

RESEARCH PATHS IN LATIN AMERICA: THE ROLE OF SOCIAL REPRESENTATIONS THEORY

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INTRODUCTION

The epistemological, theoretical and methodological dimensions of Social Representations theory have been extensively addressed in the literature, reflecting a concern for its generative and critical grounds (e.g. Moscovici, 2001; de Rosa, 2013; Doise, 1994; Jodelet, 2011). One of the salient aspects of this theory is its wide expansion and particular appropriation in Latin American countries. As this geo-cultural scenario favours research embedded in the social and historical context, SR theory has been giving voice to many communities with different visions of the world. To a great extent, this state of affairs is rooted on the SRT's view of common sense knowledge as a valid and functionally coherent system, allowing for the inclusion of diverse social actors and groups' specific viewpoints on critical topics that constitute a substantial part of the public and media discourse (with implications on health, education, environment and politics; e.g. Arruda, 2009).

There has been a growing interest in addressing the evolution of this theory in Latin America, either from a theoretical or empirical viewpoint. Among some of the key elements identified, we found the salience of a thematic driven research (de Rosa, 2013), privileging the applied fields of Health followed by Education (Arruda, 2005; Wachelke et al, 2015). Furthermore, there is extensive research conducted by authors from Nursing and Education.

This study focuses specifically on contributions presented by Latin American researchers to scientific events worldwide, given their role in disseminating scientific outputs, which sometimes fall short of being known otherwise. It is aimed at exploring if the reported trends in the literature, mainly based on published research, can also be found in the contributions to conferences.

METHOD

The bibliographic sources were retrieved from the web-platform So.Re.Com. "A.S. de Rosa" @-library, a repository composed by an extensive bibliographic and meta-analysis inventory on Social Representations (including books, book chapters, journal articles and conference presentations). From a larger corpus of references specifically related to Latin America as geo-cultural context of the first author's institution affiliation, 1797 abstracts related to the Resource type of "Conference presentations" were selected and subjected to descriptive statistics and hierarchical descending cluster analysis.

	Scientific Events on SR (ICSR)	Scientific Events on SR (IIRS)	Events not specifically identified to SR	Scientific Events Occasionally	Scientific Events Dedicated to SR	Scientific Events on SR (EuroPhD)	Absolute Frequency	Relative Frequency (%)
Brazil	720	425	13	2	3	1163	64,7	
Argentina	69	155	30	35	1	290	16,1	
Mexico	205	4	19			229	12,7	
Chile	13	1	2	4		20	1,1	
Colombia	14	3				17	0,9	
Cuba	5	1			1	7	0,4	
Dominican Republic	2					2	0,1	
El Salvador	1					1	0,1	
Guatemala	1					1	0,1	
Jamaica			1			1	0,1	
Peru	1	2				3	0,2	
Puerto Rico	1					1	0,1	
Uruguay		1	1			2	0,1	
Venezuela	56		2			58	3,2	
Total	1082	592	59	42	1	1797	100	

Figure 1 – Frequencies of 1st author country by scientific events

DISCUSSION

Our results suggest that there is a different thematic distribution depending on the venue (journal article or scientific events). Health related themes appear to be less salient in scientific events than in published research. This gap may be explained by the applied nature of the research in Health and, for all that matters, in Education, which lends itself easily to be published in specialized journals of those fields. On this regard, it is important to highlight that these two fields have extensively adopted SR theory as a key lens in exploring the interplay between general systems and the professional challenges and practices. On the other hand, topics related to politics, memory and, in particular, identity are much more disseminated in scientific events than the literature on the topic suggested. Latin American particular take on social memory, meaning and imaginaries appears to fit with the fast pace of socio-cultural changes and challenges perceived as worthy to be discussed on a community level.

RESULTS

A majority of abstracts was presented in scientific events dedicated to Social Representations Theory: 60.5% in the "Bi-Annual International Conferences on Social Representations" (ICRS) and 33% in the "International Journeys on Social Representations" (IIRS). Brazil accounts by far for the vast majority of contributions (64.7%), followed by Argentina (16.1%) and Mexico (12.7%) (see Figure 1).

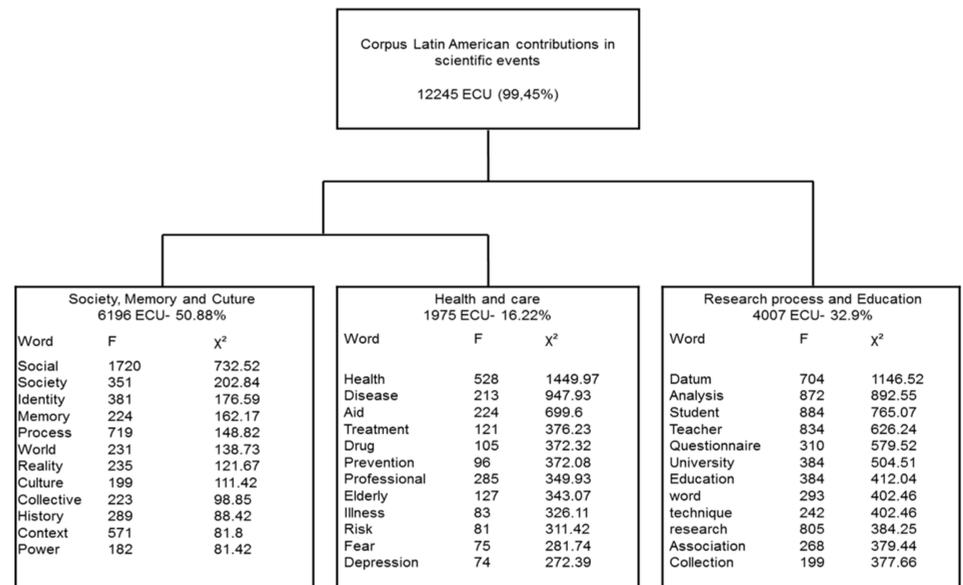


Figure 2 – Dendrogram of hierarchical descending cluster analysis of Latin American contributions in scientific events

Based upon the HDCA three clusters were extracted as shown in Figure 2. The lists of significant words depicted are not exhaustive. The context of each word was also taken into account throughout the analyses.

Cluster 1, entitled *Society, Memory and Culture*, encompasses references to cultural, social and historical dimensions, with a special emphasis on *identity* (including *individual, social* [as construct], *gender, cultural, place* and *national identity*). Also salient is the contextual anchoring of *memory* in the idea of knowledge construction related to a social construction of *reality*. *History* plays a role both as background and as an object, subject to representations. On a different note, the concept of *power* is not an object in itself but a contextual issue when addressing *minorities* and *communities*. This entails either a functional goal of the research in these areas (empowering less heard voices) or an observation of the positioning of minorities as dependent of power dynamics.

Cluster 2, *Health and Care*, features concepts related to: (i) *primary and secondary prevention* (e.g. aid, treatment); (ii) *emotions and feelings* (e.g. fear, depression); (iii) *reference to specific diseases* (e.g., *cancer* [$\chi^2=101.3, p<.01$] and *diabetes* [$\chi^2=19.9, p<.01$]); (iv) *care and treatment* (e.g., *caregiver* [$\chi^2=104.8, p<.01$] and *humanization* [$\chi^2=100.2, p<.01$]); (v) *social by-products of disease* (e.g., *stigma* [$\chi^2=114.7, p<.01$], *prejudice* [$\chi^2=92.9, p<.01$] and *abandonment* [$\chi^2=50.3, p<.01$]).

A significant part of studies on this area, especially from the Nursing field, have been privileging the "know how" with a strong emphasis on care and health promotion. Explorations of the binomial relation of health-disease are based on common sense knowledge, determining group processes of health promotion and healing, with a potential impact on nursing practices (Silva, Camargo & Padilha, 2011). Other studies have been particularly concerned with how values, social rules and cultural patterns are thought and acted out by the social actors in this field (Oliveira & Sá, 200).

Cluster 3, named *Research Process and Education*, refers both to concepts inherent to the research process (emphasizing methodology) and to education related objects and samples (e.g. student, teacher, university). The contextual text segments of *student, teacher, and professor* show that these appear in studies about educational and/or professional settings (such as internships in health related contexts) in which students and/or teachers participated as informed social actors, able to provide a personal account of their representations and practices.

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