

VIOLENCE BY ANY OTHER NAME

VIOLENCE BY ANY OTHER NAME:
Exploring the Use of Moral Panic in the Erasure of Violence Against
Refugees Using Critical Discourse Analysis

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A Research Project
Submitted to the School of Social Work
in Partial Fulfillment of the Requirements
for the Degree
Master of Social Work
McMaster University 2016

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MASTER OF SOCIAL WORK (2016)
UNIVERSITY

McMASTER

Hamilton, Ontario

TITLE: VIOLENCE BY ANY OTHER NAME
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Number of Pages: vi, 85

Abstract

As observed with the ongoing migrant crises, media coverage of refugee and asylum seekers connects the concepts of mental health and trauma to their experiences. The resulting discourse around refugees pathologizes the refugee identity and simultaneously obscures the violence that necessitates their departure from their home countries. As refugee discourse incorporates discourses of mental health, it also legitimizes nation state's practice social control towards these populations through detention. As the utilization of technologies of securitization is normalized, detention has become increasingly accepted as a response to humanitarian crises. Past research on detention has consistently demonstrated the harmful effects it has on children, adults, and especially individuals with symptoms of mental illness. In particular, research drawing on trauma and mental health discourse has been effective in bringing attention to the counterproductive outcomes of detention. This paper is concerned with the employment of discourses of mental health and trauma by mainstream media as they pertain to the treatment of migrants in detention in Canada. It explores the media's role in the re(creation) of refugee discourse and purveyors of racial ideology that problematizes people of colour and demands state intervention in the form of mental health aid. Using critical discourse analysis, it contrasted mainstream media coverage of four major publications on detention. This study finds prevalent use of mental health discourse and little mention of violence in several online publications. It also finds that recommendations made in the articles emphasized micro and mezzo focused changes that

are unable to challenge federal policy that enables securitization. Nor is it capable of addressing the forms of violence inherent to the mental health system. As such, this paper makes recommendations for a critical examination of refugee and immigration policy that takes into account the states' participation in the creation of refugee crises.

Acknowledgements

There are a number of individuals whose presence, feedback, and guidance supported me throughout this venture.

I take the opportunity to express my gratitude to them. I want to thank my thesis supervisor, Dr. Ameil Joseph for his incredible patience and his wealth of knowledge. I am so grateful to have had your tutelage. I also express thanks to Sheila Sammon who has always challenged me to follow my passions and invest in my ideas, no matter how unconventional. I thank Dr. Saara Greene for her encouragement, energy and guidance. Thank you to Mirna Carranza, Jim Gladstone, and Darlene Savoy for their patience with the thesis process.

I am grateful to my parents who've provided me with invaluable life lessons. Thank you for your love and the experiences that have motivated me to learn as much as I can. I pursue this work with you in mind. Thank you, Sarah, for taking the time to keep me in check.

Finally, thank you Andrey for allowing me to bounce ideas off you, for pushing me to complete what I had started, and for reminding me that this is a labour of love.

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Introduction

The media has long been involved with the creation of narratives around refugees. Often, these narratives have problematized refugees and portrayed them as dangerous to public order and safety (Bauder, 2008). As such, the image of refugees in the West in particular, has been one mired in controversy and misinformation (Bauder, 2008). The 1951 United Nations Convention on the Rights of Refugees defines a refugee as any individual whom, due to the threat of persecution on the basis of their “race, religion, nationality, membership of a particular social group or political opinion”, is forced to leave their country of origin and is unable to return (Marshall, 2011, p. 62). While the term refugee is increasingly being adapted to populations displaced by environmental disasters and climate change, its use is more prevalent in describing individuals fleeing persecution and violence as a result of war or aspects of their identity (Marshall, 2011). The 1951 Convention marks the centrality of harm and violence in defining refugees (Marshall, 2011; Hayden, 2006). However, the punitive policy responses of Western nations do not acknowledge the vulnerability of migrants and the capacity of policies to cause further harm. These policies reflect in part public attitudes that have been informed by the media.

The label of ‘refugee’ does not distinguish between the different forms through which forced migration occurs. While refugees are understood to be amongst the most

vulnerable of migrants due to their precarious living situation and their encounters with violence, Kunz, in his theory of refugee migration denotes two groups of refugees (George, 2010). Kunz distinguishes between anticipatory and acute refugees, identifying the former by their economic privilege which allows them to escape crises before they have fully escalated (George, 2010). Acute refugees however are unable to leave at the first sense danger due to financial constraints, and often have experienced violence while in their home country, or during their journey to safety (George, 2010). Kunz notes that acute refugees also may lack the family abroad as well as other social resources and face further precariousness as they seek asylum status in other countries (George, 2010).

Despite the 1951 UN Convention's guidelines for nation states to provide humanitarian aid to refugees, this population continues to be targeted by punitive policy reform and state normalized violence in the West. The ongoing Syrian refugee crisis has provided accounts of refugee camps being dismantled by law enforcement, and Western nations claiming what few valuables they arrive with in exchange for safety (Britton, 2016; Olsen, 2016). These examples display the negative impact punitive policy approaches can have on refugee lives. In Canada, the detention of refugees and asylum seekers, permitted through Bill C-31, the Protecting Canada's Immigration System Act, has been catapulted to the public sphere after recent admonishment by the United Nations (Nakache, 2011). More recently, the deaths of migrants and the deplorable conditions of immigration detention centres led to highly publicized hunger strike at the Lindsay Detention Centre in Ontario (End Immigration Detention Network, 2016).

Immigration detention is the practice of detaining migrants and asylum seekers upon entry into a country. Bill C-31 of the Immigration and Refugee Protection Act in Canada permits the detention of migrants and refugees over the age of 17 (End Immigration Detention Network, 2014). Those detained upon entry are not criminals and can be placed in an immigration holding centre or jail if they are deemed a flight risk, a danger to the public, inadmissible, or unidentifiable (Gros & van Groll, 2015). Most notably, detention has been increasingly used towards refugees and migrants who disclose mental health problems in an attempt to seek care. The use of immigration detention in times of such high global distress illuminates troubling implications around the West's response to migrant crises in a world where migration is increasingly becoming more prevalent (Hayden, 2006). It further illustrates the role of the federal government in the enactment of these policies that negatively impact the well being of refugees and migrants. And finally, it reveals the differential treatment given to migrants who present as having a disability.

Moral enterprise theory is a useful sociological perspective in understanding how particular identities and behaviours come to be labelled as deviant, and the resulting public reaction (Cricher, 2008). The resulting moral panic, understood as the climax of social anxiety around the specific problem, is addressed most often through specific policy changes (Deutschmann, 2007). The media can be understood as participants of moral panic who aid in the creation of refugee discourse (Rothe & Muzzatti, 2004). In particular, the media has long drawn on mental health and trauma discourse in its framing of refugees as either dangerous, or in need of institutional supports (Synder & Mitchell,

2002). Thus, there should be careful consideration of the media's role, not solely as agents of communication, but also disseminators of refugee discourse. However, in emphasizing the trauma and mental health of migrants and refugees, the media is encouraging the employment of medicalized supports specifically. As seen with historic attempts to medicalize migrants and refugees in the West, this approach has had troubling implications such as the reification of white supremacy in the West. It reinforces ideas about the mental health of migrants and simultaneously criminalizes them (Synder & Mitchell, 2002; McLaren, 1990; Joseph, 2015). Further, it amplifies the stigma surrounding refugee experiences in a Post 911 society that has become increasingly xenophobic (Saeed, 2008). How has the media participated in creating a moral panic around refugee trauma through its coverage of refugee detention in Canada? And what is the resulting impact on refugees through the interventions proposed as a result of the media coverage?

This paper is concerned with the way through which this recycled narrative, around the mental health of refugees, is disseminated through the media and informs recommendations for refugee support programs. This will involve an examination of both the historic and contemporary context for the intersections of refugee discourse and mental health. This research will be advanced by critical discourse analysis to examine the ways that the media facilitates moral panic to constructs a discourse which pathologizes refugees. Specifically, it will critically address the use of trauma discourse in mainstream media adaptations of major publications concerning refugee detention in Canada. The coverage of these publications will illustrate the media's capacity to alter

and impact refugee discourse so as to emphasize the need for increased institutional supports; not unlike past diagnostic regimes used towards refugees.

Literature Review

The normalization of the use of detention on refugee populations reflects a culturally engineered discourse in the West based on exclusion. As mentioned, detention's roots, as a common practice towards refugees, are linked to explicit regimes of social control based on eugenics science. This discourse reflects the convergence of historical attitudes towards refugees that considered their dependence on social programs exploitative. The employment of detention against migrants and refugees illustrates how social control in the form of social exclusion is endorsed by state policy. The process by which this discourse is engineered can be in part understood through social constructionism and the creation of the moral panic (Prince, 2015; Welch & Schuster, 2005; Critcher, 2008; Mauby & Gisby, 2009). Welch and Schuster (2005), and Martin (2015) provide compelling examples of the ways in which moral panic, driven by media representations of migrants and refugees in post 911 society, saw to an increased use of detention on migrants. Welch and Schuster (2005) argue 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" (p. 398). In Canada, a similar response has been observed towards migrants and refugees. The infamous bills C-31 and C-24, which restricted immigration and introduced two-tiered citizenship, have

rationalized the criminalization of refugees and migrants through the fear of terrorism (Zuberi & Harris, 2015).

While policy is enacted at different levels of state, it is not necessarily a top down progression. Policy reflects a combination of the government's own social policy objectives as well as the dominant values of the status quo. Discourse around refugees that emphasize social control, in addition to ideologies that inform the economic and concurrently social practices of Western nations also inform the development of policy. Neoliberalism and capitalism, which emphasize privatisation, increased individual responsibility and decreased state involvement and competitive markets discourage federal funding for social programs such as refugee and migrant supports (Aronson & Smith, 2010). In the absence of these supports, detention is meant to address the social and security needs of both the public and the incoming populations. Detention should be understood as a practice endorsed by federal policy which, in the absence of appropriate social supports, does harm to refugee populations.

The media plays an integral role in the creation and dissemination of discourse (Bauder, 2008; Saeed, 2008). Their participation in the development of moral panic further highlights this (Wright, 2015). For example, the advent of media campaigns around mental illness and stigma clearly illustrate the media's capacity to shift discourse that have been previously marginalized into the mainstream in ways that normalize these experiences (Buila, 2009; Livingston, Cianfrone, Korf-Uzan, & Coniglio, 2014; Nawka, T.V., Nawkova, Jovanovic, & Brborovic, 2013). While some of the discourse around

mental illness, stigma, and accessibility of services are beneficial, when coupled with the problematic discourse of exclusion, they may have more deleterious effects. As observed, media endorsing discourse of mental health in relation to migrants and refugees may work to further exclude them in society, and to make them the targets of further institutional control. This exclusion is informed by the legacy of eugenics and scientific racism in the West which endorsed the idea that to be racialized was to be a carrier of mental ‘deficiency’. To prevent the contamination of the White race, and the introduction of social ills associated with immigration, exclusion became a first response. In the present, the use of detention maintains these exclusionary practices especially towards those with mental health problems (Joseph, *Colonial Continuities and Technologies of Difference*, 2015).

Pathologizing Refugee Experiences

The role of mental health discourse, as it pertains to refugees, is one that is interwoven in the justifications for social exclusion as well as within the outcomes of refugee experiences. Eugenics practices in North America saw to the use of mental and racial hygiene to erect parameters of eligibility for migrants and refugees (Joseph, *Colonial Continuities and Technologies of Difference*, 2015; McLaren, 1990; Synder & Mitchell, 2002). As such, mental health and ability came to be a standard for inclusion while mental illness and disability justified social exclusion. The history of eugenics in Canada, as it was used to bar citizenship to refugees and migrants pinpoints mental health discourse as a discourse of social control. These historical practices are still present in modern refugee legislation as refugees are denied status on the basis of mental and

physical disability (Joseph, *Colonial Continuities and Technologies of Difference*, 2015). Further, arbitrary detention in Canada allows for migrant detainees with mental and physical health problems to be transferred to prisons for care, and indefinite incarceration (Gros & van Groll, 2015). Disability activists and scholars alike have highlighted the problematic interactions between social control and mental health policy, in particular as it pertains to detention (Synder & Mitchell, 2002; Joseph, *Colonial Continuities and Technologies of Difference*, 2015). Many have noted how the use of forcibly confining individuals with mental health problems is similar to detention and thus penalizes those who are mentally ill (Gros & van Groll, 2015). These similarities further illustrate how these practices inadvertently criminalize both populations.

While the modern day coverage of refugee detention may imply that it is a recent phenomenon, it is in fact a historical practice that has become normalized over time. This normalization stems from its institutionalization as a response to both refugee and individuals with mental illness. The history of refugee detention in Canada is important to address as it connects these historical practices to the persistent ideological beliefs upon which they are based. These ideologies, racism and white supremacy, come to inform institutional practices and thus become connected to power. In exploring the history of racism, eugenics, and mental health institutions, we can better understand detention and how it is capable of performing violence towards racialized populations.

The association of racialized communities with pathology has been institutionalized in the West in both its criminal and mental health institutions (McLaren,

1990; Joseph, *Colonial Continuities and Technologies of Difference*, 2015). Efforts to link race and crime have been substantially documented since the 1900s when scientists went to great lengths to draw associations between criminality, mental illness and race (McLaren, 1990; Deutschmann, 2007; Synder & Mitchell, 2002; Robinson, 2000).

Eugenics, the “hegemonic formation of exclusionary practice based on scientific formulas of deviance”, attempted to provide empirical evidence for racial and classist prejudices (Deutschmann, 2007; Synder & Mitchell, 2002). Grounded in psychology, biology and anthropology, eugenics expounded on Darwinian beliefs about the nature of man and sought to prove that the white race was the most evolved and hence superior race (McLaren, 1990). It also attempted to rationalize the apparent economic hierarchy that was emerging in a world carved in parts by imperialist divisions (Lewontin, Rose, & Kamin, 1982). The supposition held that the disparities that were emerging, owed to a genetic deficiency in non-white populations. Physiognomy, later to be associated with the pseudoscience phrenology, was a scientific method designed by Sir Francis Galton which sought to use appearance, like skull size, to identify those who were genetically deficient and prone to criminal activity (Deutschmann, 2007; McLaren, 1990).

Drawing from the beliefs of Johan Blumenbach, scientists endorsed the idea that the Anglo Saxon’s skull and appearance was most attractive and thus were of genetically superior stock (Teo, 2009). The resulting hierarchy placed Caucasian people at the top, Indigenous groups second, Asians next, Indians, and black populations last (Teo, 2009). Teo (2009) notes that the use of the term Caucasian persisted in the West in an effort to provide a term that could be contrasted against black minorities living in the US. Teo

(2009) writes, “The idea of a Caucasian race, more or less combined with the idea of Caucasian superiority, has become common sense in North America—but common sense cannot function as a scientific justification for unscientific concepts and theories” (Teo, 2009, p. 93).

The categorization that followed did not cease at racial stratification. The idea of genetic deficiency was used to understand illness, disability, and behaviours deemed deviant such as criminality, substance use, and sexual promiscuity (Synder & Mitchell, 2002). Safeguarding against genetic deficiency and racial hygiene was quickly connected to morality (McLaren, 1990; Reddy, 2011). Those who were genetically superior were also considered less prone to deviant behaviour (Reddy, 2011). To be racialized was to be inherently immoral, and one could only be absolved of those characteristics if they endorsed white supremacy and the subordinate behaviours associated with it. Scott (2002) notes how respectability was associated with feminization as it was performed in the post colonial Caribbean. Respectability embodied the masculine characteristics of the white male rational subject and imposed his paternalism into the domestic sphere of the racialized other (Scott, 2002). Smith (2014) discusses how respectability is capable of curbing political expression as it demands emotional neutrality from the oppressed.

This did not end with mannerisms and cultural norms. It included more nuanced traits such as being hard working, and compliant to rules however discriminatory. Scott (2002) defines these behaviours as "befitting the household, the workplace, the courthouse; behavior that is disciplined, routinized, rationalized, prudent, prudish,

precious, painstaking, serious and obedient (p. 274).” Respectability politics encompasses the performances of racialized and marginalized groups to appeal to the culture of the ruling class. As Gillborn (2010) documents, respectability was used to subordinate the white working class to discourage them from coming into conflict with the middle and upper classes. The performance of respectability was used to affirm white supremacy amongst white identified populations. Gillborn (2010) writes that “[they] defined the ‘respectable’ working class as sexually restrained, hard working and docile insofar as they accepted their role in servicing their supposed middle class ‘betters’ (Gillborn, 2010, p. 15)”. Respectability confirmed to the ruling class that the underclass would work towards their interests. The respectability politics that governed the conduct of migrants and refugees in the past continues to inform our understanding of those deserving of aid. As detention is used towards migrants and refugees, the implicit criminalization suggests that refugees present a social threat. The markers of which include their racialization, their religion, and their class.

Snyder and Mitchell (2002) document how diagnostic regimes were used to label minorities as inferior, and justify their incarceration and sterilization. The prevalence of racism in diagnostic regimes saw particular groups such as the Irish and African American communities disproportionately diagnosed as feeble minded and thus targeted for sterilization campaigns (Synder & Mitchell, 2002). The overrepresentation of marginalized and racialized populations in institutions was used as further justification of diagnostic regimes against them. The idea that physical and mental deficiencies were genetic and inherent to particular groups became institutionalized. Writing on the migrant

screenings that occurred on Ellis Island from 1890-1925, Dolmage (2011) notes the arbitrary physical markers used to denote disability such as posture and build.

Contrary to the work of Darwin that had suggested inferior races would simply die out, racial purists and eugenicists observed that racialized populations were reproducing in greater numbers than the White population (McLaren, 1990). Diagnostic regimes, with their focus on population control and racial purity, thus turned to immigration to control the entry of migrants (Dolmage, 2011; Synder & Mitchell, 2002). McLaren (1990) documents how women's groups, concerned with intermarriage and interbreeding, called attention to the role of immigration in worsening the threat of racial impurity and advocated to prevent the entry of racialized groups. The Canadian National Committee for Mental Hygiene (CNCMH) was charged with the responsibility of ensuring the racial purity of Canada.

From its inception in 1918 until it adapted to modern knowledge about mental illness and became CMHA, the CNCMH maintained a eugenics campaign that included sterilization and incarceration for those considered 'feeble minded' (McLaren, 1990). The CNCMH also influenced immigration (McLaren, 1990). For example, in 1924 Charles Kirk Clark argued that racialized populations were overrepresented in asylum care and advocated for the deportation of mentally unwell immigrants (Joseph, Colonial Continuities and Technologies of Difference, 2015). Clarke also demanded stricter controls around immigration to restrict entry for racialized individuals who showed symptoms of mental illness or 'criminality' (Joseph, 2015). Joseph (2015) pinpoints the

present day manifestations of the CNCMH in contemporary migrant policy as it allows for those with mental illness who would be deemed too costly for the system, to be denied immigration status, or deported. The links between these historic practices are profound as these policies continue to influence the lives of migrants and refugee in the absence of scientific racism.

The target of pathologization was not limited to race or ability. It also extended to political views and actions. Dissenters could be labelled as paranoid, and emotionally volatile. Joseph (2015) connects the over diagnosis of schizophrenia in the Black community to a historical diagnostic category reserved for African Americans. *Dyaesthesia aethiopsis* and *drapetomania* was used to justify violence and mistreatment of unruly slaves and became the foundation for similarly racialized diagnoses like *dementia praecox* and *protest psychosis* (Joseph, 2015; Mills & Fernando, 2014). Schizophrenia and *protest psychosis* became more prevalent in use toward Black freedom fighters and revolutionaries (Joseph, 2015; Mills & Fernando, 2014). Mental health diagnoses were extended beyond its purported use in providing relief and support for those who were unwell. Instead, it was drawn into a larger trend of categorization of those deemed deviant for the purpose of social control.

Disability activists and social scientists alike have documented the historic trend of using the medical diagnostic model as an apparatus of control (Joseph, *Colonial Continuities and Technologies of Difference*, 2015; Welch & Schuster, 2005; Synder & Mitchell, 2002). The medical model fits well with the capitalist values of North American

society which emphasizes the responsibilities and centrality of the individual. While one of many approaches to mental health, the medical model of disability is still dominant in the discipline of medicine which favours diagnostic labels. The medical model of disability holds disability as having a negative impact on the lives of individuals (DePoy & Gilson, 2002). It also identifies the site of the disability in the individual while essentializing the experience of disability and recommending corrective action in the form of cures and therapies (DePoy & Gilson, 2002).

This form of individualization supports a pathological view of the individual that charges them with the responsibility of self-improvement and healing. The role of society then becomes one of supporting the improvement of the individual to the equilibrium of 'normal' (DePoy & Gilson, 2002). This notion of surrendering yourself to society's institutions also serves to restrict the identities of individuals who are considered mentally unwell or disabled. These forms of social control betray an intention to erase deviant identities. Against the image of Canada that privileged the status quo, individuals with mental health problems and refugees were an unwelcome population that compromised a White and able-bodied society (El-Yahib, 2015). The presence of racialized refugees and mentally ill that could be dependent on social assistance was contrary to the capitalist led beliefs in Canadian society (El-Yahib, 2015). Focus on the individual responsibility which did not challenge the hegemonic structure of society was favoured. Through this individualistic critique, society is exempted from a deeper analysis of its own pathology or its complicity in the creation of these social 'ills' such as poverty and unemployment. This approach maintains a functionalist reaction to existing

social structures and the societal reactions that they create rather than challenging them. This functionalist conception of society combines Darwinian theory with capitalist ideology and rationalizes issues such as poverty and unemployment as inevitable and necessary for the advancement of society. The ‘bootstrap’ mentality, which emphasizes meritocracy best, captures the attitude that is associated with this line of thought. The individuals who are unable to achieve economic and social success are seen as failures that should rightly be excluded from society.

Arguably, as the medical model inevitably draws from the legacies of eugenic science in psychology, it too bears the capacity to become a site of violence against vulnerable populations (O'Brien, 2011). As such, the role of psychology and mental health in refugee care should be carefully assessed. The complicity of mental health institutions such as the CNCMH in the development of refugee policy further warrants attention because of the intersections of refugee and disability experiences. Detention, as a response to refugees, emerged from the eugenics focused policies of the past which focused on the individual as a source of societal problems and not the society itself. This history must be carefully utilized to address these issues in the present.

Canada's Treatment of Migrants and Refugees

Immigration detention as it is used in Canada, in addition to the numerous appeals to immigration and refugee policy, calls attention to the erosion of public supports meant for refugees and asylum seekers (Zuberi & Harris, 2015). Instead of investing in social programs and supports for refugees and immigrants to settle in Canada, the government

has increased its dependency on immigration holding centres and penitentiaries (Walia, 2015). This is increasing the numbers of brown and black populations who are shuffled into correctional facilities illustrating an exploitative relationship bearing semblance to the prison industrial complex. It also illustrates the historical role of the state in the creation, maintenance, and perpetuation of violence towards marginalized populations (McLaren, 1990; Joseph, *Colonial Continuities and Technologies of Difference*, 2015; Anderson, 2006).

The impacts of immigration detention on refugees has been documented by mental health professionals and refugee advocates to be harmful to their mental and physical well being (Kronick, Rousseau, & Cleveland, *Asylum Seeking Children's Experience of Detention in Canada: A Qualitative Study*, 2015; Nakache, 2011; Gros & van Groll, 2015; Steel, Momartin, Bateman, Hafshejani, & Silove, 2004; Lorek, et al., 2009). The use of detention is problematic, especially towards children and those with mental health problems (Gros & van Groll, 2015; Kronick, Rousseau, & Cleveland, 2015). Many Western nations that use detention have set maximum periods for detention (Kronick, Rousseau, & Cleveland, 2015; Nakache, 2011). After this time, detainees must be processed, settled or deported. In Canada, however, there is not a maximum period. As such, some detainees have languished behind bars for over a decade (Gros & van Groll, 2015). Presently, Canadian law offers 10 year sentences to dangerous offenders such as murders or drug traffickers. The indefinite detention of refugees clearly shows how refugees in particular are criminalized. This criminalization revolves around their identity

as non citizens and further illustrates the entrenchment of eugenics based fear relating to racialized populations and individuals with mental illness.

Nonetheless, immigration detention continues to be used as a primary social support to newcomers as they await confirmation of identity, application processing, and medical care. The turn towards punitive social policy and aggressive foreign policy, both of which presently impact the Middle East and the racialized populations native to these areas, can be observed in Canada. As discussed by Prince (2015), the Harper era was marked by restrictions on social programming to immigrants as well as the elderly and women. The Harper government used fear mongering about migrants to introduce these policies with little to no resistance (Prince, 2015). On December 12, 2012, Bill C-31 introduced numerous amendments to the Immigration and Refugee Protection Act (Zuberi & Harris, 2015). Amongst these changes was the overhaul of the Interim Federal Health Program, the introduction of the Designated Country of Origin, and shorter time periods for refugee processing which sets unrealistic timelines for refugees to obtain proper identification and papers (Canadian Council for Refugees, 2012).

The changes also incorporate the anti-smuggling policies Bill C-4 (An Amendment to the Immigration and Refugee Protection Act) and C-49 (Preventing Smugglers from Abusing Canadas Immigration Act) (Canadian Council for Refugees, 2012; Bechard & Elgersma, 2012). Directed towards trafficked persons, referred to as ‘irregular arrivals’, Bill C-4 also categorizes groups of migrants who arrive in Canada as ‘designated foreign nationals’ (Bechard & Elgersma, 2012). These migrant groups are

assumed to be trafficked persons and as such Bill C-31 permits the mandatory detention of designated foreign nationals to ascertain their identity (Canadian Council for Refugees, 2012). While they are permitted to apply for refugee status, Bill C-4 does not allow them to appeal to the Refugee Appeal Division (Bechard & Elgersma, 2012). Nor are they permitted to be granted travel documents despite this clearly contradicting the guidelines of the UNHCR (Bechard & Elgersma, 2012).

In many Western countries that use immigration detention limits are set for 90 days (Keung, 2015). However, Canada's immigration policy creates what many refer to as a 'legal black hole' (Keung, 2015). Presently, there is no maximum period for immigration detention in Canada. Some migrants have languished in prison for 10 years. Immigration holding centres in Ontario, presently utilize prisons to offload their high volumes of detainees and as an alternative to medical care for migrants with health problems. *We Have No Rights: Arbitrary Imprisonment and Cruel Treatment of Migrants with Mental Health Issues in Canada* details migrant experiences of being transferred to prisons after disclosing mental health symptoms. At the time of relocation, they are not informed of why they are being moved or for how long. Migrants report being treated like prisoners with regimented schedules. Migrants with mental health problems report not being able to access proper medical care and being punished for disclosure through solitary confinement.

Some changes to the Immigration and Refugee policy have been subtler. Walia (2015) notes that the number of migrants and refugees granted status has steadily

decreased over the years. However, the number of ‘economic’ migrants, ones selected purely for the benefit of their skills to the Canadian economy has increased (Ibbitson, 2015). Ibbitson (2015) discusses the preference of skilled migrants, suited specifically to fit the Canadian labour market. These migrants are considered less likely to rely on social assistance, and more likely to vote conservative. The tailoring of migrant practices in this way clearly reflects a bias against the poor and positions these policies as reflecting attitudes towards society’s undesirables. Individuals with disabilities were clearly excluded from the Conservatives immigration strategy. Further, refugees by definition are reliant upon government’s humanitarian supports. Clearly, they fell beyond the scope of the skilled migrant labour.

Tracking Canada’s practices towards refugees reveals their similarities to other Western nations in their approach to refugees. It further highlights the continued presence of race and disability discourse in the formation of their immigration and refugee policy.

Separating Violence from Trauma

The prevailing medical model of Eurocentric biomedical psychiatry similarly impacts the manner with which mental health disorders are applied to refugees. The imagining of the global South continues to draw upon conceptions about racialized populations as being inherently incapable of improving their circumstances (Mills & Fernando, 2014). As populations fleeing dangerous and often traumatic situations there are many who are appropriately labelled as having mental health diagnoses like post-traumatic stress disorder. Researchers estimate that about 9% of refugees will present

with post-traumatic stress disorder (Pottie, et al., 2011). However, trauma is also applied to refugee populations unilaterally, in a way that denies their agency and the differences in experience. For example, refugee populations also include women, queer identified, and racialized communities, all of whom may experience violence differently. While their experiences of violence and persecution are notable, it may not result in a mental health problem. To ascribe the label of trauma to these populations, be they survivors of sexual assault or political persecution, is to impose a narrative of pathology and victimhood upon them. As such, how can a single label sufficiently encompass such diversity?

Approaching trauma discourse from a lens of personal construct theory, Butt and Parton (2005) normalize the oversaturation of trauma discourse in society arguing that it serves a pragmatic purpose and provides a label with which individuals can attribute forms of emotional distress in particular parts of their lives. This is attributed to both social constructionism, that is the individual's capacity to create their own social reality, and the prevalence of the medical model, which encourages discovery, labelling, and diagnoses (Butt & Parton, 2005). This is contrasted with the diagnosis of Post-Traumatic Stress Disorder (PTSD) which is identified by specific symptoms including flashbacks and hyper arousal (Butt & Parton, 2005). Butt and Parson (2005) offer a definition of trauma as the inability of an individual's personal construct to reconcile with a major life event. Degloma (2009) maps the etymology of PTSD from survivor stories of Holocaust, to World War veterans, and survivors of sexual assault. The organic construction of the PTSD diagnoses, from an amalgamation of stories, made it accessible to survivors and helps explain its broad application in society.

This distinction between the clinical definition of trauma and the more contemporary and liberally applied one is important as trauma discourse is not entirely problematic. It offers individuals a means of articulating their experiences to helping professionals and to themselves (Butt & Parton, 2005). However, the issue shifts from one of empowerment to one of oppression when the label of trauma is being applied to whole groups of people in homogenized, communized ways that reduce individual experiences and truncate complexities. O'Brien (2011) addresses the medical model approach to marginalized populations and argues that this practice is not only paternalistic, but "only formalizes pejorative stereotyped views of the group in question" (p. 353).

Gross (2004) discusses how, upon entry to Western countries many refugees, to combat racialized narratives of undesirability and undeserving, allowed themselves to be diagnosed as having PTSD in hopes that by being medically compliant they would see favourable results with their applications for citizenship. However, many were forced to access medicalized treatment and their diagnoses were later used against them to label them as prone to violence or mentally unwell. Ultimately, their acceptance of diagnostic labels was used to bar them from citizenship (Gross, 2004). Gross (2004) work is critical as it highlights how medical compliance was utilized by refugees to compensate for their inability to perform whiteness. In response to the normalization 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 emphasize the importance of

connecting the political and cultural factors for migration when exploring distress connected to trauma and mental health (Gross, 2004; Shannon, 2014).

Despite its widespread use, the label of trauma alone is incapable of encapsulating the myriad of experiences that contribute to the symptoms observed. While trauma serves the purpose identifying the effects, and even some solutions, it faces limitations in addressing the cause because it is centred on the individual. As such it is unable to address the external sources and sites of violence that cause experiences like trauma to begin with. Violence is enacted; it is wielded up others (Inwood, 1992). It is an action that is dependent on volition (Zambrana, 2014; Zizek, 2008). Regardless of the many conflicting motivations and subjectivities through which violence is derived and rationalized, violence is purposeful and serves the function of achieving, or maintaining power or addressing power differentials (Inwood, 1992). Through the threat of harm and show of force, violence is a weapon and tactic meant to demand, amongst many outcomes, the subordination of the target.

Arendt offers a means of understanding the interconnectedness of power and violence while highlighting the distinction between them by approaching power through Hegelian thought (Zambrana, 2014). Barring the metaphysical, Hegel touched upon two distinct forms of power: *gewalt*, legitimized or state power, and *macht*, individual power held by those in institutions (Inwood, 1992). *Gewalt*, is understood to more often than not entail the use of violence (Inwood, 1992). A different definition of power and violence is offered by Arendt. She defines power as “the human ability not just to act, but to act in

concert” while violence is understood as “by nature instrumental” and ‘relying on implements” (Zambrana, 2014, p. 12; Joseph, 2015). Arendt argues that the separation between violence and power arises in the end objective (Zambrana, 2014).

While Arendt is critical of violence, Fanon discusses its capacity for remedying the ills of structural or state violence. In *Wretched of the Earth*, Fanon explores violence as a form of resistance against the violent hegemony of Whiteness, colonialism and capitalism (Fanon, *Concerning Violence*, 1963; Joseph, 2015). Concerning government officers as agents of violence, Fanon (2004) states, “the agent does not alleviate oppression or mask domination. He displays and demonstrates them with a clear conscience of the law enforcer, and brings violence into the homes and minds of the colonised subject” (pp. 3-4). Fanon’s (2004) attention to state enacted violence highlights the taken for granted ways that officials and professionals working in a colonialist state structure can perform violence. Fanon argues that it is only through violence that the regimes of domination can be dismantled (Fanon, *Concerning Violence*, 1963).

While incorporating a means to ends approach, power can be understood as an end while violence represents the means. Arendt goes on to make various conclusions that seem to challenge the positives of power as it is wielded by the people, and appears to suggest that the absence of power is violence. The work of Arendt and Hegel can be used to elucidate how Zizek’s (2008) separation of objective and subjective realms is connected through power. Individual intentionality notwithstanding, the dominant social systems which focus on capital and profit highlight the ends that violence is used to

realize. This raises the question of what violence is expected to produce as it is used against refugees.

Trauma then, as it connects to migrant experiences, projects the experience of violence as one that is instanced. It separates the experience of violence from the systems that wield it and situates it within the individual. Zizek (2008) addresses the separation of instanced violence and violence that is systemic. Subjective violence refers to violence that is commonplace while objective violence captures both symbolic and systemic violence as it is embedded in systems (Zizek, 2008; Joseph, 2015). Symbolic violence identifies the violence of microaggressions that are faced every day through interactions with individuals and structures (Zizek, 2008; Joseph, 2015). Systemic violence is enacted through political and economic systems (Zizek, 2008; Joseph, 2015). The discourse on violence, as it is presented in the mainstream, focuses heavily on instanced or subjective violence. There is a preoccupation with injuries, explosions, and death yet not with the structures and regimes that utilize violence.

These depictions of violence are disconnected from the power that permits its use and the structures that normalize it. Zizek (2008) discusses this as he delineates between the forms of violence that consume most of the focus. For example, the experience of detention can be understood as a site of subjective violence while policies such as Bill C-31 represent objective systemic violence. Bill C-31, the Protecting Canada's Immigration Bill is an example of objective systemic violence as it demands the detention of refugees for refugees over the age of 16 (Canadian Council for Refugees, 2012). This also

obscures the role of the system that produces violence. Issues of poverty and ecological damage represent some of the subtler forms of violence within capitalist systems (Zizek, 2008; Gordon, 1997). Monopoly capitalism and its employment of imperialism is intertwined with violence (Zizek, 2008). Capitalism from its inception has relied upon violence to subjugate populations for the purpose of exploitation (Gordon, 1997). However, Zizek (2008) notes that said violence is thought of as disconnected from intent as “this violence is no longer attributable to concrete individuals and their ‘evil’ intentions but is purely ‘objective’, systemic, anonymous” (p. 13). The imagining of refugee experiences that focuses on trauma does so favouring subjective violence. It does not, for example, connect the plights refugees have faced to the systems that normalize war in the Middle East and Global South.

The scale of state violence, and its pervasiveness, is likely indistinguishable for many from everyday problems as we understand them. For example, the violence of poverty is normalized in a capitalist society where it is conceived as a result of individual lack, not the system itself. However, the reality is that our taken for granted experiences and material conditions are owed to the social systems that we rely upon every day. Zizek’s (2008) assessment further identifies that our distancing from violence, permitted through this focus on violence as it is subjective, ignores the reality of violence for those in the Third World for whom violence at all levels is experienced daily (Zizek, 2008; Hayden, 2006).

This thought process betrays the West's delusion that they are removed from violence (Hayden, 2006). Violence, as conceived from the West is virulent. It is embodied in hosts from particular populations and can only be addressed through inoculation or campaigns of eradication. Presently, the West has undertaken measures to eradicate what they have identified as the source of terrorist violence; the Middle East. Through the War on Terror, there is a pre-emptive effort to neutralize possible hosts of violence. In the West, post 9/11 xenophobia has resulted in the criminalization of the Muslim population and other people of colour (Saeed, 2008). As seen with public attacks of visibly Muslim individuals, rigorous screening at airports, and the mandatory use of detention, the discourse around violence is one that focuses on particular populations. The performance of the racialized subject is carefully controlled in reaction to the public scrutiny of their racialized identity. Thus, the refugee and migrant come to embody violence through the label of 'terrorist' (Saeed, 2008; Mauby & Gisby, 2009). Refugees and migrants are understood to be outsiders who may share the ethnicity and religion of those who we call terrorists and are often swept in this label.

There are apparent limitations with a conception of violence that is dependent on particular bodies, racialized or other. As discussed, violence interacts with power. In contrast to the West, who applies the label of terrorist to populations from the Middle East, migrants and refugees from the Middle East have had to contend with colonialist and imperialist wars. The homogenizing label of terrorist does not take into account the various forms of violence that are taken up, whether as resistance to oppressive regimes or retaliation to years of bloodshed. To perceive violence in this way is ahistorical in

relationship to the economic, political and the cultural factors that precipitate and at times necessitate violence. It also serves to politicize the ‘otherness’ of migrants and thus frames them as not Canadian or not sharing in 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. Critical race and critical disability theory, as employed to contextualize eugenics history with detention, offers a means to understanding the disconnection between trauma and violence as employed by a medical model towards racialized populations (Boris, 1994; Joseph, 2015). The experience of violence and trauma is linked by power. It is power that provides the means to produce and maintain violence and the subsequent traumatic experiences. Exploring refugee experiences in detention, it is important to connect the experiences of trauma to the source of violence (Shannon, 2014). As discussed Bill C-31, which demands mandatory detention, clearly yields state power to make the violence of detention possible.

Neoliberalism and Migrant Reform in the West

It would be short sighted to presume that the changes in policy simply reflect societal attitudes. On the contrary, policy reform incorporates a number of perspectives including the economic. The economic can be understood as a key influence of policy change as it is through the economic system that the resources to enact policy are derived. As touched upon earlier, in the absence of individual intent, profit and savings continue to direct the course of policy (Walia, 2015). Moral panic and its role in the construction of refugee discourse reveal how this discourse is manipulated in favour economic and

ideological motivations. This also raises for consideration the implications about the how mental health and trauma discourse is construed to benefit refugees, when it has historically been used against them.

Racism, Economic Threat Hypothesis and the Shaping of Economic Reforms

The economic has long been connected with policy reform. Economic threat hypothesis, often shrouded in the narrative of jobs being stolen by foreign workers, has historically accompanied xenophobia and racism in the West (Hiebert, 2004). For example, during the 1800s, the influx of Chinese migrants was dramatically controlled through the Chinese Head Tax until Chinese migrants were barred entirely (Simmons, 2010). While the economic rationale was that low wage migrants were disrupting the Canadian economy by competing for jobs with White Canadians, the racist rhetoric and stereotyping that accompanied this revealed how xenophobia and white supremacist ideals also contributed to this action. Asian workers made great contributions to North American development. Their work most notably accelerated the completion of the Canadian Pacific Railway and allowed the Canadian mining industry to flourish (Chang, 2008).

Chang (2008) illustrates how white labour activists collaborated with xenophobic groups such as the Asiatic Exclusion League, to demand the exclusion of Asian migrants from North America. The premise of job theft was false. Asians were being employed for menial tasks specifically because of their lack of rights and devaluation in Canadian society. Chowelinski and Taran note that migrant labour has often encompassed “3-D”

work; work that was often “dirty, dangerous and degrading” (2009, p. 9) Employers were selective of this because they desired workers who were exploitable (Chowelinski & Taran, 2009). Nonetheless, conflict broke out and white protesters descended on Asian working communities causing damage to property and people (Chang, 2008).

Health was also a factor for exclusion. The eugenics based screening processes demanded migrants entering the country were physically and mentally fit as not to burden the economic system or result in defective progeny (McLaren, 1990). In 1909 Canada moved to bar those with illnesses from entering the country, and would not provide medical attention in detention to those who were ill (Chang, 2008). Those who were found to be physically unwell could be deported (Chang, 2008; Joseph, Colonial Continuities and Technologies of Difference, 2015). These cases of race based and ableist exclusion fitted the Canadian immigration system with its present day rationale and apparatuses of control. In modern times, the deportation of migrant workers, termed medical repatriation, continues (Bodnar, 2014). A 2014 University of Toronto study found that migrant workers are regularly deported against their will for injuries and illnesses sustained on the job so that employers can avoid supporting their medical care (Bodnar, 2014).

As Chang (2008) explains, the Chinese and Asian migrants who were excluded through the Chinese Exclusion Act in 1882 became North America’s first ‘illegal aliens’ (Chang, 2008). As has been the case throughout the history of immigration, a moral panic ensued with Asian and South Asian populations being characterized as folk devils.

They embodied a threat that was moral, economic, and racial. As expressed by Parliamentarian John Clark in 1922, “the basic factor is the future of the white race as a racial type. That is the basic future of the Dominion, and if our race is to be mixed with that of an Oriental country, we cannot have that racial type” (Carstairs, 1998, p. 151). While the term illegal alien conjures ideas of criminality, the history surrounding the treatment of Asian migrants shows that it was racism that motivated the implementation of social controls, not safety.

Policy changes that affected racialized migrants in the 1900s set precedents for the treatment of migrants and refugees that are still being used to this day. Neoliberalism, as it took hold in the 1980s, brought with it sweeping reforms to migrant populations that were again rationalized by economic imperatives (Varsanyi, 2008; Johnstone & Lee, 2014). Parallels can be drawn between the economic changes being disguised as moral and security motivated in the present as it was crafted in the past. Presently, neoliberalism is implemented in relation to migrants through the narrative of ‘bogus’ claimants.

Economic Reform and Moral Panic

Harsha Walia (2015), academic and activist, covers Harper’s neoliberal reformism from 2008 to 2015. Over the decade of conservative rule, the Canadian Immigration and Refugee Act saw drastic changes. These changes included overhauling the Interim Federal Health Program which provided health care to new migrants (Zuberi & Harris, 2015). In addition, Walia (2015) notes the marked decrease in those granted permanent residence status despite the marked increase in the indentured work of temporary foreign

workers. The government argued that these cuts were necessary, not just to cut spending in the public sector, but also to reduce the number of ‘bogus’ claimants (Walia, 2015). Drawing on these discourses of migrants and refugees being deceitful and warranting distrust, Minister Jason Kenney pushed for more restrictions on immigration (Prince, 2015). Not unlike the discourse of the deserving poor that emerged in the 1990s with then Premier Mike Harris, the Conservative government drew on racist tropes to drive home their message (Little, 2001). To justify cuts to the Baby Bonus and social assistance, Mike Harris argued that individuals living on welfare were financially irresponsible and lazy (Little, 2001). Likewise, migrants were framed as lazy and dishonest, abusing Canada’s humanitarian system for their own gain. Minister Kenney was quoted as saying that “Canada is not a hotel”, implying that the refugees requesting asylum seek to take advantage of Canadian hospitality (Dawson, 2014, p. 2). Minister Kenney’s quote was particularly troublesome as he had previously compared detention centres to hotels. His contradictory statements appear insensitive given the deaths that have occurred in detention (End Immigration Detention Network, 2014).

Prince (2015) explores how the Conservative government employed a moral panic in Canada to introduce an institutional-punitive model of social policy alongside an austerity focused economic policy. Integral to this transformation was increased government focus and investment in the criminal justice and security, and decreased government participation in the management of social programs such as social assistance and immigration programs. Capitalizing on the increased Islamophobia resulting from the highly publicized brutalities by the Islamic State, the Conservatives conjured fear of

terrorism and violence in which migrants were again cast in the role of folk devils (Prince, 2015). The height of the moral panic was perhaps marked most explicitly by the Conservative government's Bill S-7, the Zero Tolerance for Barbaric Cultural Practices Act (Government of Canada, 2016). An amendment to the Immigration and Refugee Protection Act, the bill's suggestive title betrayed Canada's Eurocentric assumptions about non white migrants with different cultural practices. At a 2014 Proceeding of the Standing Senate Committee on Human Rights, advocates argued that Bill S-7 could grant the government to deny admission to migrants if they were in polygamous relationships and pointed out the implied inferiority of cultures where polygamy is practiced such as the Middle East (Parliament of Canada, 2014).

Bill S-7 and the reforms enacted during the Harper's leadership illustrate how moral panic has been employed to impose policy changes. While the purported reason was framed as to maintain Canadian values, in actuality the motivations were economic. Instead, migrants and refugees were scape goated and cast as folk devils to rationalize targeted punitive responses. This does not minimize the impact of racist and xenophobic rhetoric. As discussed, this rhetoric is an example of symbolic violence being wielded by the state to realize its own objectives.

Separating Migrants from Refugees

In addition to the racist and xenophobic rhetoric that often accompanies discussions on migration in the West, the idea of migrants being 'dishonest' is rooted in the separation between migrants and refugees. Karatani (2005) delves into the division

between the two labels arguing that the modern day conception of the refugee and migrant is predicated on its European origins. Karatani (2005) argues that prior to the Second World War the migration of refugees was often bundled with that of ‘surplus workers’. The International Labour Organization, established at the end of World War I, thus did not differentiate with its goal to settle refugees and surplus workers into nations which would afford them the opportunities to work free of oppression (Karatani, 2005; Chowelinski & Taran, 2009). The newly formed UNHCR and ILO intended to continue with this vision and oversee the settlement of refugees and migrants. However, the United States pushed back demanding border sovereignty and succeeded (Karatani, 2005). The UNHCR and ILO were divided to focus on refugees and migrant workers respectively. As such, the UNHCR adopted a mandate that asserted its strictly “humanitarian, social, and non-political” focus (UNHCR, 2011).

The UNHCR’s definition of refugees, with attention paid to persecution, associated refugees with violence while the migrants’ experiences came to be framed as labour related. This separation is misleading does not take in to account how non-European migrants who are denied refugee status, still experience various forms of violence (Hayden, 2006). As trauma discourse is used to understand refugee experience, it reinforces the false divide between refugees and migrants. Introducing increased mental health supports for refugees and connecting them with trauma discourse can work to further reinforce a separation between these two labels that falsely erases violence from both experiences.

Refugees and immigrants move for a number of reasons, some overlap and some are distinct. Hayden (2006) notes that for many who reside in the global south, the economic disparities have resulted in various forms of violence. Hayden (2006) touches upon how despite its focus on persecution, the UN definition of a refugee excludes violence. Thus, victims of the class war in El Salvador, marked by violence, are ineligible for refugee status (Hayden, 2006). Hayden (2006) also provides an anecdote of a doctor whom, upon observing dogs being fed better than starving children, questioned why these instances are not considered violence. To use the label of ‘violence’ towards refugees to separate them from migrants is to again emphasize and prioritize subjective violence. The UNHCR, in choosing to be apolitical, removes addressing politicized and economic violence from its responsibilities. Instead, as Hayden (2006) writes, it is focused on the individuation of refugee issues so that it is effectively able to ignore the systems that produce these problems in the first place. For many migrants violence is found in their experiences of the economic, social and political and without proper oversight, policies can incur further violence upon them.

The label of economic migrants inappropriately framed the plight of migrants and refugees as one of opportunism. The ideology of neoliberalism, with its focus on individual responsibility, and the decrease of government regulation framed migrants as inconvenienced entrepreneurs. It erased their experiences with violence and ignored the conditions that motivated them to traverse. Hayden (2006) touches upon this when she analyzes the curious case of Central American migrants. Despite ongoing violence in, for example El Salvador and Mexico, the countries were not considered in conflict and thus

many were denied refugee status (Hayden, 2006; Walia, 2015). The inconsistencies of the application of the refugee label show some of the limitations of the UNHCR in carrying out their mandate while allowing nation states to autonomously govern their refugee and migrant affairs. Further, Hayden (2006) and Karatani (2005) discuss the use of label refugee being used as political leverage by Western countries following the Cold War. For example, countries like the United States favoured refugees from Eastern Europe and the USSR and China as a statement of Western superiority and to reinforce anti communist rhetoric (Hayden, 2006; Duffy Toft, 2007). Refugee status was not granted in accordance with the UNHCR guidelines and towards humanitarian concerns, but rather political motivations. Western countries deviation from UNHCR guidelines runs contradictory to their purported image as welcoming and hospitable nations being taken advantage of by dishonest refugees and migrants. Rather it betrays the West's disingenuous treatment of refugees in favour of political leverage. As such, the use of detention towards refugees clearly reflects a lack of consideration on the part of Canada's government to fulfill its obligations to the UNHCR.

These connections between the past and present reveal an emerging pattern that works to exclude refugees and migrants as well as rationalize the use of state violence towards them. This violence runs contrary to the UNHCR's guidelines, and Canada's own image as a humanitarian nation. Further, this review illustrates the process through which moral enterprise theory facilitates the advancement and maintenance of discourse that emerges from the connection of both the past and present.

Methodology

The impact of trauma and mental health discourse on refugee experiences highlights an intersectional experience best captured by dual theoretical perspectives. Critical race theory and critical disability theory offer lenses capable of addressing the elements of power and social control embedded in trauma discourse and mental health discourse. Critical race theory developed as a legal critique to illustrate how structures that were hailed as being objective and non-discriminatory actually reflected how racism and inequities were embedded in institutions (Trevino, Harris, & Wallace, 2008). Critical disability theory is concerned with the manner in which individuals are constructed as being disabled and the manner in which ableism is embedded in society in such a way as to force the performance of disability (Reddy, 2011).

Both critical race theory and critical disability theory are attuned to social justice (Reddy, 2011; Trevino, Harris, & Wallace, 2008). They were developed with the intention of identifying and rectifying power imbalances that had been minimized, ignored and denied particular groups access to rights and power afforded by full citizenship (Trevino, Harris, & Wallace, 2008). Likewise, critical disability theory illuminates how associating disability with individual deficiency ignores the role of institutions in defining, maintaining, and perpetuating policies and infrastructure that disables (DePoy & Gilson, 2002). Boris (1994) notes how when addressing the intersections, race is often understood as being biological, not constructed and thus taken

for granted. She advises establishing race as a social construction of difference alongside other socially constructed identities (Boris, 1994). Boris' assertion is important to connect to the experiences of refugees. The racialization of refugees implicitly suggests that their difference is inherent or biological. The acknowledgment that difference and the characteristics we ascribe to it are socially constructed helps to dispel the essentialization of refugee experiences. Critical disability theory is also capable of addressing the way power, for example through the labelling of disability, can be abused and used beyond the realm of health and aid (DePoy & Gilson, 2002). El Yahib (2015), Snyder & Mitchell (2002), McLaren (1990), Dolmage (2011) and Joseph (2015) provide examples through history of these abuses and the impact they had on refugees and the shaping of the racial demographic of North America.

Pulitano (2013) observes that language is uniquely capable of “humanizing immigration discourse”, thus creating a compelling counter narrative capable of challenging current conditions (Pulitano, 2013). The coverage of migrants, refugees, and Muslims in particular, in a post 9-11 society, has drawn upon racist and xenophobic tropes to justify policy changes that are increasingly punitive to these populations (Saeed, 2008). Olmstead (1998), discussing critical race theory, addresses the centrality of language in shaping our shared social reality through our associations and conceptions of the racialized. In a similar fashion, critical disability theory lends to the medicalized imagining of disability a narrative that moves away from pathologizing people living with disabilities (DePoy & Gilson, 2002). By critically analyzing disability discourse and

the medical model, practices like diagnosis, especially as it relates to historically disenfranchised groups, can be more easily related to power by means of policy.

Critical disability theory, with its specific focus on how groups are constructed as lacking or deficient if they perform productivity differently, can be loosely used to understand the economic divisions of West and the Global South. The geopolitical divide, in part reinforced through economic disparities and the power that comes with economic wealth then can also be understood as a locus of ability and disability. The West, with their technologies and purportedly superior systems for mental health, offers to the South East relief through aid and a reportedly humanitarian immigration and refugee system (Mills & Fernando, 2014). This depiction of ‘lack’ versus ‘have’, of wealth and poverty becomes the foundation on which power imbalances are constituted. It further necessitates and normalizes the outsourcing of Western mental health systems, despite their historic connections with violence (Mills & Fernando, 2014). Mills and Fernando (2014) go further to address the explicit pathologisation of the global south by the globalisation of mental health practices. The privileging of practices that favour the diagnostic approach to mental health, in contrast to alternative approaches, normalizes the controlling elements of mental health practices (Mills & Fernando, 2014). As such, refugees and migrants being greeted by detention is normalized via the discourses that surround them and depict them as requiring institutional control.

The intersections of race and disability have long been connected to regimes of control. Employing theories primarily concerned with these identities to understand

detention alerts us to what Joseph (2015) describes as ‘confluence’ of violence; the convergence of regimes of control and violence towards society’s marginalized and undesirable. Detention and the discourse surrounding it capture not only the violence of refugee systems, but also the violence of mental health institutions and the normalization of this through policy. These theories are capable of connecting historical and cultural discourses, thus dispersing a sterile and neutral approach to studying disability and race. As critical race and critical disability theory identify the ways in which power and violence are embedded in policy, it is fitting to explore how the mental health discourse replicates these forces.

Critical disability theory and critical race theory aid us in a critical exploration as to how refugee discourse is constructed. It illustrates how, in order to fit the humanitarian criteria of the 1951 Convention and subsequently the aid of nation states, the West casts refugees as ‘disabled’ and thus deserving of aid. This is reinforced by the employment of mental health supports towards this population. Simultaneously, the racialization of refugees depicts conjures race based stereotypes about criminality that demands their policing. These images of refugees appear at odds with each other but critical race and critical disability theory illustrate how both works to normalize the use of social control through policy towards refugees.

Race and disability have often been the subjects of moral panic (Martin, 2015; Mauby & Gisby, 2009; Rothe & Muzzatti, 2004). As discussed, the association of race and disability with deviance and defectiveness have long caused anxiety to the public and

urged demanded legislation to curb any associated threats or risks. The use of securitization by Western nations towards refugees is but another example of policies that are biased against racialized and marginalized communities. Critical race and disability theory highlight the myth of meritocracy in policy by noting the bias towards White and non disabled populations. Securitization policies such as detention in the West disproportionately impact racialized and disabled populations who are seeking asylum (Joseph, Colonial Continuities and Technologies of Difference, 2015).

Rationalizing Technologies of Social Control through Moral Panic

To identify the media's role in the dissemination of moral panic, we must highlight the forms that moral panic takes as it applies to refugees. Moral enterprise theory emerged to understand the process through which the designation of groups or behaviours as deviant is constructed and society reacts to these labels through policy change (Reinarman, 2012; Deutschmann, 2007). The moral panic, coined by Young in the 1971, and expanded upon by Cohen and Becker, continues to provide a concrete understanding of the processes involved in the creation of deviant identities (Lumby & Funnell, 2011). Through the lens of moral panic, Young identifies the media of agents of moral panic (Rothe & Muzzatti, 2004). Cohen goes further to identify the media as a key role in the formation of the moral panic (Rothe & Muzzatti, 2004). Cohen asserts that the media's ability to exaggerate social problems and shift public opinion prove their vitality to the creation of moral panic (Rothe & Muzzatti, 2004). Many have discussed the media's role in the construction of moral panic and fear around migrants and refugees in

the West (Rothe & Muzzatti, 2004; Prince, 2015; Welch & Schuster, 2005; Saeed, 2008; Mauby & Gisby, 2009).

Drawing on the work of Cohen, Rothe and Muzzatti (2004) explain that “for a moral panic to take hold, there need to be in place six sets of actors. These include: (1) folk devils, (2) rule enforcers, (3) the media, (4) politicians, (5) action groups, and, (6) the public” (Rothe & Muzzatti, 2004, p. 329). In the case of immigration in the West, migrants and refugees have been constructed to take the role of folk devils. Bauder (2008) and Saeed (2008) illustrate how post 911 there has been resurgence in the media of problematizing migrants as threats through labels like terrorism. Rule enforcers range from police to Canadian Border Security Agency officials who regularly perform searches, arrests and detention and fall into the group Cohen terms ‘culture control’ (Critchler, *Moral Panic Analysis: Past, Present and Future*, 2008). Action groups for and against the moral panic include, but are not limited to, advocacy groups, professionals such as lawyers, social workers, and mental health workers. Cohen refers to this group of actors as social entrepreneurs (Critchler, *Moral Panic Analysis: Past, Present and Future*, 2008). For example, the contributions of women’s groups and other advocates during Canada’s eugenics period allows them to be affixed the label of entrepreneurs.

With the label of deviance inevitably comes societal exclusion. While increasing border controls is one way of physically imposing societal barriers, dangerization imposes societal barriers. In *Dangerization and the End of Deviance*, Lianos and Douglas (2000) explore what the label of deviance means in a world where behaviours historically

signalled as deviant are rampant, benign, and mostly accepted. Homosexuality and women's autonomy were at one point considered forms of sexual deviance, but their acceptance now signals progressiveness and societal health. Lianos and Douglas (2000) suggest that instead, society is preoccupied with the risk of violence and particular groups are identified as carrying this risk more than others. Dangerization becomes a proxy for deviant identities and concerns with morality and cultural homogeneity are replaced with fear and anxiety of the risk in our midst. Deutschmann (2007) notes that dangerization is cyclical and can reflect a subconscious awareness of our relationship to objective violence. Deutschmann (2007) comments, "The more excluding systems we create, the less safe we feel, and ...the more we engage in social exclusion" (p. 399).

Securitization becomes one of the means of addressing this obsession with risk. Securitization is defined as "a process of social construction that pushes an area of regular politics into an area of security by resorting to a rhetoric of discursive emergence, threat and danger aimed at justifying the adoption of extraordinary measures" (Waever, Buzan, & Jaap D, 1993). Politicians have explicitly endorsed securitization in the West and in Canada as seen with the introduction of punitive policies. However, helping professionals such as social workers and mental health workers can inadvertently advocate for subtle forms of securitization through emphasizing greater mental health oversight of refugee and migrant care. As discussed the relationship between social control and social care suggests that the role of mental health institutions be eyed with caution as it may reify technologies of control in the handling of migrant experiences.

Punitive Responses to Refugee and Asylum Seekers in the West

The processes that occur within borders, with the emphasis on exclusion to identify those deserving of resources, come to reflect a broader shared ideology that spans through history. The ideology of white and Western supremacy, which is informed by the wealth gap between the global north and global south, also contributes to this (Knippers Black, 2005). As discussed, these discourses of difference inform divisions such as the present hemispheric divide. Owing to a number of historic geopolitical events including colonization, imperialist wars, and the Cold War, the borders of the emerging nation states were forged to reflect the lasting impact of these conflicts (Anderson, 2006). While not permanent, they come to be reified through both economic disparities as well as borders and the technologies used to maintain them.

The role of the state assists in conceptualizing the status of citizen versus refugee. Social contract theory suggests that the state performs a paternalistic role and ensures the rights and resources of citizens in exchange for their compliance to the law (Leonard, 2014). There are limitations with this construction. Hayden (2006) notes that the nation state is a recent construction that inadvertently marginalizes refugees. Hayden (2006) explores how the construction of the nation state necessitates borders to maintain its existence. The existence of borders, however creates a boundary that must be traversed by the stateless and asylum seekers in order for them to have rights. Unfortunately, owing to ongoing geopolitical conflicts, not everyone is afforded the right of citizenship. Discrimination and internal displacement can deny citizenship for many populations

(Hayden, 2006). As such, proving their citizenship to apply for asylum can prove a very difficult task.

Hinging humanitarian aid to abstract constructions like citizenship hurts refugees. Even more damaging, are the lengths that Western nations will go to protect their borders. Monitoring borders with militarized patrols illustrates the West's preoccupation with security and threat at the cost of its obligations to the 1951 Convention. While security is a legitimate concern, much of securitization policy in the West, is preoccupied with stymieing the entrance of refugees and migrants (Bigo, 2014).

The increased employment of securitization in the West, as noted by the punitive reform pushed during the Harper era in Canada, is often accompanied by the infringement and denial of the rights of migrants (Walia, 2015). In Canada, securitization translated into Bill C-31 which permitted the unregulated employment of arbitrary immigration detention by the CBSA (Walia, 2015). It also allowed migrants to be deported if they were criminally charged, introducing two-tiered citizenship that targeted recent and first generation migrants through Bill C-24 (Prince, 2015).

Contradictions: Western Benevolence versus Western Foreign Policy

The myth of Western superiority is propped up by the myths of Western benevolence and humanitarianism (Dawson, 2014). Black (2005) argues that Western nations, like the United States, rely on the myth of 'exceptionalism' to maintain their imperial dominion. Karatani (2005) and Hayden (2006) show how humanitarianism is withheld to further the interests of nation states. Gross (2004) shows how in addition to

political motivations, such as anti communism, the West favoured European migrants. Gross (2004) describes the three major migrant waves that impacted the West. The first wave from 1951 to 1970 was marked by the end of the Second World War and led up to the Cold War. It was characterized by the increased movement European migrants from mainly Czechoslovakia and Hungary. The migrant waves of the 1970s to 1980s included both European and non European migrants from communist and formerly communist countries. However, Gross (2004)notes that there was increased effort to settle European migrants but xenophobia was noticeably present in efforts to settle migrants from Africa, Asia, and Central and Southern America. From 1989 to the early 2000s migration from non European countries increased (Gross, 2004).

Gross (2004) notes that as the migrants became more racialized, and neoliberalism and securitization was increasingly utilized, restrictions to migrations increased. As mentioned earlier, some migrants opted to be medicalized in order to combat the racialized assumptions connected with migration. In contrast with past interventions to address migrant crises, the West's response to the refugees of Syria, the Middle East, and Northern Africa demonstrates a moral contradiction, growing apathy towards vulnerable populations, and a lack of alignment with the UN Convention's humanitarian ethos. Detention, for example, is but one of many manifestations of deterrence policies and efforts to strengthen security instead of upholding UN Convention guidelines (Gross, 2004).

The restrictions of migrants in the West reflect historic patterns and cultural norms that endorse discourse of inferiority in the Global South. This immaculate image of Western civilization, in part conjured by the media, allows the West to exist outside of histories of colonialism and imperialism as such to disconnect Western achievements from their relationship with the Global South. The notion of Western humanitarianism must be contrasted to its history and involvement in other nations. The North Atlantic Treaty Organization (NATO) formed in 1949 to neutralize Russian aggression and the threat of communism has continued to engage in geopolitical conflicts (McCalla, 1996). The US led War on Terror was in part a NATO campaign meant to neutralize the threat of terrorism (De Nevers, 2007). Despite evidence of misinformation leading to the war, Western involvement in the Middle East has only continued to escalate. The present day conflict in the Middle East against the Daesh has once again drawn the NATO led coalition into war. The creation of the Daesh, whose existence has been credited to the War in Iraq, has brought terror to the people of Syria and parts of North Africa (Karakoc, 2014).

Securitization as Deterrence Policy

The West's complicity in the conflicts raging the Middle East makes their response to the migrant crisis astoundingly callous. Despite the Syrian refugee crisis being considered one of the great humanitarian crises of our time, Western nations have taken up great efforts to dissuade would be asylum seekers (Zuberi & Harris, 2015). The lessons learned from the Holocaust appear all but forgotten as Western nations embark on

campaigns of exclusion through securitization and deterrence policies. For example, frustrated by the austerity measures of the European Union that stagnated wages, and undermined unions, the British also viewed the Syrian refugees as a threat to their economic stability (O'Hagan, 2016). Whether the Brexit stands to improve conditions for the British public is yet to be seen. What is apparent, however, is the lengths the West will go to protect its borders.

Harsha Walia (2015) argues that securitization is employed because it is profitable to do so. Ackerman (2016) argues that presently, European border security is dominated by major arms and security corporations who also double as arms dealers to the Middle East and Africa (Akkerman, 2016). The conflict of interest brings light to the organized hypocrisy of Western nations (Perkins & Neumayer, 2010). Perkins and Neumayer (2010) question the West's value laden foreign policy in contrast with its profiteering from arms deals in the Third World. Undoubtedly, increasing the availability of weapons in conflict laden zones does little to reduce conflict (Akkerman, 2016; Perkins & Neumayer, 2010). Canada's own arms sales to Saudi Arabia, despite their human rights abuses, illustrate interests contrary to humanitarianism (Solomon, 2016). Further, against the original neoliberal rhetoric that touts a reduction in costs, keeping refugees detained cost the Canadian government millions. Meanwhile in the EU, increased security means that technological corporations like Frontex, are profiting from the efforts to keep migrants out (Akkerman, 2016).

The international community with their employment of securitization legitimizes moral panic. In Canada, the connection of institutions of mental health to border security illustrates how securitization extends beyond border control to social control. The implicit ‘othering’ that results from involvement with these institutions can be further used to craft ideas of racialized deficiency as observed with the diagnostic regimes of the 1900s (Rothe & Muzzatti, 2004). In light of this, diagnostic labels should be critiqued as possible devices of social control. The conflation of institutions of control with institutions of care should also be called into question as they continue to be used to remove racialized bodies deemed undesirable.

The social construction of the nation state and the technologies used to maintain it serve to benefit those privileged the hemispheric divide that emerged post- Cold War. Refugee populations who, owing to ongoing geopolitical conflicts, are unable to obtain citizenship abroad and within their countries of origin are denied their rights (Hayden, 2006). Securitization and deterrence policies appear clear contradictions to Western nation’s obligations to the UN Convention on the Status of Refugees (Gammeltoft-Hansen, 2014). Instead, it reveals a self-serving agenda that punishes and criminalizes refugees’ efforts for survival and attempts to profit from their plight. While mental health discourse appears to align to humanitarian supports, it is not separate from the West’s history of paternalism towards the global south. Fernando and Mills (2014) argue that psychiatry and the exporting of Eurocentric mental health systems has been used to create racial hierarchies that affirm Western superiority. Further, they make the case that there is a financial motivation for the exporting of Western psychiatric practices to the global

south and towards marginalized groups in a capitalist society (Mills & Fernando, 2014). Joseph notes the Eurocentrism of mental health discourse, and its history of control in the global south, cannot be separated from “colonial moralizing and civilizing projects (2015, p. 1029).”

Joseph (2015) and Fernando and Mills (2014) illustrate how punitive policy connects with normalized mental health practice towards refugees. Both stem from ideas of racialized populations as inferior and requiring policing and social control. These conceptions around racialized groups stem from historic practices that are embedded in both securitization policy and psychiatry (Joseph, 2015; Mills & Fernando, 2014). Examining the coverage of detention and mental health discourse in mainstream media is intended to reveal how these regimes live on in refugee discourse.

Securitization, dangerization and the discourses of exclusion that further marginalize refugee experiences provide compelling examples of moral panic and its impact on policy outcomes. As the history of pathologization revealed, securitization is often rationalized by the fear of the deviant identity. In relation to refugees, the identification of this group as genetically deficient provided the basis for regimes of control and exclusion. Critical discourse analysis can be thus used to interrogate how media articulate discourse around refugees. The discourses of exclusion identify how discourse employed in modern times reflect patterned responses, attitudes, and beliefs about refugees.

Methods

The ideological underpinnings of discourse can reveal how power is embedded in our taken for granted interactions. This is particularly instrumental in particular disciplines such as mental health whose practice is dominated by objectivity and empiricism (DePoy & Gilson, 2002). Critical discourse analysis is able to depict how power is ever present and how the discourses we employ are linked to established structures and systems.

Critical discourse analysis has been used in the inquiry of how refugees are framed within moral panics and how discourses evolve in reaction to an influx of migrants in geographical spaces (Baker, et al., 2008; Lumby & Funnell, 2011; Hansen-Easey & Augoustinos, 2012). Critical discourse analysis also allows us to understand societal attitudes towards refugees, and what informs these attitudinal developments (Baker, et al., 2008). Baker et al. (2008) describe critical discourse analysis as an “academic movement” which often focuses on “theoretical concepts such as power, ideology and domination” (p. 173). Assessing the ways trauma discourse is employed by refugee advocacy groups and mental health institutions will offer an exploration of how trauma discourse shapes public reaction to refugees. It also allows us to question how mental health institutions are being sculpted to fit the expected needs of refugees.

While the mass media is capable of creating discourse, at times it is used as a tool by moral entrepreneurs and politicians (Mauby & Gisby, 2009). This study will look

chiefly at the media's coverage of ground breaking publications by advocates. The focus of these documents will be on the impact of detention on the wellbeing of individuals. Instead, the study looks primarily at the media reporting of key sources of information and how these findings were shaped for a mainstream audience.

These publications included: *We Have No Rights: Arbitrary Imprisonment and Cruel Treatment of Migrants with Mental Health Issues in Canada*; *The Human and Financial Cost of Detention of Asylum Seekers in Canada: A Study for the UNHCR*; *Indefinite, Arbitrary, and Unfair: The Truth About Immigration Detention in Canada*; and *Asylum Seeking Children's Experience of Detention in Canada: A Qualitative Study*. These publications were selected as they fill a gap in research on detention in Canada and heavily covered by mainstream media. Among mainstream outlets were the Toronto Star, Macleans, and the CBC. These publications were also written within the past decade and thus provide a contemporary look at detention as it addresses increased securitization in Canada and the West. The findings of these publications have been disseminated through media, further highlighting their contributions to discourse around detention in Canada.

The media plays a crucial role in informing discourse and ideology. Zizek (2008) argues that the media wields symbolic power that disseminates dominant ideologies. The media, as it has been identified as a tool of moral panic, serves not just to coerce individuals towards end goals, but also to legitimize ideology through discourse. Couldry (2001) highlights the media's legitimizing capacity towards discourse and ideology. He

argues that the media's true power is not within ideology, rather that the media is unprecedentedly equipped to speak to society on behalf of society (Couldry, 2001). The result is a formation of social reality, informed by symbolic interactionist exchanges. The media, as a contributor to moral panic, lends these powers to inform societal opinion. Given the media's capacity to perform symbolic violence and simultaneously urge the use of systemic violence in the form of increased mental health supports for refugee populations, the study will focus on how it utilizes power to control refugee discourse.

Data Analysis

Trauma and mental health denote, as they are used in relationship to refugees, specific ideas and assumptions about the refugee and asylum seeking populations and the ways they should be treated and supported. Trauma is capable of medicalizing experiences and obscuring violence while mental health labels can be used to pathologize individuals. The analysis was guided by questions that inquired as to what ways these discourses were being 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. Of the four major publications drawn from, two arguably had a lens attuned to mental health. *We Have No Rights: Arbitrary Imprisonment and Cruel Treatment of Migrants with Mental Health Issues in Canada* and *Asylum Seeking Children's Experiences of Detention in Canada: a Qualitative Study*

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 (Gros & van Groll, 2015; Kronick, Rousseau, & Cleveland, *Asylum Seeking Children's Experience of Detention in Canada: A Qualitative Study*, 2015). While these publications are capable of challenging the ill treatment of refugees, the manner in which they are presented in mainstream media impacts their overall contribution to refugee discourse.

This research explored a number of prevalent themes to guide its analysis of the creation of refugee discourse in mainstream media. In particular was the presence of topics including pathologization of refugees, securitization, violence, the hospitality of Western countries, a neoliberal economic rationale, and separating migrants from refugees. As touched upon earlier, these recurring themes reveal a patterned response to refugee experiences that is systemic and reflects particular attitudes towards refugees and individuals with disabilities. The presence of these themes is indicative of a refugee discourse that continues to pathologize and problematize refugee experiences in the mainstream media coverage. The publications mentioned, while well known, are still in many ways inaccessible to the general public. The media then serves as a liaison between institutions, advocacy groups and the public. Media is also positioned to create and naturalize discourse (van Dijk, 2000). Focusing on the media in this way highlights the point of access between the public spheres and elite or inaccessible spaces. The media has been critiqued in discourse analysis for its coverage of marginalized populations (Bauder, 2008). Most notably, it has documented of the increased utilization of racism, xenophobia

and Islamophobia in post 911 society in the West (Bauder, 2008; Saeed, 2008). This paper attempted to critique the media's role in obscuring detention from state enacted violence by its dependence upon trauma discourse and mental health.

Pathologization

The analysis of the 18 articles revealed the weight with which mental health discourse is granted in media coverage. Of the 4 publications produced, *We Have No Rights* was covered in mainstream media outlets the most with 7 articles while the remaining three publications averaged four articles. As such, conversations about mental health were present in the majority of the articles. For example, at least one mainstream iteration of a major publication mentioned mental health, even if the original publication only touched upon it. Discussions around mental health emphasized the impact detention had on worsening symptoms of schizophrenia, depression and anxiety. Trauma, independent of post-traumatic stress disorder, 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) work. Kronick (2015) makes particular reference to how the trauma of detention negatively impacts mental health, specifically in regards to children.

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 framed the plight of refugees as overwhelmingly negative 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 (Audrey, 2015).”

Likewise, coverage of *We Have No Rights: Arbitrary Imprisonment and Cruel Treatment of Migrants with Mental Health Issues in Canada* similarly emphasized the mental health of migrants (Browne, 2015; Gros & van Groll, 2015).

“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. (Browne, 2015).”

The discourses of race and ability, as they are used to rationalize exclusionary responses, such as detention, are examples of “othering” (Joseph, 2015). However, as observed, the construction of the other can be achieved unintentionally through descriptors that connect it with a deviant identity. While the articles attempted to garner sympathy for the refugees by highlighting their encounters with mental illness, this also worked to paint a pathological image of refugees. Using trauma and mental health discourse to describe refugee reinforces the need for medical supports for refugees and the violence that often accompanies these institutionalized practices. The erasure of mad identified and neurodiverse identities also reinforces the pathologization of migrants. While it is noted that detention has a negative impact on mental health, the focus on

mental illness overshadows the restrictions of the rights of all migrant detainees. It is important that detention be understood as problematic because it represents a form of state enacted violence that is connected to historical practices against marginalized groups.

The construction of the ‘other’, through processes like moral panic, and the violence that accompanies it, serves no purpose in and of itself. Instead, as discussed by Fanon (2004), it serves to distinguish particular groups as deserving of violence. Borders then, and our relationship to them, define us as citizens and non-citizens; those deserving of protection and those deserving of violence. Dolmage (2011) notes that the experience of being a migrant is to be forever marked and defined by your relation to borders, particularly in the West where proximity to whiteness is used to denote belonging. Belonging denotes more than comfort and stability, it also encompasses the access to the rights of citizenship. To exist outside of borders, is to be rendered invisible, exploitable, and pushed to precarity.

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. The article emphasizes the lack of mental health supports available to him in detention. As such, the article notes that detention is problematic for mental health, but does not explicitly condemn its use. Instead, it normalizes the use of detention as per CBSA guidelines and is critical of its use towards

refugees who are perceived to be mentally unwell in contrast to other migrants. 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 (Browne, 2015).”

With the exception of JJ’s lack of medical supports, he reports 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. There is an effort to normalize JJ’s experience of detention, despite the severe impact it has had on him. JJ’s experience of subjective violence is narrowed 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. These portrayals are troubling as they suggest that detention should be supplemented by mental health supports and fail to mention other alternatives that could be undertaken by the government to support refugees.

Encompassed within the use of pathologization is the distinction between migrants and refugees. As mentioned, the experience of harm and persecution is used to connect refugee experiences to that of violence and trauma. As such, the pathologization of refugees becomes a necessary characteristic intended to separate them from ‘economic migrants’. The majority of articles examined specifically focused on the experiences of asylum seekers and refugees to contrast their experiences to the purported humanitarian

reputation put forth by Canada. 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 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.

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, 2014).”

Tseghay's (2014) quote is supported by the assertions put forth by Hayden that identify the West as perpetrators of violence through both their deterrence policies and their selective focus on subjective violence. The refusal to identify its complicity in objective violence serves to reinforce the narrative of Western benevolence, further maintained by their provision of mental health supports.

The employment of immigration detention in Canada clearly reflects ideologically influenced attitudes towards migrants and refugees. Arbitrarily detaining migrants and refugees serves to criminalize them and normalize the use of punitive practices towards them. The similarities between the eugenics based practices of towards migrants used in the 1900s and the use of solitary confinement and deportation of migrants in the present are also concerning. They illustrate ideologically enshrined systems that are predicated on the abuse of particular groups. These systems will continue to operate unchallenged

unless the allusive elements are explicitly addressed. Mental health institutions are similarly embedded with structures meant to control groups like people with disabilities.

Violence

The manner in which mental health and trauma discourse is taken up by media in connection with the publications appears to rationalize their institutionalization. There are many comparisons made between the lengths of time some detainees spent in detention and the duration of typical criminal sentences. However, these discussions fall short of addressing objective violence. Mental health and trauma as it is engaged in by advocates, media, and mental health practitioners alike, is discussed as subjective violence. The act of erasure of violence by media can also be understood as symbolic violence, violence that is captured in micro aggressions, language and discourse (Zizek, 2008). Zizek (2008) refers to subjective violence as having been performed by a particular agent. The media's focus on the CBSA constructs them as the chief agent responsible for the experiences of migrants. The injury is the onset, or increase in mental health symptoms. For example, this quote from 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 immigration detainees are housed in provincial jails (Carman, 2014).”

In addition, many of the articles discussed how the presence of mental health symptoms in migrants was cause for them to be moved from immigration holding centres to prisons for treatment. Trauma and post-traumatic stress disorder was mentioned in 6 of the 18 articles. Forms of subjective violence were mentioned in 55% of the articles.

Jailing Immigrants a Gross Injustice explicitly names the use of detention as infringing upon “the right to be free of cruel, inhuman, and degrading” treatment (Kronick & Beder, 2016). *Migrant Detention Sparking Mental Health Crisis* quoted migrants reports of feeling “less than human”, like “animals” or “garbage” (Ball, 2015).

The normalization of these practices warrants immediate concern. Especially as they have proven fatal. The CBSA has been involved in the death of 15 migrants. Of these migrants two were known suicides, one was beaten to death in prison, and the majority succumbed to health problems after being denied proper health care (Kronick & Beder, 2016). The CBSA has not been forthcoming with information about all of these deaths and had been resistant to coroner inquests (Kronick & Beder, 2016). Efforts by organizations like the Red Cross to investigate conditions had been rejected. Advocacy groups, such as No One is Illegal, Canadian Council for Refugees and End Immigration Detention have successfully directed attention to human toll of these practices (Canadian Council for Refugees, 2012; End Immigration Detention Network, 2016).

While the CBSA was mentioned, there was no mention of systems or structures through which organizations like the CBSA obtain power. In fact, emphasizing the CBSA’s role in migrant detention, while necessary, also runs the risk of obscuring how

Canadian Immigration policy and the changes enacted through Bill C-31 made arbitrary detention legally permissible.

The frequency with which mental health and trauma is discussed as it pertains to refugees experiences in detention is notable. The articles make apparent the harms associated with detention through either a medical or legal perspective. While there is some acknowledgement that the rights of refugees are being infringed, the greater focus is on the victimization of refugees by the CBSA. The construction of this image of victimization is in part reliant on the idea that refugees have experienced violence and trauma as they attempted to enter Canada and thus must be provided with trauma specific supports. For example, coverage of *We Have No Rights*, discussed the inhumane conditions of detention but emphasized the lack of mental health supports as one of the problematic factors (Gros & van Groll, 2015). While adequate mental health supports are part of an important package of refugee care, mainstream coverage of this report.

The study also looked at the frequency of recommendations by the articles, and whether they focussed on micro, mezzo, or macro change. Macro change was defined as any change that was targeted towards the systems and structures of detention in Canada including policy. Mezzo change involved direct institutional change to say the CBSA. Micro change focussed on interactions with individuals and groups within detention. Mezzo changes, changes which focused on institutional practices, were the most common. None of the articles discussed Bill C-31 in depth or included within their recommendations a review of the controversial bill. Instead, the most common

recommendation was for oversight of the CBSA through an independent body. In addition to recommending CBSA oversight, they recommended adapting a maximum 90 day term for detainees who required it and to cease the detentions of minors (Kronick & Beder, 2016; Keung, 2015; Bonnar, 2014).

Securitization

While securitization can be encompassed in the larger category of systemic violence towards refugees, its explicit use in the West warrants particular attention. As discussed, detention is but one example of various deterrence and securitization practices in the West (Russo, 2008). It represents a coordinated effort by the state to limit accessibility to those seeking asylum whilst prioritizing economic interests about 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 normalize the use of detention against refugees (Young, 2015).

“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’s quote works not only to maintain the need for detention in the public eye, but further works to reinforce ideas that criminalize refugees. It is not critical of CBSA

policy, which has led to numerous deaths and criticism from the UN. In contrast, Matthew Behrens critiques the use of detention as a practice of securitization and challenges the CBSA's complicity in the criminalization and mistreatment of refugees (Behrens, 2012). Behren 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).”

Behrens notes the relationship between securitization practice and economic reforms that penalize refugees as he comments on the limited resources available to migrants (Behrens, 2012). Behrens' also captures what Fanon (1963) discusses in *Concerning Violence*. Fanon (1963) discusses the process through which the colonial subject is reduced to object. This involves the experience of being categorized and dehumanized (Fanon, 1963). Detention is uniquely capable of meeting both of those criteria to ensure the colonial subjugation of migrants and the reification of white supremacy.

The economic motivator is further explored as a rationale to end detention. Keung (2011), in coverage of the UN report on detention, notes that detention in practice 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).”

Keung's (2011) coverage of the UN's criticism moves away from the historic use of economic threat that blames migrants for economic hardships. Instead, it criticizes the government's use of funds to support refugees. The report's recommendation however, to introduce jail liaison officers depicts a response to detention that maintains its criminalizing elements and does not challenge the practice itself.

Tseghay (2014) is similarly critical of the economic motivations for detention. Tseghay (2014) further illustrates that the motivations for detention and other securitization practices are largely economic 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 (Tseghay, 2014).”

In contrast to the belief that migrants strain the system through their participation in the labour market and dependency on social programs, the numbers that Tseghay (2014) presents show funding going to securitization practices. The mainstream coverage of securitization is important as it aids to frame detention as a state endorsed practice. The federal funding of the CBSA and immigration reflects the governments focus on controlling immigration, not supporting migrants and refugees. Exploring the role of economic motivations for the continued and challenged use of violence against refugees is important as it highlights how economic motivation may be prioritized above humanitarian obligations.

While 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 Conservative Bill C-31. Further, the narrative of mental illness creates a gap that obfuscates the presence of violence through detention and government policy. The dual narrative at work relies on moral panic to frame both the CBSA and migrants as folk devils warranting oversight. While the CBSA's practices are deserving of scrutiny, the emphasis on migrants' mental health serves to normalize state intervention through mental health supports. The Government accountability and response is framed through reformist suggestions and recommendations focused on the treatment of the afflicted individuals. Violence, however, does not recede or shrink. It is understood in absolutes. The violence of racism, sexism, and xenophobia cannot be reformed in a system which bears historical and cultural roots intended to enact violence upon select populations.

With the introduction of Bill C-31 and Bill C-24 in Canada, the federal government adopted policies that saw increasing securitization through broader capacities to deport and detain migrants, while limiting opportunities for refugees and asylum seekers to enter the country (Russo, 2008). The threat of the other, historically crafted to depict a threat to cultural homogeneity is thus transformed into the threat of danger. The fear of this danger capitalizes on Western society's preoccupation with subjective violence. Critcher (2009) and Lumby and Funnell (2011) argue against the equating of moral panic with overreaction. Instead, they argue that moral panics reflect legitimate anxieties around social change. Critiquing 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 as the ‘invasion complex’, Papastergiadis explores the developing irrational anxieties around globalization, immigration, and the demands that it places on the host country (Papastergiadis, 2006). Papastergiadis (2006) points to refugee detention as a sign of a global imaginary which has taken hold and legitimized violent reactions to what Papastergiadis (2006) calls “the placeless and faceless state of the other” (p. 433). Yet, as observed with securitization in North America, Australia, and Europe, the ‘global imaginary’ is in many ways localized to particular geographic placements in the world.

Moral panics and invasion complexes help us to understand the myth of victimhood that dominates the West. In the construction of a deviant, and uncivilized ‘other’, against which the West is juxtaposed, the West is able to construct itself as superior morally, economically, and politically. The narrative of civilization and superiority, devoid of a historical reflection, removes the West from culpability. The West’s urge to pathologize refugees through the label of trauma and mental illness also serves to individualize a systemic problem in which they are part. This distortion of objective violence through dangerization, the housing of violence in purportedly deviant and racialized bodies, draws migrants and refugees under the scrutiny of the international community as folk devils while the ongoing violence goes unquestioned.

The incorporation of social control in border security is addressed by Bigo (2014) saying,

They see their mission as protecting international order, disciplining chaotic flows of people, avoiding the ‘catastrophic consequences of inaction’ and of ‘free

travel between these countries in turmoil and the countries that enjoy peace and development'. In their 'strategic' vision, border control is an imperative but it is rarely about coercive action. They speak of 'containment' and 'actions of deterrence' that would in fact benefit migrants who, in this view, do not understand the risks they face by travelling in small boats (2014, pp. 212-213).

As Bigo (2014) addresses securitization in the European Union, he sheds light on

Western paternalism towards racialized migrants. The intentions of border security, illustrate how the ideology of Western superiority obscures and normalizes problematic practices towards marginalized groups.

Papastergiadis' (2006) 'diagnosis' is ironic given the history of pathologizing refugee experiences in the West. It betrays the reality that the diagnostic medical approach that the West so heavily relies upon can be abused to relieve Western nations' own pathological anxieties around difference. As such, detention and the focus on trauma and mental health serves to categorize refugee experiences to make it more palatable for Western imaginations. Moral panic serves to normalize these anxieties and transform them into legitimate concerns. The employment of moral panic to stir consensus amongst the masses acknowledges Arendt's assertion that power is found in 'concert', or through collectivity. Pragmatically, ensures that there is least resistance to change as the people themselves are invested in the outcome. Consensus is achieved in part through ideology, shared belief systems (van Djik, 2000). Zizek (2008) comments on how ideology is both ubiquitous and yet invisible which Kirby (2010) rightfully pens as "belief without believers" (p. 119).

This form of tacit consent is manufactured through moral panic. The media works to build endorsement for the medicalization of refugee experiences by focusing on the

mental health of refugees and employing trauma discourse. Contrasted against CBSA practices, the use of mental health programs for refugees appears to support Canada's humanitarian obligation to refugees. However, the eugenics based history of connecting mental health and refugee services reveals that it is simply a medicalized form of securitization in effect.

The resulting amalgamation of mental health, CBSA, and detention services towards refugees illustrates what Joseph (2015) refers to as the confluence of violence. Violence, however, appears to have been removed from the discourse employed by the mainstream media as it explores the numerous incidents indicating abuse against migrants and refugees. This ranges from UNHCR violations by the CBSA and Federal government to the practices within detention centre that has resulted in loss of life. The media's endorsement of mental health supports for refugees ignores both the history of mental health programs as they have been used towards migrants, as well as the modern day errors that have resulted from the absence of a critical examination of refugee mental health programs.

Conclusion

As mental health discourse is slowly being normalized through anti stigma campaigns it should seem favourable to the mental health advocates that similar efforts are made to normalize mental health supports for migrants and refugees (Buila, 2009). Given the various forms of violence refugees face, attention to their mental health and wellbeing is imperative. However, the research encourages us to be cognizant of how the discourses we employ can replicate ideological beliefs around racialized persons, with the power to cause significant harm to vulnerable populations.

The mainstream adaptations of major reports highlighting the ills of detention revealed that the media has a prominent role in the dissemination of refugee discourse. Further the results showed that the media has used its power to reassert the value of mental health institutions as an alternative to refugee care. In doing so, the media suggests that the refugee population is one that requires mental health supports and pathologizes their experiences using mental health discourse. This focus on mental health symptoms and trauma places the focus on the refugees lack of capacity to cope with detention. While the publications acknowledged the harm that detention causes, they did not explicitly connect the causation of harm to violence or identify detention as a form of state violence. Further, with their main recommendations to introduce mental health supports for refugee populations, the articles ignore Canada's historical treatment of refugees which similarly funneled them into criminal and mental health institutions.

This ‘othering’ through the labelling of refugees and migrants as invalids normalizes the use of violence against them as seen with the migrants who were placed in prisons and solitary confinement for disclosing mental health problems (Kronick & Beder, 2016). Further, it enforces an ableist narrative of mental health that imposes the merits of the medical model while ignoring neurodiversity and madness as an identity (DePoy & Gilson, 2002). This reinforces ideologically driven ideas that place inherent value on ability, presupposing that in order for individuals with disabilities to participate in society they must accept labels and assigned treatment (DePoy & Gilson, 2002). For migrants and refugees however, their freedom is often in exchange for their compliance to diagnostic regimes, including the forms of violence that come part and parcel with them (Gross, 2004). Parallels to Gross’ (2004) work can be observed in the manner that mental health and trauma discourse is applied in the West. As mental health programs 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 ‘dangerized’ subject into one deserving of aid. Unfortunately, to be deserving of aid within the welfare state is to be victimized and pathologized. The privileging of trauma and mental health discourse must be understood as instrumental in normalizing the institutionalization of racialized individuals and concurrently targeting them for social control.

The inquiry also sought to understand whether violence was discussed and if the articles connected institutional violence to the outcomes being discussed. The term “violence” did not appear in any of the 18 articles. However, drawing on theories of violence as explored by Zizek (2008), certain descriptors were connected with objective

and subjective violence. For example, terms denoting abuse such as “cruel”, or “inhuman” were connected with forms of subjective violence whereas explicit mentions of systems such as capitalism, racism, Islamophobia would highlight objective systems of violence. Detainees expressing urges to cause harm to themselves upon being detained was also connected to subjective violence as it illustrated a crisis response to external violence.

Moral enterprise theory offers an more in depth understanding of the media’s role in the dissemination of discourse. It illustrates how discourse can be manufactured to benefit particular agents such as politicians or mental health professionals. While advocates like Kronick and Beiser make valid points about the need to consider the mental health of refugees, their recommendations do not necessarily take into account the problematic history connecting mental health institutions to refugees (Clibbon, 2015; Kronick & Beder, 2016). In the case of refugee discourse, the media’s focus on mental health institutions as a remedy for the trauma experienced by migrants, legitimizes the use of diagnostic mental health programs. While the media is critical of detention and the impact that it has on mental and physical health, it does not identify detention as a form of violence. Rather, it frames detention as a ‘necessary evil’, needed to distinguish legitimate refugees from bogus claimants. It also makes recommendations for mental health supports in lieu of dependence on detention. In selecting to omit violence in covering refugee detention, the articles also minimize the violence that accompanies securitization and the impact that these policies have on migrant lives. For example, being apprehended by CBSA and placed in detention was described as traumatic in

articles (Gros & van Groll, 2015). So much so that some described thoughts of self harm and suicidal ideation. This suggests that the refugees sought an escape from the violence of detention through a more fatal form of violence.

The predominant focus on mental health contrasted to the lack of focus on the Canadian government illustrates that immigration detention is not understood to be an example of state violence. Nor do the articles draw the connection between mental health institutions and past regimes of control that brought harm to refugees. These considerations are important for practitioners as austerity pushes further punitive policies towards the marginalized. As a result, the focus on individualism and self improvement pushed through the medical model is affirmed through these state apparatuses. We must be mindful of the impact these cost saving policies have on vulnerable groups who, throughout history, have been disproportionately impacted.

Limitations and Future Considerations

For the purpose of this study, only articles connected with the major publications were analyzed. Thus, the scope was focused on how the media interpreted the findings that had been compiled for public access. This removed from the sample a number of articles, such as those covering the hunger strike at the Lindsay detention centre and the advocacy efforts that move beyond mental health discourse. In the wake of the CBSA related deaths, there has been discussion of using alternatives to detention such as ankle bracelets. Future considerations for this study may be to analyze how technologies

applied to migrants and refugees continue to overlap with the criminal justice system and how this further criminalizes and marginalizes these populations.

Recommendations

Violence, as discussed, is not divorced of power (Zambrana, 2014). As such, the violence present in migrant detention, and other technologies of control, reflects an ideological intention in favour of subordinating marginalized groups. The refusal to name detention as violence also extends to other spaces where detention and imprisonment are normalized. For example, the criminal system regularly detains individuals, yet many authors noted that detention in any capacity has the potential to cause harm (Kronick & Beder, 2016). Work around migrant detention that emphasizes their criminalization is capable of going further and questioning why violence is normalized towards any criminalized or vulnerable group. Further, it challenges the use of state violence in populations whom society has deemed deserving of such violence. It raises questions of the subjectivity of deviance and how particular identities, such as the label of mental illness, can be targeted by state violence.

Based on the findings in the reports and the general response of the articles analyzed, the use of detention for migrants is a practice that must be severely limited to preserve not only the health but the dignity and mental wellbeing of migrants and refugees. The use of detention, forcibly holding an individual prisoner, is a form of violence the use of which should not be permissible with any vulnerable person.

Arbitrary detention, which lacks a clear release date and rationale for imprisonment,

further highlights the anxieties that are caused by detention (Gros & van Groll, 2015). Understanding how detention is a securitization practice also invites us to critique how securitization has become associated with refugee discourse. The use of these deterrence policies also runs contrary to the 1951 UN Convention on the rights of refugees. Instead, nation states are permitted to prioritize their economic and political interests above the livelihood and safety of those seeking refuge. Western nations cannot feign indifference or ignorance to their participation in the creation of violence through the policies they enact. Nor can they ignore the role their foreign policy plays in the creation of disaster that displaces refugees in other parts of the world.

Canada has the capacity to learn from the recent migrant crises and its past encounters with refugee populations. Dr. Beiser, famous for his work with immigrant and refugee populations, argued that despite the great successes that the Vietnamese refugees made in the 1980s, they were limited in their access to mental health supports (Clibbon, 2015). Thus, he advocated for more mental health supports for the incoming Syrian refugees. While mental health should not be minimized, it is also misleading to credit mental health with the successes of marginalized populations. The success of the Vietnamese boat people was owed to the efforts to settle them, provide them with employment opportunities and community supports in addition to attending to their mental and physical health (Besier, 2009). To over emphasize mental health in this way is to homogenize a diverse group of individuals who are linked by their shared experience of violence, and to push these individuals into diagnostic regimes of control.

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) notes 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 a 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 that include discrimination and lack of employment (Shannon, 2014). Shannon (2014) 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’ and ‘freedom back home, the political issues is one of the causes of depression’ (p. 274). The interviewees expressed the importance of moving beyond a clinical diagnostic approach to incorporate the social factors impacting their mental health.

Joseph (2015) affirms the need for professionals to move beyond comfort and normalized practice of a Eurocentric diagnostic approach. Joseph (2015) writes,

“Rather, we would again have a system that looks at individuals in their present context without recognition of the ancestry of the violence imbedded 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 (p. 1029).”

As helping professionals, in the field of mental health and otherwise, 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 problematize the vulnerable or demand oversight in ways that mimic social control. We must also work 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 client experiences. The lasting impact of eugenics and race based science still impacts 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 medicalized approaches on vulnerable populations, to practicing as settler colonialists on Indigenous land, our participation in forms of violence and erasure is inherent to our work.

Appendix
Appendix A

Major Publications	Article Title	Media Source
<i>We Have No Rights: Arbitrary Imprisonment and Cruel Treatment of Migrants with Mental Health Issues in Canada</i>	Sick, traumatized and jailed indefinitely: Canada’s immigration detention violates rights, report says	Leslie Young, Global News
	Canada's 'paramilitaristic' border agency locking up more foreigners: report	Colin Perkel, CBC
	Migrant detention in Canada sparking mental health crisis: Report	David P. Ball, The Tyee
	Secrecy surrounds death of troubled man in immigration detention	Nicholas Keung, Toronto Star
	Mentally ill migrants don’t belong in jail	Audrey Macklin, Toronto Star
	Canada’s incarceration of migrants is ‘cruel’ and ‘inhuman’	Rachel Browne, Vice Canada
	“They treat us like garbage”: Canada’s rising immigration centres operate in a legal black hole, report says	Colin Perkel, National Post
<i>Asylum Seeking Children’s Experiences of Detention in Canada: a Qualitative Study</i>	Jailing immigration detainees a gross injustice	Rachel Kronick, Michaela Beder, Toronto Star
	Taking liberties: Canada’s booming business of detention and deportation	Matthew Behrens, Rabble.ca
	What are babies doing behind bars in Canada?	Rachel Browne, Maclean’s
	Study sheds light on trauma suffered by migrant children detained in Canada	Rachel Browne, Vice Canada

<i>The Human and Financial Cost of Detention of Asylum Seekers in Canada: A Study for the UNHCR</i>	Detained refugees treated worse than criminals: lawyer	Tara Carmen, Vancouver Sun
	Refugee detention up in Canada, says UN report	Nicholas Keung, Toronto Star
	UN Message to Canada: Detention should only be used as a last resort*	Megan Devlin, Rabble.ca
<i>Indefinite, Arbitrary, and Unfair: The Truth About Immigration Detention in Canada</i>	The UN Told Canada to Stop Jailing Migrants Indefinitely and Without Charge	Emma Paling, Vice Canada
	Report alleges ‘political interference’ in migrant detentions	Nicholas Keung, Toronto Star
	Boycotting Injustice: New report details truth about immigration detention in Canada	Daniel Tseghay, The Mainlander
	Report questions “justice” and “fairness of Canada’s	John Bonnar, Rabble.ca

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