

## **Psychosocial Support and the Oriental Other: A Postcolonial (His)Story**

Fortress Europe likes to present itself as innocent, ethical, and compassionate. But behind this mask lies a history of violence, empire, and forced displacement; histories that are never confronted, only repackaged.

[Ida Danewid \(2017\)](#), in *White Innocence in the Black Mediterranean: Hospitality and the Erasure of History*, shows how loss, grief, and vulnerability have been taken up in contemporary thought. She critiques authors like Judith Butler and Stephen White, who propose grief as a basis for commonality and cosmopolitan ethics, demonstrating how such ethical orientations depoliticise violence by severing it from colonial histories. By turning responsibility, guilt, and restitution into matters of empathy and generosity, Europe can appear “moral” and “good,” while avoiding real accountability for its colonial past and leaving both historical and ongoing complicities untouched – like the current genocide in Palestine.

This becomes even clearer when psychology, psychosocial support, and humanitarian aid enter the scene. These systems don’t respond to suffering; they actively shield borders and control mechanisms, making them appear ethical, neutral, and benevolent. Care is detached from its imperial context yet simultaneously used to enforce European governance by mobilising, as will be discussed below, the institutional care-governance of psychosocial support. In other words, the “innocent” face of psychology and humanitarian aid continues the logic of empire: it keeps the fortress strong, protects borders, and channels violence into individual vulnerability, trauma, and therapeutic need. The messy histories of empire vanish behind forms, reports, assessments, and interventions.

Interviews with psychologists, social workers, educators, interpreters, and Child Protection Officers (CPOs) in Greek refugee camps, including the hotspot of Moria in Lesbos, show below how deeply this plays out in practice. Refugees’ experiences are translated into legal, medical, and psychological records that fit European templates of bureaucracy, recognition, and progress. As [Walter Benjamin \(1955/2007\)](#) warned, official histories often serve the winners, erasing the suffering of those who paid the price of “progress.” Psychology and psychosocial support thus become tools of governance, a contemporary form of warfare that quietly sustain borders, surveillance, and control, all while hiding behind a mask of care and moral authority.

### **Connecting stories by disconnecting histories: The role of story**

Across interviews with psychologists, social workers, educators, interpreters, and CPOs, story, as in “having a case”, emerged as a central and ambivalent element of psychosocial support. Aid workers consistently described storytelling as necessary to build a case for asylum procedures, vulnerability assessments, referrals, and access to almost every form of support. At the same time, stories were never simply told. They were shaped, edited, translated, and extracted within institutional frameworks that demanded coherence,

credibility, and usefulness. Although “having a case” may sound legitimate for asylum procedures, it is instead a mechanism of control and governance that legitimises borders, bordering procedures, and a psychic apparatus operating around warfare.

Stories are filtered through institutional priorities, with psychology playing a central role in transforming intimate lived and felt experiences into evidence that mediates access to protection, care, and recognition. As one social worker explained, their role is to “build a better image of the case,” integrating “their psychological, legal, medical [aspects] altogether...”. Similarly, a psychologist described how they need to write “headlines” summarising what refugees have gone through before arriving, noting locations, journeys, and experiences. In this process, psychological and psychosocial assessment does the work of shaping, legitimising, and translating personal experience into forms that institutions can recognise and act upon (Arce, 2012; Burman, 1997, 1998). Refugees must perform their suffering in ways that meet institutional expectations, producing a “composite truth” in which legal, medical, and psychological elements are intertwined. The story becomes a steppingstone in the recognition of a case, gluing together documents and justifying fragments of refugees’ histories while leaving broader structures of empire, capital, and violence largely untacked and invisible (De Genova, 2018; 2017).

Derek Hook (2005) highlights how psychological practices are deeply entangled with political power. He proposes a “psychopolitics” in which the psychological is not only situated within the political, but the political is also approached through the psychological (p.475). Psychology, then, is not neutral care but a site where processes of legitimisation, recognition, and exclusion are organised. The right to seek refuge, ostensibly universal, becomes conditional upon narrative legibility. As an interpreter in a Safe Zone noted, “...you exist when there is a document [which] recognises you...”. Existence itself is rendered documentary. To “have a case” is to possess a story that circulates within legal and bureaucratic infrastructures. Access to asylum, housing, healthcare, or other forms of support depends on producing stories that are coherent, credible, and legible. Psychological discourse mediates the building of a case, translating lived experience into evidence that produces a political form of existence.

Critical scholarship on migrants’ bio-credibility (Tomkow, 2019) shows how suffering becomes a condition of care, with credibility operating as a casualty of humanitarian governance (Ticktin, 2011; Fassin & Rechtman, 2009). Extending this critique to the psyche highlights how refugee subjectivities are organised across legal, medical, and psychological regimes. While this stratification may increase chances of asylum, it also shapes refugee histories into forms that resonate with European institutional expectations, often displacing their political content and erasing histories of colonialism, racialised capitalism, and bordering regimes that operate through policing and surveillance (De Genova, 2017).

Benjamin’s distinction between history and remembrance sharpens this tension. History, aligned with progress and victory, neutralises struggle, whereas remembrance interrupts linear time. As he writes, “*To articulate the past historically does not mean to recognize it*

*'the way it really was'*. It means to seize hold of a memory as it flashes up in a moment of danger" (Benjamin, 2007/1955, p.255). Within asylum and humanitarian settings, however, stories rarely circulate in ways that allow such interruption.

In Moria, Lesvos, refugees often approached psychologists to obtain documents that might assist their asylum process. One psychologist explained, "...many times, their motivation may be to come to us because they know that they would also benefit by taking a paper [...] which will help them in the asylum service...". Another added, "...and for that paper [...] I need to write some headlines, what you have gone through [...] before you come here, where have you been...before Turkey, before...". Refugees' stories are organised as facts in memory to mobilise "headlines" that document and support a case. Rather than expressions of lived experience or moments of rupture, stories operate as administrative technologies through which experience is extracted, standardised, and rendered legible to bureaucratic decision-making processes that sustain bordering practices.

This standardisation positions storytelling as a technology of normalisation. Fieldwork in mainland Greece illustrated this governing function of storytelling. Following the arrival of hundreds of refugees, a social worker described the emotional saturation produced by reading repeated accounts of violence: "...to sit and read the story of someone, with details how [they were] tortured, how many times, where... it was too much, as it was back-to-back for two weeks...". Stories became tools of triage, determining vulnerability, prioritisation, and access to services. Eligibility for housing depended on criteria such as "if someone is a single parent...a victim of torture/rapes... [or] have some diagnosis." Stories thus function not only as documentation but as instruments that rank lives according to degrees of vulnerability, governing access to care and protection.

As one psychologist observed, it enabled refugees to "express their experience outwardly" and "normalise it according to the rest of the population." Yet this expression is never neutral: it requires translating experience into dominant psychological frameworks, aligning memory with established narratives of victimhood. Stories are stabilised within institutional circuits, rendering them legible within regimes of humanitarian reason and bordering. In doing so, the past is mobilised to secure papers and support, while simultaneously reproducing Europe's compassionate self-image.

Refugee narratives are folded into a (his)story of intervention, echoing Stuart Hall's assertion, "They are here because you were there," while raising the feminist question of whose story is being told. Storytelling within psychosocial support performs a double function: it enables survival and access to care while simultaneously producing a mechanism of control, governance, and psychic warfare of border making. Refugees' experiences are disciplined, rendering the past legible to bureaucracies while obscuring the political, social, and colonial histories that created displacement. Ultimately, the very act of telling your story to build a case is already problematic: it legitimises borders and bordering procedures. Psychology plays a central part in this process, shaping and documenting experience in ways that make suffering governable, rankable, and administratively legible.

## **Psychosocial support as a technique of self-development and social adjustment: Erasing connected histories**

### ***Self-development: Colonial mastery, psychic interiorisation, and the demand to improve***

Danewid (2017, p.1683) asks what it might mean “to rethink global ethics and solidarity not on the basis of an ontological, universal experience of vulnerability and mourning, but rather through the shared, intertwined histories that arise out of the colonial past of the neo-colonial present.” Read alongside Benjamin’s critique of history as bound to modernity and narratives of progress, it allows us to see psychosocial support not simply as care, but as a practice through which colonial mastery is reproduced, histories are psychically interiorised, and subjects are called upon to improve themselves.

The themes of self-development and social adjustment emerged repeatedly across interviews with psychologists, social workers, educators, and CPOs in camps on the Greek mainland and in the hotspot of Moria, as well as through my fieldwork and professional experience. Rather than treating ‘help’, ‘aid’, or ‘support’ as neutral or self-evident goods, I urge you to ask what psychosocial practices *do* in practice: how they organise relations of power, produce certain subjectivities, and reorder history through psychological and developmental logics. In that sense, I invite you to think psychology within psychosocial support as a form of warfare trapped within white liberal discourses of innocent support and care. I use the term psychosocial support, rather than psychology alone, to draw attention to how psychologised assumptions circulate far beyond the therapy room. Social work, education, recreational activities, and engagement with local institutions are all shaped by psychological ideas about development, adjustment, and emotional expression. Psychology does not operate only between expert and service user; it is embedded across everyday life through psychoeducation and developmental practices (De Vos, 2011; Burman, 2017).

Europe is often presented as a space of freedom and progress. Yet thinkers such as Édouard Glissant, Aimé Césaire, W.E.B. DuBois, and Frantz Fanon have long insisted that Europe is better understood as a project, one built not only through struggles for liberty, but through imperial domination. This history matters when we examine contemporary psychosocial support, because mastery did not disappear with formal decolonisation; it was rearticulated through humanitarian, medical, and psychological practices.

In my conversations with aid workers, colonial patterns surfaced not because individuals were racist or malicious, but because the system itself is organised through Western ways of seeing and responding to suffering. As one CPO in the Safe Zone explained, “*basically, you don’t need to know for someone that they carry a psychic trauma... all you need to know is his story.*” Here, the refugee’s life becomes legible primarily as a narrative of trauma. This move psychically interiorises violence: long histories of forced migration, European expansion, and geopolitical harm are condensed into personal stories that can be assessed, treated, and managed through trauma. The same worker went on to note that “*we tend to deal with them like we treat medical cases... like we treat a destitute old man... because this is the*

*way we have learned... from our university or from previous jobs.*” This language is not incidental. Referring to refugees as ‘medical cases’ echoes the colonial history of psychology and psychiatry, including the legacy of the School of Algiers, which Fanon famously critiqued for pathologising colonised populations. What the CPO’s reflection reveals is not an individual failure of empathy, but the reproduction of colonial mastery through professional knowledge itself. Acting on what “*we have learned*” shows how universities, training programmes, and organisations sustain a medicalised gaze that turns people into objects of intervention. This is where Benjamin’s and Danewid’s concern with history becomes palpable. Refugees’ stories are no longer encountered as histories shaped by violence, borders, and intentional racial injustices. Instead, they are absorbed into Europe’s story of progress, care, and expertise. History becomes then *his story*: a medicalised and gendered narrative in which the refugee appears as “*a destitute old man*” - dependent, deficient, and in need of correction.

Some aid workers emphasised the importance of “*meeting exactly who these people are.*” While this intention appears ethical, it carries risks when filtered through dominant psychological frameworks. Psychology has long treated cultural difference as deviation from Western norms (Burman, 2007). Difference is therefore recognised through a discourse of deficit, pathologising those who do not ‘fit’. This logic surfaces in everyday practices. One CPO described recreational activities as “*the guideline to train them... to broaden their horizons,*” adding that “*up to a certain extent, you also have to listen to the child’s demand.*” Here, care quietly becomes training, and exposure becomes correction. Psychosocial support functions as a technique of adjustment, shaped by Western assumptions about what “being a good refugee” looks like, what development entails, and whose horizons count. An educator in another camp framed these activities as supporting “*self-development... development of skills, development of knowledge... the fulfilled development.*” Such language presumes that refugees are somehow incomplete or behind, less developed than they should be. Development moves from material conditions into the psyche itself, and skills become measures of worth. Coloniality thus shifts from territory to embodiment and performance. A psychologist made this demand explicit by stating that “*the non-efficient or limited implementation of psychosocial support will result in many people not being able to be masters of their self.*” Here, war, borders, and asylum regimes disappear. The problem becomes the individual’s failure to achieve self-mastery. As Berlant (2011) reminds us, crisis is not exceptional but ordinary. Refugees’ stories are not lacking mastery; they are saturated with affect, endurance, and political history.

And the demand to improve does not stop with refugees. Aid workers themselves are drawn into the same logic. One CPO reflected on the importance of “*getting trained*” and “*extending yourself,*” while also noting that “*there is no need to know each one personally.*” Knowing the other becomes a technical competency rather than a relational encounter. Training replaces presence, and mastery replaces solidarity. As Byung-Chul Han (2017) argues, we increasingly experience ourselves as projects, always developing, always optimising. What appears as freedom often becomes a more efficient form of control. The aid

worker's pursuit of self-development mirrors the same demand placed on refugees: adapt, improve, become manageable.

As one aid worker admitted, activities sometimes “*happen at their expense or in their name*”. This produces what Sara Ahmed (2000) calls “*strange encounters*,” in which refugees are addressed as strangers to be understood and corrected, even as their concrete demands for papers, rights, safety, and housing remain marginal. I suggest that this constant demand for self-development—on both sides—does not dismantle power but subtly reproduces it. It risks replacing active solidarity with management, and history with psychology. The next section shows how this logic of self-development is inseparable from social adjustment: the pressure to make the stranger familiar, acceptable, and easier to govern.

### ***Social adjustment: Integration, dependency, and the management of refusal***

Rather than reconnecting shared histories of violence, displacement, and responsibility, psychosocial practices often disconnect and erase them. They translate political histories into individual stories, structural violence into psychic vulnerability, and colonial relations into therapeutic problems. In this way, self-development and social adjustment do not simply describe support outcomes; rather, they function as techniques of subordination and control within a neocolonial bordering regime that governs through care. One of the central aims of psychosocial support is articulated through the notion of social adjustment, primarily framed as integration into the host society. As one psychologist explains, ‘*...what we mainly try to do is to decrease umm the symptoms from the post-traumatic disorder which is the common disorder in this population umm and strengthen them to come into the mood to re-integrate in the society*’.

Here, psychosocial support, imposes PTSD as an immensely pathologised understanding, universalising and homogenising experience within migration. It also uses PTSD as a hook to tie therapy and governance: refugees are positioned as universally traumatised subjects (without any acknowledgement of their histories), requiring care while simultaneously being prepared for incorporation into a national social order. Integration, therefore, is not simply a social or economic process but a psychologised trajectory, tied to emotional readiness and behavioural transformation, and mobilised for further extraction within the national territory.

This framing became more pronounced after the 2017/18 policy shift, when the UNHCR redefined the situation in Greece as one moving from emergency response to integration. Yet, this shift did not simply expose contradictions; it reveals how integration operates as a white liberal discourse that masks and legitimises exploitation. Humanitarian governance not only normalises degrading living conditions such as hotspots and camps but depends on them. These are not failures of implementation or gaps in provision; they are the very conditions that make integration a mechanism of control which produces a population held in precarity. As one psychologist reflects, ‘*...there has been a very bad handling [of this] because we have not scheduled efficiently the integration of these people; there are many in camps without education, without giving them chances to work...*’.

Within this context, activity, particularly read as work, emerges as a key marker of ‘successful integration’ and social adjustment. The same psychologist emphasises that ‘...even if they continue to live in camp but work somewhere, have an income to become slightly active... even even if they worked four hours per day, they would be better’. Integration is reduced to activity, and activity is reduced to labour, regardless of its conditions. This establishes a deliberately minimal threshold for belonging, where even the most precarious, underpaid, or fragmented forms of work such as the ones with 1euro/per hour are recoded as progress. What is presented as “inclusion” or “integration” is, in practice, a demand for psychic and bodily adjustment within conditions that are themselves materially harmful, while simultaneously displacing attention from the structures producing that harm. In essence, it becomes a way of sustaining structural injustice while reframing it as progress. The discourse of integration thus obscures its own material basis: the production of a flexible, disposable workforce incorporated at the margins of the economy.

The camp must therefore be understood as a space engineered for confinement and subordination, one that fundamentally negates the very premise of genuine support or liberation. In this light, “integration” operates as a form of camouflage through which humanitarian and state apparatuses stage themselves as benevolent. My research in refugee camps (Christinaki, 2022a; 2022b) shows that these environments are intentionally harmful and they tend to frame people through a discourse of deviance (Burman, 2007), constructing them as inactive and deficient subjects in need of activation. This tension becomes particularly visible in aid workers’ interpretations of refugees’ expectations. As one psychologist noted:

‘...if I bring here a refugee and tell him we would do anything you wish, tell me what you want to do and I will tell you yes, will tell me “I want [you] to write me a social report,<sup>1</sup> the social worker to write me a social note and make a referral for an apartment”. They won’t tell me I want to find a job, will tell me I want apartment, I want to, I want to find someone to pay for me a full-house [...] I don’t blame them it is also very big, our responsibility...we have made them believe and they do that they are in a passive role, in a role which they expect us to give to them’ (my emphasis).

This account highlights the psychologization (De Vos, 2011) of refugees. It reduces structural and political constraints to individual psychological deficits. Here, refugees are framed as occupying a “passive role,” (Gibson and Beneduce, 2017) not seeking work or independence but only material support. Framing refugees as “dependent” on the one hand, inherently misrepresents support as undue reliance. On the other hand, completely ignores what Fanon (2004/1961) framed passivity as resistance. Such narratives assume that refugees favour free provision over employment, encouraging dependency on organisational aid. As a CPO remarked, ‘...you know what they see...beds, stretch, food, clothes...whatever they want, we provide it...why who would

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<sup>1</sup> The concept of social report could be also referred as ‘case’s social report’ and ‘needs’ assessment’.

*not stay?*’, while an educator advised ‘...*not to have everything ready and prepared*’ to encourage independence rather than provision. These uncomfortable and very troubling accounts weaponize refugees recasting legitimate entitlements as excess. Although refugees are entitled to what laws and organisations define as provision, they are figured as appropriating or “stealing” what is given: an imagined enjoyment contrasted with a national “I,” often situated within exploitative labour conditions<sup>2</sup>. In this way, this framing not only normalises -if not pushes towards- exploitation by casting refugees as dependent figures who take advantage of provision but also edges toward racialised tropes of the “undeserving” other.

In this sense, what is constructed as dependency can also be understood as a form of refusal, not necessarily overt resistance, but a divergence from institutional expectations of activity, self-sufficiency, and labour. Requests for housing or stability interrupt the prescribed trajectory of integration and are thus reinterpreted as passivity rather than recognised as rational responses to precarity.

As both aid workers and refugees are organised around the figure of ‘the refugee’, a massified “us and them” dynamic emerges, reinforcing binaries of “West and the rest” and “here and there.” As [Giorgio Agamben \(1995, p.114\)](#) argues, “until the process of the dissolution of the nation-state and its sovereignty has come to an end, the refugee is the sole category in which it is possible today to perceive the forms and limits of a political community to come.” It is not sufficient, therefore, to suggest that framing refugees as “dependent” simply misrepresents their entitlement to support. Rather, as will be shown below, the extension of this framing into expectations of integration reveals the postcolonial logics underpinning these divisions. As indicated earlier, when refugees are not interpreted as individual vulnerable cases, they are transformed into a broader category which, if not constructed as overtly threatening, as in other national and European discourses, nonetheless becomes positioned as in need of urgent modification.

As a CPO remarks, integral part of psychosocial support is:

‘...to show the way [...] to society’. ‘...to integrate a human better and better in the ethos, culture, and the everyday life of a society such as the Greek one, or by extension the European, umm for sure this is very, the very difficult part, right, and is a part which is universally more difficult, the social integration of people in the society because as you know very well, they tend each one to have their *sub-society*...’ (my emphasis).

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<sup>2</sup> In this sense, refugees are constructed as those who “may steal my enjoyment,” where enjoyment is understood in the shadow of what the “I,” as a national subject (here specifically referring to aid workers embedded within the humanitarian sector) cannot access or fully realise. This imagined deprivation is projected onto refugees, who are thereby positioned as appropriating enjoyment, while the aid worker “national I” is figured as compensating for this perceived lack through excessive labour, often under exploitative and abusive working conditions.

Integration, therefore, does not only signify processes of normalisation and pathologisation, nor the framing of refugees as appropriating resources from a national “I”; it also operates as a call for assimilation.

### **Psychology of refusal: Resist, refuse, organise**

Through storytelling, vulnerability assessments, self-development, and social adjustment, refugee suffering is rendered legible while being systematically disconnected from colonial and geopolitical histories. These practices do not operate despite ethical intentions but precisely through them: care, support, and empathy become the means through which Europe reconstitutes itself as moral, innocent, and progressive, while responsibility for displacement is displaced onto individual psyches. Against this backdrop, I foreground what I call a psychology of refusal. Refusal here does not signify withdrawal, denial, or pathology, but a critical and ethical orientation that resists the translation of structural violence into individual psychological deficit. It insists on reconnecting stories with histories, suffering with responsibility, and care with political accountability, thereby refusing the epistemic separation on which humanitarian psychology depends.

This formulation resonates strongly with [Lara Sheehi’s \(2026\)](#) work on anti-colonial psychoanalysis, [Stephen Sheehi’s \(2024\)](#) “theory as stone” as well as their work on *Psychoanalysis Under Occupation* ([Sheehi & Sheehi, 2022](#)) In this account, refusal is not understood as lack or dysfunction but as a historically situated psychic response to colonial domination. The stone names the moment in which the colonised subject is compelled to harden, to become opaque, in order to survive incessant demands for legibility, confession, gratitude, and transformation. What psychology often reads as resistance, non-compliance, or withdrawal is, from this perspective, an ethical refusal of psychic extraction and enforced transparency.

Read through this framework, refugees’ refusals to retell their stories, to engage in therapeutic framings, or to prioritise coping over rights do not indicate an inability to heal or symbolise, but a refusal to submit interior life to regimes that render subjects knowable, manageable, and improvable. The demand to “open up,” to be transparent, and to develop psychologically reproduces what [Sheehi & Sheehi \(2025\)](#) identify as colonial psycho-affective control: the requirement that the colonised subject becomes legible in order for power to operate without disruption. A psychology of refusal therefore challenges psychology’s investment in interpretation, penetration, and mastery, and unsettles the assumption that healing must take the form of verbalisation, exposure, and developmental progress. Instead, it recognises opacity, silence, anger, and insistence as potentially ethical responses to ongoing structural violence, where refusal functions as a means of protecting psychic life from further colonisation under conditions of enforced dependency and surveillance.

This requires a shift in how psychology understands its own position. It demands reflexivity regarding its implication in colonial histories of extraction—not only of stories and affects, but of subjectivities themselves. Rather than refining techniques of cultural sensitivity, a

psychology of refusal requires the relinquishing of epistemic mastery, the willingness to tolerate not-knowing, and an attentiveness to moments in which support becomes intrusion. In [Sheehi & Sheehi's \(2025\)](#) terms, it requires psychology to cease demanding that the Other soften the stone for the sake of ethical comfort. Importantly, refusal is not incompatible with care; rather, it may be a condition for an ethical form of care that does not depend on gratitude, adjustment, or self-improvement as the price of support. In this sense, a psychology of refusal aligns with feminist, liberationist, and decolonial psychologies that understand suffering as relational and historically produced rather than intrapsychic, resonating with [Fanon's \(2004/1961\)](#) insistence that healing is inseparable from decolonisation and [Benjamin's \(2007/1955\)](#) call to seize memory at moments of danger rather than neutralise it as history.

Such a psychology refuses the moralisation of waiting, the individualisation of vulnerability, and the assimilationist promise of integration. It recognises refugees not as subjects-in-need-of-development, but as political actors whose refusals expose the limits of humanitarian reason. Refusal is therefore not a failure of integration, but a critique of its conditions. These dynamics extend beyond psychosocial practice into the wider political architecture of borders themselves, where the same logics that construct refugees as passive or dependent also demand their transformation into legible, self-managing European subjects. When this transformation fails, the problem is located not in the structure of exclusion but in the supposed deficit of the subject. Dependency and refusal are thus not opposites but mutually produced within regimes that govern through managed precarity.

It is precisely here that the limits of integration become visible: not as a pathway towards inclusion, but as a mechanism that continuously defers it. What emerges is a system that depends upon the maintenance of instability to sustain its own forms of governance. The border, then, is not only a geographic line but a psychological and institutional technology that produces distinction through managed exclusion.

Why is it so difficult to imagine forms of support that refuse borders rather than submit to them? Why is it so difficult to say, clearly and without compromise, that we refuse spaces of horror—the blood-stained Mediterranean, the camps, Frontex, and all they stand for?

Perhaps it is the horror itself that sustains the fortress, raising its walls higher and higher.

But we do not ask for more sustainable materials for these walls, nor for windows through which we might bear witness.

We call for something else entirely:

Dismantle the fortress.

Open the borders.

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