

"ATTACKED ME IN SEVERAL WAYS, JUST DIDN'T HIT ME": SOCIAL REPRESENTATIONS OF VIOLENCE AMONG PEOPLE IN PSYCHOLOGICAL DISTRESS

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The present study aims to characterize the dimensions of the social representation of violence for persons in psychological distress; to understand the meanings attributed to violence and how they become tangible, and to identify the triadic relations arising in enunciations about violence. Qualitative and exploratory study was carried out with 20 people in psychological distress attending a Psychosocial Care Center in Brazil. We used semi-structured interview and sociodemographic questionnaire, analyzed by content analysis and basic descriptive statistics analysis. We identified multiple social representations about violence, anchored in the participants' own experiences, of others, and in the media, objectified into images of locations and forms in which they occurred, violent relationships, and social actors involved. The data achieved still involve society in general or people of the participants' social or regional circle, this highlights the social categorization of groups considered opposites: the "crazy" and the "normal". The recognition of stereotypes related to people in psychological distress and their association with the violence experienced and the several forms of violence perpetrated against this group, stands out. Although the context of the research is highlighted by the process of deinstitutionalization of people in psychological distress, the stereotypes of the "crazys" still circulate socially and influence the experiences of violence of this group, which in turn affect the social representations about the phenomenon.

Keywords: Social representations, Violence, Mental health

1. Introduction

In the global context related to mental health, as from the 18th century specific institutions were created for the indispensable seclusion of the "mentally ill". These became, more and more, spaces of segregation and marginalization of individuals in psychological distress, in which violence, in its many forms, was perpetrated and naturalized (Amarante, 2013). In Brazil, the naturalization of the violence stemming from a violent colonization process marked by the genocide of native peoples, adds to this situation (Gomes et al., 2019). Despite this origin, the myth of the non-violent Brazilian circulates to this day, naturalizing violence not to question it (Souza, 2014; Chauí, 2019).

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The history of mental health in Brazil was influenced by the European context of the 18th century, in which there were institutions exclusive to those considered "crazy". Subsequently, it was influenced by the (r)evolution movement towards democratic psychiatry, initiated in the 1960s in Italy, with Franco Basaglia; his proposal was to reformulate institutional thinking and practice, in order to overcome the asylum care model. In view of this, in the Brazilian scenario of the 1970s influenced by the Italian reform, initiated the movement of the Anti-Asylum Movement aimed at the psychiatric reform in the country, that is, the movement sought to change the way people in psychic suffering were seen and treated, because they were unhappy with the violence perpetrated in health environments. Thus, with such questionings it would be possible the continuous transition of deinstitutionalization (Yasui & Barzaghi, 2018). One of the projects developed for this progressive deinstitutionalization were the Centros de Atenção Psicossocial (CAPS - Psychosocial Care Centers), from the Law 10.216, of 2001, investments in the field of mental health have mostly been directed to deinstitutionalization programs, among them the CAPS and less to institutional models, like the psychiatric hospitals (Brasil, 2004).

The basis of the proposal for CAPS is characterized by a substitutive model to the asylum standard, of a community character and open to the population, constituted by a multidisciplinary team that prioritizes the care of people in psychological distress, whether in crisis or for the purpose of psychosocial rehabilitation. CAPS are community spaces that aim to promote life, ensure social inclusion and exercise citizenship, therefore, must act in an articulated way with users, team, family and community (Brasil, 2015).

Over the history of the care made available to individuals in psychological distress, changes in the understanding of this group - from "crazy" to "mentally ill" or "in psychological distress" - affected social practices toward this public by health professionals, family, and the general community (Maciel & Melo, 2014). Despite the Brazilian psychiatric reform, the mental health care model based on drug treatment and the seclusion of individuals in health institutions persists in some contexts. This pattern contributes to the constitution of an excluding social model that perpetuates violence in stereotypes associated with psychic suffering (Ferreira & Carvalho, 2017). It is in this social scenario that violence happens in the mental health context.

Some studies aimed at mental health identified experiences related to psychological, physical, sexual, structural, and criminal abuse, among others, committed by several social actors involved (or not) in this group's daily life, such as family members, companions, health professionals, and even unknown people. The spaces of violence encompass health institutions, domestic environment, and public spaces (Meijwaard et al., 2015; Waal et al., 2018; El Missiry et al., 2019; Husum et al., 2019; Wu et al., 2020).

The violence directed at individuals in psychological distress is identified to be multiple and associated with several aspects of social life. This phenomenon can be associated with stereotypes and the social categorization of people with people in psychological distress, as highlighted by Porto (2010), we cannot conceive violence as a singular phenomenon, because there are several types of violence, which have multiple roots that must be considered. A phenomenon presents in several classes, segments, social groups and that is not restricted to certain territories.

We consider the Theory of Social Representations (TRS) pertinent to understand how these experiences influence the way they act and interact in the world today, to understand the

dynamics that guide behaviors and ways of thinking about between the "different" and stigmatized. After all, understanding the phenomenon of violence through social representations refers to perceiving violence through its empirical meaning, influenced by values and beliefs, which affect and are affected in social life, in its social and cultural context (Porto, 2015). In respect to this sociological view of violence, this connects to social representations (SR) in that it assumes that values and norm contents are intrinsic of the violence phenomenon analysis and must not be disregarded (Porto, 2010). And, according to Howard (2006), making visible the phenomenon of violence among members of the groups in which it appears can change the social reality. In this sense, the understanding of social representations about violence for people who experience it brings us to analyze violence from its empirical sense, influenced by values and beliefs, and delineated by the social and cultural context of individuals who experience it

1.1 Social Representations Theory: relationships with stereotypes and social categories

The Social Representations Theory (SRT) initiated with Moscovici's (1978) questioning on a knowledge that adapts to needs of the social context where it is, and is not a mere reproduction of knowledge but re-elaborates itself depending on its needs, means, and material available. The author defines social representations (SR) as "a particular form of knowledge that operates through the creation of behaviors and the communication between individuals" (Moscovici, 1978, p. 26). Marková (2017) complements that communication and language are essential for understanding social representations in that these are constructed, maintained, or modified by way of communication and social interaction.

In developing the theory, Moscovici (2012) considered the structure of representations two main social-cognitive processes for the formation of SRs: objectification and anchoring. Objectification is the process of making concrete the abstract by transforming the concept into an image through the selection and simplification of information. In turn, anchoring is characterized by the assimilation of new elements of a given object in categories familiar to the individual. It is through anchoring that the individual integrates the object of representation of his system of values and classifies it as per the bonds of this object in its social reality (Trindade, Santos & Almeida, 2014). These two processes should not be understood as separate, but as two sides of the same story (Marková, 2000) interwoven and partly simultaneous (Hakoköngäs & Sakki, 2016).

Beyond this base, in explaining the collective aspect in the production of social representations, Moscovici (1978; 2012) considers that each group or culture has "universes of opinions" of three dimensions: information, field, and attitude. The information deals with the group's knowledge organization about a given object; field corresponds to the organization and hierarchization of contents, it deals with a social model that evokes the object, and attitude, which concerns the relationship established with the object. These three dimensions make it possible to understand the content and meaning of social representations about phenomena linked to social groups.

Beyond the dimensional approach of social representations developed by Moscovici, other authors contributed to the development of SRT. Among them, Marková developed the dialogical approach. According to the author, it is not possible to define the social representations of a

given group, but rather, to characterize them. This is a dynamic phenomenon, which exists in relationships, and it is not possible to capture it in its totality. The approach highlights the social representations dynamics and the fact that it is knowledge constructed socially in the *ego-alter-object* triad. This *ego-alter* relationship may deal with the I-group, I-other, I-nation, or I-community, hence the knowledge is constructed in different semiotic triangles, articulated with each other (Marková, 2000). Marková highlights that the *ego's* creation of meaning (SR) occurs always in the relationship with the *alter*, hence knowledge is a product of social relation. The SRT seeks to understand the social production of significant knowledge for a given group in its processes and results of the *ego-alter-object* interaction. In this sense, the attempts to research individuals' representations without considering the *alter* are implausible (Zadeh, 2017).

These relationships also presuppose the experiences of individuals, and for Jodelet (2017b) the link between experience and social representation exists because the experiences are constructed socially. The experiences and situations with which they are associated are immersed in cultural constructions and commonsensical knowledge that give them meaning. The author highlights that one's experience is constructed from meanings that the individual gives to facts, situations, objects, and people. The experiences are associated with social categories because discourses and knowledge structure themselves from categories that designate and identify things, feelings, and functions, and guide the interpretation of one's own experience and others'. According to Jodelet (2017b), the experience exists when it is recognized, shared, and confirmed by others, therefore, it aids in constructing the world.

The dialogical approach of the representations is articulated with the social categorization, the process of systematizing and ordering phenomena and social objects, guiding the individuals in the world (Tajfel, 1972). It deals with a social process that contributes to the construction of social identities insofar as they involve traces constitutive of a group, that is, stereotypes (Moliner & Vidal, 2003). In this sense, the social categorization is based on stereotypes and relates to the Social Representations Theory insofar as representations can be associated with categories that classify phenomena and objects (Tajfel, 1972).

When we point to categorization in the social context, we cannot fail to address the stereotypes, that associated with social categorization, are mental processes that operationalize the description and judgment of individuals or groups and are important aspects to understand processes of exclusion and violence. This exclusion occurs in the interactions between individuals and groups, materially or symbolically. This happens by the belonging to given social categories or by the similarity with attributes of one category, in this case, "craziness". The similarities and differences between groups can influence perceptions and behaviors; they enter the field of discrimination and presuppose the favorable bias of the group they belong to, unfavorable to the others (Jodelet, 2017a; Carreteiro, 2017). Complementarily, Staerklé (2016) differentiates social categorizations between normative (intragroup) and categorical (intergroup). These categories organize the social dynamics of exclusion, when based on normative values. After all, the exclusion is a phenomenon of social relations regulation that articulates itself with violence insofar as both are processes directed to specific social categories (Souza, 2004).

The effects of stereotypes and social categorization on experiences of violence have been discussed, after all, in the matter of people in psychological distress, violence is a theme that has been debated and that has gained more visibility. Violence, from a perspective associated with

TRS, conceives a basis characterized by norms that guide behaviors, and hierarchize and differentiate autonomy and social practices of individuals and groups (Porto, 2010), that is, they affect the social dynamics. The groups involved in this dynamic of violence to become aware of the beliefs related to the phenomenon enables the first step towards social change (Howard, 2006). Diverse forms of violence have been studied from the SRT, such as violence between students (Giacomozzi et al., 2020), against teachers (Sales & Machado, 2017), violence and political polarization (Giacomozzi et al., 2019), road rage (Giacomozzi et al., 2020), domestic violence (Honnef et al., 2017; Leandro et al., 2019), sexual violence (Scarpati et al., 2014), state violence against black people (Vitali et al., 2021), among others. In its relation to violence, social representations express social practices and guide behaviors in the daily life of individuals and groups (Porto, 2010).

For Porto (2010), violence, before a theoretical phenomenon, is an empirical phenomenon, a concept. The phenomenon of violence is withdrawn from the social reality it describes, and becomes a concept from common sense, from the media, politics, or other fields of knowledge. Hence, in order to make sense of the academic re-appropriation of violence, it must regard violence as a "sociological object"; it should consider the empirical reality of individuals and groups. Studying directly the social representations of violence does not imply accepting them as a copy of the reality of individuals and groups. However, one cannot deny the importance of SR for understanding the phenomenon of violence, even more so if one considers that divergent valuative and ideological contents construct dissimilar social representations of violence (Porto, 2015). And also, it's important to remember that representations not only influence people's daily practices, but constitute these practices (Howarth, 2006).

1.2 This study

Considering the relevance of the visibility and debate about violence for socially stigmatized groups, and the importance of identifying the individuals' understanding of the phenomena that traverse them, this study, from the Social Representations Theory perspective, and anchored in the dimensional and dialogical approaches, aims to (1) characterize the dimensions of social representations of violence for people in psychological distress; (2) to understand meanings attributed to violence (anchoring) and how they become tangible (objectification), and (3) identify the triadic relations arising in enunciations about violence.

2. Method

2.1 Design

The present study is qualitative, and descriptive in that its purpose is to describe a phenomenon and its relationship with a specific group (Gil, 2009). It is also cross-sectional research.

2.2 Participants

Twenty people in psychological distress, users of a Psychosocial Care Center (CAPS III), participated. This is an important service in Brazil's mental health system, whose base is reception, care strengthening, and psychosocial rehabilitation¹ (Brasil, 2004), hence the choice for accessing the participants at CAPS. Inclusion criteria of participants were follow-up patients in the CAPS aged more than 18 years old, able to communicate verbally, and who accepted to participate in the research. Criteria as to diagnosis and gender were not defined. The participants corresponded to a non-probabilistic sample by convenience, of users who were in the center, participating in groups², waiting to be seen, or in beds³, and who accepted to participate in the interview. Twenty interviews were conducted, from which it was understood that the saturation of data was reached.

2.3 Instruments

For data collection a semi-structured interview script (Appendix A) was elaborated, using the episodic interview resources. According to Flick (2004), the episodic interview associates the questions with narratives of situations experienced about a specific matter, in this case, violence. The questions approached the participants' understanding and knowledge about violence. Furthermore, we used a sociodemographic questionnaire for characterizing participants. The collected data were as follows: age, gender, race, income, origin of the income, situation at the CAPS, and mental health diagnosis.

2.4 Procedures

Data collection was carried out between October and December 2020 in a CAPS III of a municipality from Santa Catarina. It is important to highlight that data collection occurred during the covid-19 pandemic, a moment marked by political (Giacomozzi et al., 2022; Giacomozzi et al., *in press*) and information polarization in Brazil (Justo et al., 2021). The interviews were carried out in the CAPS, but due to the coronavirus pandemic, with some safety measures, which were the use of mask by the researcher and participants, social distancing, and conduction of interviews in open and ventilated spaces. The researcher attended common spaces of the CAPS, which counts with open areas with chairs and benches for users, inviting those that were present to do the interview. At other moments, the CAPS professionals introduced the researcher to

¹ The psychosocial rehabilitation involves dynamic actions of strengthening of users and their family, to guarantee the exercise of citizenship and the opening of new possibilities to individuals in psychological distress (Brasil, 2015).

² The groups took place in the center with half the number of participants, fortnightly, in airy spaces, and with appropriate distancing between users because of the COVID-19 pandemic.

³ The CAPS III is a service of the Brazilian mental health network, with the purpose of being a substitute service to psychiatric hospitals, relies on health professionals and count with continuous care and night reception and in the municipality investigated, the center counts with beds, in which people in crisis remain from 7 to 14 days with full care of professionals.

users that were participating in groups, so that she could explain the research aims and procedures and make the invitation.

Users who accepted to participate in the study were directed to open locations of the CAPS without much circulation of people, to guarantee participants' privacy and confidentiality. The Informed Consent Form (ICF) was read and signed, and the interviews were initiated. The interviews were recorded and then transcribed. Initially, two pilot interviews were carried out with users of the center that met inclusion and exclusion criteria. Three authors analyzed these two pilot interviews and there was adaptation in the 4th question of the instrument (Appendix A), because the participants of the pilot interviews did not understand the question, so the structure of the sentence was modified in order to maintain the original meaning but to enable the interviewees to understand. Afterward, the other ones were carried out.

2.5 Data analysis

Characterization data were inserted into a spreadsheet and analyzed via basic descriptive statistics, with the aid of the Jamovi 1.2.27 program. The sociodemographic data correspond to personal issues and issues related to mental health, presented in the Appendix A. Two judges analyzed the interviews through categorical content analysis. The analysis followed the stages proposed by Bardin (2011): a) initially the interviews were organized into a single corpus; b) both judges did an initial reading of data and in a process of reflection elaborated hypotheses about the data collected and the objective of the research; c) analysis categories were delineated and the judges elaborated a categorization scheme (Appendix B). The categories were elaborated in an exploratory way on the basis of information present in the corpus, the study aims, and associated with the Social Representations Theory.

In the following stage, d) exploration of material, operations to code the corpus were carried out individually, in which each judge used the categorization scheme drawn up by both; e) subsequently, in order to ensure the quality of the data, we realize the agreement analysis between the individual categorizations. The level of coding agreement between the judges was 58%, as per Holsti's (1969) agreement percentage. After the re-discussion of the categorization by the judges, the level of agreement increased to 98%. In the final stage, f) the coding results were treated to obtain meanings, with the aid of the Atlas.ti software version 9. This is a program that aids in analyzing content by facilitating the management of data and visualization of results (Soratto, Pires, & Friese, 2020). In this last step, we considered the frequency with which the categories repeated in the interviews and their occurrence, that is, the number of interviews showing the datum.

3. Results

Twelve women and eight men, eleven self-declared black or brown, and nine self-declared white, mean age 43.7 years old (SD= 14.3), minimum 21 and maximum 69 years of age, participated in the research. Income equal to or lower than one minimum wage (n = 10) stood out among participants, followed by income higher than one minimum wage (n = 5); the others

did not remember or did not receive any income. As to source of income, being unemployed or not having an income (n = 5), receiving financial aid (n = 5), retirement (n = 3), work (n = 2), and health leave (n = 1) stood out. Four participants did not answer this question.

Characterization aspects related to mental health indicated that eleven participants were in beds, eight were in the center participating in groups, and one person was waiting to be seen by a psychiatrist. About the research participants' diagnosis, schizophrenia spectrum and/or associated disorders (n = 8), depressive disorders (n = 6), bipolar disorder and/or related disorders (n = 3), personality disorders (n = 1), disorders related to the use of substances and addictive drugs (n = 1), and somatic symptoms disorders and related disorders (n = 1) stood out and five participants reported not being sure about their mental health diagnosis.

3.1 Social Representations of violence

The interviews content analysis was guided by the Social Representations Theory (SRT) and allowed to associate interview content with the information and attitude macro-categories, which correspond to the dimensions of social representations (SR), these dimensions are connected, but in the present study are pointed out separately due to the division of the content analysis; the anchoring and objectification macro-categories, referring to the SR formation processes, the image macro-category is associated with the objectification process, and the triadic relations macro category, related to the SR dialogicity. These, along with their categories, are described below.

The **information** dimension of social representations involved concepts, typology, origins, protection against violence, resolutions of the phenomenon, and associations with mental health. **Conceptualizations** ($f^4= 49$) encompassed the focus on physical violence ($n^5= 9$); a phenomenon present in all spaces (n = 5); that surpasses the physical aspect (n = 4); defined as acts that harm, hurt, or cause fear (n = 4); indicate an antagonism between physical violence and other typologies (n = 4); violence as the act of not respecting the other (n = 4); that there exists a cycle of violence (n = 4); plurality of violence (n = 3), and that treats of a global phenomenon (n = 2).

As to **typologies** (f = 76) cited by the participants, we have: against the woman/gender violence (n = 8), physical (n = 8), verbal (n = 8), against children (n = 5), self-inflicted (n = 5), murder (n = 4), sexual (n = 4), symbolic (n = 4), domestic (n = 4), structural (n = 3), deprivation/negligence (n = 2), prejudice/discrimination (n = 2), psychological (n = 2), racism (n = 2), police brutality (n = 2), threat (n = 1), bullying (n = 1), abuse of power/physical restraint (n = 1), emotional (n = 1), exclusion (n = 1), institutional (n = 1), and urban violence (n = 1). An interview excerpt that represents the conceptualizations and typologies is as follows:

Violence, you have the verbal and the attack, bodily violence. Violence is anything that is done to you that causes fear. Verbally or physically. [...] Anything that is done with no reason, or even with a reason, that does and occasions fear, for me

⁴ Frequency with which it showed in reports.

⁵ Total number of participants that reported the category.

this is violence. [...] So... he [ex-partner] attacked me in many ways, just didn't hit me! (Participant 18, female gender, self-declared black, 49 years old, schizophrenia diagnosis).

The participants' theories as for the violence **origins** (f = 52) involve use of drugs and/or beverages (n = 9); social interactions with the family or friends (n = 6); poverty associated with violence (n = 5); the absence of love for the other/empathy (n = 4); violence stems from cowardice (n = 3); stems from the absence of dialogue (n = 3); from jealousy (n = 2); from an existential emptiness (n = 1), or that occurs due to the lack of character (n = 1). The following excerpt represents this category:

Because people, they see the person who is weaker to attack. The people that are weaker, they take advantage of them... (Participant 7, male gender, self-declared black, unknown age, does not remember the diagnosis but involves somatic symptoms).

Information as for **protection against violence** (f = 99) encompass distancing from locales or relations (n = 12); CAPS as a safe space (n = 11); religion/spirituality (n = 8); healthy social relations (n = 7); mental health care (n = 6); not to pay back (n = 5); legal resolution (n = 5); seeking help (n = 4); self-love (n = 1), and dialogue (n = 1). The participants' information on possible **resolutions** (f = 36) of the phenomenon include understanding and care (n = 9); education and social formation (n = 8); empathy and love (n = 7); dialogue (n = 3), and religion/spirituality (n = 2). A report that represents these macro-categories is as follows:

Trying to put yourself in the other's place. I think it's the most important... not to judge, to try to put yourself in the other's place, before judging. To look at people with more love, with more charity, I think this is what's missing, people don't have that anymore" (Participant 1, female gender, self-declared white, 29 years old, depression diagnosis).

Finally, in information related to violence and its **association with mental health** (f = 41), stereotypes related to psychic suffering and their influence on violence experiences (n = 11) stand out, as well as the idea that psychic suffering influences self-directed violence and to others (n = 9); the experience of the psychological disorder as a violence (n = 2); difficulty in interacting with people with some mental health diagnosis can cause violence (n = 2); not all people in psychological distress are violent (n = 2), and violence related to medications used (n = 2). One example of this macro-category is as follows:

I think that there is violence with the use of offensive words, like 'crazy', for example; if you or I have schizophrenia, what you need is affection, not pressure, not humiliation (Participant 8, male gender, self-declared white, schizophrenia diagnosis).

Categories in the information dimension were related to the objectification and anchoring processes of social representations. The representations **objectification** and **anchoring** process (f = 63) are directly related the following **images** (f = 66). Violence locations/spaces objectify and anchor the images of house (n = 9), street (n = 5), balls/parties (n = 3), schools (n = 3), bars (n = 2), favela (n = 2), and soccer (n = 1). The responsible for violence, and highlights the following social actors: man (n = 3), family members (n = 3), police (n = 2), partner/ex-partner (n = 1), disease/disorder (n = 1), image of oneself (n = 1), and street people (n = 1). The violence in its forms comprises images of ropes/chains (n = 4), marks of violence (n = 3), poverty (n = 1), and physical violence (n = 1). These processes also involve images of people who suffer violence: image of oneself (n = 5), woman (n = 2), family members (n = 1), and street people (n = 1). Finally, the objectification and anchoring of violent relationships occurs in the images of couples (n = 2), family (n = 2), and relationships with drugs and alcohol (n = 1).

The images highlighted by the participants mainly involve concrete social models, for some approaching personal content, for others distancing themselves from their experiences, but in both cases, images are a way to protect or to confirm their beliefs. The **anchoring** and **objectification** (f = 90) of participants involved their personal experiences (n = 17); situations that they witnessed (n = 8); experiences of others (n = 6); in the media (n = 6); experiences in which they were violent (n = 5); in religion and biblical reports (n = 2); in the law (n = 1), and in the pandemic (n = 1). The **attitude** dimension (f = 20) of participants to violence was unfavorable (n = 9); variable, in which depending on the context is or not acceptable (n = 2), and favorable to practices of violence (n = 1). In eight interviews the attitude was not evident.

Excerpts from interviews that evidence objectification and anchoring processes are as follows:

"So, when I think of violence... One image... mine comes. Because at that time I was beaten a lot" (Participant 20, female gender, self-declared black, 60 years old, schizophrenia diagnosis).

"Violence is... exists even in couples, as it happened to me" (Participant 13, female gender, self-declared white, 59 years old, depression diagnosis). And:

"Violence appears in couples, between parents and children, it happens at home, at times, violence. There is the violence of crime, out there" (Participant 18, female gender, self-declared black, 49 years old, depression diagnosis).

In the **triadic relations** (f = 42) present in the enunciations of 12 of the 20 interviews, the *alter* that stands out is an unidentified other, which brings knowledge relative to psychic suffering stereotypes (n = 4); violence as solely physical (n = 2), highlighted by participants to indicate an antagonism about their own thought on violence; self-inflicted violence as a form of violence (n = 1), and that violence between siblings is acceptable (n = 1). The family also arises as an *alter*, as the "others" that address the psychic suffering stereotypes (n = 4), not to accept violence (n = 1), and the racism (n = 1) that contrasts with the participant's thought, which recognizes it as a form of violence. Society is on the whole indicated as an *alter* of the maintenance of stereotypes on psychic suffering (n = 3) and with inadequate social norms (n = 1), involving racism and misogyny.

Religion appears in discourses relative to forgiving the violence experienced (n = 1); ex-partners, in their speech, speak of violence as acceptable, as an attack not directed to the person itself (n = 1), and the acquaintances' approach that it is necessary to keep away from violent people (n = 1). Stereotypes on psychic suffering coming from different social actors emerge to indicate the violence directly related to the mental health diagnosis, as identified by participants.

The following excerpt illustrates this category. It approaches an unidentified other on the psychic suffering stereotypes:

"Many times, people that don't have it speak like this: 'Oh, depression is not a disease. Depression is nothing. They just want to stay at home. They act crazy to go to CAPS'. So... that's it, may no one ever have what a person that has depression problem has" (Participant 13, female gender, self-declared white, 59 years old, depression diagnosis).

Another excerpt from the interviews indicates violence as solely physical:

"So... sometimes people speak like this, because violence is just when one gets beaten, is hurt, has swollen eyes, is like this, like that" (Participant 10, female gender, self-declared white, 47 years old, depression diagnosis).

It is worth highlighting that these two examples were addressed by the participants to antagonize their own understanding of violence, but in other quotes from the interviews are alters that are in agreement with how participants understand violence.

The objectification and anchoring processes are connected to the dimensions of social representations (information, field and attitudes) presented, as well as the identified triadic relations compose its (re)construction. In the study, the presentation of these components was separated in order to deepen the details that make up the social representations of violence. Nevertheless, the data indicate the plurality of aspects related to the social representations of violence for people in psychological distress participating in this research. We identify the participants' beliefs about the phenomenon and its connections with interpersonal and social issues, marked by their own experiences or historical and cultural context.

4. Discussion

Violence is a plural phenomenon and is seen this way by participants of the research, marked by the breadth of information that they share on the theme, numerous conceptions, typologies and theories about the origin of the phenomenon, forms of protection and resolution; as well as the participants had arguments about how violence is specifically associated with this particular social group: people in psychic distress. It is important to stress that the social debates about violence are influential and impact the population, considering that the participants recognize several forms of violence. This process affects the social representations about the phenomenon, which is associated with several social interaction processes involving social context and social

categorization matters. For Souza (2004) violence is not exceptional, it is quotidian in social relations and regulates the functioning of groups. It is a phenomenon articulated with processes of intergroup social categorization and, therefore, violence and exclusion target specific groups, due to moral, social, and economic questions.

Interpersonal relations established and aspects that derive from them or absent themselves, such as dialogue, respect, empathy, understanding, and care, are pointed out by participants as related to social representations of violence. It is evident that this relates to the fact that violence is a social phenomenon; although at times it appears as self-inflicted violence by the participants, interpersonal violence stands out. Due to this interpersonal aspect, the main form of protection against violence pointed out by the participants was precisely to move away from violent relationships and places. Porto (2010) points out that violence has a multiple character, which beyond the division between typologies, presents itself by diverse meanings assumed in the social context: how to maintain or question hierarchies, and institutional or social orders, to affirm a group's identity, denying society's values and norms, and contesting normative standards.

These normative and identity aspects associated with violence processes can involve stereotypes related to social interactions and interpersonal relations, especially in what concerns social categorization, discrimination, and exclusion processes (Moliner & Vidal, 2003). In this sense, in associating violence with mental health, the participants highlight that stereotypes related to psychic suffering influence violence experiences, and that psychic suffering influences self-directed violence and to a third party. As pointed out by Staerklé (2016) the social categorizations organize dynamics of exclusion and violence based on normative values, and the negative stereotypes are related to social categories, in the case of the present study, psychological distress, and refer to theories on differences and similarities between groups, which involve domination and violence relationships.

The participants, therefore, notice that those who are not part of this group, categorize people in psychological distress as violent, crazy, or lazy, which contributes to the violence directed at them. However, from the normative categorization, some participants also perceive individuals in psychological distress as violent, be that violence directed to others or to oneself, by self-inflicted violence. Nonetheless, some participants highlight that not all are violent, for they do not consider themselves violent. In images of violence, we identify that this phenomenon is associated, too, with disease and disorders.

In this context, it is from the category which the individual considers that he fits into and the category that he attributes to some group, crazy or normal, for example, that he embraces or avoids beliefs of the other group (Elcheroth et al., 2011). This aspect is highlighted by participants when they recognize that those who do not fit in the category of psychological distress share stereotypes on what the psychic illness is, which guide violent relations because they do not know how to cope and interact. Maciel et al. (2019) identified in their study with health courses students that the participants' beliefs on the origin of "mental disorders" influenced attitudes toward individuals in psychological distress, highlighting the dialogicity of representations, in which beliefs influence the dynamics of social relations.

Several studies have been carried out to investigate violence directed at people in psychological distress, and like the present study, highlight the violence against the woman,

which involves domestic violence by the partner or family (Ram, 2017; Islam, Jahan, & Hossain, 2018), physical violence (Islam et al., 2018; Bhavsar et al., 2019; El Missiry et al., 2019; Leal & Martin, 2019; Wu et al., 2020), verbal (Islam et al., 2018; El Missiry et al., 2019; Leal & Martin, 2019), sexual (Waal et al., 2017; Islam et al., 2018; El Missiry et al., 2019; Wu et al., 2020), self-inflicted (Monahan et al., 2017; Islam et al., 2018), among a number of other manifestations of this phenomenon to this group. Despite the multiple forms of violence recognized, some participants share social representations with a focus on physical violence. According to Porto (2010), violence continues being violence in spite of not being recognized as such, and in spite changes have occurred over the decades. As the achievement of rights occurs between groups, there arises the recognition of differences and changes in the apprehension of violence directed at them.

It is necessary to highlight that the Brazilian context is immersed in several manifestations of violence, to which we have daily access by way of the media in general, and social media. In Brazil's case, there is systematic amnesia about the State's crimes, which stems from colonization and has perpetuated over the centuries, including as regards the military dictatorship period (Safatle, 2014). This fact validates the myth of non-violence of the Brazilian, a good and generous people, who knows of no ill, such as racism and misogyny. Chauí (2019) uses the term myth in the sense of a narrative about something, which repeats varying as it is repeated, and which makes reality justifiable and tolerable. This myth crystallizes into beliefs, which are internalized to such an extent that they are not even considered myths, and end up being seen as not only an explanation of reality but reality itself. The myth produces values, ideas, behaviors, practices, that is, social actions, reiterated in and by the action of the members of society (Souza, 2014; Chauí, 2019).

This fact can be observed in the focus of violence as only physical, and also in the ambivalence of relationships, in which the same person that cares and protects, is the one that violates, and this is recognized by the participants. Porto (2010) reflects that what used to be considered common practices in social relations, come to be questioned and recognized as violence. Generally, such practices were based upon a rigid social hierarchy that generated social inequalities as a legitimate process in social structuring. In this context, the myth of the non-violent Brazilian suffers ruptures when thought from the SR of violence of people in psychological distress, who experience diverse forms and types of violence, coming from diverse relationships and social contexts.

Not only are the understandings related to violence associated with interactional processes but are anchored in experiences of the research participants, both of their own, those witnessed, and of others, which again highlights the sociability related to the phenomenon of violence. About the relationships between experience and social representation, Jodelet (2017b) states that the notion of experience is polysemic and that in SR studies it should be understood as related to empirical and historical situations, which enrich or widen the relationship with the world. We can associate experiences with processes of objectification and anchoring, especially this last one, for to anchor knowledge, one must invoke prior understandings. This is an active process that promotes particular understandings about the world (Elcheroth et al., 2011). The relationships and places of violence also arise objectified in social representations of violence,

indicating places more or less frequented by the participants of this study and relationships close or distant from people in psychic suffering.

Thus, the representations rest on experiences associated with the social context of which they are part, as already cited, a context perpetuator of violence in the mental health field due to negative stereotypes, and which seeks to naturalize those practices, by the Brazilian reality. Another important aspect to be highlighted about experiences is that the social context presupposes the *ego-alter-object* triangulation, as proposed by Moscovici (2012) and Marková (2000), which involves the individual's interactions and social communication network.

Concerning the triadic relations present in the participants' discourses, different *alters* are cited to indicate what the participants think or oppose what they believe, both as to forms of violence and ways of dealing with them. The *alters* associated with the construction of knowledge shared about violence involve society widely, which is cited to highlight norms and social values widely shared, and specific knowledge of people of their personal circle or regionalized figures. The *ego-alter* relationship gives birth to social representations, and at the same time, the SR are the means that enable the communication/interaction between *ego* and *alter* (Zadeh, 2017).

In this sense, communication is a significant aspect, for the media arise as an important factor associated with the anchoring of social representations about violence, and aggregate new information on this phenomenon. Be it in the disclosure of cases or dissemination of different manifestations of violence. About the participants' process of objectification of social representations of violence, it is interesting to note that they are associated with locales, people responsible, persons who have undergone violence, relationships considered violent, and forms of violence. It is directly connected to anchoring, which involves personal experiences, experiences of others, and media. As Elcheroth et al. (2011) point out, individuals can incorporate messages and information of the media into their own representation and communication systems.

Amid the breadth of violence in the mental health field, it is worth highlighting that the CAPS arises as a safe space for the research participants. It corroborates the recommended by the Ministry of Health, which has it as an open and community service, substitute to the asylum model; a place of reference and care, to promote life, exercise of citizenship, and social inclusion (Brasil, 2015). In this sense, it does not suffice to carry out social inclusion but to maintain healthy social relationships and the distancing from violent relationships, issues pointed out as ways of protection to violence for the participants.

Although it was not considered in the literature review, religion and spirituality are beliefs present in society for centuries and arise in the reports as a form of protection and resolution of violence, corroborating the study of Faria and colleagues (2011) carried out with 148 women from 12 different countries, which aimed to assess the relationship between religion, violence situations, and use of alcohol. Such a study found that religious practices, regardless of which religion they belong to, reinforce the possibility of confronting violence and strengthening these women, be it violence related to the family or in other social relations. Other studies point out the pursuit of religious practice as a way of standing or facing experiences of violence (St Vil et al., 2017; Santos et al., 2020). However, religious aspects can also influence the opposite way by sharing beliefs justifying the permanence in violent relationships, especially with respect to domestic violence (Oshiro, 2017). In the case of the present research, this aspect arose as an *alter*

of the triadic relationship arose by the justification that it is necessary to forgive the violence suffered.

Finally, it is important to stress that the social context of the present study involves a municipality where care is predominant in its territory, and marked by the closure of a wing of the National Health System in a psychiatric hospital of the region and the opening of Therapeutic Residential Services⁶, the CAPS being the mental health care base in the municipality. Despite these changes that have occurred in the last five years in the municipality investigated, one cannot disregard that the Brazilian (and world) reality involves negative stereotypes of psychic illness, which is marked by the violence perpetrated against this group (Amarante, 2013; Ferreira & Carvalho, 2017). Nor disregard a Brazilian context marked by the naturalization of violence (Souza, 2014; Chauí, 2019), which influences how much this violence is debated or how much this naturalization is still reproduced.

5. Final considerations

The present study sought to characterize the dimensions of the social representation of violence for persons in psychological distress, to understand the meanings attributed to violence (anchoring) and how they become tangible (objectification), and to identify the triadic relations arising in enunciations about violence. In the face of these objectives, the participants, of different mental health diagnoses, presented diverse beliefs about violence, associated with a cultural context that perpetuates stereotypes about psychic illness and naturalizes violence. The diversity of information about violence and the fact that the representations are anchored and objectified mainly in their experiences, demonstrate the importance of the phenomenon in the social context of the participants.

The participants' social representations encompassed conceptualizations, typologies comprehending diverse manifestations of violence, theories about origins of the phenomenon, forms of protection and resolution involving aspects of social and interpersonal relationships, as well as beliefs about the association between violence and mental health, marked by stereotypes shared that influence violence experiences. These theories were mainly related to anchoring processes that involved personal experiences, of other people, and in the media.

From these informational contents, the objectification process brought images that involved locations, people they considered to be responsible for violence, forms and violent relationships, and people that suffered violence, including the participants' own image. House, family, partners, and couples are images that stand out and indicate the family unit as associated with violence. However, diverse contexts are cited, such as the street, balls, parties, bars, favelas, and diverse social actors who objectify violence for people in psychological distress. The attitude of participants toward violence is predominantly unfavorable.

Objectification and anchoring processes were associated with the participants' experiences and bring us to what Jodelet (2017a) approaches, the notion of experience as related to the

⁶ These are houses in the territories, inside communities, which are residences of people in psychological distress institutionalized or who do not have housing (Brasil, 2004).

dimension of living. The experience involves, too, the awareness that the individual has of the world where he is, both the experienced world and the internal elaboration of it. In research examples, the author presents that experiences influence the participants' accounts of the theme investigated, bringing concrete facts of their lives related to the object of study. This association shows in the present research, according to the results presented. Moreover, the social identity is made visible when one refers to experiences lived in "threshold situations", in the case of the study here presented, violence directed at people in psychological distress.

The triadic relations associated with these social representations of violence involved meanings shared in society in general, with racist and sexist contents, which they point out to antagonize their own thoughts; and social actors regionalized or social circles of the people interviewed, with discourses indicating types of violence and forms of coping. However, the discourses of *alters* related to stereotypes to psychic illness and their influence on situations of violence experienced or more common in the social reality in which they are, stand out. These stereotypes relate to discriminatory processes, of exclusion and violent practices, which persist over time, even though social debates about the theme are increasingly disseminated in different contexts.

The social representations of violence for people in psychological distress, therefore, involve personal experiences and the participants' social circles but encompass social stereotypes and the categorization of groups considered "normal" and "crazy", which are not current phenomena. This is, in fact, a historical matter that has perpetuated itself over the decades and is not exclusive of the Brazilian reality. In the Brazilian context, it is also widely associated with the naturalization of violence, which occurs in diverse spheres and social groups.

The present study presents a social and cultural approach, applied to the South of Santa Catarina amid its particularities and what is shared with other contexts. From the data, we can reflect that in spite of the advances in combating violence, through the creation of public safety policies and the popular debate about the theme, this is a phenomenon still present in the daily life of individuals and many times made invisible. Understanding the social representations on violence allows us to apprehend how the academic debates about violence are shared between the population that is affected directly by such manifestations. And also, to reflect on processes of social categorization and stereotypes associated with mental health that have perpetuated themselves since the Middle Ages. Hence, scientific research and social debates about the subject are still necessary.

Acknowledgement

Post-Graduate Program in Psychology at the Federal University of Santa Catarina. Social Demand Program (DS) – CAPES, Brazil.

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Appendix A

Semi-structured interview script	Sociodemographic questionnaire
<ol style="list-style-type: none"> 1. What is violence to you? 2. If you think of the world today, where does violence appear? Could you tell me a situation that is an example of this? 3. And for you, what is violence when you're diagnosed with some kind of mental disorder? 4. At some point, because of your diagnosis, have you ever felt excluded or suffered any prejudice? If so, could you tell me about it? 5. Thinking about the people you live with the most, did you need to walk away from someone after receiving this diagnosis? Is there a situation you can tell me about? 6. Do you consider that you have ever suffered violence from having this diagnosis? If so, could you tell me about it? 7. What was your most striking experience related to violence? Could you please report this situation to me? 8. Have you experienced any violence in the places you frequent or used to attend? If so, could you tell me about it? 9. Throughout your treatments, because of your health, have you ever experienced any kind of violence? If so, could you tell me about it? 10. Considering what you told me, is there any image that comes to mind when you think about the violence suffered by people diagnosed with mental disorder? 11. Could you tell me a little bit more about yourself and your trajectory with violence? 12. In the future, to improve this issue of violence suffered by people diagnosed with some mental disorder, what suggestion do you have for doctors, for professionals who work with these people and for family members? 	<p>Age: Gender: Race: Do you have a partner? () yes () no Do you have children? () yes () no If so, how many? Who lives with you? Family income: Educational level: Which CAPS do you go to? How long have you been going to CAPS? How many times a week do you go to CAPS? What activities do you participate in CAPS? Do you know what your diagnosis is? () yes () no If so, which one(s)? Have you ever had any type of mental health-related treatment in any other institution? () yes () no If so, which one(s)? For how long? Have you ever been hospitalized? () yes () no If so, for how long? Currently, besides the CAPS, do you attend any other mental health institution? () yes () no If so, which one(s)? Since when do you have mental health counseling? City of birth: Do you currently work? () yes () no If so, what do you do? Question of desensitization: What do you like to do? Is there anything I haven't asked you that you'd like to talk about? Do you have any questions?</p>

Appendix B

Categorization scheme

Macro-categories	Categories
Anchoring	Experiences in which they were violent Experiences of others Law Media Pandemic Personal experiences Religion and biblical reports Situations that they witnessed
Attitude	Favorable Unfavorable Variable
Objectification	Forms of violence People who suffer violence Responsible for violence Violence locations/spaces Violent relationships
Images	Balls/parties Bars Disease/disorder Drugs and alcohol Family Family members Favela House Man Marks of violence Oneself Partner/ex-partner Physical violence

Macro-categories	Categories
Information	Association with mental health Conceptualizations Protection against violence Resolutions Typologies Violence origins
Triadic relations	Acquaintances Ex-partners Family Religion Society Unidentified other