

"The Silence of the Lambs". The paradoxes of welfarism and the martyrs of the Mediterranean

Chiara Pussetti(a)

(a) Investigador com bolsa FCT (SFRH/ BPD/95998/2013). Instituto de Ciências Sociais, Universidade de Lisboa (ICS-UL). Av. Anibal Bettencourt, 9. Lisboa, Portugal. 1600-189. chiara.pussetti@ics.ulisboa.pt

The management of immigrants and refugees has become in recent years a major social challenge. Through the revision of recent international events and of my own field research related to mental health of immigrants and refugees in Portugal I will 1) reconsider the tragic consequences of the hardening of immigration policies and the strengthening of the southern border of Europe; 2) criticize the pathologization the migratory experience in the psychiatric lexicon of 'trauma' and its mediatization. Ultimate goals of this reflection are the de-naturalization of the nosological concepts that medicalize social suffering, and the re-politicization of their 'victims', recognizing them as active subjects able to strategically use the clinical lexicon, in order to obtaining civil rights.

Keywords : Borders. Public policy. Biolegitimacy. Trauma. Mediatization.

The altar of citizenship and the wasted lives

On April 18, 2016, a freighter sailing from Tobruk in Libya towards Italy, sinks in the Mediterranean: forty survivors - coming from Somalia, Sudan, Ethiopia and Egypt - confirm that more than five hundred people disappeared into the sea. Exactly a year earlier - on 18 April 2015 - near the Sicilian Channel, the Mediterranean swallowed up the bodies of eight hundred shipwrecked people, in one of the greatest tragedies of recent migration history. This case, among many subsequent ones, aroused severe reactions provoked by the decision of the Italian Judiciary denying the recovery of the bodies corroded in the sea. "The bodies are no longer useful for investigation," Catania prosecutor Giovanni Salvi, the head of the investigation, said publicly. "The costs of the operation are very high, we do not have time for recovery actions nor the burial of corpses. The Mediterranean will serve as a graveyard. "

The Mediterranean is today the tomb of thousands of nameless bodies, generally referred to as "refugees" or "clandestine", to represent a moving continent, regardless of the actual place of origin. Forgotten bodies on the seabed, in the gagging of consciences. Over the past six years, more than 40,000 people have lost their lives trying to reach the European coasts: more than half of them have been left on the seabed. They are the "boat people", who pursue a better life expectancy outside their countries. They are the victims of the frontier, object of multiple interests in a theater of diverse actors. This is a frontier whose walls dissolve in water,

turning fruitless the attempts to block this movement. The Mediterranean, which in its etymology condenses the idea of mediation and contact, is today a frontier of water, flesh and politics, as well as uncommon migratory paths, drawn by the despair of the conditions of the countries of origin and by the violence of "Fortress Europe". The contemporary frontier, however, does not have as its purpose the interruption of traffic, but, rather, its selectivity.

The Schengen Agreement - signed on 2 October 1997 by a total of thirty countries - has led, on the one hand greater internal cohesion, on the other the strengthening of the security of the external border. Border "devices" - the legislative, the administrative and the security - continue to multiply. From the erection of walls, nets and physical barriers to the barriers of bureaucracy, discrimination and social exclusion, the whole apparatus that stands for Fortress Europe speaks of "others" - who flee from poverty and wars in search of a better future - as a risk from which we must defend ourselves.

The southern border of Europe is currently the point of greatest investment in patrolling sea and land divisions. According to recent data from Frontex - the European agency for the protection and militarization of the EU's external borders - Italian landings in 2014 increased by 823% compared to 2013. By 2015, numbers doubled; in 2016 they tripled. The EU takes this threatening pressure into consideration multiplying policing and intervention mechanisms in the Mediterranean. The strengthening of both the securitization of the border and the humanitarian aid industry on the shores of the Mediterranean already reveals the main paradoxes of contemporary immigration policies, which I have already discussed in other papers¹: Inclusion and exclusion, control and assistance.

More and more objects of security policies and of charitable interventions and always less political subjects, the *harragas* - those who 'burn the frontiers' - are today the protagonists of the international marketing of suffering. The press describes in detail the dead bodies of the castaways, pages and pages of scabrous detail offered to the voracious voyeurism of the public. No one remembers the recent history of Eritrea, Libya, Syria, Sudan, Somalia, Algeria or Ethiopia: no one recognizes responsibilities vis-à-vis contemporary diasporas.

When history is forgotten, and biography and individual identity are denied, the bodies remain. Bodies without name, without voice, without past and without future: bodies that, as in the cases presented can be forgotten at the bottom of the sea, without a dignified grave, one where someone can weep for them.

The bodies of the immigrants were the main object of the research projects that I developed in the last 10 years in the area of medical anthropology. In these works, while analyzing the politics of assistance and the pathologization of the differences of which the immigrants are carriers, I used the classic methodological tools of anthropology: field work; collection of narratives, interviews and life stories according to the method of person-centered ethnography; And the multisensory methodologies of ethnography-based art, with the objective of involving the ethnographic subjects in reflective artistic practices. In these years of research, in

different situations, I noticed that the attention of social service professionals and integration support centers was centered on the display of the wounds of immigration: in reception policies, biology is an unprecedented resource for legitimation and rights claim.

This reduction of immigrants to bodies, the 'naked life' in the words of Giorgio Agamben², was the inspiration of the artistic installation *Shrines of Citizenship* that I performed with the collective EBANO in 2013. The installation induced a reflection on the concomitant media hyper-representation and de-personalization of the victims of Fortress Europe.



Vitor Barros. *Shrines of Citizenship*, 2013.
Instalação etnográfico-artística do Coletivo
EBANO na exposição *Ethnographic Terminalia*,
2013: Exhibition as Residency-Art, Anthropology,
Collaboration. Arts Incubator in Washington Park,
Chicago, IL. Arlington, VA: Society
for Visual Anthropology.



Based on ethnographic research on immigration routes towards Europe³ and on psychiatric services for immigrants and asylum seekers⁴, this multimedia installation - erecting an altar for the martyrs on the border - invited the public to reflect on the consequences of the tightening of European migration policies. The need to go beyond research to denounce border crimes came as a reaction to another Mediterranean tragedy off the coast of the Italian island of Lampedusa on 3 October 2013. This wreck had more than four hundred victims, mainly Eritreans and Somalis. The endless row of corpses lined up on the beach became a viral image, generating collective commotion. The Italian Prime Minister Enrico Letta decided to honor the victims with pompous state funerals and granted to the deceased the glory of honorary Italian citizenship, according to the *ius soli post mortem*. The survivors, however, had another destination: they were picked up in camps, and soon after, accused of illegal immigration, a crime that can be

punished by the Italian state with detention of up to five years or a fine of up to 10 thousand euros followed by the immediate expulsion of the country. Those who survived this terrible odyssey were closed in the fields, segregated in asylums, a limb between prison and hospital in the confines of the nation-state, waiting to be expelled from the country. The Italian law granted rights to bodies, but not to the subjects of these bodies. The extreme condition of bare life, death, was, in this case, paradoxical, an indispensable characteristic for obtaining the rights of citizenship. It is in this sense that the Italian philosopher Roberto Esposito spoke of *tanatopolitics*⁵ as the adoption of measures that de-subjectivate and suppress forms of life taken as expendable, undesirable individuals whose "wasted lives"⁶ constitute that excess humanity against which we need to defend ourselves.

Social suffering as pathology

"... and Ulysses spent his days sitting on the rocks on the seashore,
Consuming himself by his lament, sighs and sorrows,
Fixing his eyes on the barren sea, weeping untiringly ..."
(Homero, Odissey, Canto V)

If men have always migrated, fled, sought refuge, it is only recently that these experiences can be traced back to a semantic field which includes both the refugee, the expatriate, the exile, the asylum seeker and the labor migrant. The protagonists of contemporary diasporas do not constitute an exogenous and invasive phenomenon in relation to nation-states, but, on the contrary, constitute their implicit and endogenous product, fruit of the national paradigm of the definition of political and civil rights. Individuals suspended between frontiers, fleeing from the past and without future, blocked in the present of liminality, doubly absent⁷ and therefore doubly guilty. In this limbo, they are faced with the strength of borders, with the density of nations, but also with the international industry of clinical care and humanitarian support.

In other works⁸, I have analyzed support programs for immigrants and asylum seekers, trying to highlight the implicit tension between security and assistance. On the one hand, there is a representation that relates the immigrant to insecurity: it is the 'clandestine', the 'illegal', the 'parasite', the scapegoat of any social problem. On the other hand, immigrants are conceived as people in hardship: displaced subjects⁹, orphans of their culture, in the condition of de-identity or of *manque à être*¹⁰, psychologically vulnerable, as if the loss of place coincided with the loss of identity and mental balance. The psychiatrist and Catalanian teacher Joseba Achotegui created in 2002 a new diagnostic category to define the migratory trauma: "Ulysses Syndrome" (multiple and chronic stress linked to migration), pathology triggered by the loss of family, friends, culture of origin, home, social position and physical security¹¹. This disorder, which, according to Achotegui, now affects millions of immigrants worldwide, includes symptoms of the atypical

depressive, anxious, somatic and dissociative. In addition, immigration can trigger other latent psychopathologies: literature says it is very common¹² to find this disorder associated with psychoses, paranoid delusions, hallucinations, schizophrenia and post-traumatic stress, especially when migration coincides with illegality and forced displacement. A clinical picture that nowadays arouses serious concerns, due to the severe conditions of today's odysseys, a compound of wars, exiles or diasporas, travel in extreme conditions and being hosts in mostly hostile environments. Ulysses Syndrome has become the evil of the immigrant of the 21st century affecting in particular, those who left suddenly for the sake of survival. Recent research by Dr. Maria José Rebelo of the Jesuit Refugee Service in Portugal - a service that has been in operation since 1992 and since 2007 has a psychological consultation office for immigrants and refugees - confirms that 78% of the immigrants assisted in these years Symptoms of depression and anxiety identifiable with the Ulysses Syndrome, and that thousands of cases have been diagnosed in Portugal alone¹³.

This diagnostic category appeared in concomitance with the hardening of migration policies, and the pathology it defines has become, in recent years, a public health emergency¹⁴. We can consider Ulysses Syndrome as a clear example of pathologization - in the form of a psychic disturbance - of the migratory experience. Firstly, it translates social conflicts into the lexicon of psychopathology, diverting attention from the broader political and economic context, to focus on the individual as a depoliticized and naturalized body. Secondly, it homogenizes and reifies the migratory experience, reducing it to the restricted perimeter of a nosological definition, thus creating a stereotyped image of the immigrant subject as a psychiatric patient, whose problems can be monitored and resolved by pharmacological interventions. Thirdly, it chooses to ignore that migration policies themselves can contribute to an increased risk of pathology: the political, social, bureaucratic and economic constraints that block immigrants on the margins of the host society are completely forgotten.

European studies show that immigrants are considered more vulnerable to mental disorders compared to the autochthonous population, precisely because of the identity crisis, in its etymological meaning of fracture, separation and change. There are talks of "impossible miscegenation"¹⁵ as the generating cause of psychic pathologies and of the "insanitary psychic laceration"¹⁶ of those who live suspended between illusions and suffering. The immigrants are persons without placement, alienated by definition¹⁷: The instability of their lives is interpreted as an anomaly and correlated with a potential psychopathology. They are therefore fragile, dislocated individuals predisposed to mental disorders, such as the clinical notions of *Maladie du souvenir* or 'immigrant psychosis'; Or the etymology of the diagnostic categories of *Heimweh*, the disease (weh) of the lack of his home (heim)¹⁸, from 'Nostalgia' where pain (algos), is linked to the will of return (nostos)¹⁹ to *aliéné migrateur*²⁰, to *voyageurs pathologiques* or to *voyage pathogène*²¹, that synthesize very clearly this concept.

The critical analysis of the pathological dynamics of the refugee experience, which, in

the exhibition of trauma, find the exception to the rule of the crime of illegal immigration, allows us to unveil the paradoxes of a political-security language that lends itself to humanitarianism. The physician and anthropologist Allan Young²² reconstructed the genealogy of the concept of post-traumatic stress disorder (PTSD), showing how the imposition of a medical model on war-related suffering favored the emergence of a real trauma industry. A few years later, the psychiatrist Derek Summerfield²³ published a controversial article on the invention of the syndrome of post-traumatic disorder, revealing political and economic interests around the diagnostic definition of suffering linked to the memories of armed conflicts. In 2009, Didier Fassin and Richard Rechtman faced a similar challenge by examining the historical construction and political works in the concept of trauma, following the steps of creating a broad humanitarian and clinical industry that thrives on the return of its victims²⁴. Whether one speaks of natural disasters, wars, genocides or terrorist attacks, the concept of trauma - both in its clinical and symbolic valence - reduces in the singular the plurality of individual experiences. Without denying the reality of the suffering of those who survive extreme situations, the two authors analyzed the emergence of a new language that defines pain, capable of imposing itself both in the medical environment and in common sense.

Anthropologist Liisa Malkki in 1995 in her work on Hutu exiles in Tanzania noted that refugees are often portrayed as "psychologically fragile or even mentally disturbed subjects"²⁵. A few years later Vanessa Pupavac reinforced that we are in an era of therapeutical governance of borders and the pathologization of those who try to overcome them illegally²⁶. In WHO reports, immigrants and refugees are usually defined as "traumatized, psychologically wounded or indelibly mutilated persons, souls marked by painful scars of migration"²⁷. Humanitarian border interventions always include psychosocial and pharmacological programs to prevent mental disorders from migratory shock. Even immigrants who exhibit remarkable resilience require preventative treatments to avoid dysfunctional spirals of denial of hidden or invisible trauma: the mental balance of this population is always and only apparent²⁸. Several authors argue that trauma is "today a universal emotional experience"²⁹, which is "the pathology that defines the contemporary situation"³⁰, to the point that Western society is defined as "post-traumatic culture"³¹ and refugees as "sick people"³²: the public policies, animated by this new "therapeutic ethos"³³, support a psychological support industry that considers social issues as individual pathologies in a completely non-political way. As a practical prêt-à-porter concept, trauma eclipses history - and its responsibilities - in the name of other truths (those of the unconscious or of the laws of neuropsychology), hedging the political scandal with the neutral language of science. The fieldwork, however, shows that narrating the migratory experience in the doubtless language of the psychopathological symptom, through the scars and the wounds, may be the only way to obtain support and rights. Pathologization can therefore become a resource.

Policies, practices and imaginary narratives of trauma

Imaginary about the traumatic experiences of torture victims dominates not only specialized literature, but it also governs common language. Writing on the experiences of refugees and asylum seekers in France, Fassin and d'Halluin³⁴ claim that only those who can prove to be traumatized are granted the right of asylum. Access to political asylum depends on demonstrating the status of 'victim' by means of a performatic re-evocation of the memories of violence and torture: a condition already defined by other authors as 'humanitarian citizenship'³⁵.

Through the work that I developed for four years at the Consultation on Transcultural Psychiatry at Miguel Bombarda Psychiatric Hospital in Lisbon it may be demonstrated that not only in the emblematic case of refugees, but for any illegal immigrant, recognition of a pathology can constitute the only expedient for obtaining political rights. Obtaining a medical certificate attesting to a prolonged or chronic mental illness that prevents a return to the country of origin is a privileged strategy for obtaining the residence permit, since the pathologies of the psychiatric area are not detectable by laboratory tests. In many clinical situations observed during my fieldwork, psychiatric diagnosis was considered useful and desirable by immigrant patients themselves when not openly requested as a way to stay in the host country. During the research, I followed the activities of a group of refugees who taught immigrants and asylum seekers to dramatize suffering, exhibit pathological behavior and evidence of trauma, and construct narratives, testimonies, and evidence capable of circumventing suspicions. The observation of the (per) formative actions of this informal group not only allowed me to denature the concepts that medicalize suffering, but especially to repoliticize their victims, as active subjects, capable of strategically using the language of trauma and pathology.

The stateless people know that it is not enough to evoke poverty or political instability in order to access the rights once denied: they must show the wounds of violence and of the violations suffered in memory and in the body. They must learn the clinical language of suffering; they should become 'patients', using biomedicine as a device of citizenship. It is only from diseased bodies that individuals on the margins of the system can access the rights that we usually attribute to the center. The right to reception, therefore, derives from a fundamentally clinical and therefore apolitical decision. As Didier Fassin argues in relation to the French case of the *sans-papiers*³⁶, the body imposes its legitimacy when all the other grounds are put in discussion, allowing a passage from the politician to the humanitarian. This separation between the political and the humanitarian that characterizes the contemporaneity is, according to Agamben, "the extreme phase of the detachment between rights of the man and rights of the citizen"³⁷. Suffering, abuses, scars, even death itself should no longer be hidden, but rather exhibited and even dramatized to legitimize the asylum claim. The body thus becomes the place of a double inscription: from the physical wounds of oppression, inequality and persecution on the one hand; on the other from the clinical gaze to the search for objective truths. This logic creates a new social pact between the 'victims' and the specialists who define and recognize pain

in a clinical way. This agreement is, in the words of Isabelle Astier, a device that favors a vast company to exploit the intimacy of people³⁸: The recipient must publicly disclose his or her misfortune to substantiate the evidence and receive help.

The humanitarian industry finds its strength in a political field legitimized by the semiotics of the image and the rhetoric of compassion, which appeals to the feelings of those who can decide who can or should not stay in Fortress Europe. According to Luc Boltanski, the realistic imagery of pain exerts an intense and perverse fascination in the public and creates empathic responses, bridging irreducible distances - geographic, economic and cultural - between the spectator and the *malheureux*. Photography, as a way of capturing an event in the immediate vicinity of the event, has long been considered one of the most powerful instruments of objective and scientific exposition of the human condition³⁹. It is in its supposed technical and mechanical nature of reproduction - in comparison to other techniques of representation, such as painting, considered subjective interpretations of the author - that lies the ambition of photography to truthfully represent the world. The film pretends to register objectively and truthfully its objects, duplicating and reproducing the instant to the infinite, consenting to the appropriation and conservation of documentary visual 'data'. In the words of Sontag⁴⁰, The photographic image is generally considered not as a view of the world, but as a miniature of crystallized reality, without considering the action of the author who produces the image, its perspectives, framing choices and manipulations in the passage between negative and printing.

The photographic discourse as a form of construction of reality was the object of research for several theorists of visual communications, among them: Roland Barthes, François Soulages, Vilém Flusser, Susan Sontag, Jacques Aumont, Lúcia Santaella and Boris Kossoy. Sontag, in her last book, reflected on the television and photojournalistic representation of the "pain of the Others", analyzing the contemporary imaginary narratives of suffering. The calamities, the wars, the bodies mortified by the wounds of history are subjected to processes of mediatization and hyper visibility. It is the vivid representation of violence and its victims that drives the spectator to become an actor, that is, to try to approach and act in the life of the distant unhappy, creating a relationship - complex and ambiguous - between pity, curiosity and indifference. Too much imagery of the suffering of others, says Susan Moeller, in her volume *Compassion Fatigue*⁴¹, causes a kind of general anesthesia. The impossibility of tolerating continuous confrontation with the pain of others is at the basis of the social production of indifference. We have hardly reacted to these bodies - always identical and not of the same value as ours - that bleed our borders. The image of the British artist Banksy (*The European Union*) alludes ironically to this depersonification, depoliticization and de-historicization of the suffering of others: anonymous corpses make up the symbol of the European flag, a utopia of freedom by which many risk their lives. Paradoxically, too, the photograph of Aylan, the Kurdish child drowned on a beach in Bodrum in Turkey, a decontextualized icon of the tragedy of all refugees⁴², reproduces the same logic: it is he who makes us cry, but deep down, any other child

would serve the same purpose. For any of the unfortunates represented, we have a multitude of identical substitutes, with the same value of pure victims⁴³. All the victims seem to be from genocides to mass deportations, from populations pushed to forced exiles to flee from famine and hunger. It is not a case in which the most sensational representations of armed conflicts and wounded bodies have as privileged object those that we classify as 'foreigners' and, therefore, distant from our daily experience. The suffering of those who are close, of our friends and family, deserves greater discretion: the death of 'our own' is to be respected and protected, certainly not exposed pornographically.

The images of the suffering of others are always more abundant, and among them, in particular, according to Liisa Malkki, the photographic portraits of the refugees. At this point we all already have a visual representation of how a refugee is: "anonymous corporifications"⁴⁴, desperate, degraded, disfigured by the violence of history. The imaginary narratives that nourish the discourse of contemporary public policies nevertheless end up hiding an important aspect: the stereotyped representation of victims removes from our conscience the voices of people who claim the right to a dignified existence and who confront us with the obligation to clarify the responsibilities, to unmask and accuse the slaughterers. The political, economic, historical and social causes of suffering are confined to the margins of the image: we forget that we are accomplices in the suffering we observe with discomfort or commotion, and that our privileges are placed on the same geographical map of the pain of others and which can - in ways we would rather imagine - be connected to these same sufferings, and the wealth of some may imply the destitution of others⁴⁵. Solidarity - a relationship of asymmetric power expressed through the feeling of compassion, contemporary, humanitarian *pietas* of Catholic heritage - not only creates consent, disarms criticism and has no enemies⁴⁶, but, especially as Susan Sontag remarks, it has the power to disengage us, and to proclaim us innocent, as well as powerless.

References

1. Pussetti C, Barros V. The care of the immigrant self. *Int J Migr Health Soc Care*. 2012; 8(1):42-51.
2. Agamben G. *Homo Sacer: Il potere sovrano e la nuda vita*. Turim: Einaudi; 1995.
3. Pussetti C, Bordonaro L. Da utopia da emigração à saudade dos emigrados. Percursos migratórios entre Bubaque (Guiné Bissau) e Lisboa. In: Sarró R, Lima A. *Terrenos metropolitanos. Desafios metodológicos*. Lisboa: Coleção Estudos e Investigações, ICS; 2006. p. 125-54.
4. Pussetti C. Identidades em crise: imigrantes, emoções e saúde mental em Portugal. *Saude Soc*. 2010; 19(1):94-113.
5. Esposito R. *Bíos: biopolítica e filosofia*. Torino: Einaudi; 2004.
6. Bauman Z. *Wasted lives: modernity and its outcasts*. Cambridge: Polity; 2004.
7. Sayad A. *La double absence: des illusions de l'émigré aux souffrances de l'immigré*. Paris: Seuil; 1999.
8. Pussetti C. Migrantes e saúde mental: a construção da competência cultural. Estudo 33. Lisboa: OI, ACIDI; 2009b.
9. Nathan T. *La folie des autres. Traité d'ethnopsychiatrie clinique*. Paris: Dunod; 1986.

10. Ben Jelloun T. *La plus haute des solitudes*. Paris: Seuil; 1977.
11. Achotegui J. Emigration in hard conditions: the immigrant syndrome with chronic and multiple stress (Ulysses' Syndrome). *Vertex*. 2005; 16(60):105-13.
12. Achotegui J. Emigrar hoy en situaciones extremas. *El síndrome de Ulises*. *Aloma*. 2012; 30(2):79-86.
13. Rebelo MJ. Síndrome de Ulises: desenvolvimento e teste de ferramenta de avaliação [Internet]. 2015. [citado 03 Out 2016]. Disponível em: <http://jrportugal.pt/images/memos/ulisses.pdf>.
14. Knobloch F. Impasses no atendimento e assistência do migrante e refugiados na saúde e saúde mental. *Psicol USP*. 2015; 26(2):169-74.
15. Nathan T. *L'influence qui guérit*. Paris: Odile Jacob; 1994.
16. Beneduce R. *Archeologie del trauma: un'antropologia del Sottosuolo Roma-Bari*: Laterza Edizioni; 2010.
17. Littlewood R, Lipsedge M. *Aliens and alienists: ethnic minorities and psychiatry*. New York: Brunner-Routledge; 1997.
18. Beneduce R. *Etnopsichiatria: sofferenza mentale e alterità fra storia, dominio e cultura*. Roma: Carocci; 2007.
19. Höfer J. *Dissertatio medica de nostalgia oder Heimweh*. *Bull Hist Med*. 1934; 2:376-91.
20. Foville A. *Les aliénés voyageurs ou migrants: étude clinique sur certains cas de lypémanie*. *Ann Med-Psychol*. 1875; 2:5-45.
21. Caroli F, Masse G. *La notion de voyage pathologique*. *Ann Med-Psychol*. 1981; 139(7):828-32.
22. Young A. *The harmony of illusions: inventing posttraumatic stress disorder*. Princeton: Princeton University Press; 1995.
23. Summerfield D. *The invention of post-traumatic stress disorder and the social usefulness of a psychiatric category*. *Br Med J*. 2001; 322:95-8.
24. Fassin D, Rechtman D. *The empire of trauma an inquiry into the condition of victimhood*. New Jersey: Princeton University Press; 2009.
25. Malkki L. *Purity and exile: violence, memory and national cosmology among Hutu refugees in Tanzania*. Chicago: University of Chicago Press; 1995.
26. Pupavac V. *Therapeutic governance: psycho-social intervention and trauma risk management*. *Disasters*. 2001; 25:358-72.
27. Pupavac V. *Pathologizing populations and colonizing minds*. *Int Psychosoc Progr Kosovo Altern*. 2002; 27:489-511.
28. De Jong K, Ford NE, Kleber R. *Mental health care for refugees from Kosovo: the experience of medecins sans frontieres*. *The Lancet*. 1999; 353(8):1616-7.
29. Bracken P. *Trauma: cultural meaning and philosophy*. London: Whurr Publishers; 2002.
30. Nolan J. *The therapeutic state: New York: justifying government at century's end*. New York: New York University Press; 1998.
31. Farrell K. *Post-traumatic culture: injury and interpretation in the nineties*. Baltimore and London: The Johns Hopkins University Press; 1998.
32. Pupavac V. *Refugees in the 'sick role': stereotyping refugees and eroding refugee rights*. Research Paper 128. Geneve: UNHCR UN High Commissioner for Refugees; 2006.
33. Pupavac V. *Psychosocial interventions and the demoralisation of humanitarianism*. *J Biosoc Sci*. 2004; 36(4):491-504.

34. Fassin D, D'Halluin E. The truth from the body: medical certificates as ultimate evidence for asylum seekers. *Am Anthropol.* 2005; 107(4):597-608.
35. Nguyen VK. Antiretroviral globalism, biopolitics, and therapeutic citizenship. In: Ong A, Collier SJ. *Global assemblages: technology, politics, and ethics as anthropological problems.* Oxford, UK: Blackwell Publishing; 2008. p. 124-44.
36. Fassin D. The biopolitics of otherness: undocumented immigrants and racial discrimination in the French public debate. *Anthropol Today.* 2001; 17(1):3-7.
37. Agamben G. *Homo sacer: Il potere sovrano e la nuda vita.* Torino: Einaudi; 1995.
38. Astier I. Le contrat d'insertion: une façon de payer de sa personne? *Politix.* 1996; 34:99-113.
39. Edwards E. *Anthropology and photography, 1860–1920.* London: Yale University; 1992.
40. Sontag S. *Ensaio sobre fotografia.* Lisboa: Dom Quixote; 1986.
41. Moeller SD. *Compassion fatigue: how the media sell disease, famine, war and death.* London: Routledge; 1999.
42. Klimas M. Artists from all over the world respond to tragic death of 3-year-old syrian refugee [Internet]. 2015. [citado 01 Set 2016]. Disponível em: <http://www.demilked.com/drowned-syrian-refugee-boy-artist-response-aylan-kurdi/>
43. Boltanski L. *Lo spettacolo del dolore. Morale umanitaria, media e politica.* Milano: Raffaello Cortina Editore; 2000. Tradução B Bianconi.
44. Malkki L. Speechless emissaries: refugees, humanitarianism, and dehistoricization. *Cult Anthropol.* 1996; 11(3):377-404.
45. Sontag S. *Regarding the pain of others.* New York: Farrar, Straus & Giroux; 2003.
46. Fassin D. *La raison humanitaire. Une histoire morale du temps présent,* Paris: Hautes Etudes, Gallimard, Seuil; 2010.