B ‘of’ a mad person

Concluding remarks: resisting cognitive polyphasia in the social representations of madness thirty years after the deinstitutionalization of the asylums in Italy

The results of the research have evidenced the unusual nature of the social representations of mental illness unstably poised between the production and reproduction of images inscribed in the collective memory and only partly reactualized in response to socio-cultural changes.

The interpretations put forward in this article – even though they are partial with respect to the huge amount of data collected at the various complex levels of the research – have directed attention to an interactive reading of the results taking into account the relations among methods, data and strategies of analysis involved in the verbal and figurative linguistic codes. Thus furnished is empirical confirmation of the construct ‘cognitive polyphasia’ in levels of representation:

Last, I cautiously suggested the hypothesis of cognitive polyphasia. Basically I thought that, just as language is polysemous, so knowledge is polyphasic. This means in the first place that people are able in fact to use different modes of thinking and different representations according to the particular group they belong to, the context in which they are at the moment, etc.

(Moscovici 2000: 241)

Focusing the attention on the results obtained by means of more structured verbal techniques entirely confirms the developmental hypothesis expressed by a model, which evolves from a representation of madness as deviant to first a medicalized representation and then a psychologized one.

At the same time, however, insofar as it directs attention to results obtained by means of more projective verbal techniques, and all the more so by means of figurative tests, this model is undermined by the resurfacing of figurative representational nuclei anchored in the collective imagination which give rise, in the drawings by both children and adults, to a gallery of magical-fantastic images (monsters and demons; theriomorphic, dysmorphic, polymorphic, and hyper-regressed figures; mythological, fantastic, clownish, artistic ones) together with deviant images (criminal-thief-murderer, prisoner, drug addict, drunk, sexually uninhibited, vagrant, freak, behaviourally eccentric), and figurative nuclei anchored to a medicalized representation (physically handicapped, hypo-developed, hyper-regressed skeletal forms, mentally ill, suicidal with self-harming tendencies).

In both the first research wave and the follow-up, the figurative tests 'of' and 'as' a mad person revealed the wide range of stereotypical nuclei concerning madness in the drawings by children and adults. They figuratively translated, today as thirty years ago, the polysemous dimension of madness in history and society. They also evidenced the precociousness with which the differentiation between 'normality' and 'deviance' comes about, together with the archaic nature of the representations of madness persisting in the figurative imagination of adults.

Comparison between the data from the first research wave and those from the follow-up has shown – consistently with the 'modelling approach' and the hypotheses formulated concerning the interaction between results and the use of projective and structured, figurative and verbal, tools – the persistence of archaic nuclei especially in the graphic tests, while the variations recorded in the follow-up were mainly attributable to the verbal tests, and especially to the semantic differential. When this tool was used, in fact, although the image of the mad person remained positioned on the negative pole, an inversion was apparent in the positions of the images located on the positive pole of the normal person and the self, both in the sample of children and in those of the adults and experts. Thus expressed in the most recent results was a generalized tendency towards individualism (self-centredness to the detriment of normative anchorage to the normal person).

This result and the greater weight of the medicalized representation are the only indicators of change in the representation of madness amid the revolution in paradigm and praxis brought about in the scientific and institutional domain of psychiatry by the anti-psychiatric movement, the disruptive modification of the legislative framework (Basaglia Law), and the repercussions of that revolution in society.

In fact, thirty years after the Basaglia Law, the follow-up research has shown that the less structured verbal tests still confirm the developmental hypothesis. In

the transition from childhood through adolescence to adulthood, there re-emerges in the latter the stereotype of social dangerousness developed in childhood. It continues to co-exist with a medicalized and psychologized view of madness, in more naïve form in adults, and disguised behind a more technical language in experts.

Whilst children labelled the mad using self-directed and other-directed categories of dangerousness, thereby evincing their immediate mode of control over the de-structuring anxieties instigated by the evocation of madness, the adolescents, adults and experts learned to control emotional dynamics in more structured and more rationalized cognitive-behavioural ways: for instance, they drew on a more sophisticated code of inter-code exchanges like the nosographic-psychiatric lexicon to meet the same need for control over reality. Thus in the follow-up research, 'hospitals', 'medicines' and other 'cures' became keywords shared by adults and experts in reference to the out-group, while the adults alluded to the pathology by means of terms like 'mentally unstable' and 'depression', and the experts made specific reference to 'delirium' and 'hallucinations'.

The fact that even an unstructured technique like that of free association uses diagnostic categories borrowed from psychiatric nosography testifies to the circularity of the representations produced in the scientific domain and conveyed into the discourse of non-experts.

Basaglia described the phenomenon thus: '*The problem is that if a society is to be civil it must accept both sanity and madness, but it instead gives psychiatry the task of translating madness into illness so that it can be eliminated*' (Basaglia 2000: 65).



Figure 14.51 Image from the film *C'era una volta la città dei matti* (Once upon a time there was the city of the mad)

In accordance with the workings of the social and collective memory, especially in Italy where it has operated longer, but also in countries which have undergone the personal and institutional influence of Basaglia and the complex process of psychiatric deinstitutionalization, apparent thirty years after Law 180 is a strong resurgence of interest, both among experts and the general public, which has a marked media impact through books (Attenasio *et al.* 2009; Cassatti and Gamba 2008; D'Alessandro 2008), films⁴, television programmes⁵, and radio broadcasts⁶ (see Figures 14.51 and 14.52).



Figure 14.52 Image from the film *C'era una volta la città dei matti* (Once upon a time there was the city of the mad)

Aside from celebration of Basaglia as the hero who threw open the doors of the lunatic asylums, this reactivation of the social discourse has sometimes also provided an occasion for a critical balance to be drawn up by practitioners, policy-makers, associations of family members, and 'users' (the term now used in order to avoid reference to mental illness),

Those who have participated actively or passively in these debates are inevitably exposed to the suffering caused by mental illness, as well as to the tenacity of controversial, indeed divisive, social representations attesting to the persistence of madness in 'themata' (Moscovici and Vignaux 1994).

The results of our research programme spanning almost half a century furnish unequivocal empirical confirmation of the phenomenon of cognitive polyphasia definable as: '*the dynamic coexistence of distinct kinds of knowledge corresponding to specific relationships*' which '*concerns different ways, sometimes also opposite to each other, and often multi-faceted and composite, of thinking and communicating*' (Emiliani and Palmonari 2009b: 59).

'Cognitive polyphasia' thus intervenes to explain, from a theoretical point of view, the empirical results of the research in terms of the coexistence of archaic and modern, mythical and scientific representations related at once to common sense and to the expert knowledge divulged to the general public and which render the expression of knowledge regulated by criteria of social desirability apparently contradictory (de Rosa 2009, 2010, 2012 in press).

Notes

- 1 Henceforth referred to as 'the first research wave'. This furnished the baseline parameters for the second and following waves of research reported here.
- 2 For a detailed description see de Rosa 1995: 381–83.
- 3 According to the socio-demographic variables, the naïve samples were distributed as follows:
Children and adolescents: 58.3 per cent male and 41.7 per cent female; 25 per cent 6–7 years old, 25 per cent 8–9 years old, 23.1 per cent 12–13 years old and 26.9 per cent 14–16 years old; 53.2 per cent from a metropolitan context and 46.8 per cent from a rural context; 10 per cent from low social class, 47 per cent from medium–high social class and 43 per cent with a non specified social class.
Adults: 38.5 per cent male and 61.5 per cent female; 17.3 per cent 18–35 years old and 82.7 per cent 36–60 years old; 45.2 per cent from a metropolitan context and 54.8 per cent from a rural context; 17.3 per cent from low social class, 62.5 per cent from medium–high social class and 20.2 per cent with a non specified social class; 31.7 per cent employees, 14.4 per cent housewives, 13.5 per cent free professionals, 10.6 per cent workers, 4.8 per cent shopkeepers, 2.9 per cent craftsmen, 1.8 per cent pensioners and 20.2 per cent with a non specified profession; 17.3 per cent with a lower–secondary school level, 41.3 per cent with an upper–secondary school level, 21.2 per cent with an university degree and 20.2 with a non specified education level.
Professionals and training experts: 29.3 per cent male and 70.7 per cent female; 60.6 per cent 19–35 years old and 39.4 per cent 36–60 years old; 60.6 per cent from a metropolitan context and 39.4 per cent from a rural context; 47.4 per cent of experts (11.2 per cent of psychologists, 11.2 per cent of psychiatrists, 13.3 per cent of psychiatric nurses and 11.7 per cent of healthcare practitioners) and 52.6 per cent of trainee experts (23.4 per cent of students in education and 29.2 per cent of students in psychology); 34 per cent with a master degree, 36.2 per cent with a bachelor degree; 28.7 per cent with an upper–secondary school level and 1.1 per cent with a lower–secondary school level.
- 4 'Si può fare' by Giulio Manfredonia (2008); 'Il papà di Giovanna' directed by Pupi Avati (2008); 'Shutter Island' directed by Martin Scorsese (2009); 'C'era una volta la città dei matti' (Once upon a time there was the city of the mad) directed by Marco Turco (2010).
- 5 'Niente Panico' Puntata n° 38 'La schizofrenia e le malattie mentali' – 10/11/2009 on Canale Sky 829; 'Uno Mattina' – 05/02/2010 on Rai Uno.
- 6 Terzo Anello '30 di 180' – Radio Rai Tre

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