

Health care work with prisoners: metaphorical meanings created in the hospital context*

Trabalho em saúde com pacientes apenados: sentidos metafóricos gerados no contexto hospitalar

Trabajo en salud con pacientes apenados: sentidos metafóricos generados en el contexto hospitalario

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ABSTRACT

Objective: To describe the metaphorical meanings generated based on the work process of the healthcare team with prisoners receiving inpatient care in a hospital. **Methods:** Qualitative exploratory research, using a socio-historical dialectic, was conducted with members of the health care team: the nursing staff (professional and technical nurses and nursing assistants), physicians, physiotherapists and nutritionists. Data collection was accomplished through recorded, semi-structured interviews. Data analysis was performed using the hermeneutic dialectic perspective. **Results:** Based on the central nucleus of metaphorical meaning for the concept “human”, we identified four main themes: antagonistic feelings between patient and health care worker, gentleness, compassion and vulnerability. **Conclusion:** The positive and negative metaphorical meanings revealed that the work product exists; the process is permeated by a sense of stigmatism inherent in working with prisoners who are hospital patients.

Keywords: Metaphor; Health services; Prisoners

RESUMO

Objetivo: Descrever os sentidos metafóricos gerados baseados no processo de trabalho da equipe de saúde com pacientes apenados internos em uma instituição hospitalar. **Métodos:** Pesquisa qualitativa, de cunho exploratório, com abordagem sócio-histórica na dimensão dialética, realizada com os componentes da equipe de saúde: equipe de enfermagem (enfermeiro, técnico e auxiliar de enfermagem), médicos, fisioterapeutas e nutricionistas. A coleta de dados foi feita por entrevistas semiestruturadas gravadas. A análise dos dados foi realizada por intermédio da perspectiva hermenêutica dialética. **Resultados:** No processo de trabalho, identificou-se que, a partir do núcleo de sentido metafórico central “ser humano” originaram-se outros quatro sentidos principais: sentimento antagônico entre paciente e apenado, docilidade, vulnerabilidade e compaixão. **Conclusão:** Os sentidos metafóricos positivos e negativos revelaram que o produto do trabalho existe, sendo o processo permeado tanto pelo sentido da estigmatização, como da aproximação do paciente apenado.

Descritores: Metáfora; Serviços de saúde; Prisioneiros

RESUMEN

Objetivo: Describir los sentidos metafóricos generados basados en el proceso de trabajo del equipo de salud con pacientes apenados internados en una institución hospitalaria. **Métodos:** Investigación cualitativa, de tipo exploratorio, con abordaje socio-histórico en la dimensión dialética, realizada con los componentes del equipo de salud: equipo de enfermería (enfermero, técnico y auxiliar de enfermería), médicos, fisioterapeutas y nutricionistas. La recolección de datos se llevó a cabo por medio de entrevistas semiestructuradas grabadas. El análisis de los datos fue realizado según la perspectiva hermenéutica dialéctica. **Resultados:** En el proceso de trabajo, se identificó que, a partir del núcleo de sentido metafórico central “ser humano” se originaron otros cuatro sentidos principales: sentimiento antagónico entre paciente y apenado, docilidad, vulnerabilidad y compasión. **Conclusión:** Los sentidos metafóricos positivos y negativos revelaron que el producto del trabajo existe, siendo el proceso permeado tanto por el sentido de la estigmatización, como de la aproximación del paciente apenado.

Descriptores: Metáfora; Servicios de salud; Prisioneros

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INTRODUCTION

Stigma has always been present in the history of mankind⁽¹⁾. People have been stigmatized because of physical, pathological or moral attributes which prevent them from adjusting to standards of “normality” established by the society⁽¹⁾. The reports on stigmatization go back to biblical times: patients with leprosy were isolated because of their disease. Two diseases, cancer and tuberculosis, especially have carried metaphors that made them being treated not only as diseases, but also as a curse or unbeatable destroyers: the cancer was “a foreboding disease”, in which “parts of the body are eaten”, condemning the sick person to a painful death. Tuberculosis was the insidious “white plague”, “life stealer”, and it was romanticized by bohemians and young ladies that lost their loved ones⁽²⁾.

From the association of diseases and stigma, metaphor and exclusion, we were interested in studying the work process of the health team with a stigmatized group of patients, in this special case, the convicts. The exclusion processes are present in several social spaces and hospitals have a history of exclusion. The characteristic of Hospitals in the 18th century was to be “a place for poor people”, and the hospital would be an “anachronistic solution” to assist economically deprived patients which were, therefore, stigmatized in their poverty⁽³⁾.

On the other hand, prisons started between the end of the 18th century and the beginning of the 19th century, with the role to change individuals. Thus, prisons were accepted because when they trained people again and made them docile, they were reproducing mechanisms that were found in the social body as a whole⁽⁴⁾. Prisons are corrective mechanisms that change individuals because they are deprived from freedom, with domination processes that are characteristic from a type of power that was extended to the whole society. The society has in several levels the power to judge, assess and change people. Therefore, prisons were the legal enactment of the punishment. Thus, we understand that the history of hospitals and prisons are close regarding their path of exclusion of a certain group of people.

In Brazil, the States of São Paulo, Minas Gerais, Rio de Janeiro and Rio Grande do Sul account together for 65% of the national prison population⁽⁵⁾. Thus, the issue of prison, brought to the hospital context is a current issue because the prison communities are among the populations more vulnerable to tuberculosis⁽⁶⁾ for example, requiring the intervention of health workers either in prison or in the hospitals.

Within this context, the present study had the purpose of describing the metaphorical senses created based on the work process of the health team with convict patients admitted to a hospital.

METHODS

Exploratory study with a sociohistorical approach in the dialectical dimension, therefore, a qualitative study that is part of a Master thesis previously carried out. The qualitative approach privileges the social subjects that present the attributes we want to know, considering an amount of people that is enough to present recurrent information, with a diversified set of informants so that differences and similarities can be apprehended⁽⁷⁾. In the context of the present study, the research subjects were from a health team with a total of 23 interviewees, intentionally chosen because they were in contact with convicted patients. We interviewed 11 nurses, three nursing assistants, a nursing technician, three physicians, two dieticians and three physiotherapists, total amount of physiotherapists in the hospital studied. We have chosen a multidisciplinary team because we believe these people become “work agents to control certain diseases and their practice are different according to their specialty due to the unique nature of their object(s) and their technologies”⁽⁸⁾.

The study was carried out in a public hospital in the Extreme South of Brazil, in the surgical and internal medicine units and also in the Day-Hospital (where HIV -Human Immunodeficiency Virus – and AIDS -Acquired Immune Deficiency Syndrome patients- receive the antiretroviral doses).

For data collection, semi-structure interviews have been used with participants' consent to record them which were later numbered and fully transcribed. We have chosen to carry out semi-structured interviews because they allowed us to gather information, through the speech of the social actors, as well as the combination between closed and open questions in which the interviewees can talk about the theme without prefixed answers by the interviewer⁽⁷⁾. We have used as an instrument a script with a few questions and tried to know the ideas of the social actors, regarding the work of the professionals with prisoners, viewing not only their relationship but also their interaction with the institution and the society, understanding them as historical and social beings. Professionals' statements have been gathered in groups with metaphorical senses.

Data analysis has been carried out through a hermeneutic dialectic perspective which made it possible to identify metaphorical senses that represent the way sociohistorical individuals understand their reality, in a certain historical time. Through the hermeneutic perspective we try to understand the meaning of words in them, that is, the meaning conveyed by the speeches which are built from a previous moment. The dialectic perspective allowed interpreting these metaphorical senses in a broader context, understanding meaning with a view from the outside to the inside, and then correlating it to

the initial context. Therefore, by gathering the two perspectives, we could understand the meaning of the metaphorical and stigmatizing senses and interpret the sociohistorical context of the work of the health team with prisoners. Thus, data were gathered in groups (human beings, antagonistic feeling among patients and prisoners, docility, vulnerability, and compassion), which represent the main metaphorical senses used by health workers.

The present study followed the ethical requirements involving research with human beings, according to Resolution # 196/96 of the National Health Council⁹, and it has been approved by the Health Research Ethics Committee at Universidade Federal do Rio Grande (Judgment # 23116.007514/2005-15). We have also obtained hospital consent to take part in the study. All participants have been informed about the objectives of the study and gave their written consent in two copies and they were ensured anonymity. Thus, they are identified in the text according to their professional category followed by a letter that follows the order of the alphabet (for example, physiotherapist a, physiotherapist b...).

RESULTS

Convicts are part of a category of excluded people that carry the mark of the social stigma, bringing to the hospital environment the reality of a type of violence, that is, the representation of the evil, of the denied, of the unwanted. In this sense, we must know the metaphorical situations triggered by the presence of this odd object in this environment, object is not in the sense of being a thing but rather in their importance as a human raw material in the health area, in which professionals use their instruments to reach a goal which is the therapeutic action. In the present article, the groups of meanings identified based on the report of health professionals were: human beings, antagonistic feeling between patients and prisoners, docility, vulnerability and compassion.

Human beings

In the interviews, we could identify that the health team understands the individual situation of prisoners getting sick just as any other human beings, and at the time of care they do not take into account the condition of being a convict.

"I think they are patients first, before being prisoners, they are patients". (Nurse G).

Convicts, despite their social condition, are also a group of clients/patients on which the professionals will use their instruments to obtain the "cure", at first, the

cure for a pathological state, the disease in a biological level.

"As for care and the part of the humanization, I believe that they should not be different. I don't do this and I hope I never give this different treatment to a prisoner compared to any other patient." (Nurse E).

Convicts, as any other patients, present the need to reestablish their physiological norms and, to reach that goal; they may need the action of health professionals.

"We have a little bit of fear, but I know their rights as patients..." (Physician B).

Despite the stigma that "marks" these individuals; we should not forget an undeniable fact: the basic condition of these men and women, that is, their humanity. Human beings get sick and prisoners are human beings. This is an obvious, and in this case, universal finding.

"So, we make no difference... There is no difference for us, because we are not interested in why they are in prison. This is not important for us, so it makes no difference. We treat them the same way we treat the others, with the same care, the same thing". (Nursing Assistant C).

Antagonistic feeling: patients and convicts

Even though professionals identify in convicts their humanity, and get close to them because of their condition as patients, not thinking about their social condition (violation) at the time of care, this is always present, making the relationship conflictual because the condition of the sick person is undeniable, this raises an antagonistic feeling in professionals between the patient and the "criminal" who is there, between the positive and the negative in the working relation.

"I think it is a need...it seems that there is no one for them, you see? And, at the same time, you start thinking, something they have done... so, it is difficult, you think they are needy, but also, they have hurt someone. Needy, but at the same time I tried not to get involved (Physiotherapist B).

The therapy carried out in a hospital shows convicts that they are human beings just as all other human beings, that they do not have a stigmatizing attribute and that they will receive care, however, their different condition is undeniable, both for them and for the health team, and for other patients/clients.

"[...] now there are cases, there was a convict here once, [...] that had a complicated story, he had raped his own... small children,

so... we have that situation... it is ethical... we have to do our job, but... you see, it is very distressing to be in front of a person, when you know these things..." (Nurse L).

Professionals can identify in inmate patients some characteristics that are common to all sick people, such as youth, for example which shows the positive sense of the antagonistic relationship with the patient and favors the approach between the object and the worker.

"That is the feeling that you have, 'the guy is young and is in prison', sometimes you wonder what they have done, sometimes they look as good people, then they did this or that". (Nursing assistant A).

Especially connected with the stigma of convicts, people are always wondering about the crime, which is the negative meaning of the antagonistic feeling. Even when there is no direct question about the crime the patient has committed, this question crosses their minds during care provided.

"[...] the first thing you think is what they have done. And then you get a bit angry and fearful, the first feeling as soon as you look is anger, you think about the lives they have taken, you think that it could have been a friend of yours, a relative [...]". (Nursing Assistant B).

A participant highlighted the shock of having a "chained patient", and this situation raises a positive feeling in professionals at first.

"[...] whether you like it or not, they give rise to opposite feelings, antagonistic, you know? There are times I get into the room and I get shocked to see a person chained into the bed, as if I had seen a trapped animal... at the same time, there are times I feel sorry, you know? You have these feelings, good feelings. And there are other times that you have other feelings, you think about what they have done, and then you have several feelings like that". (Nurse C).

Docility

The fact they are prisoners do not necessarily mean patients are aggressive, as mentioned in an interview.

"[...] I have seen patients who were not convicts, and they were aggressive [...]" (Physiotherapist B).

Professionals identify in convicts a behavior and action that contribute to care because it reinforces the sense of human being, making it easier to get close to patients.

"[...] they, sometimes, are more polite with us; they come to you

and are more careful than the others. I had no problems with them [...]". (Nursing assistant A).

Patients' docility can be seen in the way patients behave with professionals, that is, agreeing with the therapeutic action proposed by the team.

"They were nice patients, easy to handle. [...] I almost could not believe what he had done, he was such calm, nice and polite 'guy', you know? He agreed with the management, with the treatment, he did not complain, he did everything right so this thing about the murder was not important". (Physician A).

If the patient agrees with the management of the team, he is a patient that is not a prisoner, contributing to their treatment.

"Recently, we had a convict admitted [...] but it was a patient just as any other: accessible, collaborative, calm, there have been no problems, so far any problems". (Nurse I).

Vulnerability

According to the interviews, we realized that professionals identify prisoners' vulnerability, expressing it in different levels. Thus, we may highlight vulnerability connected with the situation of getting sick that patients experienced, that is, it represented their current moment.

"[...] I cannot forget his name, he came and he couldn't walk [...] and that shocked me [...] My God, it could have been different, a young person on a bed, with HIV and also in prison [...]". (Nursing Assistant C).

The difficulty for social reinsertion has been also pointed out, characterizing the fragility regarding the future.

"[...] currently, he left prison a long time ago, but he still suffers prejudice, at first of not being able to find a job, being discriminated because he was a convict. [...] Whatever the reason they are in prison, there is no reeducation to reinsert them to society [...]" (Nurse I).

Professionals also highlighted vulnerability characterized by being deprived from freedom, which shows the poverty of the life convicts have in jail, being exposed to the risk of getting sick.

"[...] when I say that in some situations I felt sorry, it was because of that. There was a patient that everything we gave him he wanted because he didn't have access to food there (prison) [...]" (Dietician B).

Professional contact with convicts can foster

reflection on the conditions of their previous context of being in jail.

“I felt during the conversation that in one or two times, the impression I got was that he stole out of need... kids, wife, going through difficulties at home, so, this drew my attention [...] this poverty, social inequality. I saw that there were people who wouldn't be there if things had been a bit better”. (Physician B).

Compassion

In the interviews we saw that professionals are sympathetic to the prisoners' situation, as if they could experience the deprivations they go through.

“Oh, I was very sorry. [...], the patients we received were really bad because either they knew the diagnosis (AIDS), at the time they were admitted, but then they were already too sick, or they had received the diagnosis but had never looked for treatment. So, to see patients in that situation, handcuffed was very hard, I felt really bad”. (Nurse D).

A participant pointed out not only the compassion regarding the convict's condition but also the condition of his family.

“So then you get these feelings, thinking about the family [...] the situation of having a son arrested, of seeing a son chained... All these things I think they touch us”. (Nurse C).

Compassion can also be presented by the way care is provided to the convict to show the inclusion through care.

“[...] care just as we care for any other patient, my feeling of sympathy, of pity at that time, the ones I cared for were in pain, they tried to ease patients' pain [...] I don't have this difference between convict and regular patients[...] And I don't like when people treat them bad either”. (Nurse E).

The reports of health professionals showed that convicts were embarrassed because their stigma was exposed in the hospital, the situation sensitized the worker:

“[...] we feel sorry, depending on the situation because they are there (in a ward with other patients), and they feel embarrassed [...]”. (Dietician B).

The fear of the prisoner-client at the first contact was also mentioned, replaced by a feeling of compassion during the work.

“Yes, in the first (felt scared), but then it was the same as with other sick people, no fear at all, I even felt a bit sorry I guess”.

(Physiotherapist B).

DISCUSSION

In the present study, the concept of metaphor was used as an “imaginary theoretical model that, when it moves to a reality domain, it sees things another way, changing the usual language, and because of that, it is a fiction that discovers simultaneously new connections between things and describes the reality again”⁽¹⁰⁾. The metaphors can be or represent assertions or denials to the values, beliefs, attitudes, and culture that we can assess, through language, and individuals can change them when they reflect on/understand the metaphors used.

The metaphoric meaning of the present study show that care provided by the multiprofessional team is extended to all patients, demonstrating that above all, human beings need care, regardless of the factors of any other nature. The meaning of the metaphor **human being** expresses the approximation and identification of professionals with the other, and during the time of care, they do not take into account the social condition of prisoners. All definitions of human being are “determinations or interpretations of what men are, therefore, about the qualities they may have in common with other living beings, whereas their specific difference would have to be found, determining their type”⁽¹¹⁾. Even if professionals identify in prisoners what they are, that is, someone who has committed a crime against society, they can identify that the common quality they have, as previously mentioned, is their humanity.

The term patient is an adjective for the condition of convict. The word patient derives from the Latin and it means “one who suffers”⁽¹²⁾. If the health team can identify the humanity in convicts, the adjective of sufferer stands out from their social condition at the time of care, allowing for an approximation and identification of the human being that requires care. Although the individuals of the study have identified the need to provide care to convicts, there have been negative values such as the **antagonistic feeling** of “caring for a prisoner”. This happens because the special situation of the stigmatized is that society tells them they are a member of a broader group, that is “the regular human being”, however, in some aspects, they are “different”, and it is inevitable and absurd to deny this difference⁽¹⁾. Even with this disqualifying attribute, we have seen that by identifying the humanity of the patients, the a “violent” action from workers is limited when they provide care to prisoners. We see that violence is repressed in the collective group, the output of the work will occur, but that does not mean that feelings and human passion are not manifested at the time of the interaction between health workers and care receivers. Especially, if the crime

is connected with other people's suffering, the negative feeling towards the prisoner becomes even more intense since, "The endless pain of other should – and it should in an absolute sense – oppose to the endless disposition and the expiation by the other"⁽¹³⁾.

Docility is a metaphorical sense that is part of the human condition of these men and women since it works as a control mechanism of a person on another, enabling individuals to get closer. Patients are "criminals" but they are also sick people in need for care and they can present to the health team in a form that is different from what was imagined, they can be nice, polite or sweet. The sweet and obedient behavior, different from the rebellious behavior, can favor patients during their hospital stay, that is, docility is a way to be there without being disturbed, staying in a certain place which seems less hostile than the place they live⁽¹⁴⁾.

The fact that the health team can identify the condition of **vulnerability** in convicts, when they are in a context of reclusion, shows a positive meaning of the health work, the data show that the prison population is young, with low education and is involved with drugs with a history of sexually transmitted diseases⁽¹⁵⁾. About 60% of the convicts have less than 6 years of education and there is a high concentration of HIV positive individuals among prisoners with low education⁽¹⁶⁾. Diseases such as tuberculosis make them not seek proper treatment because they are afraid of the stigmatizing behavior of other prisoners⁽⁶⁾. There are also other health problems, such as the high frequency of depressive symptoms in incarcerated women⁽¹⁷⁾. Identifying patients' vulnerabilities may favor positively the relational approximation between convicts and health workers.

The term vulnerability tries to integrate different aspects of the reality; either social, economic, cultural, and environmental or health, making clear the ethical aspects related to the socioenvironmental problems due to poverty, inequality, and the resurgence of certain diseases⁽¹⁸⁾. The situation of vulnerability is a condition of the human existence, manifesting in different levels in all human beings, which may lead to a positive movement to rescue their autonomy⁽¹⁹⁾. To be aware of the different population groups in vulnerable situations enables professionals and the population to engage in social changes, through the adoption of public policies and actions to promote health of the vulnerable groups⁽²⁰⁾.

The last metaphorical sense to be assessed refers to **compassion** that professionals had to the patients' condition, which brings back the issue of humanity that identifies men and women. Compassion is a word that derives from the Latin and it means to bear with or to suffer with, suffering that leads to unhappiness, mercy, pity⁽¹²⁾. Pain can unite immediately everything that is human to the deepest of oneself⁽¹³⁾. In this sense, we

may say that this would be the extreme humanity, the identification with the pain of the other, the approximation between women and men that forget for a while any stigma, fear, or social heritage. The feeling of compassion from health professionals can be aroused both by the patients' situation of being sick, and by their condition as convicts, which may make workers think about their suffering as prisoners. The experience of arrested patients' suffering can be interpreted by two movements that complement each other: their unique experience as sufferers, their private experience, and another person sharing this suffering, that is, the compassion of health workers that enable the approximation of these human beings in particular.

FINAL REMARKS

The work process of the health team with convicts is formed by positive and negative metaphorical senses, and the main characteristic is that it refers all the time to *human beings*, workers and patients human beings. Based on this, we can see that the condition humane will be part both of the production of positive metaphorical senses and it will be the factor that conditions stigmatic relationships. Stigma is produced and reproduced by human beings that become responsible for maintaining this cultural construction to mark and exclude. Thus, the positive and negative metaphorical senses show that workers approximate or withdraw from their object, that is, there is the work product, even if, during the process that are "comings and goings" both in the sense of stigmatization and in the sense of getting close to the arrested patients.

In the present study, we do not want to make a value judgment. Although we believe that the study may contribute to warn the population and health professionals to the need for public policies geared to the prison population. Further studies should be carried out for the object of the present study. Additionally, we think about the importance of showing health workers the limits they overcome everyday, often without realizing how complex their actions are. In these moments, they overcome the alienation of the work: they see in the "actual patient" (convict) their potential to contribute with an apparently small, but extremely significant part to minimize through their work a reality that is marked by inequality and exclusion and that goes beyond the limits of the hospital.

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REFERENCES

1. Goffman E. Estigma: notas sobre a manipulação da identidade deteriorada. 4a ed. Rio de Janeiro: Guanabara Koogan; 1988.
2. Sontag S. A doença como metáfora. Rio de Janeiro: Edições Graal; 2002.
3. Foucault M. O nascimento da clínica. Rio de Janeiro: Forense Universitária; 1977.
4. Foucault M. Vigiar e punir: nascimento da prisão. 29a ed. Petrópolis: Vozes; 2004.
5. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Área Técnica de Saúde no Sistema Penitenciário. Plano Nacional de Saúde no Sistema Penitenciário. Brasília: Ministério da Saúde; 2004. 64p.
6. Waisbord S. Participatory communication for tuberculosis control in prisons in Bolivia, Ecuador, and Paraguay. *Rev Panam Salud Publica*. 2010;27(3):168-74.
7. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 2a ed. São Paulo: Hucitec; 1993.
8. Cezar-Vaz MRC. O trabalho em saúde: expressão viva na vida social. In: Leopardi MT, organizadora. O processo de trabalho em saúde: organização e subjetividade. Florianópolis: Papa-Livros; 1999. p. 57-70
9. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Resolução nº 196, de 10 de outubro de 1996. Aprova diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. *Diário Oficial da República Federativa do Brasil, Brasília, (DF)*; 1996 Out 16; n. 201; seção 1: 21082-5.
10. Pereira MB. Introdução à tradução portuguesa de metáfora de Paul Ricoeur. In: Ricoeur P. A metáfora viva. Porto: Rés; 1983.
11. Arendt H. A condição humana. 6a ed. Rio de Janeiro: Forense Universitária; 1993.
12. Ferreira ABH. Novo dicionário da língua portuguesa. 2a ed. Rio de Janeiro: Nova Fronteira; 1986. Compaixão; p.438. Paciente; p.1244.
13. Souza RT. Totalidade & desagregação: sobre as fronteiras do pensamento e suas alternativas. Porto Alegre: EDIPUCRS; 1996.
14. Goffman E. Manicômios, prisões e conventos. 7a ed. São Paulo: Perspectiva; 2005.
15. Carvalho ML, Valente JG, Assis SG, Vasconcelos AGG. Perfil dos internos no sistema prisional do Rio de Janeiro: especificidades de gênero no processo de exclusão social. *Ciênc Saúde Coletiva*. 2006;11(2):461-71.
16. Coelho HC, Perdoná GC, Neves FR, Passos ADC. HIV prevalence and risk factors in a Brazilian penitentiary. *Cad Saúde Pública = Rep Public Health*. 2007;23(9):2197-204.
17. Pulido-Criollo F, Rodríguez-Landa JF, Colorado-Martínez MP. Factores sociodemográficos asociados con los síntomas depresivos en una muestra de mujeres reclusas en dos prisiones de México. *Rev Panam Salud Pública*. 2009;26(3):209-15.
18. Porto MFS. Entre a saúde e a vulnerabilidade: em busca de uma abordagem ecossocial em problemas de saúde e ambiente. In: Porto MFS, Freitas CM, organizadores. Problemas ambientais e vulnerabilidade: abordagens integradoras para o campo da saúde pública. Rio de Janeiro: FIOCRUZ; 2002. p.125-36.
19. Pettengill MAM, Angelo M. Vulnerabilidade da família: desenvolvimento do conceito. *Rev Latinoam Enferm*. 2005;13(6):982-8.
20. Paz AA, Santos BRL, Eidt OR. Vulnerabilidade e envelhecimento no contexto da saúde. *Acta Paul Enferm*. 2006;19(3):338-42.