

THE POLITICAL AND SOCIAL LIFE OF PREVENTIVE
MASKS IN SÃO PAULO (BRAZIL, 2020)

*A VIDA POLÍTICA E SOCIAL DAS MÁSCARAS
PREVENTIVAS EM SÃO PAULO (BRASIL, 2020)*

*LA VIDA POLÍTICA Y SOCIAL DE LAS MÁSCARAS
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*“Fiz de mim o que não soube,
E o que eu podia fazer de mim eu não o fiz”¹*

Fernando Pessoa

ABSTRACT: This article deals with the use of masks to prevent the spread of COVID-19 in São Paulo, Brazil’s largest state, during 2020. Supporting a comprehensive and non-normative approach to this practice, it highlights some of its symbolic, sociological, and political dimensions. Firstly, it proposes a typical-ideal characterization of the “pandemic way of life,” arising from the sudden ineffectiveness of routine hygiene practices and the need to incorporate others in order to comply with non-pharmacological and preventive care for the spread and contamination of the “new coronavirus.” It highlights the maladjustments suffered by cognitive and bodily schemes, and particularly the new ways of controlling the “presentation of self”, through the “face-head set” - a part of the body that has been

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¹ I thank the individuals who provided testimonies for the empirical research underpinning this article, and I dedicate it to Flávio, companion in a “pandemic way of life.”

subjected to a contradictory regime of virtual display and in-person concealment. Next, we look at the tensions between the demands for self-presentation (in its symbolic dimension) and the compulsory use of masks - both sanitary (recommended by medical expertise) and political (imposed by the state and subject to punishment). Finally, some attitudes towards the use of masks are characterized - “early” voluntarism, resistance, negotiation and stylization. Based on these, the routinization of the “pandemic way of life” is discussed. Circumscribing the demonstration to São Paulo, this process is linked to the political management of the pandemic, exercised by the state government.

KEYWORDS: Pandemic. Use of Preventive Masks. Pandemic way of life. Presentation of self. São Paulo.

RESUMO: *Este artigo trata do uso de máscaras preventivas à disseminação de COVID-19, em São Paulo, o maior estado do Brasil, durante o ano de 2020. Sustentando uma abordagem compreensiva e não normativa desta prática, colocam-se em relevo algumas de suas dimensões simbólicas, sociológicas e políticas. Num primeiro momento, propõe uma caracterização típico-ideal do “modo de vida pandêmico”, oriundo da repentina ineficácia das práticas rotineiras de higiene e da exigência de incorporação de outras, a fim de cumprir os cuidados não farmacológicos e preventivos à difusão e à contaminação pelo “novo coronavírus”. Destacam-se os desajustes sofridos pelos esquemas cognitivos e corporais, e, particularmente, as novas maneiras de controlar a “apresentação de si”, por meio do “conjunto rosto-cabeça” – parte do corpo que foi submetida a um regime contraditório de exibição virtual e de encobrimento presencial. Em seguida, trata-se das tensões entre as demandas de apresentação de si (em sua dimensão simbólica) e o uso obrigatório das máscaras – de caráter sanitário (recomendado pela expertise médica) e político (imposto pelo Estado e sujeito à punição). Finalmente, caracterizam-se algumas atitudes em relação ao uso das máscaras – voluntarismo “precoce”, resistência, negociação e estilização. A partir delas, discute-se a rotinização do “modo de vida pandêmico”. Circunscrevendo a demonstração a São Paulo, articula-se esse processo à condução política da pandemia, exercida pelo governo do estado.*

PALAVRAS-CHAVE: *Pandemia. Uso de Máscaras Preventivas. Modo de vida pandêmico. Apresentação de si. São Paulo.*

RESUMEN: *Este artículo aborda el uso de máscaras para prevenir la propagación del COVID-19 en São Paulo, el estado más grande de Brasil, durante 2020. Apoyando un abordaje integral y no normativo de esta práctica, destaca algunas*

de sus dimensiones simbólicas, sociológicas y políticas. En primer lugar, propone una caracterización típico-ideal del «modo de vida pandémico», surgido de la repentina ineficacia de las prácticas higiénicas rutinarias y de la necesidad de incorporar otras para cumplir con los cuidados no farmacológicos y preventivos de la propagación y contaminación del «nuevo coronavirus». Se destacan los desajustes sufridos por los esquemas cognitivos y corporales, en particular las nuevas formas de controlar la «presentación del yo» a través del «conjunto cara-cabeza», una parte del cuerpo sometida a un régimen contradictorio de exhibición virtual y ocultación en persona. A continuación, se examinan las tensiones entre las exigencias de la autopresentación (en su dimensión simbólica) y el uso obligatorio de mascarillas, tanto sanitarias (recomendadas por la pericia médica) como políticas (impuestas por el Estado y sujetas a sanción). Por último, se caracterizan algunas actitudes ante el uso de las máscaras: voluntarismo «precoz», resistencia, negociación y estilización. A partir de ellas, se discute la rutinización del «modo de vida pandémico». Circunscribiendo la manifestación a São Paulo, este proceso se vincula a la gestión política de la pandemia, ejercida por el gobierno del estado.

PALABRAS CLAVE: *Pandemia. Uso de máscaras preventivas. Modo de vida pandémico. Presentación de sí mismo. São Paulo.*

Introduction

On March 11, 2020, the World Health Organization (WHO) classified the spread of “Coronavirus Disease” (COVID-19) as a “Global Pandemic.” This designation required member countries to adopt preventive measures to slow the spread of the virus. Despite numerous uncertainties surrounding the new disease, it quickly became indisputable that its transmission occurred through the air—specifically, via droplets emitted when speaking, coughing, or sneezing. Consequently, in the absence of treatment or medication to curb the spread of the disease, non-pharmaceutical measures were recommended by the WHO: a) reducing interactions, i.e., physical distancing; b) constant hand and surface hygiene (using soap, detergent, or alcohol); c) wearing protective masks. The frequent changes in the specifics of these recommendations and their dissemination were mediated by decision-makers at national and subnational government levels worldwide. Given the diversity of cultural and political contexts in which these measures were adopted (or rejected), it is evident that they resulted in transformations in the daily lives of populations. Although typically apparent in regular times, the extraordinary nature of this context sharply reveals the close connections between political powers and the bodily and cognitive schemes of their governed.

Some of its symbolic, sociological, and political dimensions are highlighted by adopting a comprehensive and non-normative approach to this practice. Initially, a typical-ideal characterization of the “pandemic way of life” is proposed, emerging from the sudden ineffectiveness of routine hygiene practices and the demand for incorporating new ones to comply with non-pharmaceutical and preventive measures against the spread and contamination by the “novel coronavirus.” The disruptions experienced by cognitive and bodily schemes are emphasized, particularly the new ways of controlling one’s “presentation of self” through the “head-face complex”—the physical part that was subjected to a contradictory regime of virtual display and physical concealment. Subsequently, the tensions between the demands for self-presentation (in its symbolic dimension) and the mandatory use of masks—both sanitary (recommended by medical expertise) and political (imposed by the State and subject to punishment)—are addressed. Finally, attitudes toward mask usage are characterized—early voluntarism, resistance, negotiation, and stylization. Based on these attitudes, the routinization of the “pandemic way of life” is discussed. This analysis is specifically focused on São Paulo and links this process to the political management of the Global Pandemic by the state government.

Bodily and Cognitive Schemes of the “Pandemic Way of Life”²

The only preventive resources available in the first three months after the WHO declared the health crisis a “Global Pandemic” were: a) physical distancing; b) hand and surface hygiene (using soap, detergent, or alcohol); c) wearing protective masks. There was a social effort to adapt daily life to the systematic practice of these three measures, resulting in what can be termed the “pandemic way of life.” To highlight the bodily aspects involved in this process, it is worth considering each of the three measures in detail.

Physical distancing, by limiting circulation in common spaces, workplaces, and recreational areas, confined individuals to their domestic environments. This led to a re-education of the body within the confines of home spaces for activities that were previously not performed indoors (BOSCO, 2020; FOURNIER, 2020). Examples abound: the closure of educational institutions necessitated the adoption of virtual classes; the closure of offices, telemarketing centers, newspaper offices, film sets, libraries, and shopping malls resulted in the practice of remote work and increased virtual shopping; the closure of restaurants led to more intensive use of home kitchens (initially, when restaurants were allowed to offer delivery but

² The “type” was created through statements collected through a questionnaire with 38 closed questions and 7 open questions, answered online by 4,118 inhabitants of the state of São Paulo, between April 30 and July 1, 2020.

were not subject to any hygiene protocols established by political authorities); the closure of gyms and the information that outdoor athletes could potentially infect one another also led to adaptations. For the wealthy, the dismissal of domestic workers and nannies required new management of time, space, and body, as they had to learn to cook, clean, and manage the household—activities previously unfamiliar to them. Physical distancing required a reconfiguration of the bodily economy within the home and a rearrangement of domestic space to accommodate new demands.

The implementation of the second measure, new hygiene habits, required adjustments to bodily schemes both in everyday situations (focused on self-care) and in the performance of social etiquette and expression of emotions (directed towards others). Thus, the following practices were recommended: not touching the face and eyes with hands, constantly washing hands, not touching the preventive mask, and changing clothes every time one returned home, as it was believed that the virus was transmitted through surfaces. Men were advised to shave off their beards and mustaches, and women were encouraged to leave the house without usual adornments such as rings and earrings—both were advised not to touch their hair and to wash it upon returning home. In this context, the rituals of entering and leaving the home and handling things and people were altered. There were numerous reports on the virus's survival times, which varied depending on the materials it was on. As a result, objects were classified as “clean” or “dirty” based on a new boundary criterion: the street (characterized by the potential presence of the virus) and the home (to be preserved from that potential danger). Thus, the hygiene of supermarket packages, bags, umbrellas—every “potentially” contaminated object—became routine. Even within the confines of one's own home, bodily boundaries adjusted to a new rhythm of physical, social, and emotional interaction and a new ritual for returning home. It became necessary to remove shoes, change clothes, take a shower, and only then interact with children and partners. In addition to these practices, it was necessary to accept and incorporate prohibitions on gestures towards others: not shaking hands, not hugging or kissing when greeting, and maintaining a distance of at least one and a half meters from others—whether in a line, in a supermarket, or on public transportation.

As the issue of the virus's longevity on surfaces—initially a significant concern and detailed extensively—later became dismissed as a risk, it became evident that adapting to the “pandemic way of life” involved not only a willingness to change habits. The practice of these habits required keeping up with the news to stay informed about scientific discoveries regarding the virus and the disease and, based on this information, constantly adjusting behaviors. During this period, the “pandemic way of life” required transformations in routine techniques for

managing daily life. However, the effort to implement these practices did not guarantee stability and the effectiveness of the new measures. They were always subject to becoming obsolete due to the advancement of knowledge about the virus and the disease.

The above description highlights that the “pandemic way of life” involved rearrangements in the economy of available space for bodily movements (in the case of adopting physical distancing) and in the automatisms of gestures (directed towards one’s own body and others’ bodies to comply with new hygiene norms). The adoption of the third measure, preventive masks, which were required to cover the mouth and nose, disrupted the self-image crystallized in the part of the body most sensitive to the expression of ideas and feelings and most strategic for sustaining individual uniqueness: the “face-head” ensemble. This will be addressed in particular in the following section.

Self-Presentation and Pandemic Anomie

The functions of masks are numerous. In religious rituals, they can both present and represent non-human entities, and they are always endowed with the ability to metamorphose their wearers (LEVI-STRAUSS, 1979). In festivities (such as Carnival) or political demonstrations, they can both disguise and create identities (as in the case of the Anonymous movement) (LEAL, 2021; LEMOS, 2020).

Although preventive masks are utilitarian by nature, at first glance, discussing their symbolic dimension might seem irrelevant. However, the “face-head” ensemble plays a central role in Erving Goffman’s (1973) concept of “self-presentation in everyday life.” The “pandemic way of life” suspended both the everyday and the bodily techniques previously deemed satisfactory for managing how others perceived oneself—and some do not hesitate to label this condition as “anomic” (LEBARON, 2020). This disarray occurred alongside the advent of a specific regime for the display and covering of the “face-head” (LE BRETON, 2020). While in the virtual realm, with its unlimited potential for interactions but physically constrained to the home, the “face-head” could appear bare, in physical life, constrained by limited movement and selective interactions, it was concealed by masks.

The stylization of the uncovered face for virtual life intensified the use of techniques to manipulate this body region—notably the skin and hair: makeup (visible or not), haircuts (even if done at home), or the adoption of the “pandemic style” (not cutting hair), the removal or maintenance of mustaches and beards—and, in this case, the choice of lip framing and facial contouring. In virtual life,

it was possible to make use of routine items carried by the “face-head” (whether primarily utilitarian or aesthetic): glasses, contact lenses, hats, headbands, scarves, earrings, and piercings. However, the affinities with pre-mask preventive face-to-face social interactions end there. A significant difference between virtual and physical face-to-face interactions is that, in the latter, individuals perceive they can partially control how others see them. This is not the case in virtual interaction.

In the realm of virtual activities—whether work-related or recreational—the face has been exposed for long periods to both one’s own gaze and the observation of others’ gazes. Thus, while the technical device with a camera provides a constant mirror for the individual—allowing for greater control over the image one sees of oneself—it offers less control over the image seen by others, as one is unaware of how they are viewed on their interlocutors’ screens (enlarged, reduced, muted, accelerated, etc.). Therefore, precisely in the interaction where one can display their face, the individual has lost relative control over how they are perceived by others and has become overwhelmed by the “mirror effect.” Not surprisingly, online exposure has resulted in psychological disturbances, increased demand for plastic surgeries and skincare treatments, as well as a sense of fatigue. And, as no new life comes without new words, this unprecedented experience has been coined “zoom fatigue.” It seems as though an additional effort is required from the individual, compared to self-presentation prior to the “pandemic way of life” (RIBEIRO, 2021, n.p., our translation).

Objectively, the correct use of masks obscures the nose and lips, thus covering the central area of the face and allowing only the eyes to be exposed. In this sense, the creation of the “face-head” with a preventive mask for interactions outside the domestic environment suspended the effectiveness of previously adjusted bodily techniques for symbolic needs. Simultaneously, people were unsure how to adapt their faces to expressive, identity-related, and aesthetic demands that had previously been met and found themselves deprived of the resources through which they inferred their interlocutor’s reactions [image] (APF, 2020). In concise headlines, the press documented daily experiences of: a) estrangement – “Struggling to recognize people? It’s natural” (VISÃO, 2020, n.p., our translation); b) “loss” of communicative resources: with “part of the face covered by masks, people will need to find other ways to communicate” (GRAVE, 2020, n.p., our translation); c) seeking expressive compensations: “masks hide facial expressions and highlight gazes” (LOPES, 2020, n.p., our translation). Numerous dramatic testimonials were recorded: “I saw faces slowly disappear under folds of cotton” (VALLEE, 2021, n.p.).

Figure 1 – “Eyebrows Speak...”



Source: APF - Beauty Consultancy. FACEBOOK. Published on May 8, 2020.

The discomfort regarding the concealment of a large part of the face led to attempts to preserve the facial image. Two types of initiatives illustrate this. First, masks are distinguished by their transparency. Made of polycarbonate, these promised “a protected smile”³; “no impact on beauty”; “freedom to breathe” (ALEGRETTI, 2021, n.p., our translation). Second, masks attempt to reproduce the person’s features on the mask itself, transforming it into a unique and individualized covering, like the face. This was an endeavor by artist Jorge Roriz, for example. Significantly, he was described as “the Brazilian artist who paints masks for those who want to show their face” (RONCADIO, 2021, n.p., our translation).

In another context, the same sense of estrangement and experience of expressive, identity-related, and emotional “loss” is observed. Members of the teams at the Hospital de Clínicas in São Paulo placed their photos on their aprons so that patients could recognize the faces behind the masks. According to them, this way, colleagues “knew” each other, the environment became more “humanized,” and bonds were formed between caregivers and patients (HOSPITAL DE CLÍNICAS, 2020).

The symbolic dimension of masks is also inseparable from the political sphere. The ideological character of mask use presents some ambiguity, as it is a tool for producing individual uniqueness, yet it also serves to signify group belonging. In the case of preventive masks, varying greatly depending on the region of the world, the stage of the global pandemic, and various state devices for population control, the use or non-use of masks was linked to ideological stances in numerous contexts.

³ According to the advertisement on the sales website of the company Máscaras Cristal. CRYSTAL MASKS. Available at: <https://mascaracristal.com.br/contato>. Accessed on: May 29, 2024.

The above discussion supports the proposition that the purpose of the mask is utilitarian (preventive), yet its use is inevitably symbolic (inseparable from “self-presentation” in social life). In this sense, the individual—under the obligation to incorporate the preventive mask into routine “care” techniques and items of “self-presentation” concentrated in the “head-body complex”—became a bundle of adjustments between utilitarian criteria and symbolic demands, particularly in the early months of this transformation. The following section will address these issues, focusing on the state of São Paulo.

The Political Management of the Pandemic in São Paulo

The various attitudes towards masks are inseparable from the management of the global pandemic by the São Paulo government and the role of the media as a mediator between medical and political authorities and the governed population.

In São Paulo, the management of the health crisis was structured in response to two sets of constraints. On one hand, the polarization between the state governor, João Dória of the Brazilian Social Democracy Party (PSDB), and President Jair Bolsonaro (without party affiliation); and on the other hand, the local dynamics of managing the health crisis, marked by the failure of “social isolation” and the consequent attempt to compensate through mandatory mask-wearing.

Bolsonaro’s attitudes and statements were inconsistent with the guidance of his own health ministers, who aimed to coordinate the national response to the health crisis through initially available non-pharmaceutical measures. However, in his public performance and political speeches, Bolsonaro adopted a denialist stance: opposing social distancing, promoting gatherings, and not wearing preventive masks. His public performance influenced his loyal supporters to do the same (SCHMITT, 2020). In contrast, since São Paulo announced the creation of the “São Paulo State Coronavirus Contingency Committee” on January 31, 2020, Dória systematically and daily opposed Bolsonaro through “Press Conferences” (GELAPE, 2020). Additionally, he led alliances against the president, facilitating a flow of resources among states that adopted São Paulo as a model for crisis management. This polarization was also driven by electoral motives. With ambitions for the 2022 presidential race, Dória aimed to become a national leader of the opposition to Bolsonaro.

The management of “social isolation” and the gradual establishment of mandatory mask-wearing in São Paulo are inseparable from this polarization. The rationale is as follows.

The first “quarantine decree”⁴ in São Paulo (No. 64,881), dated March 22, 2020, had dual guidance. In the private sphere, it recommended: “that the movement of people (...) be limited to immediate needs for food, healthcare, and essential activities” (SÃO PAULO, 2020a). Regarding home isolation, no legal prohibitions were established for leaving the house, nor were there penalties for non-compliance with “isolation”⁵ only “recommendations.” Therefore, adherence to it was voluntary rather than compulsory: individuals themselves constructed their own regimes for staying in and leaving the house (RODRIGUES, 2021). Consequently, lacking coercion and penalty measures, the government relied on the persuasive power of its advertising campaigns (SÃO PAULO, 2020b). It can be said that this approach failed, as it never achieved a satisfactory level of restriction on the movement of people⁶.

The second guidance pertained to collective spaces. The “suspension of non-essential activities” was decreed, and penalties and official control measures were provided for violations of this law. Since then, the governor and his crisis management team (designated “São Paulo State Contingency Committee” / CCESP) faced pressure from representative entities, business leaders, religious leaders, and media factions. On one side, there were demands for measures to mitigate the negative economic and social effects of suspending activities. On the other side, there were challenges to the definition of what constitutes an “essential activity”—for instance, there were demands to include religious services in this category⁷. Furthermore, particularly the president’s supporters in São Paulo pressed for an immediate “return to normalcy”—that is, for the end of “social isolation.” Under such pressures and conflicts, there were biweekly renewals and adjustments of the first “quarantine decree.” From March to July, two criteria guided the adjustments, according to Dimas Covas, coordinator of the CCESP: a) the occupancy rate of Intensive Care Unit (ICU) beds; b) the transmission rate (SÃO PAULO, 2020c). The CCESP made decisions, sometimes restricting the number of “essential activities” authorized, and sometimes expanding them. Viewed in perspective, the predominant trend in the initial months consisted of

⁴ Although it has another historical meaning, in Brazil, the term “quarantine” became synonymous with “being in social isolation”; there was talk of “maintenance” and/or “flexibilization of quarantine”, in the sense that the government would open or close, reduce or expand the number and nature of “essential activities”; there was talk of “breaking quarantine”, to designate the action of leaving social isolation to practice something that could be avoided.

⁵ In Brazil, except in a few municipalities, lockdown was not the model of physical distancing adopted by subnational governments.

⁶ IPT-INSTITUTE OF TECHNOLOGICAL RESEARCH. São Paulo. Questions about social isolation. Available at: <https://ipt.br/2022/01/17/perguntas-sobre-isolamento-social/>. Accessed on: June 9, 2024.

⁷ The discrimination between essential and non-essential activities “depends on the result of the correlation of political forces in the locality” in question, and not on health criteria in the strict sense (VENTURA; DUARTE, 2021, p. 37).

a “zigzag” pattern—i.e., opening and closing establishments, followed by “flexibility” starting July 4.

On one hand, opposing the type of management embodied by President Bolsonaro involved upholding the recommendation for social isolation. On the other hand, the failure of this measure necessitated alternative actions. This constraint framework makes understandable the pace and manner in which the use of preventive masks was regulated in the state—relatively early, if one considers the deliberations of the World Health Organization (WHO).

In the early moments of the global pandemic, the risk of a shortage of masks for hospital use, should widespread use be recommended, was intertwined with the discussion regarding their preventive efficacy. Multiple voices and competing authorities advocated for the use of masks and their rejection. This is evident in the warning issued by Jerome Adams, US Surgeon General, via Twitter on February 29, 2020: “*Seriously people – STOP BUYING MASKS! They are NOT effective preventing general public from catching #Coronavirus, but if healthcare providers get them to care for sick patients, it puts them and our communities at risk!*” (ASMELASH, 2020, n.p.). *In the United States, it seemed that the prevailing logic was that “Masks can’t stop the coronavirus in the US, but hysteria has led to bulk-buying, price-gouging and serious fear for the future”* (ANDREW; YEUNG, 2020, n.p.). Meanwhile, in the Czech Republic, the “Masks4all” movement argued that the control of the virus’s spread in the country was due to mask usage and encouraged the homemade production of fabric masks (to mitigate the risk of surgical mask shortages) (NUNES, 2020).

Until June 5, 2020, the WHO recommended the use of preventive masks only for healthcare professionals and individuals suspected of contamination. Additionally, it insisted that their widespread use should not be promoted because: a) there was a risk of shortage for healthcare professionals, who were the priority consumers; b) their use could create a false sense of security, leading to neglect of other measures; c) individuals wearing masks could be stigmatized in their communities; d) recommending widespread use could provoke collective panic. When the WHO modified this guidance, it argued that it was based on more recent research demonstrating the effectiveness of widespread use in reducing the rate of virus transmission (PAHO; WHO, 2024). However, pandemic management in the state of São Paulo was tied to local dynamics and only partially aligned with WHO guidelines.

More than a month before the WHO announced the change in guidance, the São Paulo state government acted according to different principles: on April 24, it recommended mask-wearing for all; on May 4, it made it mandatory on public transportation; and on July 1, 2020, it mandated mask-wearing in all spaces outside the home (i.e., both open and closed public areas), concurrently with the “reopening”

of “non-essential” activities (SÃO PAULO, 2020d). In a broader preventive practice framework, mask usage was less economically, politically, and socially costly than maintaining a rigid (and prolonged) social isolation. Socially, the measures were integrated into daily life as “alternatives” to each other (LIMA-COSTA *et. al.*, 2020). Not coincidentally, the governor insisted on asserting the exact opposite—mask-wearing did not eliminate the need for social isolation (BORGES, 2020).

Voluntarism, Resistance, Negotiation, and Stylization: A Typology of Attitudes Toward Preventive Masks in the State of São Paulo (2020)

In the state of São Paulo during 2020, at least four attitudes toward masks were observed: voluntarism, resistance, negotiation, and stylization. With the exception of voluntarism, which precedes both the recommendation and the mandate for mask use, these behaviors were not sequential over time. Instead, they occurred concurrently with the ongoing “quarantine flexibilization” and the gradual imposition of preventive mask usage. Initially, the focus is on “early voluntarism,” and subsequently on the other types, which are “reactive” to the increasing mandates for mask use.

Early voluntarism consisted of the preventive use of masks, regardless of government recommendations (which, until April 24, 2020, only recommended them for suspected cases and healthcare professionals). This behavior was not subject to any state-imposed penalties, but it did attract the scrutiny of others. One interviewee who adopted this practice remarked: “I was the only one wearing a mask, so everyone looked at me strangely; I’m not sure if it was out of fear or because they thought I was infected.” While it is impossible to fully capture the motivation behind others’ gazes, the interviewee’s perception is likely linked to the media coverage at that time.

From February 26, 2020, when the first case of COVID-19 was recorded in São Paulo state (and in Brazil), major media outlets began creating special sections and reports on the coronavirus. *Folha de S. Paulo*, one of the most widely read newspapers in the state, reported in its “Everything about COVID-19” section on March 14, 2020: “The WHO advises the rational use of disposable masks to avoid waste, i.e., using them only in case of respiratory symptoms, suspicion of coronavirus infection, or by professionals caring for suspected cases” (SANT’ANNA, 2020, n.p.).

It is worth suggesting that one of the unexpected consequences of the concern about “collective panic” was, in fact, its production. An interviewee’s account provides insight. “João,” an employee at the Oba supermarket in the Pinheiros neighborhood of São Paulo, reported conflicts between his colleagues and the store’s

customers. The latter protested against the employees' use of masks, claiming they were frightened by them. The seemingly irrational fear of masks—which protect against the virus, rather than the virus itself, which could be avoided by using them—becomes intelligible considering that the media intensely publicized the idea that healthy people did not need to wear masks. This media coverage played a significant role in fostering the association between the disease and the mask, rather than between the mask and its preventive function. In this context, the measures mandating mask use overshadowed entrenched social representations. Except for the “early volunteers,” the adoption of preventive masks required a period of adjustment in perception, which in turn was influenced by widespread mask usage. It seemed as though being the only person wearing a mask had a similar effect to being the only one not wearing it. Both conditions tested the individual's exceptionality against the collective norm.

The onset of the Global Pandemic in São Paulo was characterized by a mismatch between the supply and demand for preventive “surgical” masks. Within a few weeks, due to their scarcity, improvisations emerged (using scarves, bandanas, old clothes), as well as production by “family seamstresses” (NOGUEIRA, 2020, n.p.). A small market was formed, which expanded from this family nucleus to the neighborhood support network—helping to convert household businesses into sources of income. With increased consumption, small entrepreneurs entered this market, and masks began to be sold at newsstands, street vendors, perfumeries, small shops, and in popular street markets in general. Simultaneously, health authorities and “digital influencers” produced tutorials instructing the public on how to make “effective” homemade masks.

The growing “flexibilization of quarantine” and the gradual enforcement of mask-wearing were the primary factors contributing to the transformation of the mask market. Especially in large cities, homemade and improvised masks did not disappear but lost their prominence during this phase. With the quantitative expansion and qualitative diversification of masks, some lingerie brands started offering “lines” for mask production (Demillus, Lupo, etc.). It can be argued that the solution to the dreaded mask shortage, its stigmatization, and neglect of other preventive measures was precisely the establishment of a mandatory use policy, with penalties for non-compliance.

In addition to the (utilitarian) need to “change the fabric mask” every two hours, the opening or closing of “essential and non-essential activities” implied a variation in activities. The market and consumers adjusted mask types to match types of practices. Thus, gala masks and party masks, made of sequins, appeared. As reported in the press, these masks faced criticism from medical experts. Infectious disease specialist Ana Helena Germoglio (Hospital Águas Claras) stated:

“It is not the time to think about anything beyond safety. The mask is not meant to be beautiful; it is meant to be safe. It is inherently unattractive, but it is an accessory we will have to use for a long time... there is a reversal of values. It is not a time for aesthetic concerns but for thinking about how much it protects against disease”. (LOIOLA, 2020, n.p, our translation.).

The opposition is clear: while consumers and producers create ways to maintain stable social differentiation from pre-crisis daily life (i.e., distinguishing between parties and work through types of clothing, adornment, and “self-presentation”), medical experts attempt to impose the utilitarian principle of protective efficacy. The contrast between stylization and efficacy is manifested in numerous ways.

Various methods of “resisting” the growing regulation of mask use and “negotiating” its execution have been identified: wearing it without covering the necessary protection area (leaving as much of the face exposed as possible, generally the nose); wearing it and removing it whenever it was “less risky” (walking outdoors, among select family and friends, for eating, drinking, etc.); wearing it and removing it to eat, or to communicate better⁸. Although understandable, these actions are ineffective from a health standpoint and have been countered with advertising campaigns promoting the correct use of preventive masks.

One such campaign, named #MascaraSalva, was promoted by the association “*Todos pela Saúde*”—composed of bankers, entrepreneurs, doctors, educators, and artists. Its main initiative was a song released online via a video clip, featuring famous popular singer Ivete Sangalo and singer Luan Santana⁹. The song is notable for: a) drawing a parallel with previous decades’ appeals for condom use in intimate relations to prevent AIDS transmission (“who loves, uses”); b) making a play on words with the mask on the face and the expression “*tá na cara*”—which in slang means something is clearly communicated; c) working to convince that the health crisis is no longer exceptional, everyone now understands how the virus is transmitted (hence: just stop to think / cover the mouth and nose too); d) additionally,

⁸ A observação das pessoas no comércio popular de São Paulo, no segundo semestre de 2020, registrou estas atitudes.

⁹ Criado pela África, agência responsável pelas campanhas de divulgação da Todos pela Saúde – uma entidade sem fins lucrativos, criada em abril de 2020 – o vídeo foi inteiramente gravado à distância. Nele, Ivete Sangalo e Luan Santana se dividem entre os versos: “Quem usa máscara ama / Tá na cara que quem usa máscara cuida / Tá na cara que quem usa máscara sabe que a vida é valiosa”. A música também ganha uma versão remixada por Alok revelada em sua live no dia 2 de maio, uma live do cantor Roberto Carlos na qual ele reforçou a importância do equipamento de proteção e no dia 26 de abril de 2020, o médico infectologista Dráuzio Varella passou a protagonizar uma campanha sobre o assunto, na qual explica a importância da conduta correta no uso de máscaras e responde as dúvidas mais frequentes do público, incluindo perguntas de celebridades. (TODOS PELA SAÚDE, 2020). Em 26 de fevereiro de 2021 Todos pela saúde se tornou um instituto, informação que está Available at: <https://www.itps.org.br/quem-somos>.

rhyming “beautiful” with “protected.” In summary, it is a “response” to social anxieties surrounding mask use.

Who wears a mask loves
It's obvious that Who wears a mask cares
It's obvious that
Who wear a mask know that life is valuable
Who wears a mask saves
The superhero of the good mask
Covering the mouth and nose, too
Just stop to think and see
The cool thing now is wearing a mask
You look good, protected, you're wearing a mask
United with life, you're wearing a mask
Empathy, sympathy Wearing a mask saves
Who wears a mask loves
Who wears a mask cares
Wearing a mask saves (TODOS PELA SAÚDE, 2020, our translation).

From the end of April 2020, the trendsetting of masks was led by media celebrities, notably television presenters, actresses, and popular singers, who promoted their use by showcasing their masks on social media and in the press. One article reporting the initiative was published in the fashion section with the headline: “They on the red carpet: celebrities love masks” (ESPINOSSI, 2020, n.p.). The transformation of an item into fashion assumes its routinization. It appears that precisely the difficulty in routinizing its use led its proponents to present it as if it were already routine. This is observed in the lyrics of the government’s advertising campaign in São Paulo on June 4, 2020. In it: a) there is a contrast between the strangeness of the “beginning” and the current stage; b) the “mask trend” allows it to be combined with other elements of “self-presentation”; c) it ensures individuality (“everyone wears it their way”) – the advertisement intervenes in the reaction where masks were perceived as homogenizing people and removing their uniqueness; d) it insists that mask use does not replace social isolation:

At first, it was strange
But now wearing a mask
Has become a habit
It's even fashionable
Everyone wears it in their way
In their own way

There are masks that match clothing, hair color, or eye color
But all match protection, health – yours and others’
Keep doing your part #StayAtHome
And whenever you need to go out, wear masks
Masks save lives (SÃO PAULO, 2020e, our translation).

These advertisements express nothing more than the fact that in actual social life, everything was the opposite: individuals still found masks strange, did not cover their nose and mouth (since it’s not just about “stopping and thinking”), had not yet made masks a part of their attire, and did not use masks as an expressive resource. This is evident from the variety of masks, which led to debates among producers, consumers, and medical experts—contrasting the utilitarian nature with symbolic demands.

In television, print media, and social networks, infectious disease specialists warned against the preventive effectiveness of the so-called M85—masks made of polycarbonate, which covered but did not alter the face’s appearance, unlike surgical and cloth masks. They unanimously advised against using these masks as the space between them and the face did not protect against contamination. Other experts consulted by the press also exposed a commercial scam: the designation “M85” created confusion with the designation of the safer N95 masks (ALEGRETTI, 2021).

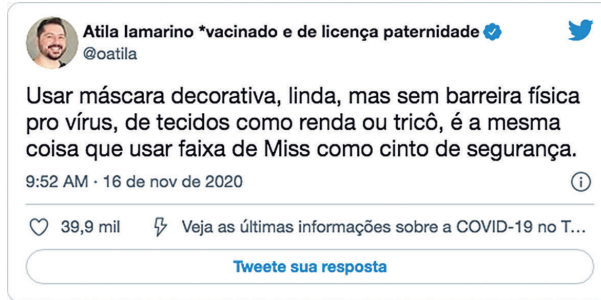
The second type was launched at the end of April and, by around October, having gained popularity among numerous “bloggers,” it became known as the “celebrity mask.” Designed by stylist Alice Capella, it was distinguished by its material, ribbed knit (INSTAGRAM, 2020). In this case, the promise was comfort, as the masks offered more elasticity than surgical and cloth masks. However, as highlighted by advertisements and critiques, the production of a face aligned with the desired image of beauty was at stake.

In this case, expert reactions were not as immediate. The issue became a point of controversy only when socialite Fabiana Justus, daughter of a businessman and television presenter, announced on her social media accounts that she had contracted COVID-19 after using the knit masks (FALA BRASIL, 2020). Medical experts then emerged, unanimously denouncing the masks’ ineffectiveness. The warnings once again emphasized the divide between, on one side, efficacy, and on the other, “style” and “beauty”: “Beautiful but ineffective, masks that do not protect” (TERRA, 2020, our translation).

This boundary reappears in the pointed and ironic reaction of Átila Iamarino—whose visibility as a science communicator was enhanced by his work translating specialized language from infectious disease experts to the general public during 2020. On November 16, he posted on his social media account X: “Wearing

a decorative, beautiful mask, but without a physical barrier against the virus, made of fabrics like lace or knit, is the same as using a Miss sash as a seatbelt.”

Figure 2 – Post by Átila Iamarino



Source: Social Media X, 2020.

This episode’s unfolding confirms that controversies surrounding these attitudes helped in the social process of the (slow) acceptance of the necessity and mandatory nature of preventive mask use.

The Alice Capella brand did not respond to the controversies. However, it soon modified its design, making the mask thicker and incorporating fabric with silver ions—known for being “antiviral,” capable of eliminating the virus that came into contact with the fabric. In this regard, as early as September 2020, the National Health Surveillance Agency (Anvisa) published clarifications. According to Anvisa, the use of clothing or upholstery made with antiviral fabric may contribute to a certain level of virus inactivation on the surface and reduce the chances of contamination. However, it does not guarantee complete protection against the new coronavirus, and this property diminishes with the number of washes the fabric undergoes (PFARMA, 2020). Nonetheless, the knit mask with silver ion technology is still sold online by the brand. The advertisement on its website leaves no doubt about its symbolic appeal—regarding aesthetic and expressive criteria.

“The new normal is about eye contact”.

The Alice Capella mask lets us be bold and feel good when wearing a mask out.

Available in different colors.

These masks are super comfortable!

Made in 100% Viscose, being fresh in the heat and more warm in the cold; they are washable (follow instructions with the product);

The size is one size and the same model for men and women.

Can be used on children from 7 years old, adjusting the side elastic having double stitch and not two layers of fabrics to provide greater comfort.

Not recommended for hospital use.

HOW DOES IT WORK?

HeiQVIROBLOCK by CHT technology combines two mechanisms capable of inactivating and destroying enveloped viruses, such as SARS-CoV-2.

ACTION 1 - the particles of silver ions present in the technology, through electrostatic attraction, are able to block and inactivate the virus.

ACTION 2 - adding speed in the antiviral action, through the fat vesicles, which are species of "Pockets" with empty space inside, which in contact with the fat layer of the enveloped viruses, are able to effect the destruction of this membrane and inactivate the virus in one minute.

The use of the mask does not eliminate the need for hygiene care restarted by WHO and government authorities.

DURABILITY: up to 30 washes with neutral soap.

ANTIVIRAL EFFICACY: proven in an independent laboratory with viruses of the coronavirus family, being member of the SARS-Cov-2 family, at a rate of 99.99% according to ISO 18184 2019. (CAPELLA, 2020)

Final considerations

It is objectively possible to utilize masks as an accessory that adorns the face and serves the purpose of "self-presentation," similar to other utilitarian objects (e.g., corrective glasses). However, since the outbreak of the Global Pandemic abruptly suspended the effectiveness of our bodily techniques, wearing preventive masks has experienced a loss of communication and self-representation tools. Subsequently, as daily life adjusted to new etiquette codes and hygiene needs, individuals modified their attitudes toward masks. Thus, alongside the transformation of the pandemic from extraordinary to routine, the use of masks transitioned from anomalous to regular. It then became socially and subjectively possible to manipulate their use to meet symbolic demands, attempting to reconcile personal safety with symbolic needs. Nevertheless, between the initial phase of the pandemic, marked by its extraordinary nature, and the subsequent phase of its accommodation into daily life and routinization, numerous adaptations, conflicts, and resistances occurred.

In addressing the case of masks in São Paulo, an attempt was made to reconstruct a fragment of this process. In response to the growing regulation of preventive mask use, strategies of resistance (either to the obligation of use or its enforcement) and negotiation (regarding health risks, as it involves preventing contamination and being contaminated, and legal risks, as non-compliance could result in penalties) were developed. The attitudes of resistance and negotiation, as well as the efforts to intervene in the social perception of masks by the media, certain “celebrities,” and medical experts, crystallized the opposition between the two principles. On one side was the utilitarian aspect of use (protection), and on the other, the symbolic demand (for expressive resources and “self-presentation”). Several paradigmatic episodes illustrated these tensions.

The article also presents a theoretical discussion that merits clarification. The advent of the Global Pandemic in 2020 placed “risk sociology” at the center of numerous reflections. Its basic principle is well-known: danger and threat exert force and direction over action. Therefore, the perception of risk is crucial for individuals to calculate their actions according to the fundamental interest of self-preservation. Empirically based studies and essays have extensively used this idea to understand the attitudinal changes brought about by the global spread of COVID-19. Adherence to preventive measures has been primarily viewed from this theoretical perspective.

The reconstruction of the dilemmas of “self-presentation” in social life, crystallized in behaviors towards masks—early voluntarism in adherence, resistance, negotiation, and stylization—subtly challenges the “solutions” offered by these analyses. Contrary to the rational calculation of vital interest, which seems to be the minimal assumption of action framed by “risk sociology,” this article aimed to highlight tensions between the mandatory use of masks, which is utilitarian—both preventive (recommended by medical science) and political (imposed by the state and subject to punishment)—and the demand for self-presentation (in its symbolic dimension). It is argued that a more comprehensive approach should not discard a commitment to practical intervention aimed at influencing collective behaviors but could substantiate it even further.

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