GUGLIELMO BELLELLI, ED. (1994), L'ALTRA MALATTIA. NAPOLI: LIGUORI EDITORE

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This collective book, edited by Guglielmo Bellelli, has two parts. The first one consists of a theoretical review, while the second part consists of the exposition of an investigation about social representations of mental illness. It is a very complete and extensive review of the social approach to mental illness. For this reason, the reading of this book must be partial and sometimes almost impossible, because it is very difficult to synthesise, in a few pages, so much work and so much information from different authors.

The first dimension where the book can be commented on is the theoretical one. The theoretical review is very extensive and tries to cover all the psychosocial approaches to mental illness. The fact that it is conceived as a review implies that there is no new theoretical formulation. However, there is a thorough analysis of almost all the traditional theoretical formulations in social psychology and social sciences in general, applied to mental illness, an area of knowledge strongly claimed as its own due to its individuality. In this sense, the book makes excellent reading for psychiatrists and clinical psychologists. The explanation of the Italian experience deserves an appropriate exposition: the particularities of the Italian historical process with regard to the treatment of mental illness allows us to guess how the naturalisation of social processes works. And, as we shall see at the end the research shows that it could have influenced the social representations of mental illness in Italy.

We will see now, step by step, the contents and the authors of this first part: Following a prologue by Willem Doise presenting the book, and an introduction by Guglielmo Bellelli justifying it, the first part is divided into three chapters. The first chapter is written by Bruna Zani, it is titled *Institutions and workers in relation to the psychiatric question*, outlines the situation in Italy before and after Law 180. From the medical-positivistic model based on the deterministic principle of biological causality (end of the 19th century and beginning of the 20th) to the law of May 1978, through the alternative psychiatry model (Basaglia et al. in the 60s). The "Italian experience"

consisted basically of the transformation of the organisation of mental care services from a kind of hospital-centred care towards a kind of care with a flexible and community wide. This experience generated interest outside Italy because of its radicalism, although as Zani points out in this chapter, there are some gaps in the law.

In the second chapter, *Society and mentally ill: opinions, attitudes, stigmatisations and prejudices*, Annamaria Silvana de Rosa presents a review of the literature dealing with society and the mentally ill, starting with the transition from classical constructs in social psychology towards the social representations theory approximation, concluding with the diffusion of stereotyped images of mental illness through the mass media. She expounds the point of view of cultural anthropology and ethno-psychiatry, with its images of madness in archaic symbolic-cultural contexts (they can be summarised as the others through the others), and the point of view of psychology and social psychiatry with its images of madness in complex symbolic-cultural contexts (the others through us). At this point, she analyses the role of certain variables such as social class and the reaction to mental illness in the identity of the mentally ill. The degree of possible change in opinions and attitudes towards the mentally ill, as well as personality variables, stereotypes and prejudices, are also pointed out. A summary of the cognitive processes and evaluative biases in deviation and psychopathology perception (social cognition) is also provided in this chapter. Complementarily, she expounds the developmental psychology point of view, explaining the role of age in the construction of systems of thought of the mentally ill. This subject will be important for the presentation of her chapter in the second part.

The third chapter is titled *A naive psychiatry* and is co-ordinated by Guglielmo Bellelli, who writes, first of all about the differences between scientific (represented by the social representations theory) and naive knowledge applied to the subject of mental illness. The second part is written by Carmencita Serino and is titled *Explanation processes and implied personality theories: elements of a sociocognitive approach to the problem of mental illness.* In this part, attribution processes as well as the "traits" and implied personality theories are expounded. The third part is written by Giovanna Petrillo and is titled *Physical and mental illness representation*. This part commences by pointing out the problem of the relation between social and scientific representations of mental illness. She goes on to explain the exogenesis and the endogenesis in the medical conception of physical and mental illness. She also addresses the social representations of health and illness and certain variables whose role could have an influence on the social representation of mental illness (gender, socio-cultural and professional belonging). The social representation of mental illness categorisation processes and its relation to the representation of different ways of deviation are also explained. Finally, variations in the mental illness representational field are expounded. As a summary of this first part we can take Jean Pierre Di Giacomo's words from chapter four "our reasoning can be summarised as follows: mental health and mental illness are not universal notions. Not only do scientific questions evolve and change constantly, but everything leads us to think that representations of common people vary not in a casual way, but rather as a function of different parameters, such as the social role..." This sentence could be the best synthesis of the theoretical positioning of the book (if it can be said that there is only one) and as we can see, it is a straight application of the social representations theory.

The second dimension I would like to comment on is the methodological one. As we said previously the second part consists entirely of the analysis of data collected from an

Italian sample, as well as the conclusions drawn from this analysis. Every author who wrote a chapter in the first part has a chapter in the second part. Prior to seeing the analysis chapter by chapter, in general it can be said that there is a lot of information, and for the "naive" reader it might seem that some information is repeated. There is a lot of information which is widely and deeply analysed by each author, and in actual fact, all of the authors link their theoretical chapter to their empirical chapter quite well. Unfortunately, the chapters are not so well linked between authors, in spite of the chapter by Jean Pierre Di Giacomo.

Now we shall see what the contents of the second part are: The second part begins with chapter 4 titled *The research* and was written by Di Giacomo. In this chapter, the author explains the origin of the research, where, what, why and how. Let us consider the objectives addressed by Di Giacomo: who identifies the mentally ill, what the symptoms of the illness are, what the illness's temporal evolution is, what the therapeutic project is, what the prognosis of its treatment is. As we can see it is a global and comparative approach to the subject. Afterwards, he also describes the research instruments, the analytic methods used, and in consequence what the possible kind of discussions and conclusions of each part of the empirical research are.

Chapter 5 is written by Guglielmo Bellelli, and it is titled *Prototypes and Taxonomies of mental illness.* In this chapter, the contribution of prototype notion to the clarification of objectification and anchoring processes expounded by Moscovici in his first works is shown. After being measured in different samples (workers & students; psychologists, psychiatrists & nurses; mental patients & relatives), the data was submitted to a cluster analysis, with two principal clusters being found: a)the first one includes the most diagnostic characteristics "person who feels pursued" "person who has hallucinations". b)the second one includes two categories of addicts (alcoholics and drug abusers).

Chapter 6, titled *Management of the mentally ill: career, therapeutic strategies, professional role*, is written by Bruna Zani. In this part of the study, Zani goes back to the question of the "180 law", saying that its way of working has influenced the interpretative schemes of mental illness. This observation leads her to venture two hypotheses: the first one says that social representations of mental illness will be different as a function of the contact with sick people (workers versus students), and the second one that we will see different articulations related to each professional role (in the case of workers) and training and background (in the case of students) inside different representations. These hypotheses were tested by analysing the "moral path" of the mentally ill, the perceptions of the needs of the mentally ill, and the models of mental illness and intervention strategies in each of the aforementioned groups. At the end of the chapter, it is said that law 180 has apparently had some positive effects. Moreover it is said that "There were interesting differences in our sample based on some well-defined social criteria. Role in the case of the health workers, and education level and background in the case of the students".

Chapter 7 is written by Giovanna Petrillo and Enrica Amaturo, and is titled *Profane and professional knowledge in the discourse about the mentally ill*. At the beginning, they point out the difference between naive groups and professional groups and make different analyses on the basis of this differentiation. First of all, they conduct a factor analysis, using free associations responses, to analyse the structure and content of social representations of mental illness. Secondly, they analysed the form and the content of the

discourses about the mentally ill with two kinds of analyses. The first kind is called propositional discourse analysis and is used basically to study the form of the discourse. The second kind is called lexical correspondence analysis and is used basically to study the content. In the conclusions to the chapter, they emphasise that the results of the analyses made show the existence of strong nuclei in the representations of mental illness shared by health workers and the "naive", although they prefer to keep talking about social representations because "the comparison between specialists and non-specialists has shown ... an extremely complex and articulated picture of representations".

Chapter 8 is titled *Similarity and difference between oneself and the others: a subject submitted to the social representation of mental illness*, and is written by Carmencita Serino. The author proposes that the social representation of mental illness should not forget that the ideas we have about ourselves, the ways we see the others, the "normality", and that the way we perceive the differences are very important, and will influence the social representation of mental illness. To show this, she analyses on the one hand normality and the deviance in the representation of parents, and on the other hand, a sample of university students, in order to see the formative path and the representation of the difference. Finally, she analyses differences between psychiatrists, psychologists and nurses in the part titled "Non-existent normality and the problem of intervention".

Chapter 9, the last one, is written by Annamaria Silvana de Rosa, and it is titled *Socialisation agency: representations of mental illness during age evolution*. It is a highly structured chapter. She starts with the contextualization of the study and emphasises the need to investigate the genesis and the transmission of how children think, providing an evolutionary perspective to the study of social representations. De Rosa establishes four hypotheses and explains the methodology (sample and types of data analysis used). Finally, having expounded all the detailed analysis, she draws some conclusions.

Besides the normal appendixes that contain the instruments used in the research, the book concludes with two pages of general conclusions where basically, it is said, that in the course of this research they found: elements of pre-scientific representation of mental illness in some cases, and in other cases elements of the more internal medical representation, but from the answers "the new psychiatric culture emerges, not only as a rejection of the more objectionable former practices, even in positive as an adhesion to a more complex model..." This is an interesting way to finish the book, or, as we said at the outset, it seems that the "Italian experience" has had its consequences, and this may make excellent reading for mental health workers. In spite of this, only two pages of general conclusions for all the conclusions of each chapter seems very little. Many questions seem to be expounded and asked and all of them are only partially answered. Probably, the general conclusions ought to have more specific importance in the book, both quantitatively and qualitatively.

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