

Communication, Social Representations and Prevention - Information Polarization on COVID-19 in Brazil

ANA MARIA JUSTO¹, ANDRÉA BARBARÁ DA SILVA BOUSFIELD¹, ANDRÉIA ISABEL GIACOMOZZI¹, and BRIGIDO VIZEU CAMARGO¹

¹Laboratory of Social Psychology of Communication and Cognition (LACCOS), Federal University of Santa Catarina (UFSC), Florianópolis, Brazil

Since December 2019, the world has followed the advancement of a potentially lethal acute infectious disease, a subject that has been highlighted in the media and social networks. The COVID-19 pandemic is a new phenomenon that affects the population globally. Being at the interface between the individual and the social, it is an object of interest for studying from the perspective of social representations (SRs), whose theoretical contribution may help understand prevention or therapeutic practices in the healthcare field. The circulation of information via different communication channels shows an interaction between science and common sense in the construction of SRs. In turn, intergroup contexts play an important role in the way information is organized and signified as SRs, which are not always hegemonic. In the Brazilian context, the pandemic arrival was followed by disagreements between the guidelines of the Ministry of Health and the federal government's discourse on the pandemic, reflecting the polarization of opinions regarding prevention strategies. The representation of COVID-19 as a 'health crisis' or as an 'economic crisis' involves different forms of anchoring linked to identity processes, and may imply different degrees of adherence to prevention practices, reflecting the current political polarization scenario.

Keywords: Communication; Social Representations; Prevention; Polarization; Covid-19

COVID-19 AND THE CONTEXT OF PRODUCING SOCIAL REPRESENTATIONS

Since December 2019, the world has been following the progress of a potentially lethal acute infectious disease caused by a new coronavirus called SARS-CoV-2. The virus belongs to the *Coronaviridae* family and causes a respiratory disease, called COVID-19. Since then, the situation has worsened, and on March 11, the World Health Organization (WHO) announced a pandemic (World Health Organization [WHO], 2020).

The media quickly began to show a significant number of hospitalizations, overcrowded hospitals, quarantine measures and a global economic crisis. Data on the spread of disease contamination around the world, the number of people infected, and fatal cases gave rise to feelings such as anxiety and uncertainty in the face of the unknown, generating stress (Barros-Delben et al., 2020). This scenario reveals the importance of assessing COVID-19 beyond its impact on people's physical health, but as a phenomenon that affects society and that can be understood from a psychosocial perspective.

A psychosocial perspective allows for the contextualization of the regulatory mechanisms linked to health and disease phenomena in historical and culturally situated social systems. Therefore, it is important to understand the complexity of health phenomena at the heart of the social reality in which they manifest themselves (Apostolidis & Dany, 2012), and to consider the ways a disease becomes a social reality, structured as it is through relationships between individuals and groups, and through its treatment (Herzlich, 1986). In this sense, the COVID-19 pandemic affects the population globally and is a new object, at the interface between the individual and the social – this is why it is an object of interest for study from the perspective of social representations (SRs).

SRs are constructed in order to make the unknown familiar (Moscovici, 1961/2012). The SRs on this new disease are constructed in a society that is reorganizing itself, especially in regard to social interaction. This happens because, according to WHO guidelines, the main spread suppression strategies include hygiene and physical distancing habits. Measures such as *lockdowns* have been adopted in several countries, including the suspension of activities and services, reducing the circulation of people in public spaces (Duarte et al., 2020), and reducing social interactions (which now tend to unfold mostly online). We emphasize, however, that in Brazil, access to the material conditions that enable one to maintain physical distance and to carry out social interactions online, is very uneven. Communication is of primary importance in the representative processes, since it is a vector for the transmission of language, and focuses

on structural and formal aspects of social thought (Jodelet, 1989). Thus, the importance of the communication processes involved in the formation of SRs related to the new pandemic must be considered.

COMMUNICATION AND SOCIAL REPRESENTATIONS OF THE COVID-19 PANDEMIC

Communication processes have been evidenced in studies in social representations since the first work by Moscovici on social representations and psychoanalysis (Moscovici, 1961/2012). According to the Moscovici (1961/2012), SRs are re-elaborated when provided in different communication media. Communication exchanges favor the construction of new representations and the consolidation of those within the process of social thought. In the case of communication processes within the context of the Covid-19 pandemic, the use of technologies (which was already increasing) became more intense.

Communication technologies allow access to a large amount of information at an accelerated speed (Sbalchiero, 2018). As Marková (2006) points out, phenomena that start to become a social problem increase tension and, therefore, become subjects of debate. In the debate regarding COVID-19, the media has revealed information that is constantly updated, while the guidelines for the population on prevention strategies also change, increasing feelings of fear and uncertainty (Xiang, et al., 2020). For Moscovici (1961/2012), the ‘unfamiliar’ generates imbalance and tension, mobilizing emotions. Therefore, people need to be informed about the events that circulate in society, since this information reduces feelings of uncertainty (Moscovici, 1981; 2011). When we receive information from different sources, we integrate these different forms of knowledge into “a language that allows us to talk about what the world is talking about” (Moscovici, 1961/2012, p. 51)

The media plays an important role in SR formation, but SRs are also co-constructed, contested and supported by other types of communication, including everyday conversations and online discussions (Jaspal & Nerlich, 2017). The influence of digital media in recent epidemics, such as the swine flu (2009), Ebola, and so-called emerging infectious diseases, brought results that cause reflections on how diseases are represented in their evolution, and particularly, as highlighted by Joffe, Washer and Elsey (2016), how diseases are represented in new social media environments, such as: Twitter, Facebook and other networks of blogs and comments.

The communication process in the context of interactions by digital media, with increasing intensity in the last decades, has specific features from the psychosocial point of

view. On the one hand, through the Internet, we have access to a great amount of information on many different subjects; on the other hand, we seek somebody in whom we may trust (Betat, 2017). Consequently, information is validated and shared with regards to links established by networks, taking into consideration the identification processes and groups that act as ‘filters’ for the accessed information. The process is still intensified by online algorithms that we are frequently unaware of (Pariser, 2015).

Since the arrival of the COVID-19 pandemic in Brazil, people have expressed their opinions, shared information and *fake news* through social media platforms. As the measures to fight the disease have widely involved the population, people have also been using these platforms to express their opinions about the measures implemented and the changes in their daily lives due to social distancing. This type of manifestation has been growing, as the impact of the pandemic increases (Lopez, Vasu & Gallemore, 2020).

The circulation of information in different communication channels shows an interaction between science and common sense in the construction of SRs. SR studies bring a perspective on the popularization of science based on the concept of “resistance” (Bauer, 1994, p. 229; Schiele & Boucher, 2001). According to Bauer (1994), “resistance is an essential part of the pragmatics of social representations” (Bauer, 1994, p. 229). In intergroup contexts, resistance is a creative factor, which, according to Bauer (1994), introduces and maintains heterogeneity in the symbolic world of social groups. Its function is to maintain autonomy to resist symbolic innovations that the groups did not produce. This defense takes the form of representations. These representations can be considered as the action of a cultural “immune system”: new ideas are integrated to the existing ones, which neutralizes the threat they present. In this way, both new ideas and the system that hosts them undergo changes in this process. Therefore, SRs work as an immunizing cultural system in intergroup contexts: symbolic innovations are actively neutralized by their anchoring into traditional formations.

The concept of resistance assumes that the scientific object is transformed in the process of scientific dissemination. In this context, the differences between the intentions of the source and effects of the audience on communicative processes are culturally significant and “not simply indicators of poor communication management” (Bauer, 1994, p. 252). Therefore, resistance is not something that must be overcome, but is rather to be seen as a factor of creativity and diversity.

The new diseases that arise are given names that are generally not familiar to the public, so they will have to be assimilated and introduced to the social environment. With the dissemination of medical discoveries by the mass media, social media and interpersonal

communication, individuals start to develop SRs of these new phenomena, which are generally meant to make what is strange more familiar and understandable (Joffe et al., 2016).

According to Jodelet (1989), a social representation refers to a piece of knowledge linked to the experience that produced it, thus helping the individual to act in the world and upon others. This function of guiding conduct brings a theoretical contribution to the understanding of prevention or therapeutic practices in the healthcare field (Camargo, Wachelke, & Aguiar, 2007). According to Morin (2004), healthcare programs have two axes: prevention - reduction of risk behaviors and promotion of healthy behaviors; and treatment - improving treatment quality, the relationship between healthcare professionals and users, quality of life, and patient adaptation to treatment. The information based on Social Representation Theory approaches differs from classic Social Cognitive Theory, due to the importance it gives to the analysis of the different actors' points of view. It aims to reconstruct the movement of social thought present oppositions and misunderstandings in risk management.

An individual's involvement with the subject related to a SR is a key aspect to be considered in order to understand the relationship between collective and individual knowledge. Although the knowledge of a representation is collectively constructed, group members deal with it differently, due to their different personal experiences, group positions, or environmental conditions (Camargo & Bousfield, 2011).

The COVID-19 pandemic mobilizes the healthcare system worldwide to treat the disease. At the same time, the population is largely affected by prevention campaigns. One of the peculiarities of the COVID-19 prevention strategy is the fact that it is not only intended to prevent contamination, but mainly to avoid transmission (Ferguson et. al, 2020). The information available so far suggests that the development of symptoms varies according to the patient's age and health condition, and people infected by the virus are not easily identified. This is one of the reasons why the use of collective preventive measures must prevail, in addition to individual protection actions.

Epidemic crises commonly involve the use of collective prevention strategies and accentuate the dimension of otherness. In most cases, the disease is associated with 'the other', in a process that protects identity but ends up reducing the adoption of prevention practices (Joffe, 1998; 2002). In the case of COVID-19, the 'other' can be identified as those potentially more vulnerable to the disease, who belong to the so-called 'high-risk groups', including the elderly and individuals with comorbidities (Ferguson, et al., 2020).

Based on the representations of a phenomenon, individuals are able to assess and position themselves in relation to risks (Bousfield & Bertoldo, 2017). With regard to risks and prevention strategies in Brazil, there was a disagreement between the guidelines of the Ministry of Health and the discourse of the topmost representative of the Federal Government, the President of the Republic, regarding the pandemic, which generated debate and disagreement among the population. This subject caused a polarization between government supporters and other social groups, a phenomenon that will be addressed in the next topic.

THE ARRIVAL OF THE PANDEMIC IN BRAZIL AND THE POLARIZATION PHENOMENON

It is recognized that the communication process involves conflicts between the Ego and the Other over the representation of a socially relevant object (Howarth, 2006), which ends up generating a “battle of ideas” (Castro et al., 2016, p. 108). In this context of ‘battles’, social representations do not have an equal value, because there are three levels of consensus at play here: when social representations are shared by *all* members of a structured group, they are called Hegemonic SRs; when different subgroups build their own representation versions and share them with others, they are called Emancipated SRs; and finally, when they are generated in conflicts and social controversies, and society as a whole does not share them, they are called Polemic SRs (Moscovici, 1988).

Polemic SRs are determined by antagonistic relationships between groups and tend to be mutually exclusive, representing a struggle between groups. This has been the case with opposing social groups in Brazil, since the events that led to the *impeachment* of President Dilma Roussef in 2016, when an intense process of political polarization broke out in the country, reaching its peak in the period of the 2018 presidential elections, and including cases of physical violence and even homicides, as a result of this polarization (Giacomozzi, Fiorott, & Bertoldo, 2019).

When in conflict, people organize their positions through meta-representations, that is, their view of what is important for others to know, think or evaluate about themselves (Elcheroth, Doise, & Reicher, 2011). Thus, people tend to project their opinions onto others, if they are perceived as being similar in background values (Wagner, 1995). These opinions are reflected, for example, in mass and social media.

Taking the Zika virus epidemic, which marked the Brazilian territory in 2016-2017, as an example, Ribeiro et al. (2018) consider that the national media spread a hegemonic representation, combining the voices of public health and government authorities, the scientific

community and WHO. The representation was a war against the enemy: the mosquito. However, when the way the COVID-19 pandemic has been portrayed in the country is analyzed, the situation is quite different.

The fact is that Brazil experienced a vast production of information disseminated by health and government authorities in March 2020, along with the worsening of the COVID-19 pandemic in its territory, but the information was not consensual. At the end of February, one day after carnival, one of the most popular festivals that gathers more than thirty million people on the streets, the Ministry of Health notified the first confirmed case of COVID-19 in the national territory (Ministry of Health, 2020a). About fifteen days later, it instructed the population about the protection measures to deal with the Public Health Emergency of International Concern due to the Coronavirus (COVID-19): travel and event restrictions, and telecommuting for risk groups. In mid-March, a state of community transmission of the coronavirus was declared nationwide (Ministry of Health, 2020b), which led to more restrictive guidelines, including the need for social distancing, closure of schools, commerce, public transportation and a significant reduction in industrial activities. These guidelines followed WHO regulations, with information based on technical criteria, which, based on experiences on the development of the disease in other countries, pointed to social distancing as the most viable contamination prevention strategy (Ferguson et al., 2020).

Given the scientific information released by world health authorities and the Brazilian Ministry of Health itself, the Federal Government publicly expressed an opinion against social distancing measures and questioned the number of cases of the epidemic in Brazil, claiming that there was an exaggeration and that the press caused or spread panic (Planalto, 2020). The country's highest authority, for instance, referred to the COVID-19 infection as a little flu or cold, which would only cause risk to the elderly. In an official decree, the president authorized the opening of churches and religious temples (Diário Oficial da União [DOU], 2020), which came to be considered as essential services. In his communication, mostly through social media, he was suspicious of the number of victims of the disease, and asked people to act normally and go to work, in order to avoid an economic crisis of large proportions. His posts on social media like Twitter, Facebook and Instagram have been deleted by those responsible for these networks because they were considered harmful to public health.

The contradictions between the discourse of the Federal Government and the Ministry of Health, expressed by the media on a daily basis, contributed to the occurrence of two phenomena. The first is an increase in the social influence of information, because when we are in an ambiguous situation, we tend to seek others as a source of information to guide our

actions (Sherif, 1935; Moscovici, 2011). As a result of this process, there was a significant increase in news sharing via social media. This news, however, does not always have a reliable source, contributing to an increase in *fake news* spreading. In other words, in a crisis situation, full of uncertainties, less importance is given to information sources and more to information circulation.

The second phenomenon, generated by the contradictions between the government and the Ministry of Health or, more precisely, by the discourse of the President of the Republic, was a polarization of this pandemic's SRs. The type of interaction possible during the quarantine period has been almost exclusively digital, with an emphasis on social media. Bruns (2019) suggests that this type of communicative interaction favors social and political polarization. According to Pariser (2015), this happens because the access to all types of information on the internet and on social media is made through a filter, which personalizes the information accessed through algorithms and selects it according to the user's profile. Thus, if on one hand, as pointed out by O'Hara and Stevens (2015), the internet facilitates the dissemination of knowledge, supporting dialogue and decentralized debate, on the other, the information accessed is partial, because it is aimed at a profile, guided by artificial intelligence. Such selection of information has direct effects on polarization (Bruns, 2019).

From a psychosocial perspective, this phenomenon, called “Filter Bubble” (Pariser, 2015, p.2), which operates in online interactions, is considered to be influenced by identity processes. Not only does it refer to individual profiles, but also involves groups of belonging (Tajfel, 1981). This kind of belonging implies relatively common experiences and, consequently, shared opinions, beliefs and norms, which culminate in a similar way of acting in the world and regarding certain issues.

In summary, two forms of anchoring may be involved in COVID-19 SRs among Brazilians. The first represents the pandemic as a threat to the health of the population. It takes into account the information that the health system will be overwhelmed (Ministry of Health, 2020c) due to the demand resulting from a large number of hospitalizations to come, and defends the need to maintain social distancing, according to the guidelines of WHO and the Ministry of Health of Brazil. The second considers the disease as a threat to the country's economy, emphasizing the increase in unemployment and the slow process of economic recovery. This view also considers the pandemic data as being manipulated by the media, and states that there is an exaggeration in the size of the disease, in an attempt by the media to cause panic amongst people.

Therefore, there is clear polarization between social groups in Brazil in relation to: a threat to health *versus* a threat to the economy – two distinct anchoring processes, that reveal the group of belonging, since government supporters tend to defend the return of commercial and industrial activities to protect the economy, while opposing groups support the *lockdown*, asking the government to assist the most vulnerable.

This happens because the SRs on the epidemic are activated by the group of belonging. These are different points of view, based on different readings of the same reality, and irreconcilable views of events in the public sphere. In this sense, the actions taken after the arrival of the COVID-19 pandemic in Brazil became a theme of political polarization, that is, part of the population supports the technical norms of the Ministry of Health and WHO and defends *lockdown* strategies, whereas federal government support groups call for a return to work to avoid an economic crisis.

Considering the importance of understanding a health phenomenon in the social reality in which it is inserted (Apostolidis & Dany, 2012), it is worth mentioning movements that occurred in large Brazilian cities in March 2020, which can illustrate the political polarization scenario experienced during the period of fighting the new disease. Even though close social interactions were restricted, Brazilians once again used so-called ‘pot banging’ as a form of mass demonstration, that is, collective actions aimed at interacting from their homes by banging pots and pans on the windows as a way of speaking out against the current government (as they had already done against the previous government) especially after its position regarding the fight against the COVID-19 pandemic. Another mass movement that occurred in the same period were the ‘rounds of applause’, as a sign of homage and thanks to healthcare professionals who work at the front line fighting the epidemic.

Jaspal, Nerlich and Cinnirella (2014) emphasize the relevance of considering several levels of analysis when studying a representational phenomenon, including the interaction between SRs, social identities and social practices. In this sense, the SRs related to COVID-19 in the Brazilian context polarize at the three levels mentioned.

Considering the representation constructed as a ‘health crisis’, it can be verified that it is aligned with local health authorities (and against the President's guidelines) at the identity level, and in favor of social distancing measures with regard to social practices. The following examples of social practices can be mentioned: adaptation of routines for remote work, the sharing of messages that encourage people not to leave their homes, and even collective expressions of thanks to healthcare workers who have risked themselves on the front line fighting against the virus.

On the other hand, the representation established as an ‘economic crisis’ is linked to groups identified with the current federal government administration, especially what the press calls its ideological core. They demand the return of civil, commercial and industrial activities, as part of a return to normalcy.

What is evident in this polarized representation system is that the identity processes, marked by a scenario of intense political polarization (Giacomozzi, Fiorott, & Bertoldo, 2019), contribute to the construction of two different ways of attributing meaning to the new pandemic, as well as two degrees of adherence to infection prevention practices.

When social representations enter the social and psychological domain, individuals position themselves about them, personalizing them (Jaspal & Nerlich, 2017). Moscovici and Hewstone (1983) identified three sub-processes associated with objectification, namely: personification of knowledge, figuration and ontologization. Personification of knowledge links an abstract object of social representation, identity and socio-psychological action to a person or group, providing the object with a more concrete existence through this association. For example, former US presidential candidate Al Gore was a personification of the debate on climate change in the United States, both for those who intended to mitigate the effects of climate change and those who were skeptical about this venture.

Based on this psychosocial analysis, it can be suggested that the Brazilian Minister of Health seems to personify the debate on social distancing and the technical measures to prevent the coronavirus in Brazil, having the support of the majority of the Brazilian people, according to a Datafolha survey conducted on April 1, 2 and 3, which shows that 73% of Brazilians approve his conduct (Datafolha, 2020). In turn, the position of those who defend the need to resume economic activities and loosen *lockdown* measures, even at the beginning of the progression of this pandemic in Brazil, is personalized by the figure of the President of the Republic.

The enormous amount of information and the feeling of incertitude experienced during the pandemic increase the need to elect people who are known and may act as symbols of national unity. In Italy, the European country which suffered the most from the Covid-19 pandemic, the President of the Republic and the Pope helped immensely to establish a feeling of hope and unity in the wake of a critical and unknown situation. On the other hand, in Brazil, no public figure of reference was available. This fact may have contributed towards deep polarization.

Considering these representations implies assuming that the meaning of this object is not unique, nor does it stem only from the information transmitted by the media, but also from

social interactions (both in-person and online), political positions, and individual experience. Understanding how society is receiving, organizing and reorganizing this information is very relevant for the development of prevention strategies against this pandemic. For example, when elaborating prevention and disease mitigation campaigns, instead of a nationwide and homogenous campaign, strategies focused on health that take into account the types of anchoring involved in COVID-19 social representations, besides the regional characteristics and local indexes of communication, would have been more effective.

FINAL CONSIDERATIONS

This article focused on the process of construction and sharing of SRs related to a new health phenomenon: the COVID-19 pandemic. The measures aimed at fighting the new disease, which include social distancing and isolation, favored the exchange of information in a specific interactional context: the internet. Isolated in their homes, people remained connected via the Internet, immersed in specific communication situations, which makes it possible to be in contact with the new discoveries of medicine and, as pointed out by Joffe et al. (2016), make this new disease more familiar and understandable through the construction of SRs.

The digital world provides a vast amount of information and, in this process, the dissemination of scientific information and prevention strategies against the disease have gained prominence. It is a form of popularization of knowledge involved in the construction of SRs. However, it is worth mentioning that this process is not a mere absorption; nor is it homogeneous, since it takes the form of a (re)presentation (Bauer, 1994) that allows diversity of thinking, with an active participation of groups.

Different SRs also involve different ways of conceiving and assessing individual and social risk before the disease, which reflects on the prevention strategy adopted. With regard to the pandemic, it is worth noting that prevention practices are not centered around individuals, but on collective actions, in which rather than ‘protecting myself’, the strategy promoted by WHO is to protect others.

Consequently, the experience of a pandemic underscores prevention activities that should be taken at the community level within a wider scale, involving different countries. At the same time, the prevention activities depend on very specific behaviors that are promoted at the individual level. This fact enhances the interconnection between individual and social activities demanding that people perceive such measures of individual protection as strategies which are also collective. If the pandemic is seen as an issue exclusively belonging to the other, protection will not be achieved.

Although COVID-19 has an impact worldwide, local specificities must be considered, since SRs come to life in the context of everyday interactions. In Brazil, the guidelines on pandemic prevention practices were embedded in a context of political polarization, which is almost directly reflected in the meanings attributed to them and to the disease itself. Such antagonism, which operates at the level of representation, identification and social practices (Jaspal et al., 2014), was possibly favored by the circulation of opposite pieces of information via mass communication media, which had repercussions on social media. On the one hand, the representation of COVID-19 as a ‘health crisis’, in line with the guidelines of most city, state and federal health authorities, is favorable to social distancing practices. On the other hand, COVID-19 represented as an ‘economic crisis’, linked to groups identified with the current federal government administration, particularly its ideological core, call for the end of social distancing and a return to normalcy.

One of the limitations of this proposition is that it does not yet provide empirical data on the polarization presented, stopping at a theoretical analysis of information disseminated by official and media communications. Another limitation is that these reflections are based on the current moment of expansion of the pandemic in Brazil, which will undergo many changes due to the effects that social distancing might provide, because there is an ideological core on the government’s side and another ideological core, contrary to the first one, among the defenders of social distancing, which may insist on isolation and the nationalization of financial losses, regardless of the context of the coming weeks and months.

However, the reflections presented here are considered important at this moment for the proposition of new studies, which update our understanding of representation systems related to health processes, embedded in a system that is social and showed to be crossed by political positions. As was found with regard to the Zika epidemic in Brazil (Ribeiro et al., 2018), socioeconomic inequality seems to be an underlying factor in the way the disease emerges, proliferates and is eradicated. This has contributed to the polarization seen in the current scenario.

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ANA MARIA JUSTO - Ph.D. Professor at the Department of Psychology of the Federal University of Santa Catarina (UFSC) - Florianópolis, Brazil; member of the Laboratory of Social Psychology of Communication and Cognition (LACCOS). Lines of research: Body and self-image, chronic diseases, aging and social representations. E-mail: justoanamarca@gmail.com

ANDRÉA BARBARÁ DA SILVA BOUSFIELD - Ph.D. Professor at the Postgraduate Program of Psychology (PPGP) and at the Department of Psychology of the Federal University of Santa Catarina (UFSC) - Florianópolis, Brazil; Coordenador of the Laboratory of Social Psychology of Communication and Cognition (LACCOS). Lines of research: social and environmental risks, chronic diseases and social representations. Visiting Professor at

University Institute of Lisbon (ISCTE-IUL), 2017 and Università degli Studi di Padova (UNIPD), 2018. E-mail: andreabs@gmail.com

ANDRÉIA ISABEL GIACOMOZZI – Ph.D. Professor at the Postgraduate Program of Psychology (PPGP) and at the Department of Psychology of the Federal University of Santa Catarina (UFSC) - Florianópolis, Brazil; member of the Laboratory of Social Psychology of Communication and Cognition (LACCOS). Her fields of teaching and research are Social Psychology, Social Representations and Group Processes and Intergroup Relations. Her research interests have regarded and still regard the following fields: social psychology of interpersonal relations, mainly in political polarization; violence; and health prevention behaviors; Visiting Professor at Università degli Studi di Padova (UNIPD), 2019. E-mail: andreagiacomozzi@gmail.com

BRIGIDO VIZEU CAMARGO - Ph.D. in Social Psychology from the École des Hautes Études en Sciences Sociales, Paris, France. Retired Full Professor and researcher of the Social Psychology of the Federal University of Santa Catarina (UFSC) - Florianópolis, Brasil. He participates in the postgraduate programs in psychology of the Universidade Federal de Santa Catarina. Lines of research: diffusion of the theory of social representations; social representations, new ideologies and societal problems.

Member of the Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq) level 1. E-mail: brigido.camargo@yahoo.com.br