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SENSE MAKING PROCESSES AND SOCIAL REPRESENTATIONS OF COVID-19 IN MULTI-VOICED PUBLIC DISCOURSE: ILLUSTRATIVE EXAMPLES OF INSTITUTIONAL AND MEDIA COMMUNICATION IN TEN COUNTRIES

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The role of communication in a pandemic emergency is crucial because it contributes to the spread of collective interpretations of the crisis that drive community responses. Based on the social representations' theory approach, and specifically relying on the notions of collective symbolic coping and polemical social representations, the study presents 10 country-based case studies of public communication with the aim of exploring the social representations of COVID-19 during the first wave of the outbreak. Multiple communication sources from 10 countries in 5 geo-cultural contexts (Europe, North America, Latin America, Asia, Africa) were selected and analyzed: institutional websites; international/national/local newspapers and news channels; national/international press agencies; and social media platforms. Results highlighted the prevalence of multivocality and polemical social representations, along with outgroup blaming and stigmatization processes, the use of military and naturalistic metaphors, antinomies, and discourse polarization. Implications for effective public communication in crisis management are discussed.

Keywords: communication, polemical social representations, multivocality, COVID-19

1. Introduction

The COVID-19 outbreak has gone hand in hand with an 'infodemic', an epidemic of information that combines facts, speculations, and fake news. This infodemic has affected all communication domains: not only media and social media networks, but also institutional systems (Lovari et al., 2020). Indeed, a recent international study (Brennen et al., 2020) revealed that prominent public figures also can contribute to spreading misinformation; even though they may be very few, their influence is amplified to the extent their statements are echoed on social media platforms.

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The role of communication in a pandemic crisis is crucial. At the community level it is apparent that the key issue in crisis management is community response: this response is driven by collective interpretative processes that shape our understanding of what the disease is, where it comes from, who is responsible for spreading and combating it, and whether experts and institutions are reliable. According to lay epistemic theory (Kruglanski et al., 2010), people shape their knowledge based on both internal and external social sources. Among the latter, and increasingly so in times of uncertainty like crises, it is political leaders, experts, and news channels that can serve as epistemic authorities. During emergencies and crises, institutional figures constantly engage in communication efforts to influence people's behavior (MacLoad, 2014, 2015). Indeed, how major social objects – and the COVID-19 pandemic is certainly one of this kind – are framed and represented in institutional speeches, political debate, scientific discourse, media messages and social media conversations orients people's thoughts, feelings and behaviors. In turn, people actively contribute to supporting such representations through private communication. This reciprocal influence and interconnection are a postulate at the heart of social representations theory (SRT) (Moscovici, 2000), based on the primary role that communication plays in the production and reproduction of collective sensemaking processes.

In this paper, we specifically rely on two notions that can be traced back to the broader SRT theoretical framework, namely, the notion of symbolic coping (Wagner et al., 2002) and the distinction between different types of social representations (i.e., hegemonic, emancipated, and polemical, Moscovici, 1988). These two concepts are the interpretive grids that guide our analysis of public communication in ten different countries. The aim of such analysis is to demonstrate that in the first wave of the contagion the collective symbolic coping activity was frozen in a state of 'divergence', characterized by the existence of multiple, antinomial, polemical social representation of the COVID-19 outbreak.

2. Theoretical framework

SRT (de Rosa, 2013, 2019; de Rosa et al., 2018, Emiliani & Palmonari, 2019; Jodelet, 1989, 2015; Lo Monaco et al., 2016; Moscovici, 1961/76, 2000, 2001; Sammut et al., 2015) highlights how the genesis of the public understanding of threatening and disruptive events, their emotional impact, the evocation of past traumatic events and the shaping of collective memories are forged by and lie in communicative processes, which are at the same time the source and the target of social knowledge, the infrastructure for creating semiotic resources but also for undermining them (de Rosa, 2007). Moreover, this theoretical perspective offers an interpretation of how communities respond to threatening events that is grounded in collective meaning making processes (instead of individual needs, motives and cognitions), thereby shedding light on the symbolic forces that drive collective behavior and moving beyond the conventional psychological approach based on treating crises at the individual level.

2.1 Collective symbolic coping

'Coping' is a term used to refer to how people manage and respond to the demands of a challenging environment (Lazarus & Folkman, 1984). By extension, collective symbolic coping refers to the efforts undertaken by people in making sense of a new phenomenon: how they perceive it and how they can symbolically address its demands, thereby finding solutions to

cope with it (Wagner et al., 2002). Public discourses from different sources (media, experts, authorities, etc.), trigger this process, which is thought to develop in four stages:

a) *Awareness*. In this initial phase, the new phenomenon is created and communicated as relevant. The relevancy lies in the fact that the new object contains or involves some disruptive or challenging implications for established habits and rules, or for established ways of thinking. The claim of social relevance raises the public's awareness.

b) *Divergence*. Because of the disruptive and challenging nature of the novel phenomenon, interpretations are called for, so as to make it understandable and manageable. A set of multiple and even alternative interpretations, images and metaphors emerge within groups, partly anchored in pre-existing repertoires of knowledge.

c) *Convergence*. Successively, and gradually, the competing divergent interpretations tend to decrease in number as some retreat, and to converge towards one or a few shared images, that are accepted by a majority of people. Groups achieve consensus around one prevailing interpretation, yet different groups can accept and take possession of different interpretations.

d) *Normalization*. Finally, one or a few interpretations consolidate across groups; threatening and alarming images progressively fade and are replaced by less emotional representations of the phenomenon.

The sequential and prescriptively normative linearity of these phases (as they are sometimes presented in the literature) can be questioned. In fact, as shown by research on cognitive polyphasia (Moscovici, 2000; Jovchelovitch, 2007; de Rosa, 2010; de Rosa & Bocci, 2013a) they can also concur simultaneously, and be an expression of the ideological and political positioning underlying the stances taken by individuals and groups or even by the same individuals in different experiential and emotional moments of their life.

2.2 Hegemonic, emancipated, and polemical social representations

Moscovici's (1988) classification of social representations has been variously developed and used in empirical research (Pop, 2012; de Rosa & Smith, 1998; de Rosa & Bocci, 2013b). According to the original proposal, social representations occur in three main forms, depending on the degree of consensus they reach within and across groups:

a) *Hegemonic* representations are shared to some extent by all members of a group/society and are uniform and coercive, signifying the group identity; very few degrees of freedom are available for individuals to deviate from this type of representations.

b) *Emancipated* representations are created by subgroups, single portions of a society. They coexist peacefully, have a certain degree of autonomy, and reflect the differences between subgroups within the broader social tissue.

c) *Polemical* representations are generated by subgroups in the course of a dispute or social controversy, and are intended to be mutually exclusive. They express antagonism or incongruity between representations.

This classification, which is connected to the notion of *cognitive polyphasia* (Moscovici, 2000; Jovchelovitch, 2007; de Rosa, 2010; de Rosa & Bocci, 2013a) accounts for three typologies of social representations: the fuzzy nature of social knowledge, its fluidity and variability, and the possibility that different forms of knowledge may meet and contaminate each other even within the same groups and even within individuals. If the sequence of the different stages classified according to the collective symbolic coping were clearly undisputed one would always pass from polemical to emancipated to hegemonic representations: instead,

they can all continue to coexist, between and within groups, and also in the same individual, as empirically demonstrated by research on *cognitive polyphasia*.

3. The study

Based on the notions of collective symbolic coping and the multi-vocality inbuilt to polemical social representations, we undertook an exploratory analysis of public communication in different countries, extending a pioneer study conducted in Italy that has shown the shift from the stage of awareness to that of divergence, where it lingers, without moving towards the establishment of dominant images questioning the hypothesis of ‘absolute convergence’ (de Rosa & Mannarini, 2020). The general aim was to demonstrate that divergent discourses and antinomies (i.e., polemical social representations) characterized the social representations of the COVID-19 pandemic in the first wave of the outbreak, staying frozen at the divergence stage of the collective symbolic coping process.

Specifically, we focused on the following research questions:

1. Based on SRT, we expected that polemical representations would be the prevailing type of representations of the pandemic in the period considered because societies needed to make sense of a novel phenomenon.

2. What basic contents characterized polemical social representations?

2.1 What were the most used metaphors?

2.2. What were the recurrent antinomies?

2.3 What were the main explanations provided? As documented by social representations research on emerging infective diseases (Eicher & Baumgarten, 2015), we expected to find signs of the three classic explanatory patterns, that is, considering the virus as (a) caused by stigmatized outgroups or (b) by evil elites, or as (c) a punishment from God.

3.1 Method

A qualitative case study methodology was adopted, built on the proposition (Baxter & Jack, 2009, i.e., the hypothesis) ‘Polemical social representations of COVID-19 pandemic characterize public communication during the first wave of the outbreak’. Using a theory-driven approach, 10 instrumental case studies were selected, each corresponding to a country affected by the pandemic. Instrumental case studies are used to provide insight into an issue or to help perfect a theory; in our study, the cases played a supporting role to exemplify the theory (Stake, 1995; Flick, 2011; Flick et al, 2015). Each case constitutes a ‘unit of analysis’ (Miles & Huberman, 1994).

The countries/cases were purposefully selected according to the principle of maximum variation sampling (Patton, 1990), so as to include the greatest variety of geo-political contexts available to the leading authors via their international collaborative networks. In each country multiple sources were selected (Table 1): institutional websites; international/national/local newspapers and news channels; national/international press agencies; and social media platforms. The number and the type of sources varied in each country, according to the specificity of each communication context. For each source, texts (respectively laws/orders, newspaper articles, interviews, newsflashes, and posts) were selected according to salience. Salience was assessed based on the recurrence of the same information across multiple sources.

Sources were monitored weekly, starting in each country when the first COVID-19 case was ascertained (Table 1) and ending on August 31st, irrespective of the epidemiological scenario characterizing each country at that moment. Texts selected for each source were searched for metaphors, antinomies, and lay explanations of the pandemic. Researchers gathered and analyzed the data relative to their country, then shared their interpretation with the broader research group. Where there were country teams instead of single researchers (as in Italy, in Brazil and South Africa), researchers shared their interpretations of data with the national team and successively with the extended research group.

4. Results

This section starts from Italy as the first EU country dramatically affected by the pandemic and continues with other countries on different continents, listed according to the chronological order of the certification of ‘patient zero’ in each county (Table 1). References to the specific communication sources/texts analyzed are reported in the Appendix with a number in brackets [n]. For each country the context in which the outbreak was spreading is described. Findings are reported in a discursive register, so as to describe each case in a comprehensive manner.

(a) Europe

Italy

In the period going from the beginning of January to the first half of May, institutional and media communication developed through two major phases. The early phase (phase 0) covers the initial period of the virus diffusion, going from the beginning of January to March 11, the date the lockdown measures were established [1]. The following phase (phase 1) corresponds to the period when the restrictive measures were in force. The lockdown period runs from March 11 to May 3, the date the first restrictions were lifted [2] and some economic activities resumed, while the transition to phase 2 covers the short period between May 3-17, when all restrictions were lifted [3].

In phase 0, news of the first two cases in Italy spread following the identification of two infected Chinese tourists [4]. The story fueled stigmatizing reactions towards the Chinese communities in Italy, as witnessed by the President of the Union of Italian-Chinese entrepreneurs [5]. The League party leader Matteo Salvini [6] contributed to the anti-immigrant sentiment by associating the virus outbreak to the immigrants disembarking in Italian ports. As in past epidemics (de Rosa & Mannarini, 2021), the blame for the disease was attributed to a stigmatized outgroup, and stigmatization served as a semantic barrier through which this polemical social representation rejected dialogue with alternative discourses (Gillespie, 2008).

The Italian Prime Minister addressed both Italians and the European countries with reassuring words (“Italy has adopted a set of precautionary measures that are the most effective in Europe and perhaps even internationally. Therefore, Italian citizens must remain calm and tranquil, we are facing the situation with the utmost sense of responsibility”) [7]. The binomial *threat-reassurance* (Ungar, 1998; Washer, 2004) characterized the early phase of the institutional communication on the developing pandemic.

The scientific debate was pluralistic from the very beginning, and in this phase revolved around the *dangerousness-safety* divide. Scientists split into *alarmists* and *optimists*: on

February 23, Maria Rita Gismondo, Director of the Virology Lab at the Sacco Hospital in Milan, minimized the peril of the virus by defining COVID-19 as “an infection a tiny bit more serious than a flu” [8]. Other scientists emphasized the seriousness of the situation and accused Gismondo of spreading anti-evidence-based information [9].

In Phase 1 political communication used alarm as the prevention strategy. *War metaphors* dominated communication: “A tyrant has turned our lives upside down, and it’s called a coronavirus. We will stand and fight anywhere, in homes, workplaces. Helping the weakest and sacrificing ourselves for a better tomorrow. And then we will make up for it. Coronavirus, you won’t win. We’ve hunted worse”. So tweeted virologist Roberto Burioni [10], collecting more than 4,000 retweets. War language surfaced in portraying doctors and health professional as “soldiers at the front” (Pope Francis’ words [11]); in the isolation of the contaminated ‘red zones’ (a reminiscence of the French ‘zone rouge’ in World War I: Thornton, 2014); in the strict quarantine prescriptions for the infected and their relatives; in the shutdown of schools, industries, cinemas, theatres, churches, museums, stadiums, auditoriums; in strict behavior regulations; in the order to ‘stay home’; and finally, in the shocking pictures of 70 military vehicles carrying the bodies of virus victims to the cemetery (de Rosa & Mannarini, 2020, p. 5.17).

Ambiguous and paradoxical communication marked this phase: a multi-voiced discourse emerged, although still in latent forms, focusing alternately on health or the economy. For example, the Head of Civil Protection replied to journalists: “protective masks are only for the carriers of the virus, not for healthy people” [12], rather than admitting that there were not enough masks for everyone. The message changed in the following months, when supplies arrived and masks could be sold at a reasonable price. On the economic side, the political debate focused on how big the investments for the economic recovery of the country should be. Such multi-vocality was bound to explode in the final part of this phase. The escalation of such dynamics progressively led to further investments by the Government that in August reached 223,1 million euros for 2020 and 74.4 million euros for 2021[13].

Indeed, at the beginning the evidence of the infection had put fear at the center, leading to the enforcement of lockdown measures. Despite the emergence of a multi-voiced discourse, the ‘war-like’ situation and related focus on *fear for life* served as a unifying frame for public response, and the terror of contagion helped citizens abide by the restrictions. In the transition to phase 2, with the progressive reopening, divergences exploded, in Parliament [14] and within the opposition [15]. The unity among the Regions’ Governors decreased [16]. A clash between the Regions and the State [17], and between the mayors and the Regional Governors also occurred [18] in the two weeks before restrictions were lifted. Moreover, a variety of positions on the reopening were expressed by different economic actors based on their specific sectors (entrepreneurs, trade unions, retailers and craftsmen, restaurant and bar owners [19]).

This polyphonic choir heightened cognitive and existential uncertainty and simultaneously elicited the search for symbols of unity able to counterbalance the chaotic landscape of divergent information: the President of the Republic and the Pope were recognized as moral authorities and symbolic leaders of national unity, able to provide people with a sense of shared identity and collective hope.

In the communication context of the approaching phase 2, polemical social representations that had previously focused on *fear for life* shifted towards *fear for poverty* (*pandemic* versus *famine*), under the pressure of economic actors and politicians who exploited the needs of ordinary people in an attempt to overturn the current government. As the editor of a right-wing newspaper said on a TV talk-show, “We’re torn between two alternatives, starving or dying of

coronavirus” [20]. Simultaneously, nuanced and non-binary speeches that developed along the *dangerousness-safety* line emerging in the early phase, were offered by scientists, who warned that “the devil is in the details” [21] and induced caution in reopening.

The symbolic elaboration of the pandemic across the two phases seemed to revolve around polemical representations, based on opposing priorities and dictating responses that reflected a political positioning. Such a positioning was in some case polarized and even contradictory, as these further examples reveal: (a) in the early phase, the leader of the League Party Matteo Salvini, criticizing the Prime Minister’s decision to close ‘red zones’, advocated ‘opening everything’, then ‘closing everything’ within a few days [22]. (b) As a symbolic anti-stigma act and as a sign of symbolic inclusion, in reply to Salvini’s demand for schools to be closed to Chinese children, President Mattarella visited a multicultural school in the Esquilino district in Rome [23]. (c) In phase 2 polemical representations exposed opposing antinomic priorities – economy versus health – and demands – ‘opening everything immediately’ versus ‘opening step by step with prudence’. Like stigmatization, rigid oppositions are one more way for social representations to prevent dialogue with *alternative* representations (Gillespie, 2008).

Polarization was evidently related to the political positioning. Populist leaders used polemical social representations to stimulate fear in the citizens, thus inducing the need to be reassured by strongmen (de Rosa et al., 2020). During the pandemic, in Italy this role was mainly played by League party leaders, but the media reported many international examples of leaders taking advantage of frightened people to consolidate their power [24].

Spain

COVID-19 is a new and previously unknown infection. The Spanish population was suddenly obliged to make sense of it and construct social representations about it to know how to manage it in their daily lives and in their communication with loved ones. Based on this need to make sense, the mass media emerged as the main tool to transmit scientific information about COVID-19 as well as its effects on the population. As it was an unknown phenomenon, both science and lay knowledge about the virus appeared intertwined. The limit between scientific and lay knowledge in this case was blurred. However, mass media was also used to communicate social norms regarding ‘what to do’ to avoid infections. In this case, reified universes used prescriptive and mainly one-directional discourse in communication (Batel & Castro, 2009).

The first known case of an infected person in Spain was on 31 January [25]. People faced an unknown disease that seemed to come from China. China is represented in the Spanish population as one of the most distant places in the world and as having different eating habits and lifestyles. At this stage (phase 0), the population represented Chinese citizens as the other, and soon after infections started to spread in Spain, a first aggression against a North American citizen of Chinese appearance occurred in Spain [26]. At that time, the population anchored COVID-19 in terms of its similarity to a simple flu [27] even if soon its consequences appeared to be much worse.

Phase 1 in Spain started with one of the most restrictive lockdown measures in Europe after the Spanish President Pedro Sánchez declared a state of emergency on 9 March [28]. During phase 1, there were three main characteristics of mass media communication about COVID-19 in Spain. The media started opening their front pages with the numbers of infections and deaths. Every day during the lockdown period, from March 15 till June 20, the media reported numbers of infected people and deaths in the different regions of Spain. Second, figures and images were used to report on vulnerable people who were being infected in care homes for the elderly and

to show the collapse of the health system [29]. Shocking images of corpses stored in the ice palace of Madrid were shown on TV [30]. The Spanish population seemed to be proud of having one of the best health systems in the world according to Bloomberg [31] (Fullman et al., 2018). However, the information about the people who died in nursing homes was both surprising and devastating. Further, situations of mistreatment were identified and published in newspapers [32]. This situation has reduced the trust people place in the health system.

After the lockdown stage, Spain entered a situation that was labeled by the media as ‘the new normality’ [33]. Spain was supposed to return to Phase 0. However, ‘the new normality’ metaphorically meant that the traditional lifestyle of people was far from coming back. Instead of the health situation, the economic implications of the strict lockdown stage started to be emphasized in the media [34]. In fact, some mass media reports are now trying to explain why the consequences of the disease were and are worse in Spain compared to other countries in the world [35]. Even if multiple factors are likely to explain this situation according to the letters sent by several doctors to the *Lancet* (García-Basteiro et al., 2020), one of them is social inequality. Thus, the implications of the disease are not equally distributed in the population and they seem to be more intense in lower socio-economic classes in areas of high-density population. Thus, it seems that at least partially, a social perspective on the disease might help to explain its prevalence in some disadvantaged locations [36]. In this sense, the implications of the disease seem to transcend biology to become a social or political issue.

Some of the research done in the Basque Country suggests mass media reports had important consequences on the emotional state of the population. Empirical research conducted in Spain during the epidemic shows that the most frequent word that comes to the minds of people older than 60 when thinking about COVID-19 is fear (Ozamiz-Etxebarria et al., 2020). Fear was related to concepts associated with risk, the danger of its consequences and the doubts about how to prevent it. Moreover, the disappointment at reading reports about the collapse in care and health institutions created distrust. Research conducted during the three months of the lockdown stage (Castelo et al., 2020) showed that especially for older people, trust in the health care system, in caregivers and in relationship networks was reduced. Results seemed to suggest that the social trust of the elderly (an indicator of well-being) was associated to the trust they hold in health care institutions

Romania

The first case of coronavirus was reported in Romania on February 26. From March 16 to May 15, the state imposed a state of emergency with strict lockdown regulations. Until the end of the state of emergency, the number of COVID-19 cases rose to 16,437, still with a low infection rate compared to many other countries. From May 16 a state of alert was in place, which entailed the gradual reopening of churches and of businesses that had been closed, but also the mandatory wearing of face masks in closed public spaces. The infection rate rose exponentially during this period: until the end of August, Romania confirmed over 85,000 cases and over 3,500 COVID-19-related deaths. In August 2020, Romania ranks among the five European countries with the highest per capita case growth [37].

This drastic worsening is probably related not only to the failure of the authorities to control the virus spread, but also to the population’s incomplete compliance with the sanitizing and social distancing measures required. One of the factors relevant here may be the externalization of agency concerning contamination and protection by localizing the virus threat outside the country. The Romanian public discourse on the pandemic very quickly gained a social identity dimension, opposing the ‘true Romanians’, i.e. those still residing in the country, to the

‘contaminated diaspora’, i.e. Romanians living abroad and returning home, because of the current economic hardship in their adoptive countries. The first Romanian COVID-19 cases, largely mediatized, were Romanians that had returned home from abroad, especially from Italy, where the COVID-19 incidence was already high, which fueled the ideological division between *us* and *them*. As the Orthodox Easter was approaching, anxiety towards the yearly mass return of the diaspora rose, and President Klaus Iohannis urged Romanians living abroad not to return home for Easter [38]. This illustrates the extension of the health crisis in the social identity and ideological realm, as the Romanian diaspora has played a symbolic and active role in the public protests against corruption. Consequently, the coronavirus crisis has been used by the critics of the *#resist* movement to redefine this category as unhealthy and the country as under siege, culminating with a text from a member of the Romanian Academy stating that “It’s unheard of that the healthy ones call plague-carrying rats to die in their city” [39]. There is also a nationalistic side of this ideological representation of the Romanian epidemic, especially linked to a symbolic positioning of Italy: as it is the country in which a large Romanian diaspora resides, the health danger represented by the diaspora in general was cumulated with the one associated to Italy’s high infection rate during the first stage of Romanian epidemic; moreover, the first case of COVID-19 infection in a Romanian was associated to an Italian citizen visiting Romania. A clear symbolic manifestation of this implicit status of Italy in the Romanian public perception was that most media referred to the first hotspot of coronavirus infections, namely Suceava county, as “Romania’s Lombardy” [40].

Secondly, the officials publicly communicated on the pandemic and the suitable control measures in a militaristic, top down fashion. From the beginning, the situation was framed as an epic battle that requires a military-like control over all aspects of social life, with President Iohannis stating: “We have to win this life and death battle” [41]. This war frame was useful in justifying the drastic lockdown measures (“we will not stop and we’ll impose even tougher measures when they become mandatory” [42]), but at the same time it placed the responsibility for controlling the pandemic in the hands of the authorities and more out of reach of the citizens. The militaristic approach is emphasized by the fact that all the epidemic management is governed not directly by specific state representatives, but by a specially designed institution, the National Committee for Special Emergency Situations (NCSES) [43]. The governance during the epidemic has been executed through military ordinances, with 12 such ordinances issued until August 2020 [44], praised by the Interior Minister Marcel Vela as “consolidating the wall against this invisible and aggressive enemy” [45]. In the same militaristic approach, the civil management of hospitals in which coronavirus hotspots were discovered was replaced with military officers, and all daily press releases of NCSES include the number of people who have been sanctioned the day before for violating the current anti-coronavirus law, and the overall value of the fines issued.

The chorus of public positions criticizing the appropriateness of the measures imposed to control the epidemic has been polyphonic, from health professionals [46] to the Romanian Orthodox Church who insisted on using the same chalice and spoon in the Eucharist for all believers, and opposed the banning of church services [47], or to the President of the Romanian Academy who referred to the regulation allowing people over 65 years old to leave their homes only during a 2-hour interval as “putting them on a leash” [48]. Moreover, the former government party publicly defined the government regulation imposing quarantine and hospitalization of those infected with the new coronavirus as abusive and submitted an appeal to the Constitutional Court, which was accepted. This led to a legislative void of almost a month (until July 21st), during which more than 900 infected patients left hospitals by their own request

[49]. Similarly, public figures from the opposition party expressed their opposition towards wearing protective masks, such as the party President during the Parliament sessions and two other parliamentarians who were fined because they aggressively refused to wear the mask in a restaurant [50].

Finally, the chronic social representation of the public governors and of the medical system as corrupt also contributed to the growing mistrust in the appropriateness of the measures taken and of the appeals for public compliance. During the epidemic, it was amplified by news concerning the suspicious purchase of protective equipment or medical devices without respecting public acquisition procedures by state officials, while also asking for immunity from prosecution [51]. Also, frontline medical professionals' public appeals to the population to respect the social distancing rules were frequently met with disbelief. One of the reasons is that they have been suspected of having a personal interest in emphasizing the severity of the disease and of misdiagnosing COVID-19 as the first cause of death, as they were given a 500-euro monthly bonus during the pandemic. Fueling the suspicions of endemic corruption, unjustified preferential coronavirus testing was reported to have been given to some individuals close to those managing local hospitals [52].

Malta

As in other countries, COVID-19 was a shock to Maltese society. In phase 0, when Malta was not yet hit by COVID, people followed the media to obtain information. Some thought it was just a scare, while others took it more seriously and began to hoard food and essential toiletries. When the first case was diagnosed on the 7 March, what for many was a remote event now became real because it had now reached this little island. The Prime Minister, Dr. Abela and the Minister for Health Dr. Fearne, appeared on the media giving information. Abela downplayed the seriousness of the event and said "This is not the plague" [53]. Fearne on the other hand was more cautious and stressed the importance of vigilance [54]. The parties in opposition supported Fearne's vigilant stance.

When the number of cases increased, partial lockdown was announced. People over 80, anchored their understanding of the pandemic to the comparison with World War II. In addition to *war*, the pandemic was also conceptualized as a *wave*. Medical authorities spoke about flattening the curve and this morphed to flattening the wave. The *wave* became a metaphor for COVID-19. This image was also taken up by politicians who referred to the wave of COVID-19 or simply 'the wave'.

Throughout phase 1 (lockdown) daily health bulletins were delivered by Prof Gauci, the Superintendent of Health. At 12.30 pm every day, Gauci gave the numbers of how many people were diagnosed and how many recovered. She became the personification of the soldier leading the army in the war against COVID-19. She was watched by a record number of people leading to the highest ever registered national average number of hours viewed on the national broadcaster [55]. Many experienced fear. Those who had big houses and gardens felt the strain less than those living in small flats. Professionals and urban planners soon realized the importance of open spaces for the mental wellbeing of society.

The rhetoric used by the authorities was contrasting. The messages given by the Prime Minister differed from those of the Minister of Health. The media picked this up and traced it back to the fight for leadership within the *Partit Laburista* (PL, Labour Party) in January 2020, when there was an election for leader of the PL and for Prime Minister. The two contestants were Abela and Fearne with Abela winning the election. The divergence in the discourse by these two political leaders about COVID-19 was seen as reflecting the political fallout between

them. Abela spoke about a ‘small wave’, while Fearne talked about the ‘tsunami’ that could overcome Malta’s health system [56].

Many people worked from home. Schools and universities closed and teachers and lecturers gave lessons and lectures online. Over 300 churches and chapels in the Maltese islands closed down and the Archbishop celebrated mass and recited the rosary every day. This event was broadcast at 5.30 p.m. on the national broadcaster and on the Church media. Even people who were not regular churchgoers felt the need to pray with the Archbishop.

Fear of contagion gave rise to stigmatized reactions. In the case of Malta, the stigmatized group were the irregular immigrants who arrived by boat. They became a central part of the discourse of blame fuelled by the actions and discourse of the Prime Minister. Saying that immigrants could be a threat to Maltese people, Abela hired three big boats, which were normally used for trips around the Maltese islands and kept irregular immigrants at sea [57].

The Prime minister, a lawyer by profession and the Minister for Health, a medical doctor, had different priorities. The lawyer, who had to lead a country, was very much aware of the economy. The doctor, on the other hand, was concerned about the availability of beds and respirators. As in the neighboring country Italy, the polemical social representation, which previously focused on fear for life, shifted towards *fear of poverty*. The hospitality industry put pressure on Abela and the fear of loss of jobs was used to explain the need to move on and lift lockdown measures.

In June Abela claimed that everything was under control and that life could go back to normal. He consistently downplayed the seriousness of the pandemic, making fun of ‘the wave’ and not wearing a mask whenever he appeared at events. He announced that “we have won the war”. Pressed to say whether the risk assessment would be published, Abela said the Health Superintendent drew up the document. He appealed to the media not to instill fear in people. Possibly referring to Fearne, he said that “It seems, unfortunately, that there are some people who are not happy at the fact that we are returning to normality” [58].

Restrictions were lifted. The seaport and the airport were opened and the prime minister announced that he was keeping the promise of giving the Maltese people ‘a good summer’. He said that “waves are in the sea and there is no need to strike up public fear of a second wave” [59]. He also said that the best thing people can do was to go to the sea and enjoy themselves.

In a period of two weeks, Malta became the party island with the launch of four big international music festivals to be attended by tens of thousands of tourists and Maltese people. At the end of July, Abela triumphantly announced “I had expressed my determination that people would enjoy the summer – and many said that we did not know what we were doing then,” “And I kept my word with you”. This was received with a roaring applause from his live audience [60]. The first mass event, a party which lasted a whole weekend – dubbed as the Hotel take-over weekend – resulted in a resurgence of COVID cases. Shortly afterwards, new cases associated with the village ‘festa of Santa Venera’ were reported. The numbers continued to grow. Malta now joins a growing list of countries forced to reintroduce airport controls after early successes in controlling the disease [61].

The association of doctors (MAM) together with the association for nurses and health professionals blamed the prime minister for the crass way he had led the transition to Phase 2. Abela said that everything was under control, however in a matter of a few weeks the number of active cases went up from 3 to over 600 with Malta becoming one of the countries considered unsafe to travel to. In Malta, from 7 March to 25 August 2020, there have been 1,612 confirmed cases of COVID-19 with 10 deaths [62].

(b) North America

Canada

We will discuss here the media, political and scientific discourse in Canada about COVID-19 in three phases. Phase 0, which runs from early January to mid-March, 2020, covers the period of uncertainty about the health and economic impact of COVID-19. Phase 1 covers the containment period from mid-March to mid-May. Phase 2 includes the gradual release from containment and the new health measures put in place.

On January 11, 2020 (phase 0), the first COVID-19-related death in China was reported in the Canadian media, naming the virus for the first time as a coronavirus [63]. An initial representational anchoring was noticed when, from the early days of this phase, newspapers made many parallels with the SARS coronavirus outbreak in Toronto in 2003. Physicians and researchers pointed to the similarity between COVID-19 and SARS, believing that the danger to Canadians remained low, even for travelers returning from Wuhan, the first COVID-19 outbreak center in China [64].

Towards the end of January, polemical representations emerged. On the one hand, the Canadian media referred to the COVID-19 epidemic as a ‘crisis’, despite the absence of confirmed cases in the country [65]. Scientists and researchers, on the other hand, described the situation as ‘low risk’, but remained ‘alert’ to the spread of the virus [66]. Fears of an economic crisis were also emerging at that time [67], creating a tension between health and economic prosperity. Provincial public health authorities were preparing for the worst in hospitals [68] and nursing homes [69].

The tension between ‘us’ and ‘the other’ has been growing as a result of new fears. One of the fears during that phase concerned the Chinese community and the repatriation of many Chinese Canadians trapped in the Wuhan area. Some media sources document stigmatizing comments and gestures by some citizens. Prime Minister Justin Trudeau called for calm and respect for Chinese communities in the face of the rise of racist messages on social networks [70]. However, the tone was changing, as evidenced in the case of Canadians who were on board the cruise ship *Diamond Princess*, the main epidemic center outside China. Repatriation measures for Canadians abroad specified that those with symptoms would not be allowed to return home at that time [71]. Fear increased even more when Sophie Grégoire-Trudeau, wife of the Prime Minister, announced that she had been diagnosed with COVID-19 after an event in England. The Prime Minister's decision to isolate himself harbored anxiety about the spread of the virus [72]. The virus could no longer be associated only with the other—even though after the Chinese, the Americans began to take on the role of the guilty foreigner.

Phase 1 began with the provincial government measures to limit gatherings, close schools and ban hospital visits [73]. A first scandal that demonstrates the ambiguous and contradictory nature of the informational environment in which the representational genesis occurred was when on March 12 Ontario Premier Doug Ford encouraged families to “go on vacation” during spring break. The next day, the Ontario government announced that schools would be closed for at least two more weeks. Ford's message was criticized by public-health officials who were calling on all Canadians to avoid out-of-town travel [74].

Some journalists used language reminiscent of war. The terms ‘war zone’, ‘combat’ and ‘war effort’ were used to describe the situation in hospitals and long-term care centers in Quebec and Ontario [75] that have had to ask the army for help to assist orderlies and nurses [76]. Fears were growing among the population about the country's food supply. The provincial and federal governments had to call for calm to resolve that situation [77]. Another shortage that was making

headlines was the one for personal protective medical equipment, of which there were only a few weeks stocks left. The media reported daily on the remaining supplies in the provinces, while doctors feared a lack of equipment [78].

Some experts, media and politicians believe that the epidemic has highlighted social inequalities in Canada, with the most vulnerable, the elderly, the sick and the poor, being more affected by the virus and the shutdown of a large part of the Canadian economy [79]. Opposite the villains, those responsible for the epidemic and its mismanagement, also the heroes appeared in the discourse. In Quebec, nurses were dubbed ‘guardian angels’ during this period by Premier François Legault to highlight the courage of these health care workers. Messages of compassion and support frequently appeared in the newspapers for those heroes: doctors, nurses and other essential workers, but also for the new actor in the media discourse: the victims, the families of those who had died from COVID-19 [80].

In phase 2, confirmed cases of COVID-19 were concentrated mainly in two provinces, Quebec and Ontario. Within those provinces, the majority of cases were in long-term care facilities. Attention then turned to the protection of the elderly, and scandals in the management of this health crisis in long-term care centers cause society’s relationship with elderly people to be reassessed. The few voices that at the beginning of the pandemic depersonalized and dehumanized the elderly were replaced by more influential voices that this time called for isolating the elderly in order to protect them. Tacitly, the victim was held responsible for his situation.

Among government leaders, the decision to reopen the economy and certain services such as schools would make it possible to avoid facing the perverse effects of confinement (increasing domestic violence, social isolation, business failure, etc.) [81]. Schools in Quebec were among the first to reopen. Children in daycare and elementary schools were sent back to school for the remaining two months of the school year and had to follow physical distancing and hand-washing measures. The response was not the same in other provinces, for example in Ontario, where the government - in agreement with the public opinion - decided to close schools for the rest of the school year [82].

Despite the reopening of the economy, some businesses across the country were concerned that the measures put in place to ensure physical distancing may not allow them to remain viable. Governments and experts were also concerned that a second wave of COVID-19 cases may occur. No major controversy seemed to have affected the beginning of the re-opening of the country.

However, additional economic measures and the opening of businesses, such as bars, in addition to the requirement to wear a mask in certain cities and provinces, have to a small degree rekindled a debate in public opinion [83]. The gathering of some young people was blamed for putting the population at risk when the bars reopened. A new group is thus beginning to be targeted by stigmatization.

In Canada, lockdown and re-opening have occurred on different scales across the provinces. The heart of the scandals and major events took place in the two most affected provinces, Ontario and Quebec, particularly in long-term care facilities. The opinions of the various stakeholders (politicians, journalists, experts, the public) on the pandemic have been constantly shifting between the different phases, especially on the measures to be taken and the dangers of the virus spreading. In spite of a relatively stable evolution and without spillover of public opinion on the implementation of confinement (and reopening) measures, certain events have marked the imagination and challenged the public on the country’s contribution to certain social services, such as care for the elderly.

(c) Latin America

Brazil

From the start of the COVID-19 pandemic, the social media have taken a singular role in disseminating information on the disease to Brazilians. Further, the worsening of cases triggered more information and guidelines by government health authorities in the country. In Brazil, the epidemic phases were not as clear as in other countries. The first preventive actions, before case 1 - which would correspond to phase 0 - began in February, with the repatriation of Brazilians (February 9) who lived in Wuhan, the Chinese city that was the epicenter of the infection. In 11 days, the country confirmed case 1 (February 20), which did not prevent the country's biggest party - Carnival - from happening in a few days (February 24, 25).

After Carnival, in mid-February 2020, the Ministry of Health notified the first COVID-19 case in Brazil [84] and, approximately fifteen days later, the same ministry started to broadcast guidelines to the population with regard to protection methods to cope with the emergency in public health, featuring international importance, caused by the pandemic (restrictions in travel, events and telework for at-risk groups), under the administration of the Minister of Health, the physician Luis Henrique Mandetta. As from that instance, the minister started daily nationwide TV broadcasts on epidemiological data in Brazil, guidelines, and responses to doubts expressed by the media and by the population in general. Guidelines [85] followed the norms issued by the World Health Organisation (WHO), with information based on technical and scientific criteria, which, foregrounded the experience of the disease's development in other countries, indicated social distancing as a highly feasible strategy to prevent contamination (Ferguson et al., 2020) - the containment phase was starting, that is, phase 1.

Local authorities, such as mayors and state governors, followed the Minister of Health's guidelines and decreed norms for social distancing throughout the whole country. However, in spite of all the scientific information disseminated by the health authorities worldwide and by the Brazilian government, the Brazilian President, Jair Bolsonaro, started to demonstrate a stance against social distancing and raised doubts on the number of people stricken by the disease in Brazil. He stated that the media were exaggerating information on the number of deaths and people infected and had caused panic among the population (Planalto, 2020). The President also referred to the pandemic as an "insignificant flu" [86] and stated that people should face the 'rain' and they should not remain at home because of fear. They should continue a normal life to avoid an economic crisis, which would be highly serious to Brazil. His posts in the social media revealed doubts on the number of victims. After some days, several posts on the social network such as Twitter, Facebook and Instagram were deleted by the social networks due to the harm caused to public health [87].

The contradictions between the federal government's discourse and the Ministry of Health's daily bulletin released by the media produced two phenomena. The first was an increase in the social influence of information since, within a extremely ambiguous attitude, we seek in other people the source of information to guide our activities (Sherif, 1935; Moscovici, 1976). As a result of such a process, there was a significant increase in news-sharing through the social network. However, such information did not always have a reliable source and it collaborated with the dissemination of fake news. In other words, within the context of a crisis situation, foregrounded by uncertainties, less importance was given to the news source and greater importance was provided to the dissemination of news.

However, in the behavior manifested by the President of the Brazilian Republic and that of the Minister of Health, the former was victorious. Health Minister Mandetta was dismissed and

became the victim of fake news by Bolsonaro's fans who accused him of corruption. After the dismissal of Mandetta, another physician, Nelson Teich [88], was appointed. He remained just a month and he discovered that reconciliation between scientific knowledge and the President's discourse was impossible. The latter insisted on the institution of a medical protocol making mandatory the use of hydroxychloroquine as a treatment for the COVID-19 in Brazil [89], even though no scientifically known efficiency was attributed to the medicine.

When Brazil's death tally reached 2,575 deaths and 40,581 confirmed cases of people infected with COVID-19, President Jair Bolsonaro replied that he was not a grave digger [90] when questioned on the number of deaths. When 5,017 deaths were reported, he replied "So what?!" [91]. After Teich's dismissal, a military general, Eduardo Pazuelo, lacking any medical training, was appointed as Minister of Health on a short-time basis. His first activity was the institution of the COVID-19 protocol featuring hydroxychloroquine [92] [93]. Consequently, the Supreme Court of Justice demanded explanations on the use of the protocol [94]. Another measure taken by the military minister was the ceasing of any broadcasting on the number of deaths or infected people in Brazil [95], greatly criticized by the legislative and judiciary sectors [96]. On 8 August 2020, Brazil could boast 85 days without a Minister of Health and reached the terrible score of 100,000 deaths and three million people infected [97]. It is not possible to identify the phase we are in at the end of August 2020 because the states are reducing their prevention measures.

The polarization of information and prescriptions on the COVID-19 pandemic favored the emergence of doubts and fake news, affecting prevention practices among Brazilians, which proved to be highly heterogeneous in a country the size of a continent (Justo et al., 2020). On the other hand, the different behaviors vis-à-vis the pandemic are due to decisions on strategies on social distancing and lockdown determined by state governors and municipal mayors. In fact, in April 2020, the Supreme Court guaranteed such autonomy to governors and mayors to determine rules for coping with the pandemic in their respective territories [98]. Furthermore, the intense political polarization in the country should be emphasized (Giacomozzi et al., 2019), which may have contributed towards the construction of different forms of representation of the pandemic and practices for the prevention of infection which seem to be directly related to identity processes.

Mexico

The pandemic arrived in Mexico at a time when important transformations were taking place. President Andres Manuel Lopez Obrador, and his staff, implemented important changes in all government areas since December 2018. The results of these changes had still not been seen when COVID-19 arrived in the country in February 2020.

Financial analysts and specialists [99] announced that Mexico was facing the pandemic in a condition of poverty (almost half of population [100]), important health problems (obesity, hypertension and diabetes [101]), economic weakness and a political polarization that had accrued due to the world oil crisis. The President has announced, day to day, increasing measures of 'republican austerity' [102], that translate into important budget cuts to public service agencies. Temporary closing of large, medium and small size companies has produced unemployment and there is a pessimistic forecast for economic recuperation and an increase in poverty levels [103]. The Mexican peso depreciation has worsened the country's outlook.

At the beginning of the pandemic, Mexican people were witnessing the exponential increase of infections in Asia and Europe as a far-away, though threatening, nightmare. The first set of Mexican COVID patients had traveled to these continents, thus associating COVID to people

with a high socioeconomic level. The Governor of Puebla was eager to mention that COVID was a rich people's disease [104]. The quick expansion of the virus made it clear that COVID had no respect for frontiers or social status.

Since the end of February 2020, a team of experts led by Hugo Lopez Gatell, have been presenting a daily report on the pandemic development and government actions to reduce damages [105]. The government established 3 contingency phases or scenarios to prevent the spread of COVID-19 [106]:

Phase 1: Imported cases (27/02/20 to 23/03/20). Measures: reduce physical contact, constantly wash the hands, monitoring of detected cases, disclosure of relevant information in offices and schools and attention to the official media.

Phase 2: Community transmission (24/03/20 to 20/04/20). Measures: social distancing, avoid handshakes, kisses and hugs, temporarily suspend non-essential and school activities, mass events in open and closed spaces, health control at the entrance of buildings, basic hygiene measures, sneezing etiquette, care of vulnerable groups, voluntary isolation. Essential activities: those related with health, public safety, maintenance of critical infrastructure, social programs and key sectors of the economy.

Phase 3: Epidemiological stage (21/03/20 to 01/06/20). Measures: the same measures as in the previous phases, in addition to intensive and permanent dissemination of mitigation measures, symptoms and warning signs of COVID-19, suspension of contact with persons diagnosed or suspected of having the disease, indefinite suspension of non-essential activities and public events.

After phase 3, the government implemented a weekly epidemiological risk light by region, in order to restart economic, social and productive activities [107]. The official COVID-19 maps, produced daily, show that the traffic lights have changed from red to orange almost everywhere in the country, indicating that the situation of the pandemic is still dangerous [108].

Based on the fact that faith in science would create trust and calm within the Mexican population, Lopez Gatell and his team focused their efforts on explaining what kind of virus COVID-19 is, how it behaves and transmits, its lethality rate and the lack of a treatment to cure it. Through the translation of scientific knowledge into urgent health programs and preventive actions, the government has been creating specialized social representations about COVID-19, inspired by international information (mainly communicated by WHO), and the record of virus evolution in Mexico as well as the experience in previous pandemic situations.

In order to understand these pseudoscientific social representations about COVID, the population depends on the translation of scientific language into the common sense language used by news reporters, communicators and on all that is published or expressed in social media. The lack of certitude about COVID, failed government communications and common-sense interpretations have created confusion and incertitude. Some reporters began to question the official number of deaths and people infected, on which the government relies to take action and make statistical projections about the pandemic [109].

There was not a clear understanding of whether or not one should use a face mask because Dr. López Gatell sometimes said it was not necessary, but on other occasions he recommended it [110]. In the media it was difficult to understand the control phases established by government to manage actions to deal with the pandemic, especially over the criteria to define the most critical phase. A polemic discussion was generated over triage of people that should be treated as a priority in hospitals. This situation created a dispute about who had the right to live, the younger, the less sick, etc. [111]. Fear started to expand within the population, particularly the fear of one another; which led to discrimination against infected people or even of those

suspected of being contagious with COVID [112]. Attacks on medical staff in the streets started to be published on social media [113].

Despite efforts made by experts to communicate specialized social representations about COVID-19, its risks and mortality levels, these were ignored or misunderstood. President Andres Manuel Lopez Obrador has never worn a face mask and took a long time to stop his working tours [114]. He was always shown surrounded by people, hugging and shaking hands, and even kissing a child in one scene [115]. By violating the basic protection measures, he delegitimized the knowledge and position of specialists. Thus, by the beginning of May most people were not staying at home or keeping a healthy distance. Even in July 2020, many people did not use face masks [116].

The recommendations about the pandemic, the warnings about its lethality and the damage caused in other countries did not create enough consciousness in the majority of Mexicans. Many Mexican people still believe that the pandemic does not really exist and that it is a political conspiracy [117]. Some traditional religious and social feasts have taken place all over the country during the pandemic [118]. Businesses stayed open at the beginning, on one hand due to economic reasons and on the other because life continued to go on. People kept their routines until the isolation measures became more severe for ‘non-essential activities’. In terms of social representations, people were forced to think about their actions in accordance to this new dichotomous classification (essential/non-essential activity), social distance and unusual hygiene habits.

Again, official decrees about the classification of these activities were ineffective when faced with the new challenge of daily survival and the social disparities in protecting against the virus. The need to earn a daily income by performing any kind of activity, essential or not, has kept the neediest people on the streets. Self-isolation to safeguard our health has become a luxury, which not everybody can aspire for, even when the pandemic becomes more risky and severe [119].

The health crisis has brought an unexpected and unprecedented change to people’s lives, to socio-economic dynamics and the way Mexican institutions operate. By the end of July 2020, Mexico had the world’s third highest number of deaths and the sixth highest number of infections according to the Johns Hopkins University COVID-19 data. The economic havoc and health crisis foreshadow an overwhelming future for the Mexican population [120].

Argentina

Talking about a pandemic brings us face to face with a strange, unexpected, shocking situation, never imagined before. In this situation, the first reaction of the Argentinian citizens was to look for information, read news, compare one's own experience with that already faced in other countries, and to find an anchor. Is this really happening? Is it happening to me? Strangeness, disorientation and perplexity.

As chronologically the epidemic first occurred in China and, given the geographical distance, it was considered serious but localized, this situation diminished its social importance. But in our globalized world, events have a great speed of circulation. The virus spread to Europe, the US and finally to Latin America. Argentina was able to draw on the experience of other areas, especially Europe. Early prevention and control measures were taken for the epidemic, as soon as it appeared (Decree 641/2020) [121]. A few days after the first confirmed case on March 3, a strict quarantine and a nation-wide-lockdown was established on March 19, later progressively extended to mid-April, 26 April and then to 10 May. “Stay home, we’ll take care of you” was the motto heard everywhere [122].

Before the spread to Latin America, the country's Minister of Health had described it as "a mild flu". Then he had to change his first assessment, as the epidemic spread. The measures taken were decided by the Argentinian President [123], together with the governors of the various districts and a team of advisers, epidemiologists and infectious disease specialists and were the result of negotiations and inter-institutional agreements, which were always implemented as presidential decrees. The experts began to have a strong political influence on the President. The decrees were promulgated every 15 days from 03/20 to the present. This central role of the President led to an improvement in his image, confidence and power. Economic aid was decreed for the vulnerable population [124]; prohibition of dismissals and suspensions [125] and aid to small and medium-sized companies [126]. Benefits were formulated to protect personnel working in public health, but they were not met.

The extremely long quarantine started undermining presidential prestige which, added to a huge economic crisis, meant a general crisis of great importance. Also at the same time, in the shadow of the quarantine, profound changes began in the judicial structure, with a clearly undemocratic tinge. Due to fatigue and exhaustion, [127] the excessively long quarantine generated many imbalances and transgressions of the norms imposed [128]. This was manifested in significant differences in complying with the rules. As in other regions of the world, the transgressions produced major outbreaks, which are experienced as the endless existence of the pandemic.

The inconsistent behavior of the top leaders of each country led to chaos and clashes between rational solutions and other magical ones. If the person is in a place of power, their statements confuse and foster transgression, as for example the consumption of Hydroxychloroquine led to a loss of confidence in leaders.

Analyzing the dynamic process of constitution of social representations related to COVID-19, we find:

(a) *Objectification process* (from the abstract concept to a concrete image) in the drawing of the coronavirus represented through the emoticon of a face with a mask that represents emotional and social isolation. The virus also has been objectified as an external enemy that must be fought: exemplary at this regard is the US President Trump's conviction of the virus as part of the bacteriological fight undertaken by China, as the USA's commercial rival.

Some common elements appear throughout the ages: the 'objectification' of the representation of COVID-19 in heroes: scientific experts, microbiologists, epidemiologists, health workers, elite villains (journalists and the media, accused of using fear for their own interests and being puppets of the ruling classes and pharmaceutical companies, ineffective governments, groups of wealthy cosmopolitan people who travel, get infected and infect others), popular villains (careless individuals with low self-control, the mindless masses, people panic-buying) and victims (the elderly, the poor).

(b) The *anchoring process* supported by the classical literature (including authors like Boccaccio, Defoe, Camus, Thomas Mann, García Márquez ...among others), that gives an account of how various epidemics were faced in the past, talking about the coping models of human beings, from the most miserable existence to sublime solidarity. In different centuries, human reactions to the risk of illness, death threats and tragedies are extremely similar in different historical periods: fear, estrangement, discrimination against the sick, violence, civil disobedience, but also solidarity and the contagion of hope. What clearly indicates an important difference is the meaning attributed to the disease, in antiquity, fundamentally linked to religious beliefs, compared to the secularization of the 20th and 21st centuries more supported by rational-scientific explanations and the importance of the culture of groups not linked to the church.

However, in closed groups with strong religious beliefs, due to their fatalist vision ('it is the will of God'), they do not comply with official protection measures and, by violating restrictions on social movement, they became much more ill. The disease was also anchored in outgroups, the Chinese, in a clear discriminatory categorization.

(c) *Themata*, as primary ideas, pre-existing thoughts, archetypes linked to culture and history, thematic oppositions, contradictions between different types of knowledge existing in the world. In particular we may find *themata*:

a. in social practices: help / rejection, approach / distance, obedience to official measures / violation of quarantine;

b. in values: solidarity / despair; acceptance of what is different / stigmatization.

c. in emotions: love and search for proximity / terror, rejection and greater isolation

Looking prospectively since the known future no longer exists, the coronavirus pandemic places us in front of the challenging task of developing the ability to handle extraordinary situations, strength and solidarity as performances of great value.

(d) Asia

Indonesia

In facing COVID-19, several representations emerge which reveal how past elements are reactivated. In the case of COVID-19, relations with the West reveal Indonesia's inferiority complex towards the West. The West as a representation becomes a generic object against all white nations (Nandy, 1988; Fanon, 1952/1986; Chen, 2010) and the international community beyond merely the Netherlands — the country that colonized Indonesia for 3.5 centuries. Such a representation mainly surfaces among those in power and becomes a zone of tension that traverses from the past to the present time, and at the same time shows the socio-genetic aspect producing the representations (Kalampalakis, & Apostolidis, 2020; Jodelet, 1989, 2015) for coping with the global crises.

When the virus emerged in January Indonesia took the contrasting route [129]. In a bid to keep the economy afloat the government initially tried to deny that the virus had hit the country. Religious discourse formed part of the initial platform to resist the West, which intensively provided science-based information. Health Minister Terawan A. Putranto even said Indonesia owed God for protecting the whole nation from the virus [130]. The Vice President later stressed that every prayer read by Muslims during dawn prayers had kept the virus at bay [131].

When a number of cases were denied as victims of COVID-19 from the end of January to February, the WHO warned the Indonesian government to immediately report the real figures [132], as did a research team from Harvard University. The fact that the West (WHO and the United States) had warned Indonesia, reactivated past experience of colonial rule. Terawan openly revealed his resentment, saying their comments amounted to an insult to Indonesians [133]. Such resistance also reflects inferiority in the absence of knowledge-based arguments from Indonesia's government [134].

In the following phase, statements stressing Indonesia's sovereignty to deal with the pandemic by itself referred to common sense about daily life among Indonesians. The head of the national COVID-19 taskforce said daily proximity with poverty, with the custom of consuming herbal drinks among the poor [135], could render them immune from any infection. However, the Vice President jokingly remarked the virus could be killed automatically by consuming the milk of wild horses [136] — a popular humorous expression of impossibility.

Dismissal of all scientific information from the West was made even clearer by the Home Minister, who asserted that fatalities from COVID-19 in the country were very low, and that Indonesians had strong physical resilience [137]. The Coordinating Maritime Affairs and Investment Minister added that Indonesia's location along the equator would automatically kill the virus.

By the end of February 2020, the public had developed diverse attitudes and information on the epidemic [138]. Amid so much denial and relaxed attitudes, a young activist and doctor used audio visual media to voice the need for the public to remain alert and for efforts by the state to avoid further deterioration [139], leading to public pressure on the government. In early March 2020 the President announced the first confirmed cases of COVID-19 in the country [140].

The announcement led to stigma surrounding COVID-19 and affected persons. Various reactions emerged [141]. Among the uneducated and lower class, who make up the nation's majority, the representations expressed by authorities based on religion easily became the main reference point. Beyond the government, *ulema* (the top Muslim clerical body), celebrities and many other figures also played a role in the production of representations [142]. A celebrity who became a popular figure of the Wahabi Islamic movement even stated that COVID-19 was God's warrior sent to eradicate the world's evils. Patients then endured the double stigma of being afflicted by both COVID-19 and God's punishment [143].

Among the upper and middle class, mastery of foreign languages enabled them to access abundant information from abroad, leading to a more diverse product of representation. However, the representation of COVID-19 being a stigma appeared stronger among them. They were wary of violating their social privilege of being a flawless class. Where the lower class whose livelihood relies on daily wages cannot stop activities to seek income, while the state lacks resources to meet their needs, solidarity movements soon emerged along with awareness among the upper middle class [144]. Representation of social identity, which clearly distinguishes the characteristics of the upper and lower class emerged in the statement of the COVID-19 national task force spokesperson, Ahmad Yurianto: "The rich protect the poor so they can live decently, and the poor protect the rich against catching their illness" [145].

Such expressions also explain their insistence on rejecting scientific approaches perceived to originate from the West. Instead, the government provided incentives to the tourism sector, stating the country was safe to visit [146] (discounts of around 48% for airline tickets [147] and funds to influencers spreading the message that Indonesia was worthy visiting [148]). Until the end of March, Indonesia remained open with only limited territorial controls to prevent contamination. Jakarta, the capital, only applied territorial restrictions on April 6, 2020.

It turned out that stigmatization of the virus also affected the rulers in each province [149]. Each province controlled the number of sample tests taken, so that the figure of positive cases stayed low [150]: no tests, no cases [151]. The central government itself still attempted to show it had things under control by constantly stating that fatalities were declining [152].

In response to the government's approach the public continued their customary expressions —satire— which under colonial rule used to appear on the stages of traditional comedy called *ketoprak*, *ludruk* or *lenong* to make fun of power (Hatley, 2008; Hefner, 1996; Peacock, 1968). The use of technology to produce these cultural identities shows that representations are obvious response to the new reality of daily lives. Memes distributed through WhatsApp groups were the most widely used expressions to mock conditions in the country.

Here is an example. Following the Ramadhan fasting month in June 2020, people had been cooped up for months not only physically but also mentally by confusion and ignorance, so they started to manage stress by going out. One widespread and intensive activity was cycling [153],

justified by the common idea of the vulnerability of the virus to heat [154]. When a major thoroughfare in Jakarta was reopened, people came in droves cycling, violating protocols about physical distancing and mask-wearing [155]. A meme appeared using images of Hillary Clinton (H.C.) and Barack Obama (B.O.), which used cycling to mock public obliviousness about the danger. The dialogue goes like this: H.C.: “Do you know what Indonesians do to fight the coronavirus?”. B.O. “What do they do “mbak” [elder sister]?”. H.C.: “Go cycling together!”. B.O.: “Wkkkk... ambyar” [156]. The expression of the word *ambyar* is a term introduced by a popular pop singer who died during the pandemic, to express a state of collapse in the face of both helplessness and loss of control. The word thus expressed the collective sense of how people had to face COVID-19. The condition of *ambyar* was also an expression of how people doubted the WHO protocols, for instances in burying rituals [157]. The sense of *ambyar* therefore was the real virus faced by the nation.

The *ambyar* sense of entire collapse shows us the repeated narrative among the public. In Javanese a term reflecting collective remorse and helplessness owing to an epidemic with colossal fatalities is *pagebluk*. This word resurfaced [158]; what was intriguing was the representation referring to *pagebluk*, which was anchored to Joyoboyo, a Javanese Nostradamus from the 12th century Kediri Kingdom, and how *pagebluk* became the common sense way of justifying the calamity. In this frame, we witness how people familiarize COVID-19 according to their own knowledge repertoire. In this repertoire, they bring back memories of the earlier event of *pagebluk* — the Spanish flu, which killed almost 5 million in today’s Indonesia [159]. People believed that the figures of ‘twin years’ (as in 1919 and 2020) meant periods of disasters, which would always bring about *pagebluk*.

On August 14, 2020, President Joko ‘Jokowi’ Widodo stated that as all nations in the world face the pandemic in which Indonesia has again been brought to its knees, it was time to “catch up” [160]. The expression has developed as a jargon for over 50 years since independence, when Indonesians felt colonial rule had virtually submerged the nation. The positive tone in the expression contains a symbolic statement that will never be visible, but one that will remain the fundamental notion of efforts to build the nation: that Indonesia lags behind the West.

(e) Africa

South Africa

During phase 0, South Africans were aware of the COVID-19 virus, but engagement with and discourses about the virus were removed from the local context. To many South Africans, it was represented as a Chinese virus with the then-epicenter of the virus being the city of Wuhan. Citizens marveled at the speed at which China built COVID-19 hospitals overnight and at their lockdown response measures [161]. Messages of solidarity and support were sent to Wuhan including a donation of masks by the U-Mask company [162]. However, with no active cases in South Africa well into February 2020, it seemed highly improbable to citizens that the virus would hit the country’s shores [163]. In February 2020, the National Institute for Communicable Diseases (NICD) shared expert guidance on the response of South Africa’s Department of Health (DoH) to the coronavirus, stating that South Africa was prepared for the virus [164]. The NICD is a public health institute which provides communicable disease knowledge and expertise to the government, regional countries and the continent.

During phase 0, major ports of entry were monitored, with arrivals’ temperatures screened, particularly focusing on monitoring arrivals from China. Then, South African government initiated plans to repatriate its citizens from Wuhan [165]. South Africa’s ‘patient zero’ was

confirmed on 5 March 2020 [166]. The man was part of a 10-member group, which travelled to Italy for a skiing holiday, including his wife and eight friends, half of whom subsequently became COVID-19+. Citizens' responses included outrage at the recklessness of the 10-man group that had travelled for leisure, despite rising global COVID-19 cases [167].

Initial cases triggered a government response, with an emergency parliamentary debate on the virus held on the evening of confirmation. On 11 March 2020, five other COVID-19+ cases of people who had travelled to various European countries were reported, possibly fueling national perceptions that the virus was a disease of the white and privileged. The pandemic challenged individuals' sense of continuity, disrupting ways of living between the past, present, and future (Murtagh et al., 2012).

On 15 March, South African President Cyril Ramaphosa declared a state of national disaster, at the time with 61 confirmed cases of people infected with the virus [168]. A national 21-day hard lockdown at Alert Level 5 (high COVID-19 spread with a low health system readiness) [169] began on 27 March, lasting to 30 April 2020, closing all South African ports of entry and restricting movement across municipal and provincial borders. On 27 March, Health Minister Dr. Zweli Mkhize announced the first confirmed death in South Africa from COVID-19 [170].

Objectification, employing the use of war and other metaphors demonstrating government control, while fostering a sense of collective action but also justifying fighting the enemy at all costs (Sanderson & Meade, 2020) has been common. War and weather-related metaphors were used at different levels of governance, with leaders calling it an 'invisible enemy', urging citizens to use available weapons such as social distancing, wearing masks and at the peak, referring to the arrival of the COVID-19 *storm* [171]. Communication about the virus began in earnest with sharing the screening of arrivals at ports, and continues with televised briefings and DoH's COVID-19 statistics reported daily through various media [172].

The five lockdown levels introduced on 27 March 2020 included restriction of alcohol and cigarettes, regulated economic activity, limited intra- and inter-provincial travel, social distancing, mandatory wearing of masks in public and the imposition of curfews [173]. Apart from Alert level 5, others were: Alert Level 4 on 1 May 2020 (moderate to a high COVID-19 spread with a low to moderate health system readiness); Alert Level 3 on 1 June (moderate COVID-19 spread with a moderate health system readiness); Alert Level 2 on 18 August 2020 (moderate COVID-19 spread with a high health system readiness) and Alert Level 1 (low COVID-19 spread with a high health system readiness).

South Africa is one of the most unequal societies in the world, largely along racial lines, with more than half of its citizens living below the food poverty line, with majority of the population black and most acutely affected by inequality as the poorest members of society (BusinessTech, 2019; World Bank, 2017). "Social representations are in history and have a history" (Jodelet, 2015, p. 9), which has been evident in the South African response to the novel virus. With the economy shutdown, societal inequalities that have always led a parallel socially representative and polyphasic existence in South Africa between privilege and poverty were exposed. Representations of privilege since the national lockdown have included affluent citizens queueing to stockpile, pushing trolleys full of groceries, alcohol and cigarettes [174], while the majority of people in poverty struggled to afford basics due to economic disruption. Large numbers of the black population stood in kilometer-long queues for food parcels and waited from 01:00 to 09:00 for government South African Social Security Agency (SASSA) offices to open in order to access R350(€17/\$20) social relief of distress grants per month [175].

Schools were closed in March 2020, however privileged private school learners continued with online learning, while the majority of public school-goers missed out on months of learning

scheduled to return to school by the end of August. The government's approach of giving priority to saving lives is important, yet with the economy closed, as a result of the national shutdown, it meant that people were unable to earn a living. The South African healthcare system is divided along lines of affordability, with affluent citizens paying medical insurance (16.4%) for private healthcare facilities, while the majority use public government healthcare facilities (83.6%) [176] providing treatment at little to no cost. However, nationally, public healthcare facilities serving the majority of South Africans are overburdened, understaffed, unhygienic, and under-resourced, putting patients' lives at increased risk [177].

Health social representation realities can best be understood through a composite understanding of a myriad of objects such as risk, the body, society and illness that relate to social representations and health (Aim et al., 2018). Since the declaration of the hard lockdown alert level 5, in March, 2020 and the subsequent easing through the various levels of the lockdown, to the announcement of Alert level 2, socio-economic inequalities have deepened. *Cognitive polyphasia* gives important insight into the ever-evolving nature of social communication, emotions, cognition, and reflection when people are faced with what is unfamiliar (de-Graft Aikins, 2012), like the novel coronavirus. This has been evident in South African social representations of acknowledgement that the coronavirus kills, yet believing it only kills people of a certain race (white) and/or age (old).

South Africa's five-level lockdown measures in response to positive case numbers, citizens' behavior and the strain on the national health system have raised polyphasic social representations. Re-opening the economy, increasing economic activity, national travel, reopening of alcohol and cigarette sales permitted in alert level 2, in effect on 18 August 2020 has increased fears of a surge in the number of COVID-19 cases nationally [178]. Social representations, from a perspective of content and process, constitute knowledge which manifests in everyday discourses (Moscovici, 1988) collectively produced, shared and participated. South Africans' representations of the COVID-19 global pandemic remain polyphasic, simultaneously contradictory social representations co-existing as the government's fight to reduce the cases rages on against a growing number of deaths.

5. Discussion

The cross-country communication overview presented in this collective work attests that in the representational process of the new virus, discourses from different sources, and even within the same source, did not converge into one representation of the disease. In the first 6-8 months since the outbreak began the public's attempts to make sense of the virus, that is, to cope collectively with this disruptive and threatening event (Wagner et al., 2002), shifted from the awareness to the divergence stage and lingered on it without moving to the successive stage. These widely spread controversies – with different emphasis in each country depending on the degree of political polarization and manipulation of collective fear – have not been elaborated in the name of a supra-ordered good (like the interest for the well-being of the whole of humanity). Emblematic in this respect is the competition between super-power countries, evident in Russian President Vladimir Putin's announcement of the delivery of the *Sputnik* vaccine in autumn 2020 (amidst the doubts of the international scientific community), whose name evokes the cold war climate [179].

While some of the cultural, social, and political contexts within the European space may be compared at some level (for instance, winning the resistance of members states ruled by sovereigntists; Italy, Spain, France, Germany, etc. have been very active in promoting EU's measures of solidarity to support the countries more affected by the virus through recovery funds and other economic measures), further elements of comparisons at cross-continental level can be observed about the Western-Eastern cultural divide, and about the activation of reversed majority-minority prejudice dynamics concerning white rich Europeans (identified as the source of the contagion) and black Africans (self-perceived as the victims of the infection).

Besides multi-vocality and the prevalence of polemical representations –not a problem in itself, if recognized as a genuine expression of the pluralistic views within a democratic society – further commonalities surfaced.

(a) *Outgroup blaming and stigmatization* implied in one of the classical explanatory patterns of emerging infectious disease occurred in almost all the countries/cases included in this study, with different and multiple targets depending on the context: especially in the early phase external and diverse groups were targeted, such as the Chinese (Italy, Spain, Canada), irregular immigrants (Italy, Malta), and then, as it became clear that everyone could be infected and infect others, closer groups were blamed and considered responsible for the contagion: fellow citizens emigrated abroad and bringing the virus ‘home’ (Romania), rich people travelling in Europe (South Africa, Mexico), infected people (Mexico, Indonesia, Canada), and also the health (Spain, Romania, Mexico) and political systems (Indonesia, Argentina). The racialization of the virus as ‘Chinese’ as well as ‘White European’ (as in the South African case) or personified as ‘the invader immigrants’ (as in the polemical representations following the increase of landings on the island of Lampedusa in August 2020 [180]) witnessed how the othering process is ubiquitous and can be reversed according to different cultural and socio-geo-political positioning.

At the very beginning the Coronavirus played the role of catalyst of racism, deviating media attention from the traditional targets of prejudice (immigrants, Blacks, Asians, ...) to the ‘new invisible other’. However especially in countries where fear of the stranger has continued to be exploited by sovereigntist leaders for personal strategic power goals in exchange for protecting citizens from risks – the two media targets (i.e., the new unknown stranger COVID-19 and the well-known outgroups) have been associated, often denying the first one to re-focus attention on the traditional targets of fear and hate. Unsurprisingly the hate campaigns behind the political discourse on security and social control have led to the re-explosion of racial tensions and violence. Sen. Kamala Harris, the first black woman of Indian descent ever to be nominated as democratic vice-presidential candidate in US history, in her acceptance speech [181], examining the race dimensions of the COVID-19 burden, mentioned that a disproportionately high number of racial minorities were being impacted by the disease due to ‘structural racism’. “This virus has no eyes, and yet it knows exactly how we see each other, and how we treat each other—and let’s be clear: there is no vaccine for racism”[182].

(b) *Military and naturalistic metaphors*: Half an anchorage to past experiences (e.g., World War II), half an objectification, war language was widely used especially in countries where governments and political leaders acknowledged the gravity of the situation (Italy, Romania, Malta, Canada, South Africa) and spoke the truth to the population. More softly connoted naturalistic metaphors, such as the *wave* (Malta) and the *rain* (Brazil), or more catastrophic like the *storm* (South Africa) and the *tsunami* (Malta) were more used in countries where there were stark divisions within the government or where a dismissive strategy was adopted (especially Brazil, Mexico and Indonesia, but also in Malta). Naturalistic metaphors conveyed the message

that the diffusion of the virus is an inevitable fate, that people can only accept with resignation and endure with faith (if not a deserved ‘punishment of God’, as in Indonesia).

(c) *Antinomies and the social divide*. The health-poverty antinomy, which in some countries (Italy, Malta, Canada) was explicitly evoked as a major dilemma and one of the frames for COVID-19 social representations, indirectly surfaced also in other countries, especially those characterized by pronounced social disparities and inequalities before the outbreak (Mexico, South Africa, Brazil, Indonesia): while health is the priority of rich people, who can afford lockdown measures, income is the priority of poor people, who cannot stop working if they want to live and support their families.

(d) *Polarization*. Though not in all countries, polemical representations and multi-vocality were linked to political polarization (this was clearly the case of Italy, Romania, Malta and Brazil), leading to the circulation of opposing mutually exclusive representations that served the purposes of strong populist leaders all over the world. Where these processes occurred, people were confused and in a state of higher uncertainty, and their response to the crisis less stable and consistent through time.

To conclude, polyvocality and cognitive polyphasia characterized COVID-19-related communication in all the countries considered, highlighting divergences among political leaders, among experts, between lay people and experts, between media and governments, and between the poor and the rich. Multi-vocality is built-in to consensual universes, yet in this pandemic crisis it seemed also to affect expert knowledge and above all the institutional leaderships. Divergences in the representations aligned with different responses to the epidemic, both at the macro- and micro-level, that is both in policy and in citizens’ everyday life. The landscape of such polyvocality changed in time and place as countries went through the different phases of the outbreak, and it is bound to change further as long as the outbreak continues to spread. Transversal polarised representations - across different countries and continents - can be found in the opposition between those leaders and experts who are seriously concerned about the risks (both for citizens' health and the consequences of restrictions on all aspects of the socio-economic life) and the ‘COVID-19 deniers’, who label the scientists advising the governments about the pandemic risk of contagion and its potential new waves as ‘alarmists’.

Exemplary were the positions from the two sides of the Atlantic: President Donald Trump in the USA, who addressed Dr. Anthony Fauci, the nation’s top infectious disease expert and head of the White House coronavirus task force, “a bit of an alarmist” [183]; President Bolsonaro in Brazil, who provoked the recurrent dismissal of the Ministries of Health; President Andres Manuel Lopez Obrador in Mexico; Prime Minister Boris Johnson in the UK, who for a long time did not follow experts' advice either for the population's safety or for himself, until he was personally infected (like Bolsonaro across the Ocean); the leader of the right-wing League party Matteo Salvini in Italy, against the government measures; Prime Minister Abela in Malta, who fought against Minister of Health Fearné for the leadership within the Labour Party (just to mention some countries under scrutiny among others).

An echo chamber effect of such paradoxical communication was also evident in the ‘anti-mask’ protests by COVID deniers organized on 29 August 2020 in many EU capitals, including London, Zurich, Paris and Berlin (here also showing symbols of the Nazi far-right), driven by the conspiracy theory of COVID as the invention of corrupt authoritarian politicians to deprive citizens of their freedom and control them [184].

The lack of a shared image and a hegemonic social representation has not facilitated consensus for the collective adoption of the three basic social practices recommended as

prevention measures (masks, physical distancing, and hand washing), with the consequence of new waves of contagion following the reopening of activities everywhere.

6. Conclusions

The exploration of the social representations of COVID-19 in public communication across 10 countries from Europe, North America, Latin America, Asia and Africa has helped to shed light on social behavior, highlighting the connection between the interpretative patterns of the pandemic and outgroup blaming, political polarization, and noncompliance with emergency measures.

All studies have weaknesses, and ours is no exception. Specifically, methodological limitations should be mentioned: countries/cases were selected based on the collaborative resources that it was possible to locate through available research networks, though we had to waive the inclusion of some interesting countries. However, respecting the different times in which they were affected by the contagion resulted in different time coverage of public communication in each country; the specificity of each country resulted in a partly different selection of sources, both in number and type. Moreover, using salience as the key parameter for selecting texts may have resulted in omitting other relevant information. We acknowledge that country-based case studies are particularly complex, since they combine an analysis of the social and political context with the analysis of the specific communicative texts selected for the purpose of this study: time constraints may have limited the comprehensiveness of the analysis.

Two main practical implications can be drawn from this study, aimed at improving public communication in crisis management: the importance of containing polarized information and opposing misinformation.

Polarized information, that is, controversial messages from different sources, or even within the same source (e.g., politicians or scientists endorsing contradictory measures and recommendations), lead people to draw different conclusions about the threat and how to respond to it. Perceived political polarization enhances the perception that the institutions' response to COVID-19 is chaotic and disorganized. Moreover, polarized information triggers affective responses that decrease social trust (Hetherington & Weiler, 2015) and increase defense mechanisms that give rise to derogatory representations of 'others'. Research has shown that institutional leaders who engage in bipartisan arguments can help reduce polarization (Bolsen et al., 2014), and this may help people and communities to endorse COVID-19-related measures.

In the same vein, the persistence of inflamed multi-vocality and mutually exclusive representations of the pandemic are likely – either involuntarily or intentionally – to promote misinformation and fake news, including support for lay explanatory patterns of the epidemic that stigmatize outgroups and related conspiracy theories. Misinformation should be counteracted especially because of its detrimental consequences on social behavior (Larson, 2018; Marshall, 2017; van Bavel et al., 2020), for instance leading people to self- and other-harming actions such as – in the pandemic situation – refusing protection, hyper-protecting themselves, questioning medical treatments, mistrusting health professionals and expert knowledge.

While suggestions from mainstream social psychology research aimed at preventing polarization and misinformation are mainly based on an individualistic-rationalistic micro-paradigm, our findings inspired by the supra-disciplinary vision of the social representations theory suggest that effective public communication cannot neglect collective symbolic coping, and that it would greatly benefit from the knowledge of the psychosocial processes underlying the way people and communities know, judge, perceive, feel, and respond to collective crises.

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Geo-cultural contexts	Country	a. date of patient zero" ^{**} b. confirmed cases ^{**} c. deaths [*]	Table 1: Sources for institutional and media analysis					
			Institutional sources (websites/documents)	National press/National news channel	International Press/International news channels	Local press	Press agencies	Social media platforms
Europe	Italy	a. January 31 b. 265,409 c. 35,472	Italian Government (www.governo.it/sites/new.governo.it ; https://www.gazzettaufficiale.it) Transversal Pact for Science (www.pattoperlascienza.it/)	<i>La Stampa, Il Fatto Quotidiano, Libero, Il Tempo, La Repubblica, Corriere della Sera, Huffington Post Italia, StartMagazine, Informazione.it</i>	<i>Financial Times, New York Post</i>	<i>BariToday, Giornale di Sicilia, Il Nordest Quotidiano, Il Faro, Il Mattino</i>	<i>AGI, ADN Kronos, ANSA</i>	<i>Facebook, Twitter</i>
	Spain	a. January 31 b. 439,286 c. 20,011	Spanish Government(https://administracion.gob.es) Médicos sin Fronteras - (https://www.msf.es)	<i>La Vanguardia, Cadena Ser, elDiario.es, El Plural, El Independiente, El Global, El Mundo, El Economista, RTVE, Público</i>	//	<i>Diario Vasco</i>	//	//
	Romania	a. February 26 b. 85,833 c. 3,507	Romanian Government (http://www.dsu.mai.gov.ro/hotarari-cnssu/) President of Romania website (https://www.presidency.ro) CNSSU (Comitetul Național pentru Situații Speciale de Urgență - https://www.cnssu.ro/) The Official Journal of Romania (https://rm.coe.int/cets-005-rom-en-military-ordinance-no-10-04-05-2020/16809e4626)	<i>G4media, Ziarul Financiar, Radio Europa Libera România, Hotnews, Spotmedia, ValahiaNews, Digi24</i>	//	//	<i>Agerpres, Mediafax</i>	//
	Malta	a. March 7 b. 1,847 c. 10	Ministry of Health (https://deputyprimeminister.gov.mt/en/ ; https://www.facebook.com/sahhagovmt) WHO (https://COVID-19.who.int/)	<i>Broadcasting Authority, Times of Malta, Newsbook The Malta Independent Malta Today</i>	//		<i>Reuters</i>	<i>Facebook</i>

North America	Canada	a. January 27 b. 129,342 c. 9,155	Canadian Government (www.canada.ca/fr/nouvelles.html) Québec Government (www.information.gouv.qc.ca/Pages/Articles.aspx) Ontario Government(news.ontario.ca/newsroom/en?lang=en)	<i>Radio-Canada, CBC, National Post, The Globe and Mail</i>	//	<i>Le Devoir, La Press, Le Journal de Montréal, Toronto Star</i>	<i>The Canadian Press</i>	//
	Brazil	a. February 20 b. 3,804,803 c. 119,504	Ministry of Health (Ministério da Saúde - saude.gov.br/) Official Diary of the Union (Diário Oficial da União - www.in.gov.br/servicos/diario-oficial-da-uniao) Federal Government (Planalto - www.gov.br/planalto/pt-br) Federal Senate (Senado Notícias - www12.senado.leg.br/noticias)	<i>Portal G1, Folha de São Paulo, Uol</i>	<i>CNNBrasil</i>	//	//	<i>Facebook</i>
	Mexico	a. February 28 b. 585,738 c. 63,146	Official Diary of the Federation (Diario Oficial de la Federación - www.dof.gob.mx/) Government official Coronavirus website (coronavirus.gob.mx) President of Mexico website (presidente.gob.mx/) National Council for the Assessment of Social Development Policy (Consejo Nacional de Evaluación de la Política de Desarrollo Social - www.coneval.org.mx) Regional Center for Multidisciplinary Research, National University of Mexico (Centro Regional de Investigaciones Multidisciplinarias-CRIM- www.crim.unam.mx/web/) Panamerican Health Organisation (www.paho.org)	<i>La Jornada, El Financiero, El Universal, Diario AS México, El Sol de México, Revista Nexos El poder del consumidor</i>	<i>New York Times, BBC, Deutsche Welle, CNN, Los Angeles Times</i>	//	//	//

	Argentina	a. March 3 b. 392,009 c. 8,271	Argentinian Government (Boletín Oficial de la República Argentina - www.boletinoficial.gob.ar) National Social Security Administration (ANSES - https://www.anses.gob.ar/) Sistema Argentino de Información Jurídica (SAIJ - http://www.saij.gob.ar/)	<i>La Nación, Página doce, Infobae, Clarín, El cronista, Crónica</i>	//	<i>La Voz, La Capital, Los Andes, Río Negro, Diario de Cuyo</i>	<i>Telam, Noticias argentinas, Reuters Argentina</i>	<i>Facebook, Twitter, Instagram</i>
Asia	Indonesia	a. March 2 b.169,195 c.7,169	Presidential speech for Independence Day of August 14, 2020 (RCTIplus.com)	<i>Kompas, Detik, The Jakarta Post, Tirto.id, Liputan6, Tempo, Bisnis Indonesia, RCTIplus</i>	<i>CNNIndonesia, CNBCIndonesia, BBC, South China Morning Post</i>	//		<i>Instagram, Twitter, WhatsApp</i>
Africa	South Africa	a. March 5 cb 620,132 c. 13,743	Government Gazette (www.greengazette.co.za/) Department of Health (https://nationalgovernment.co.za/units/view/16/departament-of-health-doh) National Institute for Communicable Diseases (NICD) (www.nicd.ac.za/) South African Police Service (SAPS) (www.saps.gov.za/) Statistics South Africa (http://www.statssa.gov.za)	<i>TimesLive, News24, EWN, eNCA, Mail & Guardian, CGTN Africa</i>		<i>Daily Maverick, Cape Town Etc.</i>	<i>African News Agency (ANA)</i>	<i>Twitter</i>

*Source: COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU): <https://coronavirus.jhu.edu/map.html> - Accessed on August 29, 2020.

Appendix

Note: In order to make easier the identification of the sources of the media and documents analysed in the text, the notes below are anchored to the *paragraph of each of the 10 countries* listed in the section 3.1, and to the *discussion* section 4., that includes references also to sources from other countries like Russia, U.S.A., Germany, U.K. Switzerland.

Europe ITALY	[1] Government decree (11/03/2020) - http://www.governo.it/sites/new.governo.it/files/DPCM_20200311.pdf
	[2] Government decree (26/04/2020) - http://www.governo.it/sites/new.governo.it/files/DPCM_20200426.pdf
	[3] Decree-law (20/05/2020) - http://www.governo.it/sites/new.governo.it/files/DPCM_20200517_txt.pdf
	[4] <i>La Stampa</i> (30/01/2020) - https://www.lastampa.it/cronaca/2020/01/31/news/allarme-due-turisti-cinesi-con-il-coronavirus-in-un-albergo-di-roma-1.38403808
	[5] Luca Sheng Song interviewed by AGI (30/1/2020) - https://www.agi.it/cronaca/coronavirus_ristoranti_attivit_cinesi-6978532/news/2020-01-30/
	[6] Matteo Salvini official FaceBook page (29/01/20) - https://www.facebook.com/salviniofficial/photos/a.278194028154/10157342166608155/?type=1&theater
	[7] <i>ADNKronos</i> (30/01/20) - https://www.adnkronos.com/fatti/politica/2020/01/30/virus-cinaconte-italiani-devono-stare-tranquilli_mMIoYEP5ki8WZ0oxGkmn1N.html
	[8] <i>Start Magazine</i> (23/03/20) - https://www.startmag.it/innovazione/coronavirus-e-influenza-chi-critica-e-perche-gismondo/
	[9] Patto per la Scienza: https://www.pattoperlascienza.it/2020/03/22/il-pts-diffida-la-prof-gismondo/
	[10] Roberto Burioni (9/3/2020): https://twitter.com/robertoburioni/status/1237122329018281987
	[11] <i>AGI</i> (10/4/2020): https://www.agi.it/cronaca/news/2020-04-10/coronavirus-papa-medici-morti-8306427/
	[12] Similar declarations were made by Walter Ricciardi, WHO member and adviser to Health Minister Speranza during the press conference with Commissioner Borrelli on 25/02/20: "Gauze masks - he reiterated - do not serve to protect the healthy, they serve as a precautionary measure" for those who are sick and for doctors: https://gds.it/articoli/cronaca/2020/02/25/coronavirus-loms-assicura-a-chi-e-sano-le-mascherine-non-servono-a-niente-fc7832b3-ffdc-4acc-85a5-4eee9a9a0542/
	[13] Decree-law (14/08/20, n. 104) Misure urgenti per il sostegno e il rilancio dell'economia (20G00122) - https://www.gazzettaufficiale.it/eli/id/2020/08/14/20G00122/sg
	[14] <i>La Repubblica</i> (30/04/2020): https://www.repubblica.it/politica/2020/04/30/news/renzi_contes_reazioni-255277152/
	[15] <i>La Stampa</i> (16/05/2020) - https://www.lastampa.it/politica/2020/05/16/news/meloni-salvini-lite-sulla-piazza-anti-governo-1.38849096
	[16] <i>Il Tempo</i> (02/05/2020) - https://www.iltempo.it/politica/2020/05/02/news/coronavirus-calabria-jole-santelli-ordinanza-fase-due-regione-contro-governo-giuseppe-conte-1322219/
	[17] <i>AGI</i> (29/4/2020): https://www.agi.it/politica/news/2020-04-29/fase-due-coronavirus-boccia-regioni-8477000/
	[18] <i>BariToday</i> (01/05/2020) - http://www.baritoday.it/politica/fase-2-aperture-anticipate-regioni-scontro-sindaci-governatori-decaro-anci.html
	[19] <i>Il Nordest Quotidiano</i> (27/04/2020) - https://www.ilnordestquotidiano.it/2020/04/27/fase-2-sollevazione-unanime-delle-categorie-economiche-contro-il-rinvio-delle-aperture/
	[20] <i>Libero</i> (18/04/2020) - https://www.liberoquotidiano.it/news/commenti-e-opinioni/22176567/vittorio_feltri_stasera_italia_morire_coronavirus_fame_3_milioni_italiani_senza_lavoro.html
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	[22] <i>La Repubblica</i> (16/04/2020) - https://www.repubblica.it/politica/2020/04/16/news/salvini_e_i_cambi_di_rotta_sulle_aperture_attivita_-254162048/	
	[23] <i>Il Corriere della Sera</i> (06/02/2020) - https://roma.corriere.it/notizie/cronaca/20_febbraio_06/presidente-mattarella-visita-sorpresa-scuola-all-esquilino-7ac4373c-48d2-11ea-91e8-775bd36e4cb6.shtml	
	[24] <i>Financial Times</i> (20/04/2020): https://www.ft.com/content/4cb87988-82df-11ea-b555-37a289098206	
Europe SPAIN	[25] <i>La Vanguardia</i> (24/04/20) - https://www.lavanguardia.com/vida/20200424/48686625480/coronavirus-llego-espana-mucho-antes-deteccion-primer-caso.html	
	[26] <i>Cadena Ser</i> (10/03/20) - https://cadenaser.com/programa/2020/03/10/la_ventana/1583862615_421591.html	
	[27] <i>El Plural</i> (11/04/20) - https://www.elplural.com/comunicacion/protagonistas/ayuso-nego-gravedad-coronavirus-8-marzo-tranquilidad-previsto-sintomas-menores-gripe_237554102	
	[28] <i>El Independiente</i> (19/04/20) - https://www.elindependiente.com/vida-sana/salud/2020/04/19/covid-19-por-que-espana-no-ha-controlado-la-epidemia-como-portugal-o-grecia/	
	[29] <i>El Global</i> (31/03/20) - https://elglobal.es/politica/el-colapso-de-los-sistemas-sanitarios-por-el-covid-19-provoca-un-aumento-drastico-de-muertes-prevenibles/	
	[30] <i>El Mundo</i> (08/04/20) - https://www.elmundo.es/espana/2020/04/07/5e8cb73521efa0b1668b46a3.html	
	[31] <i>El Economista</i> (27/09/18) - https://www.eleconomista.es/economia/noticias/9400270/09/18/Espana-tiene-la-sanidad-mas-eficiente-de-Europa-y-la-tercera-del-mundo-.html	
	[32] Médicos sin Fronteras (18/08/20) - https://www.msf.es/actualidad/poco-tarde-y-mal-denunciamos-inaceptable-desamparo-los-mayores-las-residencias-durante-la	
	[33] Gobierno de España - https://administracion.gob.es/pag_Home/atencionCiudadana/Nueva-normalidad-crisis-sanitaria.html#.X057gdRS-M8 ; https://www.lamoncloa.gob.es/covid-19/Paginas/nueva-normalidad.aspx	
	[34] <i>El Economista</i> (14/08/20) - https://www.rtve.es/noticias/20200814/pib-eurozona-segundo-trimestre-eurostat-pandemia-coronavirus-covid-19-crisis-espana/2040209.shtml	
	[35] <i>RTVE</i> (14/08/20) - https://www.rtve.es/noticias/20200814/pib-eurozona-segundo-trimestre-eurostat-pandemia-coronavirus-covid-19-crisis-espana/2040209.shtml	
	[36] <i>Público</i> (29/08/20) - https://www.publico.es/actualidad/coronavirus-ataca-clase-son-barrios-propaga.html	
	Europe ROMANIA	[37] <i>AgerPres</i> (18/08/20) - https://www.agerpres.ro/mondorama/2020/08/18/coronavirus-spania-tara-europeana-cu-cele-mai-multe-cazuri-de-covid-19-raportate-la-populatie-in-ultimele-14-zile--558276
		[38] <i>Radio Europa Libera România</i> (03/04/20) - https://romania.europalibera.org/a/klaus-iohannis-coronavirus-masuri/30527395.html
[39] <i>Spotmedia</i> (01/07/20) - https://spotmedia.ro/stiri/sanatate/nu-s-a-mai-auzit-ca-cei-sanatosi-sa-cheme-sobolanii-ciucei-sa-moara-in-orasul-lor-cum-explica-academicieni-si-teologi-coronavirusul		
[40] <i>Mediafax</i> (11/05/20) - https://www.mediafax.ro/social/lombardia-romaniei-cere-ridicarea-carantinei-autoritatile-locale-cer-ridicarea-masurilor-la-6-saptamani-de-la-intrarea-in-carantina-19126713		
[41] President of Romania website (03/04/20) - https://www.presidency.ro/ro/presedinte/agenda-presedintelui/declaratia-de-presa-sustinuta-de-presedintele-romaniei-domnul-klaus-iohannis1585912405		
[42] President of Romania website (23/03/20) - https://www.presidency.ro/ro/presedinte/agenda-presedintelui/declaratia-de-presa-sustinuta-de-presedintele-romaniei-domnul-klaus-iohannis1584965616		
[43] NCSES - https://www.cnssu.ro/despre/		
[44] The Official Journal of Romania, Part I, No 340/27.04.2020 - https://rm.coe.int/cets-005-rom-en-military-ordinance-no-10-04-05-2020/16809e4626		
[45] <i>Ziarul Financiar</i> (13/05/20) - https://www.zf.ro/eveniment/vela-anunta-a-12-a-ordonanta-militara-se-ridica-carantina-in-19131173		

	[46] <i>Mediafax</i> (22/07/20) - https://www.mediafax.ro/social/prof-dr-vasile-astarastoe-nu-stim-cati-morti-sunt-din-cauza-acestui-virus-19435094
	[47] <i>G4media</i> (22/07/20) - https://www.g4media.ro/bor-impartasirea-credinciosilor-dintr-un-singur-potir-sfintit-si-cu-o-singura-lingurita-sfintita.html
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	[52] <i>Digi24</i> (31/03/20) - https://www.digi24.ro/stiri/actualitate/justitie/acuzatii-grave-la-suceava-procurorii-testele-medicilor-au-intarziat-pentru-ca-alte-persoane-au-fost-testate-discretionar-1284452
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	[54] <i>Times of Malta</i> (28/3/2020) - https://timesofmalta.com/articles/view/watch-live-10-new-confirmed-coronavirus-cases.781571
	[55] <i>Broadcasting Authority</i> (03/20) - http://ba-malta.org/0820-audience-assessment-march-2020
	[56] <i>Newsbook</i> (17/03/20) - https://newsbook.com.mt/en/everyone-must-play-a-part-fearne-insists/
	[57] <i>Malta Today</i> (08/06/20) - https://www.google.com/search?q=illegal+immigrants+covid+abela&oq=illegal+immigrants+covid+abela&aqs=chrome..69i57j33.19112j1j9&sourceid=chrome&ie=UTF-8
	[58] <i>Malta Independent</i> (01/06/20) - https://www.independent.com.mt/articles/2020-06-01/local-news/Live-PM-to-give-more-details-on-relaxation-of-Covid-19-measures-6736223753
	[59] <i>GuideMeMalta.com</i> (17/05/20) - https://www.guidememalta.com/en/pm-robert-abela-on-possible-second-covid-19-wave-the-waves-are-in-the-sea
	[60] <i>Newsbook</i> (26/07/20) - https://newsbook.com.mt/en/watch-abela-concludes-pl-conference/
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	[62] World Health Organisation (25/08/20)- https://COVID-19.who.int/region/euro/country/mt
North America CANADA	[63] <i>Radio-Canada</i> (11/01/20) - https://ici.radio-canada.ca/nouvelle/1468414/epidemie-pneumonie-chine-premier-mort ; <i>CBC News</i> (11/01/20) - https://www.cbc.ca/news/world/china-virus-death-pneumonia-coronavirus-1.5423576
	[64] Iya Bañares, «Threat posed by coronavirus not yet known, scientists say; Hundreds sickened in China but health officials say risk to Canadians remains low», <i>The Toronto Star</i> (21/01/20).
	[65] Joseph Brean, «From four cases to a crisis in 21 days; Coronavirus», <i>National Post</i> (24/01/20).
	[66] Carly Weeks, «Canadian health officials remain on high alert for coronavirus», <i>The Globe and Mail</i> (25/01/20).
	[67] Michael Babad, «Coronavirus will spark ‘temporary stumble’ in global economy, analysts say», <i>The Globe and Mail</i> (27/01/20)
	[68] <i>Radio-Canada</i> (30/01/20) - https://ici.radio-canada.ca/nouvelle/1498110/coronavirus-quebec-horacio-arruda-directeur-sante-publique
	[69] <i>CBC News</i> (04/03/20) - https://www.cbc.ca/news/health/covid-19-nursing-homes-seniors-1.5484196
[70] <i>CBC News</i> (01/02/20) - https://www.cbc.ca/news/canada/toronto/racism-coronavirus-canada-1.5449023	

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	[72] <i>CBC News</i> (13/03/20) - https://www.cbc.ca/news/politics/covid19-trudeau-premiers-coronavirus-1.5495001
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Section 4. DISCUSSION references also to sources from other countries like Russia, U.S.A., Germany, U.K. Switzerland.	[179] https://en.wikipedia.org/wiki/COVID-19_pandemic_in_Russia - "On 11 August, President Putin said in a meeting that the first vaccine in the world against the coronavirus, developed by the Gamaleya Research Institute of Epidemiology and Microbiology, was registered in Russia and that one of his daughters was vaccinated. ["Путин объявил о регистрации вакцины от коронавируса в России". <i>rbc.ru</i>] The previous day, the Association of Clinical Research Organisations, a union of pharmaceutical companies in Russia, urged the head of the Ministry of Health to delay the registration due to incomplete testing.["Путин объявил о регистрации в РФ вакцины вопреки мнению экспертов". <i>dw.com</i> .] The head of the RDIF stated that 20 countries had requested in total 1 billion doses of the vaccine, nicknamed Sputnik V. ["Россия получила запрос на 1 млрд доз вакцины против коронавируса". <i>rbc.ru</i> .])
	[180] <i>La Repubblica</i> (23/8/2020) - https://www.repubblica.it/politica/2020/08/23/news/sicilia_fonti_viminale_a_repubblica_musumeci_non_puo_farlo_-265276094/?refresh=ce
	[181] <i>CNN</i> (20/08/20) - https://www.msn.com/en-us/news/politics/democratic-convention-highlights-7-takeaways-from-night-3/ar-BB18aNLY
	[182] <i>The Hindu</i> (20/08/20) - https://www.thehindu.com/news/international/there-is-no-vaccine-for-racism-kamala-harris-says-in-her-acceptance-speech/article32400355.ece#!
	[183] <i>New York Post</i> (19/07/2020) - https://nypost.com/2020/07/19/trump-calls-anthony-fauci-a-bit-of-an-alarmist/
	[184] <i>AGI</i> (29/08/20) - https://www.agi.it/estero/news/2020-08-29/coronavirus-protesta-mascherine-europa-9521776/ ; <i>Informazione.it</i> (30/08/20) - https://www.informazione.it/a/2FD0CBDF-143C-4C15-B6E6-581828DDC492/Protesta-contro-le-misure-anti-Covid-a-Zurigo ; <i>ANSA</i> (29/08/20) - https://www.ansa.it/sito/notizie/mondo/europa/2020/08/29/polizia-berlino-scioglie-corteo-contro-norme-anti-covid_518a2e01-17e1-4671-ae3d-43919cf9cd94.html