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# Discussion on a modest contribution to the understanding of social representation perspective

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The object of the present discussion is based on a paper of a Swiss sociologist on a campaign for preventing cardiovascular diseases. Based on a Bourdieu perspective, the author compares the preventive discourse to the everyday behaviours and attitudes in the food and health domains. I show how this paper offers an excellent introduction to the main propositions of social representations theory. Furthermore, it appears as a pioneer work for facilitating the articulation between sociological and sociopsychologigal approaches of representative thinking, and a fruitful contribution to the critical analyses of the implicit representations of health carried by the medical prevention model.

## DISCOVERING THE PAPER

The paper, entitled *The prevention as cultural normalization*, was published in French in the *Revue suisse de sociologie/Scheizerishe Zeitschrift für Soziologie* in the first number of the tenth volume in 1984. Let us note at once that the experts in health prevention freshly welcomed this sociological analysis by Lucienne Gillioz, a young sociologist in health and gender areas. Two of them wrote harsh commentaries in the following number of the journal (Lehmann, 1984; Martin, 1984), which she answered (Gillioz, 1984b). Indeed, the author presented a documented study of one of the first important preventive campaign aimed at

cardiovascular diseases in Switzerland with an important financial support of the Swiss National Science Foundation. It did not get much attention of researchers in social sciences thereafter, if we consider the low number of times it was cited. However, I enjoyed the first reading of this paper two years after its publication, especially because it offers a critical point of view on a campaign driven for the well-being of the population. At this time, I began a doctoral dissertation on the social dimension of … cognitive dissonance, and I had a rather vague idea of the social representations perspective. Furthermore, the paper of Gillioz did not make reference to any publications in this perspective, but I remembered its content six or seven years later, when my knowledge on social representations became a little bit better. It appeared to me as an excellent translation of the social representation perspective in a pragmatic domain. Lorenzi-Cioldi and I have briefly exposed it in a book chapter (Lorenzi-Cioldi & Clémence, 2001). And now, I use it systematically in my courses.

I take the opportunity to expose and discuss the content of the paper in a first section and to show its meaning in the social representations area in a second section.

## READING THE PAPER

In the introduction, Gillioz situated the emergence of preventive medicine in the context of a crisis of the bio-medical model. The model appeared as less efficient in the treatment of increasing chronic and degenerative diseases than of decreasing infectious ones, in spite of a more and more costly development of specialized and technical interventions. Towards the multiplication of critics in the seventies, the proposal of a preventive action, aimed to protect rather than restore health, seems to be beneficial for everybody. However, the author submits an alternative hypothesis about the prototypical prevention programs aimed at the promotion of certain kinds of attitudes and behaviours towards health. Based on the work of Bourdieu (1979) and Boltanski (1971), she uses an analytical frame stating that preventive campaigns fabricate a cultural standardization, by imposing a cultural arbitrary power under the cover of a medical rationality. The campaigns aim, in fact, to legitimize the principles of a healthy morality in which good attitudes and behaviours are imposed and bad attitudes and behaviours are denounced. The results of such an enterprise are then to disqualify the members of the social groups that do not have the economics and cultural means for adopting the legitimated way of life (Gillioz, 1984, 39-40).

Two sections follow the strong assumptions of the introduction. The first one is devoted to the analysis of a specific campaign conducted in a little city in the French part of Switzerland, and the second to the analysis of the ideological components of the medical prevention model.

**An Expert Prevention Model**

The analysis of the campaign first carries on the material used in the promotion of the preventive way of life. In a narrative approach of different papers diffused among the population, Gillioz brings to light three core messages:

- Health is the central value of life, and, consequently, everyday behaviours have to be organized in order to protect it;
- Contemporary society products stress, anxiety and other risks for health, and, consequently, individuals have to permanently check the state of their body and their heart;
- Health is not an affair of experts, but depends on individual responsibility, and, consequently, everybody has to adopt a healthy and well-balanced life.

This expert model of well-being is then translated into a list of rules and recommendations, that are not surprisingly the following: suppression of tobacco consumption, limitation of consumption of animal fats, alcohol, sugar and salt, increase of fruits, vegetables, cereal and fishes in alimentation, adoption of a physical activity, control of blood pressure and learning of relaxation exercises.

**Ordinary Behaviours and Attitudes Towards Health**

Gillioz confronts the "good model" to the attitudes and behaviours of the population by conducting a secondary analysis on data collected by the promoters of the program. The data included the self-reports by 1217 participants of their habits in the domains targeted by the campaign, as the consumption of different aliments, tobacco and alcohol, the practise of sports, etc. They were submitted to a factorial analysis of correspondences and a discriminant analysis. A large figure presents the observed correspondences not only between the attitudes and behaviours, but also the sociological characteristics of the participants (gender, age, profession, etc.). The results can be summarized around four groups that defined typical figures towards the expert rules and recommendations:

- The Predestined are the participants whose habits and conducts are already in line with those recommended by the campaign: they report a light and healthy diet coupled with a regular practise of sport and without alcohol and tobacco consumption. They also declare a high importance for health.
- The Ascetics appear closed to the model, at first glance, but they were clearly forced to adopt recommended behaviours because they suffer from diseases as shown by the fact they take diverse medication. This explains why they eliminated butter, salt, alcohol and tobacco from their everyday consumption, and why they regularly check their blood pressure and their rate of cholesterol.
- The Objectors are the ones who are, on the contrary, totally in opposition with the expert recommendations: they consume everyday heavy and fat animal products, smoke a packet of cigarettes and appreciate some glasses of beer, wine or stronger alcohol drinks. In the same time, they ignore fruits, yogurts and breakfast, have no sport exercises and have forgotten the last time they checked their blood pressure. Finally, they moderately rate the importance of health.
- The last group, the Hedonists, hesitates between the Predestined and the Objectors. If they watch their food and their body, they also allow themselves some delicious distances (a little butter with a good piece of meat, some delicatessen with a glass of wine, a piece of chocolate from time to time, some cigarettes or a cigar after dinner), which could bring them towards the dangerous area of the Objectors. However, their principal advantage lies in the intensive practise of physical exercises.

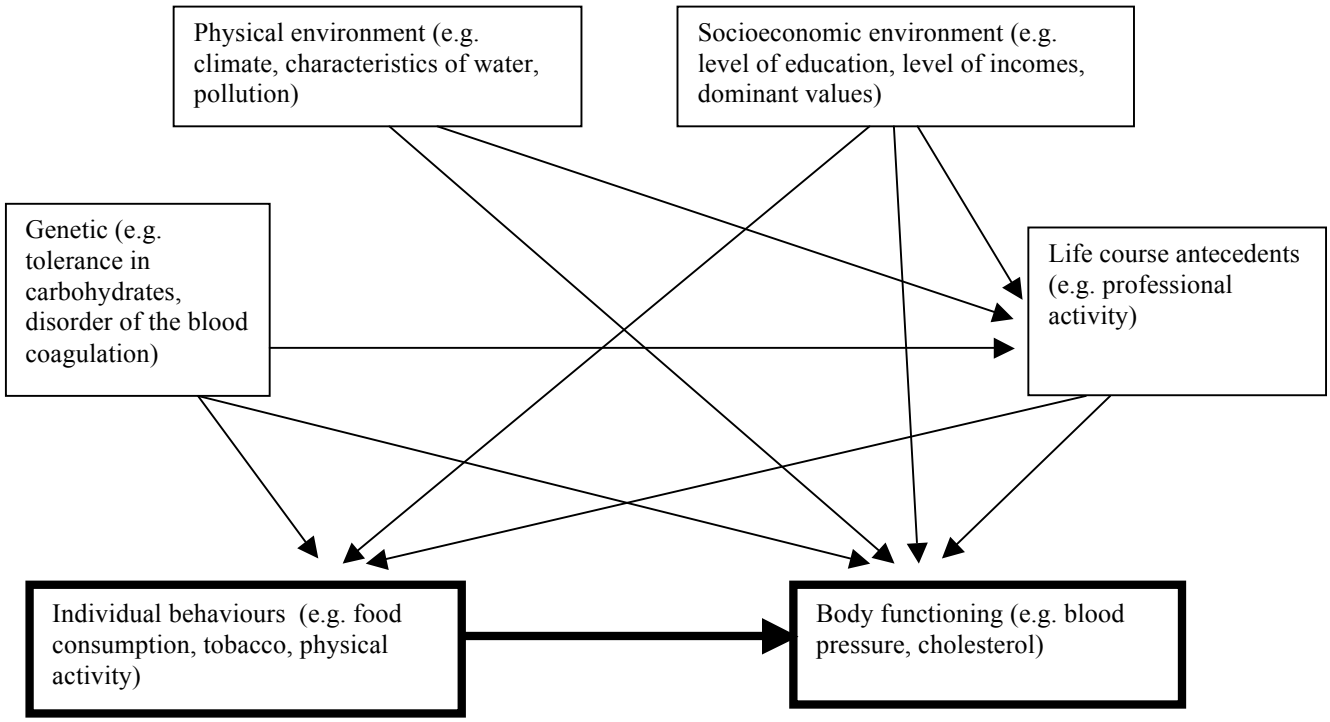
The splitting of participants in the different clusters was established from their habits towards food consumption, sport practices and control of high blood pressure. A first cleavage opposes the Predestined to the Objectors, and is characterized by a distinction between a consumption of light and relatively flat food with few immediate effects on the body, and a consumption of heavy and tasty products, which have direct impact on the body. This opposition is highly correlated with the gender of participants. As underlined by Gillioz, this gender differentiation is based on the stereotypical representation of the feminine and masculine bodies. On one side, the body must be looked after, respected, maintained as a light, weak object to be shown, while with the other, the body must be a strong, heavy, resistant instrument in the service of labour and physical activities. It is thus not surprising that the Predestined are especially recruited among women of the intermediate social classes (nurses, social workers for instance) and the Objectors among men of the popular and manual

classes. A second cleavage differentiates the Hedonists from the Ascetics, and is associated with the health and body states that induced different practices and attitudes. On one side, we find the restrictions and forced care imposed by a deteriorated body and, on the other hand, the enjoyment and culture of pleasure allowed by an intact health state. The opposition is correlated with age and also socio-economic status: Ascetics are often older, but also poorer, when Hedonists appear younger and richer, than the entire population.

**From Scientific to Ideological Preventive Discourse**

In the last section, Gillioz discuss the scientific rationality of the preventive campaign. The author extracts from the scientific literature, reported by the experts of the preventive project, a list of risk factors of cardiovascular diseases, and she points the fact that the campaign was focused on six of them (tobacco, blood pressure, cholesterol, physical exercise, obesity and stress). By taking into account all risk factors, she distributes them into six categories and constructs a theoretical model of the causal relations between the categories. Figure 1 presents the hypothetical model of the author.

*Figure 1*: Hypothetical model of the risk factors of the cardiovascular diseases (adapted from Gillioz, 1984, pp. 66-67)




Gillioz underlines that her hypothetical model is built only for showing how the medical preventive model fragments the determinants of cardiovascular diseases and focuses on individual responsibility, without explicating this operation. Finally, the structural context is forgotten, and all responsibilities are displaced on the individuals. For Gillioz, this operation is not based on a medical or scientific rationality, but on the dominant individualism norms of society. Consequently, the preventive campaign appears as a form of symbolic violence of medical experts against the members of dominated social groups for imposing a point of view in line with the way of life of the dominant social groups. At a more general level, she argues that medical prevention appears more as an extension of the medical market, and a strategy for legitimizing a medical approach to health.

## USING THE PAPER

The paper offers an excellent base for introducing the theory of social representations, despite the fact that the author never refers to it.

### An Illustration of Social Representation Theory

First, Gillioz distinguishes different forms of reasoning, by separating an expert knowledge from various everyday thinking. Such an approach can obviously be compared with the distinction between informative and representative thinking (e.g. Moscovici & Hewstone, 1984). In particular, the author shows how the former is formally referred to as a rational and scientific discourse while the other appears as a diversified network of points of view. A large part of the paper is devoted to the asymmetry of both forms of thinking, precisely because the expert discourse is legitimized by a scientific normative meta-system, even if its bases are finally more derived from a common normative morality rather than from a validated causal system. The discussion of the foundation and differences of expert and everyday knowledge refer to a vivid debate in social representation (e.g. Bangerter, 1995; Green & Clémence, 2008; Jovchelovitch, 2008).

Second, Gillioz draws the outlines of the objectification and anchoring processes (Jodelet, 1984; Lorenzi-Cioldi & Clémence, 2002; Wagner, Elejabarrieta & Lahnsteiner, 1995). The preventive discourse typically follows an objectification process. An initial complex object, the multiple causes of coronary diseases, is transformed into a familiar point of view: health is under individual responsibility. This transformation begins by a focalization on a partial aspect of the causal system, individual behaviours, and continues by the insertion of selected elements in a new frame, the health state in general. Finally, the preventive discourse becomes a reduced set of concrete propositions on daily well-being. The representation has changed during this process from a rationality anchored in a scientific normative context to a logic anchored in the dominant moral norms, where the causes of a health disorder are attributed to individual responsibility. The preventive discourse can obviously enter in the common sense of the population, because everybody already knows that too much stress and fats are bad for health. However, depending on their social situation, people differently react to the preventive recommendations, because the elements of the preventive representation are diversely anchored in their previous ideas, beliefs and

behaviours. If the propositions are easily integrated by the Predestined who already think like medical experts, they encounter serious constraints for entering in the heads and bodies of the others. This is in particular the case when individuals not only meet economical difficulties in applying expert recommendations, but also define themselves in an opposite way to that suggested by the prevention campaign. As seen above, the food habits of the Objectors are associated with a male and labour definition of the body that constitutes a part of their social identity. Changing these habits strikes their way of life and of thinking by inducing them to adopt behaviours assimilated to young middle class women. Consequently, we observe different social positionings towards the apparently shared propositions of the medical experts (Doise, Clémence & Lorenzi-Cioldi, 1993; Elejabarrieta, 1994). Gillioz's analysis then offers an illustration of how individuals adopt differently common elements of a representation. In the present case, the representational field is organized by two main principles, one opposing male to female stereotypical body conceptions, and a second opposing a hedonist to an ascetic use of the body. Both principles are directly linked with different social status, professional activities, and health states, too.

**From Sociology to Social Psychology**

Gillioz never refers to social representations theory. One explanation was the fact that publications on social representations were still scant, more than 20 years after the famous book of Moscovici (1961). There were of course some remarkable texts (e.g. Chombart de Lauwe, 1971; Herzlich, 1969; Moscovici, 1981), but the most important theoretical and empirical works began at the same time, with the edition of important books by Farr and Moscovici (1984), Moscovici, (1984), and Doise and Palmonari (1986). The second explanation was the sociological orientation of the author. She developed her theoretical frame on the works of Bourdieu (1979) and Boltanski (1971). The sociology of culture of Bourdieu can easily be articulated within the social representations perspective, especially the conceptual notions of social positioning and organising principles dynamic approach stimulated by Doise (1990; Doise, Clémence & Lorenzi-Cioldi, 1993; Lorenzi-Cioldi, 1994; Clémence & Doise, 1995; Lorenzi-Cioldi & Clémence, 2002). Gillioz used another aspect of the Bourdieu and Boltanski works that concerns the relations between body experiences and representative thinking. The well-known, but difficult, concept of *habitus* can be seen as the incorporation of pragmatic experience in the manners of people, not only reason, but also

scheme with their body. In a sense, we can speak of a form of embodiment, to use a recent successful concept of the (social) psychology of cognitions and emotions, in the sense that self-expression through movements is associated to, or even reveals, a way of thinking. The research of Jodelet (1991) on madness offers such an approach. She showed how people adopt their behaviours in front of mental patients whom they welcome as they attribute their madness to a problem of nerves or brain. The meaning attributed to the body, which Gillioz inferred from food consumption and the professional activities of individuals, is based on a similar logic of embodiment. The basic idea, as in Bourdieu's perspective, implies that social representations are also anchored in the body's experiences, and physical movements express them too. It seems to me that such an approach should be more developed in the social representations area.

**A Pragmatic Study on Common Sense and Behaviours**

I would finally underline the pragmatic aim of the Gillioz text. The development of social representations was, at least partially, stimulated by the opportunities the perspective allowed in treating social problems. A lot of studies were so driven in the field of the health (e.g. D'Houtaud & Field, 1984; Flick, 1998; Joffe, 1999; Markova & Farr, 1995; Radley & Billig, 1996). In particular, they question the implicit social representation of an ideal pattern of health behaviours and individualistic principles that prescribe attitudes of self-responsibility, self-efficacy, and self-control – attitudes that have been shown to be unevenly distributed, or differently manifested, by members of different status groups. As the pioneer analysis of Gillioz did, they raise serious practical questions about the efficacy of many current health-promotion programs. The success of research in this area of social representations and its more and more evident recognition by professionals in healthcare, indicates a fruitful orientation for researchers of representational thinking (Howarth, 2006).

All my comments seem sufficient for understanding my renewed enthusiasm every year to introduce to students the idea of social representation with this paper of Lucienne Gillioz.

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