Violence by any other name: constructing immigration crises, the threat of the sick refugee and rationalising immigration detention through moral panic

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This article is concerned with the employment of pathologising discourses of mental health and trauma by the mainstream media as they pertain to the treatment of migrants in detention in Canada. Using critical discourse analysis, this research contrasts mainstream media coverage of four major publications on immigration detention. It explores the media’s role in the (re)creation of refugee discourse, and as a purveyor of racial ideology, which problematises people of colour and demands state intervention in the form of mental health aid. The resulting discourse pathologises the refugee identity and simultaneously obscures the socio-political conditions and violence that necessitates their departure from their home countries. As refugee discourse is infused with biomedical understandings of mental health, it also legitimises the nation state’s practice of coercive social control for these populations through detention.

Key words refugees • violence • mental health • immigration detention • moral panic

Introduction

Throughout the 1980s, Canada was renowned for its acceptance of refugees and its support of international refugee aid agencies (Robinson, 2016). Despite the characterisation of Canada’s responses to refugee crises as indicative of its benevolence, they demonstrate the complex interplay of social and geopolitical forces concerned with the maintenance of extant securitisation efforts (Hansen and Huston, 2016; Olsen et al, 2016; Esses et al, 2017; Ramos and Ungar, 2017; Hutchinson, 2018). Canada’s response to the early stages of the European migrant crisis in 2015 and 2016 typifies a moral panic largely facilitated by the mainstream media that problematised refugees...
and portrayed them as dangerous to public order. This narrative has long drawn on a mental health and trauma discourse that frames refugees as either dangerous or in need of institutional supports (Snyder and Mitchell, 2002). It exemplifies the interrelationship between the media and discourse creation, highlighting the centrality of discourse in what Foucault referred to as ‘governmentality’.

This article is concerned with the role of mainstream news media as a purveyor of discourse through moral panic as they employ trauma discourse towards refugees to rationalise biomedical surveillance while advocating mental health institutionalisation. It explores both the historic and contemporary context through the intersections of refugee discourse, mental health and technologies of social control. Finally, through a critical discourse analysis (CDA), it will examine the coverage of major publications on the practice of detention towards refugees by major newspapers and major public reports from relevant institutions.

Background

The normalisation of the use of detention with refugee populations, whether through criminal justice institutions or mental health institutions, reflects a culturally engineered discourse in the West based on exclusion. This discourse is reinforced by a moral panic that, through media representations of migrants and refugees in post-11 September 2001 (9/11) society, simultaneously criminalises and medicalises them. Welch and Schuster (2005: 398) note that ‘the detention of asylum seekers clearly demonstrates that certain facets of the war on terror manifest more as immigration and social control rather than as crime control’. Contemporary refugee discourse, then, represents a melding of the labels of ‘criminal’ and ‘mentally ill’ through a single rationale for these tendencies: trauma.

Theoretical background

The effectiveness of discourse in influencing action, whether by the state, advocacy groups or social service agencies, is informed by actions in concert. This section analyses the work of Foucault and Cohen on governmentality and moral panic, respectively, for a framework to examine the unique condition of refugees as non-citizens and as targets of projects of social control in Western nations.

Rationalising technologies of control through moral panic

The moral panic has enjoyed relative acclaim in sociology and other disciplines like criminology as one of the more influential concepts (Horsely, 2019). As part of a broader moral enterprise theory, the concept synthesises the social processes through which deviance is constructed and the different stages of how society reacts to deviant groups through policy change (Deutschmann, 2007; Lumby and Funnell, 2011; Reinarman, 2012; Horsely, 2019). Rothe and Muzzatti (2004: 329) list the various social actors of the moral panic as including: ‘(1) folk devils, (2) rule enforcers, (3) the media, (4) politicians, (5) action groups, and, (6) the public’. Horsley (2019) identifies the moral panic as consisting of three main stages: first, a folk devil is identified; then, the elite class associate the folk devil with some threat to the values of the society; finally, changes to law and policy are enacted that further social control. As
a sociological concept, it also invites a critical analysis of how power affects who is designated a folk devil, the construction of the panic and the resulting policy changes. Its popularity has garnered some criticism as a catch-all concept, watered down by generalisations and reductionism, and what Horsley (2019: 5) describes as ‘populist affirmations’. Dandoy (2015) notes that part of the issue lies in associating panic itself with ‘disproportionality’, a position that reveals the bias of researchers. Further, Dandoy (2015) notes that a myopic view of moral panic eliminates important histories that inform these social phenomena.

Critcher’s (2008) work on moral panic helped revitalise the subject 36 years after its inception. He frames moral panic as a form of moral regulation and part of a larger process of managing ‘risky’ populations, like refugees. Critcher (2009) and Lumby and Funnell (2011) argue against equating moral panic with ‘disproportionality’. Instead, they argue that moral panics reflect legitimate anxieties around social changes. Reviewing overreactions to migration and social change through psychoanalytic theory, Papastergiadis (2006) challenges the rationality of moral panic and questions the legitimacy of societal attitudes as they benefit the status quo. Terming it the ‘invasion complex’, Papastergiadis (2006) explores emerging ‘irrational’ anxieties around globalisation, immigration and the demands that they place on the host country. Papastergiadis (2006: 433) points to refugee detention as a sign of a global imaginary that has taken hold and legitimised violent reactions to what he calls ‘the placeless and faceless state of the Other’.

Thus, moral panics can help us to understand how myths of victimhood that dominate the West are generated and come to inform national myths. Against the juxtaposition of the deviant and uncivilised other, the West is able to construct itself as superior morally, economically and politically. The narrative of civilisation and superiority, devoid of historical reflection, removes the West from culpability in colonisation, war and other tragedies that displace and motivate refugees to flee. The West’s urge to pathologise refugees through the labels of trauma and mental illness also serves to individualise a systemic problem of which they are part.

Mental illness and other health problems have historically been signifiers of deviance and used to construct refugees as folk devils in the West. This is demonstrated through the history of eugenics and the diagnostic regimes of the early 1900s. Eugenics-based screening processes demanded that migrants entering the country were physically and mentally fit, so as not to burden the economic system or result in defective progeny in Canada’s populous (McLaren, 1990). In 1909, Canada barred those with illnesses from entering the country altogether and would not provide medical attention in detention to those who were ill (Chang, 2008). Discovery of physical illness or disability was grounds for deportation (Chang, 2008; Joseph, 2015). These cases of race-based and ableist exclusion fitted the Canadian immigration system, with its present-day rationale and apparatuses of social control. Moral panic, as it employs pathologising discourses, engages in symbolic violence while obscuring the systemic violence that refugees encounter through securitisation.

**Governmentalising race and disability through moral panic**

Foucault’s work on governmentality offers an analysis that is useful in understanding how refugees, as the ‘Other’, are constructed as a ‘risky’. More generally, Foucault describes governmentality as ‘the techniques and procedures of directing human
behaviour’ (quoted in Rose et al, 2006, 83). It describes how individuals internalised practices of social control using various technologies, programmes and strategies (Rose et al, 2006). The internalisation of these projects by society could be described as programmes, noting the similarities to society operating like a self-programmed computer. Foucault’s attention to technologies of the self (practices of self-management) and technologies of government (practices that reify state control) is particularly significant to the conversation on citizenship, borders and migration in particular (Rose et al, 2006; Schinkel and Van Houdt, 2010; Bröckling et al, 2011).

The ideological and discursive tools employed to carry out these programmes are referred to as ‘technologies of power’ and extend to the ‘law, discipline, & security’ (Bröckling et al, 2011: 4). It is argued that ‘security’ as a technology ‘presumes a prescriptive norm’ or ‘baseline’ that people self-orient to in order to carry out the programme of the state (Schinkel, 2013). This is in contrast to the historical disciplinary system described by Foucault, which relied on the brutal violence of the state to coerce behavioural change. Similar to Cohen’s (2011) folk devils, governmentality identifies ‘objects of problematisation’ that are targets of state programmes (Shinkel, 2013). Refugees, as raced and disabled bodies that traverse international borders, are conceptualised around security and risk. In fleeing harm and moving to the safety of host nations, or being framed as possibly latent terrorists or criminals, security is ascribed to the refugee body. In addition to screenings and background checks, they are also confronted with technologies of self. For example, Gross (2004) observes that some refugees accepted post-traumatic stress disorder (PTSD) diagnoses in the hopes that appearing medically compliant would improve the results of their applications for citizenship. However, many were forced to access medicalised treatment, and their diagnoses were later used to label them as mentally unwell or prone to violence (Gross, 2004). Ultimately, their acceptance of diagnostic labels was used to bar them from citizenship. In accepting diagnostic labels to further their claims as refugees, these individuals participated in what Foucault considered technologies of the self: processes by which the individual acts upon himself (Foucault, 1988). As Gross (2004) notes, the precarious status of refugees often hinges on the acceptance of labels that have been ascribed to them. Yet, in accepting the diagnostic label, refugees also affirm the discourse of the ‘traumatised refugee’ as a prescriptive norm.

Foucault’s other theoretical contributions, particularly biopolitics, lend themselves to a historical examination of discipline and deviance that is also useful here. Through this genealogical approach, race and disability can be understood to reflect biopolitical constructions that emerged through attempts to categorise abnormality under scientific racism (Joseph, 2015; McWhorter, 2017). Scientific racism, or eugenics, employed ‘exclusionary practice[s] based on scientific formulas of deviance’ in search of empirical evidence for white supremacy and classist prejudices (McLaren, 1990; Snyder and Mitchell, 2002; Deutschmann, 2007). It also attempted to rationalise the emerging economic hierarchy post-colonisation (Lewontin et al, 1982). Forced sterilisation and institutionalisation were among the tools used to eradicate individuals with mental and physical disabilities whose existence compromised a white and able-bodied society (El-Yahib, 2015).

These exercises in categorisation stemmed from the violent legacies of colonialism first exacted on Indigenous populations (Monaghan, 2013). The racialisation and medicalisation of refugees aids in maintaining their status as ‘Other’, while reinforcing
Sarah A. Adjekum and Ameil J. Joseph

this as biologically attributed. Similarly, trauma discourse reinforces violence as a central experience of the refugee while simultaneously framing refugees as ‘sick’. This focus on individual manifestations of pathology has social repercussions. Specifically, society and the state are exempted from a deeper analysis of their own pathology and their complicity in the creation of violence, such as poverty and displacement. Further, it also maintains a functionalist perspective of society that ignores persisting historical attitudes in modern-day institutions. Borders demonstrate how societal preoccupation with risk manifests as governmentality through the management of citizens, non-citizens and spaces (Ibrahim and Howarth, 2016). These forms of governmentality are enforced through laws that trace their histories to the management of the ‘Other’. As Pulitano (2013) observes, notions of citizenship and illegality serve to criminalise and delegitimise refugee narratives.

Drawing on both moral panic and governmentality has benefits to analyses of social control. First, it suggests that a dialectical relationship between individuals, groups and the state exists and influences practices of social control. Cohen noted the media as an important mobiliser of discourse but also paid attention to specific actors who demanded change at the state level. Foucault’s governmentality also helps understand how individuals internalise norms and carry out activities in accordance with programmes. Central to both of these processes are the discourses that ‘frame objects of problematization’ (Shinkel, 2013: 295).

Separating violence from trauma

Refugee trauma is, of course, not solely discursive; it names a legitimate diagnosis among many who are force to flee dangerous and often traumatic situations (Marlowe, 2010). A growing body of literature on refugee mental health includes an assortment of checklists and assessments for refugee mental health (Sigvarsdotter et al, 2016), examinations on the lingering effects of intergenerational trauma in refugee homes (Sangalang and Vang, 2017; Dalgaard and Montgomery, 2017), and culturally sensitive trauma interventions (Athena, 2011; Drozdek, 2015). Issues arise, however, when trauma is applied to refugee populations unilaterally so as to deny their agency and varying experiences (Marlowe, 2010). As such, how can a single label sufficiently encompass such a diversity of experiences?

Fassin and Rechtman (2009: 8) liken trauma to an emotional scar: ‘[it] is our normal means of relating present suffering to past violence’. Trauma has become an all-encompassing word for the psychological effects of violence (Fassin and Rechtman, 2009). Butt and Parton (2005) similarly note the salience of trauma in normalised lexicon. Trauma functions as a label that individuals can use to connect to experiences of emotional distress at particular moments of their lives (Butt and Parton, 2005). This application of social constructionism, the individual’s capacity to create their own social reality, as well as the primacy and prevalence of the biomedical models of health, which normalises the discovery, labelling and diagnoses of disorders, informs the modern salience of trauma discourse. This is distinct from clinical diagnoses of PTSD, which is identified by specific symptoms, including flashbacks and hyper-arousal, and traces its etymology to studies on survivors of genocide, sexual assault and war veterans (Butt and Parton, 2005). Despite acknowledging the reality of trauma-related distress, Summerfield (2001) and Young (1997) have critiqued PTSD
as a diagnosis without a sound scientific basis and that is upheld by stakeholders and institutions who help produce trauma discourse.

Trauma discourse has the capacity to empower, as it allows individuals to articulate personal and abstract experiences to one another with a common language (Butt and Parton, 2005). However, the issue shifts from one of empowerment to one of oppression when the label of trauma is applied to whole groups of people in homogenised, communal ways that reduce individual experiences and truncate complexities. O’Brien (2011: 353) argues that this practice is not only paternalistic, but also ‘only formalizes pejorative stereotyped views of the group in question’.

Other authors have reported on stigma and barriers associated with the label of trauma for refugees, in particular, barriers in accessing employment, income and housing (Marlowe, 2010). These examples are critical, as they demonstrate the double-edged sword that trauma discourse poses for refugees seeking asylum. In response to the normalisation of migrants and refugees being assigned diagnostic labels, Gross (2004) and Shannon (2014) argue that the social should not be disconnected from the psychological. Both emphasise the importance of connecting the political and cultural factors for migration when exploring distress connected to trauma and mental health (Gross, 2004; Shannon, 2014). Further, this underscores a need to interrogate the social uses and impacts of psychiatric diagnoses outside of mental health.

The limits of trauma discourse extend beyond material and social barriers. It can also obscure the personal histories that refugees present with while essentialising complex political and social histories into monolithic representations of the Third World (Warfa et al, 2012; Joseph, 2015). Representations such as these frame the countries that refugees chose to leave as sites of violence. In turn, refugees are framed as traumatised and embodying the violence they sought to escape through asylum (Pupavac, 2002). This conceptualisation of violence frames it as a social reality divorced from the West and so-called ‘developed nations’, and exclusive to the Global South and developing nations. Mills (2014) and Ki (2021) warn against exporting psychiatric language to pathologise distress in individuating ways that ignore the context for ongoing colonial and racial violence. Violence is imagined through conflict and wars, not through social structures and policies capable of producing inequality and displacement.

Zizek’s (2008) exposition on violence delineates two forms of violence: subjective and objective violence. Subjective violence refers to acts such as physical violence that are shocking, brutal and easily attributable to a specific agent or group (Zizek, 2008). Zizek (2008) uses the term ‘objective violence’ to refer to the often-neglected backdrop from which subjective violence springs forth. It encompasses both symbolic violence (the violence of discourse and language) and systemic violence (the violence embedded in capitalist systems) (Zizek, 2008; Joseph, 2015). Objective violence is thus the intentional creations and actions of the state and an exercise of power (Zizek, 2008). Trauma discourse, by separating the experience of violence from the systems that wield it and situating it within the individual, reflects subjective violence. In the age of ‘shock and awe’, mainstream media also focuses heavily on subjective violence, favouring stories of injuries, explosions and death, yet not on the structures and regimes that utilise violence (Kapur, 2007).

To perceive violence in this way is ahistorical with regards to the economic, political and the cultural factors that precipitate, and at times necessitate, violence. It also serves to politicise the ‘otherness’ of migrants and thus frames them as not Canadian or not sharing Canadian values. As refugees and migrants navigate the immigration
system, they do so as proxies for an ideological and cultural conflict that targets them as aggressors and threats. To attempt to rectify these ahistorical assumptions requires an acknowledgement of the ways through which power operates. This distortion of objective violence through dangerisation – the housing of violence in purportedly deviant and racialised bodies – draws migrants and refugees under the scrutiny of the international community as folk devils while the ongoing violence goes unquestioned.

As Fanon writes: ‘You do not disorganize a society, however primitive it may be, with such an agenda if you are not determined from the very start to smash every obstacle encountered.’ (Fanon, 1963, p.3). The mechanistic logic of colonisation, wielded by Western society against the ‘primitive other’, gave way to brutal forms of violence that are maintained in the modern-day structures currently encountered by refugees. Refugees, as they encounter displacement, deportation and detention, are responding to violence wielded and enabled by the concerted decisions and actions of political and economic governing bodies.

Methods

The media plays a crucial role in informing discourse and ideology. Zizek (2008) argues that the media wields symbolic power that disseminates dominant ideologies. As it has been identified as a tool of moral panic, the media serves not only to coerce individuals towards end goals, but also to legitimise ideology through discourse. Couldry (2001) highlights the media’s legitimising capacity towards discourse and ideology. He argues that the media’s true power is not within ideology; rather, the media is unprecedentedly equipped to speak to society on behalf of society (Couldry, 2001). While the mass media is capable of creating narratives, at times, it is used as a tool by moral entrepreneurs and politicians (Mawby and Gisby, 2009).

Baker et al. (2008: 173) describe CDA as an ‘academic movement’ that focuses on ‘theoretical concepts such as power, ideology and domination’. Its use has been documented in inquiries of refugee depictions during moral panics and how discourses evolve in reaction to influxes of migration (Baker et al, 2008; Lumby and Funnell, 2011; Hansen-Easey and Augoustinos, 2012). In this inquiry of the deployment of trauma discourse by moral entrepreneurs, the mainstream media was examined for its coverage of the refugee crisis. This required attention to the role of the mainstream media as a knowledge disseminator and contrasting its reporting to the publications it covered.

The study sought to examine coverage of refugee mental health between 2011 and 2016. Using a grounded theoretical approach, the study began with a preliminary search of key terms ('migrants', 'refugees', ‘Canada’ and ‘mental health’) in Google to identify mainstream news articles, including national and provincial news sources. As several of these articles referenced important reports from advocacy, research and legal organisations, the study also contrasted the discourse in these reports to the media coverage.

In total, 18 mainstream articles were identified, including publications from the Toronto Star, Macleans Magazine and the Canadian Broadcasting Corporation (CBC). Their coverage of the refugee crisis referenced major publications that had been published by advocacy groups and research institutions. These publications included: We Have No Rights: Arbitrary Imprisonment and Cruel Treatment of Migrants with Mental Health Issues in Canada (Gros and van Groll, 2015); The Human and Financial Cost of Detention of Asylum Seekers in Canada: A Study for the UNHCR (Nakache, 2011);
Violence by any other name

Indefinite, Arbitrary, and Unfair: The Truth about Immigration Detention in Canada (Hussan, 2014); and ‘Asylum-seeking children’s experience of detention in Canada: a qualitative study’ (Kronick et al, 2015). Some of these publications listed press coverage that also helped identify news articles. The focus of these documents was primarily immigration detention, detention-related deaths and the impact of detention on the mental health of migrants and refugees, reflecting the trend of coverage at that time.

Using an inductive approach, articles were coded thematically, with attention to trauma discourse. Discursive strands were identified that specifically connected to mental illness and trauma (subjective violence) and institutional trauma through detention (objective violence). A second round of coding to group further discursive strands were identified through the themes of the pathologisation of refugees, securitisation and violence. This second round of coding focused on the specific ways that mental health and trauma discourse might encourage specific solutions towards refugees with attention to social control.

Analysis

The ideological underpinnings of discourse can reveal how power is embedded in our taken-for-granted interactions. This is particularly instrumental in identifying how power manifests in particular disciplines, such as mental health, whose practice is dominated by objectivity and empiricism (Depoy and Gilson, 2002). The analysis was guided by an overarching question of how trauma discourse was employed by mainstream media outlets. In particular, it was concerned with whether detention was discussed as a form of violence and, if not, how mainstream media discussed violence. As such, it employs Norman Fairclough’s (2013: 132) three-dimensional method of discourse analysis, which approaches discourse as the following: (1) a language text, either written or spoken; (2) discourse practice (text production and text interpretation); and (3) sociocultural practice. The analysis presented highlights the discursive strands that emerged in the examination of discourse as sociocultural practice. As noted, the media is positioned to create and naturalise discourse (van Djik, 2000), and the process of moral panic is one vehicle of this. It fulfils this, in part, through knowledge dissemination and functioning as a point of access between institutions and the public. Thus, this analysis pays particular attention to how particular attitudes towards refugees, racialised populations and individuals with disabilities inform discourses that are recreated to support regimes of control towards these groups.

Of the four major publications from which the news articles were derived, two were primarily concerned with mental health. We Have No Rights: Arbitrary Imprisonment and Cruel Treatment of Migrants with Mental Health Issues in Canada (Gros and van Groll, 2015) and ‘Asylum-seeking children’s experiences of detention in Canada: a qualitative study’ (Kronick et al, 2015) were both written with the intention of bringing to light the injustices experienced by individuals with mental health problems and how detention exacerbates mental illness. The other two publications – The Human and Financial Cost of Detention of Asylum Seekers in Canada: A Study for the UNHCR and Indefinite, Arbitrary, and Unfair: The Truth About Immigration Detention in Canada – emphasised the legal repercussions and human rights abuses of refugee detention. Despite the focus of the publications, the discursive strands that emerged demonstrated considerable overlap in how perceptions of refugees shaped reporting around their experiences.
Pathologisation

Pathologisation of refugee health was referenced in all of the 18 mainstream news articles. Discussions around mental health emphasised the impact that detention had on worsening symptoms of schizophrenia, depression and anxiety. For example, at least one mainstream iteration of a major publication mentioned mental health, even if the original publication only touched upon it. Trauma, independent of PTSD, was mentioned in six different articles. Most of the references to trauma were in connection with articles written to discuss the results of Kronick et al’s (2015) publication, ‘Asylum-seeking children’s experiences of detention in Canada: a qualitative study’. Gros and Van Groll’s (2015) report, We Have No Rights, spawned seven mainstream articles or op-eds, of which all but one mentioned mental health or trauma in the title.

Emphasis on refugee mental health was not necessarily intended to disparage the image of the population. Rather, some portrayals of refugees that relied heavily on mental health discourse were intended to garner sympathy and support for a vulnerable population. For example, an editorial in the Toronto Star covering Gros and van Groll’s (2015) publication framed the plight of refugees as overwhelmingly negative in order to challenge the use of detention against them:

Migrants, especially asylum seekers, are a particularly vulnerable population. They often struggle to cope in a foreign language and unfamiliar cultural context, and they may be affected by post-traumatic stress disorder. Isolation from friends, family or community may only exacerbate their despair and sense of hopelessness, leading to depression, fear, anxiety, and suicidal ideation. (Macklin, 2015)

This excerpt from Macklin’s (2015) Toronto Star piece, ‘Mentally ill migrants don’t belong in jail’, employs language that emphasises the social and mental plight of the migrant. Migrants, the subject of the excerpt, are simultaneously framed as active and passive in their experience of mental health. For example, ‘struggle’ as a verb frames their ability to ‘cope’ as an individual failure or limit, with deleterious impacts on mental health. While isolation is also discussed, the words ‘Isolation from friends’ contextualise the action not as being structural or systemic, but rather again as an act of the migrant. This is connected to ‘depression, fear, anxiety, and suicidal ideation’. Mental health is thus evoked as a condition of the migrant themselves and an experience that the migrant reinforces through their actions.

Conversely, Browne’s (2015) coverage of the same publication reported experience of mental health as being exacerbated by detention: ‘Mandhane and other report authors interviewed 10 current and former detainees, who were imprisoned from two months to eight years. “The detainees we spoke to who had serious mental health issues coming in talked about how being in jail really increased their levels of anxiety and depression,” she said.’ Similar to the previous excerpt, the text describes the suffering of migrants in detention. In describing the mental health status of the interviewees as having had ‘serious mental health issues coming in’, the subjects of the excerpt (the detainees) are broadly described as mentally unwell to the reader. Refugee detention is referred to as ‘being in jail’, a choice in words that perhaps unjustly associates the refugee with the criminal. Interestingly, jail is identified clearly
as a cause for worsened mental health, which is a connection that evokes the state and power as factors in the mental health outcomes of migrants. These allusions to individual responsibility and state power are significant given the racialisation of migrants and the pathologisation of their experiences. Using trauma and mental health discourse to describe refugees reinforces the need for medical supports for refugees and the violence that often accompanies these institutionalised practices.

Common themes also included the lack of mental health supports and treatment, such as medication. Browne’s (2015) article provides an example of a detainee whose mental health was aggravated by detention. For example, Browne (2015) provides the case of ‘JJ’:

He was transferred to Lindsay and says he did not have access to a lawyer for more than one year. Since he was detained, JJ describes feeling severely depressed and has no access to mental health services…‘They treat us okay here. But the health conditions are not good because of the stress on our minds. Sometimes I get up in the middle of the night with nightmares, and now I’m on medication to digest my food,’ JJ said. ‘I used to have a great memory, but now it’s really going downhill.’

The excerpt notes that JJ’s mental health declined after detention, again noting the negative impact of detention on mental health. JJ’s own words, relayed in Browne’s article, are toned down despite the concerning decline in his physical and mental health. For example, he describes himself as being treated ‘okay’ (Browne, 2015). This is contrasted to the admitted toll that detention has had on his mental health and his dependency on medication to digest meals. JJ appears to attempt to normalise his experience of detention. It is unclear what treatment he describes as being ‘okay’ and how this compares to the health conditions that are impacting his mental health. Browne (2015), in relaying JJ’s experience, narrows the concern to his lack of access to a lawyer and medical supports. His forced confinement by the state for over a year is presented as problematic because of his lack of access to particular resources. To the reader, this retelling of JJ’s story may suggest that detention may be permissible if supplemented by mental health supports and legal consultation.

As discussed, pathologising the refugee experience has been historically used as grounds for an arbitrary separation between migrants and refugees. The experience of harm and persecution is used to connect refugee experiences to that of violence and trauma. As such, the pathologisation of refugees becomes a necessary characteristic intended to separate them from ‘economic migrants’. While the majority of the articles examined used the word ‘migrant’ in place of ‘refugee’, the truncated image evoked in text often framed migrants as sick and traumatised. Tseghay’s (2014) article, ‘Boycotting injustice: new report reveals truth of immigration detention in Canada’, was the only article that challenged the separation between migrants and refugees, and that connected Canadian complicity to migrant displacement. This eschews the prevalent use of mental health and trauma discourse observed in the other articles covered. Instead, it approaches a discussion about the role of the state in creating experiences of violence for both migrants and refugees. As Tseghay (2014) writes:

According to Ormond, the neoliberal containment state also functions to repress emerging, if only nascent, resistance efforts. ‘People who are
coming to Canada from Mexico to paint condos are in many cases the same people who are fleeing areas devastated by Canadian mining companies and militarized by Canadian corporate aggression in Mexico or in the Philippines.'

Tseghay’s (2014) quote notes the experiential overlap between immigrants and refugees, as well as their common experience of displacement by practices meant to further Canada’s own economic hegemony. Mention of ‘Canadian mining companies’ and ‘militarized … corporate aggression’ contextualizes the experience of trauma as a result of particular forms of violence connected to the Canadian state. These arguments are supported by the assertions put forth by Hayden that identify the West as a perpetrator of violence through both its deterrence policies and its selective focus on subjective violence. The refusal to identify its complicity in objective violence serves to reinforce the narrative of Western benevolence, which is further maintained by its provision of mental health supports for the very same populations it has harmed.

**Violence**

Mental health and trauma, as it is engaged in by advocates, the media and mental health practitioners alike, is frequently discussed as subjective violence. Further reinforced by individualising approaches to mental health and trauma, the violence that can influence such experiences is often omitted. The act of erasure of violence by the media can also be understood as symbolic violence, that is, violence that is captured in micro-aggressions, language and discourse (Zizek, 2008). Language around mental health, trauma and also death and suicide were coded as subjective violence. Mention of policy, the Canadian state and the Canada Border Services Agency (CBSA) were coded as objective violence. Allusions to subjective and objective violence stood out among the discursive strands, as they highlighted the ways that power and powerlessness were connected to the migrant experience and its impact on mental health. For example, ‘Jailing immigration detainees a gross injustice’ (Kronick and Beder, 2016) explicitly names the use of detention as infringing upon ‘the right to be free of cruel, inhuman, and degrading’ treatment. ‘Migrant detention sparking mental health crisis’ (Ball, 2015) quoted migrants’ reports of feeling ‘less than human’, like ‘animals’ or ‘garbage’.

Carman’s (2014) article, ‘Detained refugees treated worse than criminals: lawyer’, both identifies the forms of violence experienced by refugees (suicide) and portrays the CBSA as the agents of violence:

‘That’s really a dungeon six or … eight floors below the airport, with complete isolation and nobody visiting (the detainees),’ he said, noting that it was the site of the suicide of Mexican national Lucia Vega Jimenez, who was awaiting deportation, late last year. If a detainee needs to meet with a lawyer or family, they are brought to the CBSA daytime holding cells in downtown Vancouver. But because capacity at the airport is limited, about two-thirds of B.C.’s [British Columbia’s] immigration detainees are housed in provincial jails.
The excerpt notes that the holding centres being used are, in fact, jails, not separate facilities meant for holding migrants that the term ‘detention centres’ often implies. There was also effort to describe the environment as being hostile and isolating, with little attention to the policies that enable these uses of space. Further, Carman (2014) uses the word ‘dungeon’, which aids in illustrating to the reader the conditions and atmosphere that could produce a suicide, such as that of Lucia Vega Jimenez. It is noted that while alternative accommodations exist, they are only employed for meetings with family or a lawyer, leaving more than two thirds of detainees to languish in jail. While the CBSA is mentioned here, there was no mention of systems through which organisations like the CBSA obtain power. In fact, emphasising the CBSA’s role in migrant detention may risk obscuring how changes to Canadian immigration policy made arbitrary detention legally permissible. Instead, the most common recommendation was for oversight of the CBSA through an independent body:

Prof. James Hathaway of the University of Michigan Law School says what happens in Canada goes much further than protecting the public. ‘Beyond its truly massive scale, the study shows that migrant incarceration by Canada often operates in something approaching a legal “black hole”,’ Hathaway says. Several coroners’ inquests into migrant detainees who have killed themselves or died of medical-related causes as well as the Canadian Red Cross have criticized CBSA’s punitive approach over the years. Syed Hussan, with the activist End Immigration Detention Network, said jailing non-criminal migrants must stop. ‘For those suffering with prior histories of trauma, immigration detention can be deadly,’ Hussan said. (Perkel, 2015)

This excerpt from Perkel’s (2015) article highlights the deaths associated with migrant detention and the clandestine circumstances that were under investigation. The tone of the excerpt is speculative and emphasises the possibility of harm, despite observing the loss of life. For example, by describing the operation as a ‘legal black hole’, it suggests ambiguity around the practices employed by Canada despite the outcomes. Interestingly, the deaths in detention are attributed to the detainees who have ‘killed themselves or died of medical-related causes’. The language employed here simultaneously recognises the role of Canada in the incarceration of migrants and the circumstances of these deaths, while invoking the image of the sick migrant. The excerpt falls short of describing detention itself as violence and instead frames this violence as contingent on the mental health of the migrants.

Securitisation

While securitisation can be encompassed in the larger category of systemic (objective) violence towards refugees, more explicit reference to it in the articles warrants attention. As discussed, detention is but one example of various deterrence and securitisation practices in the West (Russo, 2008). It represents a coordinated effort by the state to limit accessibility to those seeking asylum, while prioritising economic interests over the needs of refugees. Of the articles examined, there appeared to be a split between those advocating unilaterally against the use of detention and those who saw detention as a necessary practice supported by CBSA and federal policy.
For example, Anna Pape of the Immigration and Refugee Board was quoted about CBSA policy so as to normalise the use of detention against refugees:

‘People aren’t detained because they have mental health issues,’ she said. ‘That’s not part of the Immigration and Refugee Protection Act. That’s not a reason to detain somebody in itself.’ Detention is considered a last resort for people with behavioural and mental health problems, said CBSA in a statement. ‘However, if detention is required (for example, due to a flight risk), CBSA guidelines state that detention of vulnerable individuals should be for the shortest time possible and primarily focused on supporting the removal of that individual.’ (Young, 2015)

Pape notes that the Immigration Refugee Protection Act (IRPA) detains people not because of their mental health, but rather for other issues, such as if they are a flight risk. This comparison suggests that the typical reasons for detention are valid while the detention of migrants with mental and behavioural health problems is outside the norm. This quote could also be read as refuting the idea that people with mental health issues are targeted for detention, an experience reported in Gros and van Groll’s (2015) report. Pape’s quote works not only to maintain the need for detention in the public eye, but also further works to reinforce ideas that criminalise refugees. It is not critical of CBSA policy, which has led to numerous deaths and criticism from the United Nations (UN), and instead emphasises CBSA guidelines. Further, the narrative of mental illness creates a gap that obfuscates the presence of violence through detention and government policy. In contrast, Matthew Behrens (2012) critiques the use of detention as a practice of securitisation and challenges the CBSA’s complicity in the criminalisation and mistreatment of refugees. As Behren (2012) writes:

The logic of CBSA, however, is that these human cargo are meant to be inspected and, if they do not fit a particular profile, must be stamped ‘return to sender’ before they can access the limited resources available to asylum seekers. Indeed, the CBSA evaluation of its operations stated a general concern that the agency needed to deport as many people possible in short order ‘prior to additional avenues of recourse becoming available,’ an admission that the rights of the asylum seeker are considered an annoyance preventing the factory-like efficiency of roundups and removals.

Behrens (2012) notes the relationship between securitisation practice and economic reforms that penalise refugees, as he comments on the limited resources available to migrants. By referring to migrants as ‘human cargo’, the excerpt captures the contradiction of the CBSA’s treatment of vulnerable peoples: simultaneously, the migrant is humanised and objectified. Behrens (2012) also captures what Fanon (1963) discusses in ‘Concerning violence’. Fanon (1963) discusses the process through which the colonial subject is reduced to an object. This involves the experience of being categorised and dehumanised (Fanon, 1963). Behrens’ excerpt also alludes to how capitalism, with its tendency to reduce even the individual to a commodity, interfaces with systems of governmentality and informs how securitisation operates, as he notes the contradictions of the ‘factory-like efficiency’ of systems towards human beings.
The financial impact of securitisation is further explored as a rationale to end detention. Keung (2011), in coverage of the UN report on detention, notes that, in practice, detention is costly:

It costs $150 a day to detain a refugee in provincial facilities, the report said. In 2008, their detention costs were up 26 per cent from the previous year, amounting to $45.7 million or $3,185 per detained case. Among the report’s 20 recommendations is the call for the border services agency to assign jail liaison officers in each province to ensure detained refugees’ needs are met.

Keung (2011) offers a concise description of the cost of refugee detention. Interestingly, while the original report by Nakache (2011) names mental health as one of the human costs of detention, this article primarily focused on the financial and legal aspects of detention. Keung’s (2011) coverage of the UN’s criticism attempts to emphasise how detention is a costly practice and how the recommendations by the UN could potentially add to costs. However, the report’s recommendation to introduce jail liaison officers depicts a response to detention that maintains its criminalising elements and does not challenge the practice itself. Keung (2011) alludes to the criminalisation of migrants, as he writes:

Between 2004 and 2008, the percentage of refugee detainees held for ‘security/danger’ reason fell to 4.7 per cent from 7 per cent in 2004. In Greater Toronto, a growing number of refugees are being detained for flight risk, with those held for fear of not appearing before authorities up to 94 per cent from 84 per cent during the same period.

‘Except for cases of lack of identity, there are less reasons to detain at the front end because asylum seekers are more likely to cooperate and show up for their proceedings,’ one border official told researchers. ‘At the back end, when the claim has been rejected, the risk of flight increases.’

Here, Keung (2011) implies that although ‘refugee detention is up’, the reasons for detention have actually decreased or are produced after the fact.

Tseghay (2014) is similarly critical of the financial impact of securitisation practices. Covering the report *Indefinite, Arbitrary, and Unfair: The Truth About Immigration Detention in Canada* by End Immigration Detention Network, Tseghay (2014) illustrates that the motivations for detention and other securitisation practices are also largely financial by providing an overview of the budget for immigration enforcement: ‘The budget for immigration enforcement ballooned from $91 million to $198 in 2012–2013, while the immigration detention budget sits at over $45.7 million per year. In the same period, 9,571 migrants spent time in immigration hold.’ In contrast to the historic belief that migrants strain the system through their participation in the labour market and dependency on social programmes, the numbers that Tseghay (2014) presents show twice the funding going to securitisation practices and this funding nearly doubling in the span of a year. Conversely, amid a migrant crisis, the budget for detention has not changed, but increased numbers of migrants are being detained. In reporting the change in numbers, the reader is invited to think about the motivations and values informing these budget changes. It can be implied that the government is more concerned with controlling immigration than with supporting migrants and refugees:
These kinds of proposals were influenced, in part, by the passing in 2001 of the Immigration and Refugee Protection Act (IRPA) – legislation created in the context of the state’s post-9/11 anti-terrorism efforts. The Act entrenches the practice of the ‘security certificate,’ introduced in the 1990s, which allows for non-citizens who are considered a threat to the country to be detained and deported. (Tseghay, 2014)

Tseghay (2014) lays out the motivations for both the increased budget and the increased number of detainees by calling attention to IRPA and anti-terrorism efforts. In contrast to articles discussed that framed refugees as sick and requiring mental health support, rather than detention, Tseghay (2014) highlights how securitisation practices informed by terrorism discourses are also contributing to detention. This excerpt hints at a dual narrative at work that frames migrants as folk devils warranting oversight. While the subjective violence of the state as detention is touched upon, the objective violence is still the least covered in all 18 articles. What is increasingly removed from focus is the federal government’s lack of urgency in addressing the Bill C-31 and Bill C-24. Introduced in 2012 by then Minister of Citizenship, Immigration and Multiculturalism Jason Kenny to protect Canada’s immigration system, the Bill denied applicants from designated safe countries the right to appeal and gave increased power to the minister of immigration. The now-infamous Bill C-24 introduced a two-tier immigration system that permitted the deportation of, and loss of Canadian citizenship by, those with dual citizenship or with foreign-born parents who were convicted of a crime. With the introduction of Bill C-31 and Bill C-24 in Canada, the federal government adopted policies that saw increasing securitisation through broader capacities to deport and detain migrants, while limiting opportunities for refugees and asylum seekers to enter the country (Russo, 2008). In avoiding discussion of these policies, government accountability and response are framed through reformist suggestions and recommendations focused on the treatment of the afflicted individuals.

Discussion

The mainstream adaptations of major reports highlighting the ills of detention reveal that the media has a prominent role in the dissemination of refugee discourse. The prevalence of terms relating to mental illness and trauma in the articles support trauma discourse as a vehicle for moral panic and depict the media’s capacity to reassert the value of mental health institutions as an alternative to refugee care. While the publications acknowledge the harm that detention causes, most did not explicitly connect the causation of harm to violence or identify detention as a form of state violence. Moreover, with their main recommendations to introduce mental health supports for refugee populations, the articles ignore Canada’s historical treatment of refugees that funnelled them into criminal and mental health institutions.

As mental health programmes are used instead of detention, so too is the label of ‘criminal’ or ‘terrorist’ exchanged for ‘mentally unwell’. The identity of the refugee is thus transformed from the ‘dangerised’ subject into one deserving of aid. This ‘othering’ through the labelling of refugees and migrants as ‘invalids’ normalises the use of violence against them. This was observed with the migrants who were placed in prisons and solitary confinement for disclosing mental health problems (Kronick
and Beder, 2016). The privileging of trauma and mental health discourse must be understood as instrumental in normalising the institutionalisation of racialised individuals and concurrently targeting them for social control.

Based on the findings in the reports and the general response of the articles analysed, the use of detention for migrants is a practice that must be severely limited to preserve not only the health, but also the dignity and mental well-being, of migrants and refugees. Arbitrary detention, which lacks a clear release date and rationale for imprisonment, should be understood as both a securitisation practice and violence (Gros and van Groll, 2015). Western nations cannot feign indifference to or ignorance of the creation of violence through the policies they enact. Nor can they ignore the role that their foreign policy plays in the creation of disasters that displace refugees in other parts of the world.

Canada has the capacity to learn from the recent migrant crises and past encounters with refugee populations. While it is difficult to prescribe a solution to the migrant crises, the study illuminates possible directions for addressing refugee experiences in Canada. For example, Shannon (2014) proposes that while providing mental health support to migrants is important, it must be done so in a way that acknowledges the complexity of the issues that contribute to mental health problems. Shannon (2014) notes that for many refugees, their distress is not purely the result of trauma or chemical imbalance. Rather, their mental distress stems from unresolved political and social issues impacting the homes and families they left behind, as well as the obstacles of settlement, which include discrimination and lack of employment (Shannon, 2014). Shannon (2014: 464) captures this sentiment from Oromo interviewees, who stated: ‘Don’t just focus on pain. There are histories that are causing pain…. Connect pain to our problems back home…. freedom back home, the political issues is one of the causes of depression.’ The interviewees expressed the importance of moving beyond a clinical diagnostic approach to incorporate the social factors impacting their mental health.

Joseph (2015: 1029) affirms the need for professionals to move beyond comfort and the normalised practice of a Eurocentric diagnostic approach, writing:

Rather, we would again have a system that looks at individuals in their present context without recognition of the ancestry of the violence embedded in conceptualizations of identification and treatment that ignore the violence within methodologies, the projects of moral therapy and of helping ‘Others’ by imposing on them what is dominantly considered reasonable and civilized. There again would be a system that sees Others as more at risk for developing ‘illness’ and ‘their’ need for treatment.

The system that Joseph refers to includes legislation like Bill C-31 which is conspicuously absent from the articles discussed. Instead, the most common recommendation is for oversight of the CBSA through an independent oversight body, the introduction of a maximum 90-day term for detainees who require it and to cease the detention of minors (Bonnar, 2014; Keung, 2015; Kronick and Beder, 2016).

As helping professionals, our participation in systems that replicate diagnostic regimes must also come under scrutiny. In providing support to migrant and asylum-seeking populations, we must be careful that when we push for social support, we are not doing so through discourses that problematise the vulnerable or demand oversight
in ways that mimic social control. We must also strive to incorporate in our clinical work an understanding of violence that moves beyond the subjective, marked by the focus on symptoms, towards the objective systemic violence that impacts our clients’ experiences. The lasting impact of eugenics and race-based science still informs our practice, and as such, we must take precautions to address the ways in which we maintain diagnostic regimes in our practice. From imposing positivistic, medicalised approaches on vulnerable populations, to practising as settler colonialists on Indigenous land, our participation in forms of violence and erasure is inherent to our practice.

Conflict of interest
The authors declare that there is no conflict of interest.

References


