Centrality of the Concept of Representation in Sociotherapy

Stefano SCARCELLA PRANDSTRALLER

University "Sapienza" of Rome (Italy)
Department of Communication and Social Research
s.scarcella.prandstraller@gmail.com

Abstract. "Representation" is a relevant concept in many scientific disciplines, from linguistics to social psychology, but in sociotherapy, a branch of sociology dedicated to the intervention on individuals in situations of addiction or hardship of social origin, it becomes absolutely central. There are different approaches to sociotherapy, from the original one of Rudolf Steiner (1924), to those of Marshal Edelson (1970) and John Stuart Whiteley (1986), but it is the more recent one of Leonardo Benvenuti (2002) to fully integrate the concepts of "culture," "discourse" and "representation." This author, underlining the limited range of psychoanalysis, focuses his idea of therapy both on "culture," interpreted as identification of the peculiar form of psychological organization of the patient as precondition to any intervention, and on "discourse" as method of interaction based on a dialogue supported by the phenomenological tool of "empathy." The whole dialogue between the therapist and the patient is aimed to reach a complete knowledge of the system of "representations" of the latter. Benvenuti defines a "representation" as the combination of a cognitive element, the "image," and an affective element, the "affective investment." He looks for the roots of hardship or addiction in one or more "representations" of the patient, and this is the reason why they always must be unveiled and investigated. Only the successful intervention of the therapist on these representations and their correction in a desirable way may ensure the patient the acquisition of the needed level of autonomy and therefore the success of therapy.

Keywords: sociotherapy, psychotherapy, culture, discourse, representation.

1. The Polysemic Meaning of the Term "Representation"

"Representation" is a concept taken in consideration in many disciplines, and with a wide variety of meanings. Here are some examples:

In linguistics, the term of "underlying representation" is opposed to the one of "surface form" and "used to capture generalizations in grammar that would be

easy to miss if real naturally-occurring data were used;" this can be convenient for phonology and syntax, but it is also used when describing morphology (Barthmaier 2014). In politics and political analysis, it has to do with the idea of influence of others, both individuals and institutions, and commonly it is defined as one's ability to influence the political process. In the field of lobbying and public affairs, it is the position or the point of view of a group of individuals or an organization about an issue, and may be summarized in some form of external document, such as a "position paper." For law, in juridical terms, it is the power or the faculty to do one or more activities in the name and on behalf of another person, like in the case of the "power of attorney." In art, the concept of representation can be found in the definition of depiction, where depiction is a form of non-verbal representation in which two-dimensional images (pictures) are regarded as viable substitutes for things seen, remembered or imagined. In mathematics, it is a very general relationship that expresses similarities between objects, while a "group representation" describes abstract groups in terms of linear transformations of vector spaces.

In social sciences like sociology and psychology, strictly interrelated, the question to define what a "representation" is looks even more complex and it is subject to continuous debate. For Emile Durkheim, one of the historical founders of sociology as discipline, collective representations are the main object of study of sociology and they concern those intellectual forms which include religion, moral sphere, law and science. Representations are a very wide range of products of the mind, which a unique discipline is not capable to interpret. Therefore, collective representations must be in any case separated from individual representations, which are object of psychology. Collective representations are "stabilizing forces of social reality, static entities, nearly unchangeable," like ideologies, which endure for a certain time, even if proven unfounded (Durkheim 1898, n.p.).

Later Durkheim returns on the topic and writes "the collective life, like the mental life of an individual, consists of representations," where "a representation is the interval, the separation between two organic impressions in the cerebral tissue. [...] The organic fact is the unquestionable premise for the existence of something wider, something which allows to consider representations as real phenomena, similarly to other social facts" (1924, 140). On the other hand, collective representations "do not originate from individuals separately taken, but from their cooperation because of the action of *sui generis* forces produced by association" (Durkheim 1924, 157).

Serge Moscovici, one of the main contributors of social psychology, introduces the concept of "social representations," which "concern a specific way to express knowledge in a society or in the groups composing it," a sort of "shared knowledge, often in the form of theory of common sense" (1961, 39). Social representations, according to the author, give body to ideas, incarnating them in

experiences and interactions in the present, and so they are dynamic, mobile and circulating (Moscovici 1961, 42–44).

Social representations may be shared between the members of a wide and highly structured group, even if not elaborated by the group itself. They may alternatively be the product of ideas or knowledge of sub-groups, in a more or less tight contact, inside a certain social context, or be not shared by the whole society, but just by some variably wide groups and be elaborated in the meetings and in the conflicts between different groups (Moscovici 1989). Benvenuti states that Moscovici "keeps up to date and expands" the concept of representation of Durkheim; he "gives prominence to the symbolic nature of this concept and its capacity to induce communication between human beings beyond the peculiar object of reference" (Benvenuti 2002, 72).

According to more recent approaches of social psychology, social representations are "the elaboration that a group or a community does of a social object, to allow to its members to behave and to communicate in an understandable way" (Palmonari, Cavazza, Rubini 2002, 73; Palmonari, Emiliani 2009, 40–41). They are not opinions on something or attitude toward something, but "theories or real branches of knowledge useful to organize reality" (Palmonari, Cavazza, Rubini 2002, 73).

The main topics of the following paragraphs are a brief history of sociotherapy itself and the particular meaning of the concepts of culture, discourse and representation in the recent and innovative approach of Associate Prof. Leonardo Benvenuti of University "G. D'Annunzio" of Chieti-Pescara, Italy.

2. Sociotherapy and Its Different Approaches

According to the definitions of two dictionaries of medicine, sociotherapy is respectively "any treatment emphasizing socio-environmental and interpersonal rather than intrapsychic factors" (Miller-Keane 2003) and "any treatment emphasizing modification of the environment and improvement in interpersonal relationships rather than intrapsychic factors" (Dorland's 2007). The idea of sociotherapy itself originates from the philosopher and pedagogue Rudolf Steiner (1861–1925), who held in Dornach (CH 1924) a cycle of conferences on "Heilpädagogischer Kurs," "curative pedagogy," in response to the requests of the Institute Lauenstein of Jena founders, Albrecht Stohschein, Siegfried Pickert and Franz Löffler. At these conferences of Dornach there were also present Karl Schubert, teacher of the special class of the Waldorf School of Stuttgart, and Emil Bock with some members of the new Society of Anthroposophy, as well as several medical doctors and collaborators of the Arlesheim Institute. For Steiner "curative pedagogy" means to accompany and support a delicate developmental process in which individuality, always intact and healthy, may run into

difficulties or obstacles. Spirit is never ill, but body and/or psyche, which are the tools at his disposal to reveal itself, may be in a condition of deficit. It is the task of the educator, of the family, of the society to create situations adequate to the features and needs of every single individual, in order to make him/her find an own right place, experience the feeling of belonging to a group or a community, live reciprocity, to be valorized and appreciated for his/her own contributions.

According to Steiner, "curative pedagogy" naturally evolves into "anthroposophic sociotherapy" when the individual reaches the adult age. The basic elements of "sociotherapy" are:

a) social life, in the shape of living contest where to experience a sense of belonging and reciprocity;

b) working activity, to feel, through a personal and concrete contribution and the donation of own efforts to others, part of collectivity;

c) cultural and artistic activities, as well as a focused care of spiritual elements, as "soul nurture," in a process of continuous evolution.

Both "curative pedagogy" and "anthroposophic sociotherapy" have the scope to give to people with a physical or psychic handicap, children, young and adults, the chances of both physical and spiritual development. They propose a holistic vision of the person, for a life characterized by dignity, self-determination and integration in the social community (Steiner 1924).

The medical doctor Marshal Edelson (1970) is the author of a book which represents a great contribution to the development of sociotherapy, *Sociotherapy and Psychotherapy*. The author states that at least a part of what man considers as his unique individuality exists only as something that is shared with others, that is *de facto* exclusively social. Apparently inner elements as behavior, feelings and thoughts are not just expressions of an individual's personal history. They are rather ruled by features of social condition or interaction (Edelson 1970, 7–8).

Sociotherapy and psychotherapy are both treatment methods. Psychotherapy focuses interest and intervention on the person, on the intrapersonal system and on the intrapersonal states of motivation, and to the attempts to intervene on this intrapersonal system to alter it (Edelson 1970, 47). Sociotherapy, which is a necessary ally of psychotherapy, works with the social system, more than with the one of personality; it focuses on the situation or the external reality in which a person acts, more than on his/her internal world. Sociotherapy requires as basis a theory of the social system and a theory of interaction between the social system and the system of personality (Edelson 1970, 44).

Edelson takes from the psychoanalysis of Sigmund Freud both the concepts of *Super-ego*, formed by the identification with social objects, and that of *introjection*, by which values and norms of society are internalized and become constitutive elements of the system of personality and the base of its present and future interaction with the social system (Edelson 1970, 44). He also relies on the

contribution of the sociologist Talcott Parsons, who generalizes and transforms into a sociological category Freud's concept of *introjection*, which becomes the normal way through which any newborn becomes oriented by the social norms and values transmitted by the parents in the course of primary socialization. Parsons also proposes a *theory of action*, where both the *social system* and the *system of personality* are systems of action in a sort of cybernetic hierarchy, the second subordinated to the first. Both are part of a unique scheme together with the *cultural system*, which is at a superior level compared to the social system, and the *organism*, which is at an inferior level with respect to the system of personality (Parsons 1951).

These premises are taken from Freud and Parsons because to operate an effective treatment it is necessary to previously clarify the way in which the systems of personality and the social systems articulate the one in the others, regulate each other, and produce mutual interchanges. According to Edelson, *sociotherapy* is interested in the situation; the social system and the social conditions; the reality of objects at disposal: physical, social and cultural; the world of means, opportunities, capacities, tools, values, norms, relationships and tensions between entities, both persons and groups, which have different roles in the achievement of common goals in the social system; the attempts to intervene in any way on this social system to alter it (1970, 13). Every clinical phenomenon, in order to grant an effective treatment, should be considered both from the point of view of *psychotherapy*, which focuses on the *system of personality* of the patient, and from the point of view of *sociotherapy*, which focuses on the *social system* which the patient belongs to (family, working environment, school, hospital, therapeutic community, network of relationships). In conclusion, Edelson states that neither psychotherapy, nor sociotherapy are self-sufficient in the treatment, but are necessarily interdependent (1970, 248).

Another medical doctor, John Stuart Whiteley, with an article published in 1986, *Sociotherapy and Psychotherapy in the Treatment of Personality Disorder,* contributed to the further development of sociotherapy, starting from the apparently more limited objective of building an ideal therapeutic environment for the treatment of patients affected by the syndromes of personality disorder. Whiteley considers psychotherapy as a readjustment of the intrapersonal attitudes and feelings of the individual, based on a process of re-experiencing attachment to key figures and working towards a better resolution of the tensions and conflicts involved therein. This is the reason why it is primarily a listening process, with understanding coming from the therapist's interpretation of the individual's communications and facilitating the development of a more stable emotional life. Sociotherapy is intended as the relearning of social roles and interpersonal behaviour through the experiencing of social interactions in a corrective environment. This is the reason why it must be considered as a more active process, with behavioural change

coming from the experience of new and more satisfactory ways of coping with interpersonal interactions. Personality disorder is thus a heterogeneous diagnostic entity, with a mixture of emotional and social factors in the aetiology, reflected in a wide spectrum of psychological types. Whiteley observes that patients with personality disorder (as in the case of borderline disorder of personality) have an overwhelming fear: that they do not even exist and much of their behaviour is directed at making their presence felt, picking up some recognizable identity and being acknowledged by others as an individual to be reckoned with. Whiteley states that most psychiatrists now finally accept that this disorder is not so much an illness in itself but results from a failure of socio-emotional development, and this at once directs our therapeutic approach towards a relearning programme rather than a curative endeavour (Whiteley 1986, 721).

The final proposal of Whiteley is a therapeutic community able to work in three steps in a combination of psychotherapeutic and sociotherapeutic processes, based on a firm skeletal structure which gives stability and security. The three necessary steps prospected by the author are:

a) Interaction, promoted by the close-living, inward-looking community. All decisions and all problems are referred back to the community, that is, the large group.

b) Exploration of the observed behaviour, by reflective group meetings to comment on what has just been seen to go on and the effect this has had on others.

c) Experimentation, to try out other modes of coping, mostly alternative to those already experienced with negative or otherwise non-satisfactory effects (Whiteley 1986, 722).

This is largely mediated through the allotted roles, with varying degrees of responsibility and different styles of interaction with different expectations. Roles are allocated not because the patients might do that job well, but because they will give them a chance to try out new forms of behaviour (i.e. a retiring individual is made chairman to force him into a position of authority and assertiveness) (Whiteley 1986, 722–723).

A recent and important contribution to the development of sociotherapy, as mentioned above, comes from Leonardo Benvenuti, both sociologist and psychologist, who worked for more than twenty years, between the 1980s and the 2000s, in therapeutic communities for the rehabilitation of drug-addicted people, and realized that in many clinical cases neither medicines, nor psychotherapy were useful (Benvenuti 2008, 10). If the problem at the basis of addiction seems to be the same for thousands of people, then probably it is social. He then proposed the immediate recourse to sociological tools, interpreting sociotherapy as "a new kind of employ of sociology as empirical discipline, directly usable in the cases of individual hardship," through an "ecological analysis of hardship" (Benvenuti 2002, 295–296).

3. Culture: Historical Drift of Media and Plurality of Forms of Psychological Organization

The definition of "culture" given by Benvenuti is strictly linked to the one of communication. The term "communication" derives its meaning from the "act to put in common," with "a conventional, but repeatable meaning" given to a determined sign inside a certain group. It is in that moment that "the cognitive capacity of man toward environment has probably begun to acquire the features of a culture" (Benvenuti 2002, 106). Culture is then "the term by which that approach is indicated that, from sharing of meanings attributed to signs, which have so acquired the capacity to label contents, has begun to face the problems of the development and storing of dyads sign/content, rather of symbols, inside memory" (Benvenuti 2002, 106). This is the reason why the idea of cultural change for Benvenuti corresponds to the passage between the various levels of historical development of media, in direction of an expansion of "the quantity of information transmitted," from orality, to iconic systems, to handwriting, to press, to the new technologies of information and communication (Benvenuti 2002, 106). For Benvenuti, the main mistake of psychotherapy, especially of psychoanalysis, is to postulate that human beings are all and have always been the same, with identical intrapsychic mechanisms of the system of personality, disregarding the contribution of the cultural dimension. Instead, culture is somehow essential in the process of shaping the form of the psychological organization of any individual.

Herbert Marcuse already explains that psychoanalysis epitomizes a precise theory of the human being, the "subject," who is psychically organized to be able to interiorize in a certain way the repression of instincts, and to subordinate the principle of pleasure to that of reality, functions both essential to allow the very existence of modern, acquisitive society (Marcuse 1955). Nicklas Luhmann defines the "subject" as "a system which makes use of sense." He also explains that subjectivity "unlike directly lived experience, is not an innate quality, and not something already existing simply to bring into evidence through phenomenological reflection, but a late form of human self-construction, socially full to the maximum with presuppositions" (Luhmann 1971, n.p.).

The main characteristic of the individual organized as a subject is the ability to use sense individually, without referring to foundations of sense institutionalized at the level of the overall society, and thus to be self-referential. The subject is the actor and unique judge of his/her actions, free to choose among many possibilities and to find success and master roles based only on his/her performance. In other words, the subject builds him/herself as the possessor of individual rights, recognized as such by the partial system of law and immunized by the social link

with his/her community of origin against any religious entity overseeing his/her life (Luhmann 1984).

Michel Foucault observes that the bourgeois society of the Age of Reason never manifested itself as a simple "association of isolated juridical subjects," but on the contrary, the individual has become "the fictitious atom of an 'ideological' representation of society." The modern individual conceived as a subject is "a reality fabricated by the specific technology of power […] called discipline," which is "the unitary technique," made possible by the scientific knowledge of the body, "by which the body is reduced as a 'political' force at the least cost and maximized as a useful force" (Foucault 1975, n.p.).

Benvenuti adopts the theories of Luhmann and Foucault about subjectivity, stating that it is only one of the possible forms of psychological organization of man, typical of western modernity, but with the extraordinary feature to appear as the only existing, ever existed and possible one. He states that "subjectivity retroacts on the human beings born in a later age, even if it is a consequence of the creative capacity of the intellects of their species" (Benvenuti 2002, 14).

But what is really innovative in Benvenuti's work is the merger of the theories on subjectivity of Luhmann and Foucault with the theories of Marshall McLuhan about media and communication, creating the theory of "*historical drift of media,*" to which his operational definition of "culture" is linked. Each change in the dominant medium leads to a different kind of society and to a different form of human psychological organization. More precisely, Benvenuti links the development of subjectivity to the invention of the press, and the advent of typographic society. Press is "a mechanical tool which retroacts modifying the society which invented it," the base factor of the transition from oral and amanuensis societies to the typographic ones, in which a non-oral and non-personal transmission of knowledge becomes possible (Benvenuti 2002, 15).

Before the advent of *subjectivity* as main form of psychological organization of the human being, there existed another form, *ascription*, typical of oral societies, in which man was referent to a superior religious or metaphysical principle or entity and to a collectivity experienced as "necessary sharing." This form, dominant also in the western world prior to the invention of the press, is still dominant in many non-western cultures, such as those still tribal, strictly religious or in any way traditional. *Ascription* is typical of oral media and cultures/societies, while *subjectivity* is representative of media and societies that are typographic.

But subjectivity, born in a certain historical moment and under certain preconditions, nowadays seems to be experiencing a crisis. The new electrical-electronic media of communication have introduced, from the end of the twentieth century, "a different manner of transmission of information" (Benvenuti 2002, 115). Because of the difficulties of the reproduction of subjectivity, due to the decline of disciplinary approach in family and scholar education, because of the

fall of the linearity of transmission of knowledge, and several other factors, the era of new media has produced a different form of psychological organization, which Benvenuti names *new-oral*. It is still not perfectly definable, but in any case it looks different from subjectivity, which at present appears to be a surviving product of a medium of the past.

All these are the reasons why the premise and the precondition of any possible intervention of the therapist, are the identification of the patient's form of psychological organization. This requires a previous analysis of the cultural dimension, especially of the nature of media that has mostly characterized or contributed to the patient's path of growth, experience and socialization (in the case of subjects) or acculturation (in the case of most non-subjects).

Benevenuti observes that several situations are not easily understandable on the base of traditional psychoanalysis. The one of Freudian origin of *id*, *ego* and *superego* "is a psychical organization so deeply rooted in our culture to be taken for granted in the common sense." The point is "not even the unsuitability of the three entities, but that the theoretical premises which led to their elaboration – in their entirety or partially – seem to have lost their validity" (Benvenuti 2002, 186).

Nowadays conditions are such that people with a *new-oral* form of psychological organization no longer develop a *superego* or something comparable. To have a scheme valid for people with every form of psychological organization, it is thus necessary "to start from representations and to reduce to two the intrapsychic entities, *I* and *Self*" (Benvenuti 2002, 186), a thought not far from what George Herbert Mead proposed (Mead, 1934). The consequence of this observation is the necessarily limited range of psychoanalysis. Being a doctrine conceived around a certain model of man, the "subject," psychoanalysis works only on those who are psychologically organized as subjects, formed through a disciplinary approach and thus with a "personality structure," and who consistently behave as subjects. However, it has no chance to function with people with different forms of psychological organization, such as *ascription* or *new-oral*.

4. Discourse: the Core Interaction between Therapist and Patient

The main limit of any psychological approach to therapy for Benvenuti is the one already identified by Allport: "it does not work any more on persons, but starts from some clues and works on pathologies, going beyond the single human being. Often the starting point is the first symptom reported from the patient to arrive to identify a specific classification of pathology, to follow its protocol. The person at that point disappears and in his/her place there appears the theoretical

case," to which the protocol is applied mechanically, without any consideration for the real features and problems of that patient (Allport 1962, 15; Benvenuti 2008, 109). Contrary to this, in sociotherapy "the therapeutic intervention cannot be done abstracting from the person: it is the theory which must be adapted to the person, and not the person to the theory" (Benvenuti 2008, 110). And also sociotherapy has its main trait in being focused on the social context: "the single human being should not be considered as an isolated individual, but as someone belonging to a context" and "it is at this level that he/she may face difficulties in the formation of such identity, in decoding the environment, in defining his/her role in it and in the relations with others" (Benvenuti 2008, 10).

Benvenuti also observes that "a fundamental function of any therapeutic approach, above all in the case of social hardship, is in the comprehension of what the other does or wants to say." To project any intervention it is necessary to succeed in comprehending the thought and the sensations of the patient (Benvenuti 2008, 56). And this is where the main objective of "discourse" can be identified: "The therapist, speaking with the person, should try to arrive to know his/her system of representations (RR) and its manners of development." He should "learn to act even in absence of direct knowledge on the case he is dealing with, starting from a strong methodological imprint, to build knowledge on the patient, to help him/her therapeutically" (Benvenuti 2002, 105). But the "discourse" of the therapist would probably not be able to reach its ambitious goals without the capacity of listening to the patient, employing the phenomenological tool of empathy.

Benvenuti argues that "one basic tool in therapeutic activity is listening," which may be "of passive type, or listening in silence;" of active type, to "understand totally the other person both at verbal and non verbal levels." Here the dynamic "passes through the reformulation of what the other has said;" listening may also be of empathic type, "where empathy is used in the first place as a tool." In the moment when the therapist "applies an empathic-finalized relationship, he/she suspends his/her knowledge (both as cognitive and affective dimensions); the person that is in front of him/her must be neither pleasant, nor unpleasant, and must have no gender either" (Benvenuti 2008, 118).

Benvenuti makes an overall synthesis of what the sociotherapist is expected to do. He has to suspend any form of knowledge, including sociological or psychological theories (but not the technical-methodological knowledge), because it would be a "potential source of prejudices. He has to apply the empathic reflection on himself/herself, becoming aware of ideas, experiences and opinions on related aspects of reality. He has "to avoid to fall prey of mechanisms of self-reference"; he must listen "empathically" to the patient, and "use some methodological tools in order to understand what the patient wants to say and why he/she wants to say it," "use some methodological tools of sociology" (in-depth interview, life-story, etc.). He must phrase direct or indirect questions in order to build a complete knowledge

of the person; he must retrace "the way in which the person reasons" and "above all the mode in which he/she justifies his/her assertions." This is a very important "preparatory phase to the therapeutic intervention;" the therapist has to "ask a series of control questions," but also work with "tools of direct confirmation, with the person, and indirectly, with the people inside his/her relational sphere." He has to "use his knowledge, going (fully) back in the role of therapist, to co-project (with the patient) the path of exit from (the condition of) hardship," "having an active relation of consultation" with the patient, "both using the resources already at his/her disposal, and all those typical" of sociotherapy. He must also establish synergic alliances with other therapists possibly involved, because "each one is in charge of absolutely different – even though complementary – aspects of the same person" (Benvenuti 2008, 117–119).

"Discourse" and not "observation" is the main tool of knowledge of the therapist. Non-verbal elements like posture and clothing of the patient "may or may not be sources of information" because they "are linked both to a certain image of himself/herself artificially built, and a passive behavior due to personal schemes, which may have been borrowed from the external world" and so great caution is necessary in the analysis and evaluation of this kind of clues (Benvenuti 2008, 120). "Discourse" is at the center of the therapeutic relation, because this relation "to be such must be between an expert and a person who asks for his/her intervention" and requires "an educational relationship, aimed at personal growth." Especially in a context of intense new media fruition, where any solution or intervention may be perceived as predictable and already experienced by the patient, "the unpredictability of response may be the winning weapon" (Benvenuti 2008, 122).

5. Representation: Image and Affective Investment

Benvenuti states that "a central concept of sociotherapy is the one of representation (R)," which is "a variable composed by two sub-variables, image (I) and affective investment (A.I.)." The image "is all what arrives to our brain through the organs of sense" (following Luhmann, it is the result of a *sensorial reduction of environment*). But "image in itself is not susceptible to be memorized; to be memorized it needs to be positively or negatively affectively invested." "Images memorized at neutral or null affective investment do not exist." "When the affective investment on an image weakens or cancels, it is no longer remembered" (Benvenuti 2008, 53).

The representations "are the outcome of an affective capacity innate in the human being" (Benvenuti 2008, 54). "The dimension of image (I) as direct product of the senses, or self-produced by our nervous central system, indicates

the cognitive component of the representation (R)." The "affective investment represents the quality of image (I), its affective frame, the feature which allows its parting from the background and therefore its memorization and its management by the brain itself." "The two components of the representation are […] indissolubly tied to each other" at the level of the concrete experience of environment and the separation happens only entering the first level of virtuality, "the one originated by the authonomization of symbolic dimension, typical of typographic cultures" (Benvenuti 2008, 55).

In his therapeutic activity with people with problems of drug addiction, Benvenuti observed that "these considerations have been very useful, because […] drug addicted people do not seem to reason from the point of view of a break between affective (A.I.) and cognitive element (I)." This essentially happens because "very often many of them simply like or do not like a situation or a substance, independently of any predictable consequence." In such cases, they do not seem to behave as *subjects* (Benvenuti 2008, 55). Some representations come from the translation of sensorial stimuli coming from the environment, while others "are due to the work of internal elaboration (fully symbolical) of the nervous central system, whose organization leads to the realization of theoretical constructs with different levels of formalization" (Benvenuti 2002, 105).

Every human being stores representations and uses them to give meaning and consistency to the following flows of experience: "to store representations and to use them as tools to decode every new image is a fundamental function." Benvenuti then introduces the term of *R-dictionary*, "as sum of inventories of systems of representations (RR), everyone with its own history" (Benvenuti 2008, 66). The R-dictionary "contains all the inventories of representations and systems of representations which a person has developed in his/her life and above all has memorized, where the memorization is function of the quantity of affective investment" of each representation. A representation may be deleted because of the weakening of its affective investment for "different causes such as the overcoming of a certain situation, the passing of time, the competition with other representations with a superior affective charge" (Benvenuti 2008, 68–69).

The sociotherapist "must understand the paths which have generated those conditions and the representations that seem not to function" (Benvenuti 2008, 117). A partial or total change of some representations is both possible and feasible, and the therapist is expected to intervene in this direction by the action of "discourse." This becomes necessary when these representations are directly or indirectly responsible for a condition of hardship, addiction or suffering of the patient, or they reflect negatively on his/her social, relational and affective sphere, or have the effect to block his/her path to autonomy. "The sociotherapist works on non-divided representations (RR) with the aim of modifying their system" in the patient. He may "emphasize his intervention either on the side of image (I)

or on that of affective investment (A.I.) [...] To emphasize the one or the other dimension is useful, because the other one is automatically involved" (Benvenuti 2008, 111). At the same time, Benvenuti also phrases the warning that, even if the therapist should be successful in obtaining a modification in the system of representations (RR) of the patient, "such a change could enter in conflict with the one earlier possessed, which has an own inertia." Secondly, "the consciousness of the origin of a condition of hardship does not act automatically as antidote in order to provide the activation of virtuous behaviors, or the deactivation of the pathological ones" (Benvenuti 2008, 112).

But the work of the sociotherapist does not end here. "Once the situation is decoded, he must continue the work together (with the patient), co-projecting the path of exit from the condition of hardship, and in a situation where there exist two conflicting systems of representations, he may find himself in the position of having to suggest, even with a certain resoluteness, one instead of the other way" (Benvenuti 2008, 115). The sociotherapist co-builds, from the reconstruction of the mental processes of the patient; he does not build alone, oriented by a fixed doctrine (Benvenuti 2008, 117).

6. Conclusions

Benvenuti explains well the origin of representations, but makes limited hypotheses about how the representations evolve, how they connect to each other, and organize themselves in more or less complex and durable systems of beliefs, which seem to be something different from a simple *vocabulary*. As opposed to Benvenuti, George Kelly, in his approach to psychoanalysis, makes an effective use of the concept of "personal construct," which becomes the turning point of therapy (Kelly 1955).

In some aspects, Benvenuti's approach seems to be rather "psychological" than "sociological." The therapist, focalized on the systems of representations of the patient, which are part of his/her inner world, pays less attention to the outer world: the social conditions and context, the family, the peer groups, the roles, the institutions, the values, the norms, the opportunities, the threats, the interactions and the relations of the patient in general. Benvenuti's approach is centered on the sociology of cultural and communicative processes, and in the first place on the key role of media, ascribing them a quasi-deterministic power in shaping societies and forms of psychological organizations; however, he does not take into account many concurrent elements of social change at a general sociologic level.

Benvenuti's ideas about forms of psychological organization, even if very interesting, still do not seem to draw up a complete and exhaustive typology.

While very much is said about *subjectivity*, its limits, its sicknesses and its doomed destiny, very little is stated about *ascription* and, for instance, the social consequences of its massive importation through immigration in modern acquisitive societies. Also the *new-oral* form of psychological organization, even if outlined with certain optimism, does not have a clear profile yet.

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