Special Thematic Section on "Rethinking Health and Social Justice Activism in Changing Times"

# "Do You Want to Help or Go to War?": Ethical Challenges of Critical Research in Immigration Detention in Canada

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## Abstract

In a time of mass displacement, countries across the globe are seeking to protect borders through coercive methods of deterrence such as immigration detention. In Canada, migrants—including children—may be detained in penal facilities having neither been charged nor convicted of crimes. In this paper we examine how we dealt with the series of ethical dilemmas that emerged while doing research in immigration detention centres in Canada. Using a critical ethnographic approach, we examine the process of our research in the field, seeking to understand what our emotional responses and those of the staff could tell us about detention itself, but also about what is at stake when researchers are faced with the suffering of participants in these spaces of confinement. The findings suggest that field work in immigration detention centres is an emotionally demanding process and that there were several pivotal moments in which our sense of moral and clinical obligations toward distressed detainees, especially children, were in conflict with our role as researchers. We also grapple with how the disciplinary gaze of the detention centre affects researchers entering the space. Given these tensions, we argue, spaces of critical reflection that can consider and contain the strongly evoked emotions are crucial, both for researchers, and perhaps more challengingly, for detention centre employees and gatekeepers as well.

*Keywords:* migrants, immigration detention, asylum seekers, children, ethics, critical ethnography, emotions

Research *is* reform, or it can be.

(Liebling, 2014, p. 485)

> The emotion of caring is inextricable from the act of caring for someone or something; the former compels the latter. . . There are so many ways to really not care, and we've seen most of them exercised energetically these last couple of years and really throughout American history. They are narrative strategies and most of them are also fundamentally dishonest.

(Solnit, 2018)

Around the world, States are deploying increasingly stringent measures to implement what they view as their sovereign right to determine who may enter and remain on their territory. Since the late 20th century, administrative detention of non-citizens has been used more and more systematically as one of a panoply of coercive state mechanisms of migratory control, along with deportation, interdiction and similar measures (Nethery & Silverman, 2015). Migrants are usually incarcerated in prison-like conditions, although generally neither charged nor convicted of any crime, and very rarely even suspected of posing a potential threat to public safety. Targeting arriving migrants—including refugee claimants—and non-citizens who have lost status, immigration detention serves primarily to keep migrants under state control pending the outcome of often lengthy administrative procedures, designed to verify identity documents and mitigate flight risk concerns pending deportation (Bosworth, 2014).

## Research Questions

In 2010-2011, we conducted a Canadian study on the impact of detention on adult asylum seekers' mental health (Cleveland & Rousseau, 2013), and to understand the lived experiences of children and families imprisoned in immigration detention centres (Kronick, Rousseau, & Cleveland, 2015). In this paper we examine how we dealt with the series of ethical dilemmas that were part and parcel of doing this research with migrants, especially children, held in immigration detention centres. We try to understand what the process of conducting research can tell us about the practice of detaining migrants, and also about the ethical and practical challenges of mobilizing change and taking humanitarian action as researchers. We ask three specific questions: 1) What were our emotional responses when faced with a population suffering in a carceral context and how do these feelings shape research decisions? 2) How does one maintain a position as an impartial participant-observer? And 3) What might our affective experience and individual reactions tell us about the larger structural issues at stake?

Any understanding of research on immigration detention must be foregrounded by the global and local context of migrant incarceration, and so we begin there.

## Global Trends in the Context of Border Control

Although always coercive, immigration detention may be more or less punitive. In many countries detention conditions conform to minimum standards and certain basic procedural guarantees are respected (e.g., time limits, access to review, protection for vulnerable individuals). Detention serves primarily as a mechanism of bureaucratic control. In others, immigration detention is viewed as an instrument of deterrence, with harsher conditions cited as proof of willingness to be tough on 'illegal' migrants.

In Australia, for example, most governments have, since 1992, celebrated the use of mandatory detention of 'boat arrivals' in often extreme conditions as a necessary tool to stem the flow of 'illegals' (Sampson, 2015). Australia's use of offshore facilities as a means to circumvent international and domestic obligations regarding the human

rights of migrants is increasingly cited by other governments around the world as a model to combat irregular migration.

Rising numbers of irregular migrants entering Europe in recent years, particularly in 2015-2016, have led a number of countries to enact more stringent border controls, including detention. Hungary, for example, now systematically detains asylum seekers in prison camps at the border, including families with children, for the duration of the refugee claim proceedings (European Council on Refugees and Exiles, 2017).

In 2017, the EU concluded a deal with Libya designed to strengthen Libya's capacity to intercept migrants heading for Europe, including the use of detention—ignoring reports from the Office of the UN High Commissioner for Human Rights and other organizations detailing massive human rights abuses against migrants in Libya. Shortly after the deal was concluded, the High Commissioner denounced Libyan detention centres as 'an outrage to the conscience of humanity' where 'thousands of emaciated and traumatized men, women and children piled on top of each other, locked up in hangars with no access to the most basic necessities, and stripped of their human dignity' are routinely subjected to beating, rape and other forms of violence (Agence France-Presse in Geneva, 2017). Yet, in June 2018, the EU once again confirmed its resolve to reinforce externalization of border control to North Africa—notably Libya—and Turkey, including detention and offshore processing in hotspots. Support for these measures, far from being limited to right-wing populists, is now expressed by most mainstream EU governments (Dos Santos, Smith-Spark, & Frater, 2018).

In 2017, the United States government decided to systematically bring criminal charges against migrants who enter 'illegally' (including asylum seekers), using this as an excuse to forcibly separate children from their detained parents. Faced with an outcry against the separation policy, the US then sought to instead hold children with their parents in immigration detention facilities for the duration of their asylum proceedings, which may last years. A similar policy implemented by the Obama administration in 2014 was struck down by the courts, which decreed that children (whether unaccompanied or accompanied) could not be held longer than 20 days. After a court blocked the Trump administration's attempt to impose long-term detention of entire families, the administration now says that it will offer parents the 'choice' of remaining detained indefinitely with their children or of 'consenting' to their children's release while the parents remain detained (Parker & Satija, 2018).

While there is a dominant trend toward more stringent measures and widespread use of immigration detention, there is also resistance. There are calls for greater protection of vulnerable groups, particularly children, as well as limiting recourse to detention and promoting the use of non-custodial alternatives. For example, Belgium (in 2009) and the UK (in 2010) announced that they were putting an end to detention of children, including families with children. However, the UK still detains families in certain cases, while Belgium has announced plans to resume family detention in 2018 (Opening Doors, 2018).

## Detention in Canada

Detention centres in Canada are modelled on medium-security prisons. They are surrounded by razor wire fencing; movement and all activities of detainees are rigidly controlled; observation by guards is constant; detainees' personal effects are confiscated and anyone entering the detention centre is searched (Cleveland, 2015). Although the average length of detention is around a month, there is no maximum time limit; in one extreme case, a noncitizen was on immigration hold for 11 years. At the time of our research, children were routinely detained in Canadian Immigration Holding Centres (IHCs). Mental health problems or other forms of vulnerability are gener-

ally not grounds for release. The detainee population therefore includes highly vulnerable migrants, such as children, pregnant women, and victims of trauma and torture. About a third of immigration detainees are held in maximum-security jails along with the criminal population, primarily due to lack of space in dedicated immigration detention centres. Our study pertains only to the latter type of detention in IHCs.

Compared to many other countries, conditions in Canadian immigration detention centres are relatively adequate and allegations of mistreatment or abuse very rare. Yet, IHCs are carceral, 'total' institutions in which inmates are subjected to pervasive, tight controls.

Immigration detention is one of the very rare situations in which children may be lawfully detained. Access to psychological or social services is often extremely limited or non-existent, such that researchers generally do not have the option of making an outside referral, as detainees are (literally) not free to consult other professionals (aside from the privately contracted IHC physician) or community services. Concerns about children's wellbeing may provoke referrals to child protection services.

In Canadian IHCs, as in other carceral institutions, management response to manifestations of distress is often increased control and surveillance. If detainees mention suicidal thoughts, standard policy is to place them in segregation under 24/7 individual surveillance, either in the detention centre (in Montreal) or via transfer to a maximum-security prison (in Toronto) (Gros & van Groll, 2015).

## Symbolic Violence, Disempowerment and Mental Health

Our studies have shown that detention negatively impacts the mental health of both adults (Cleveland & Rousseau, 2013) and children (Kronick et al., 2015; Kronick, Rousseau, & Cleveland, 2016; Kronick, Rousseau, & Cleveland, 2018). These findings are consistent with studies conducted in multiple other countries (Bosworth, 2016). Although the negative impact is even greater when conditions are harsh and/or detention is prolonged, a number of studies (including ours) have shown that even relatively short detention in reasonably adequate conditions is harmful. This may be attributed to two main factors: symbolic violence and disempowerment (Cleveland, Kronick, Gros, & Rousseau, 2018).

Detention is experienced as a form of symbolic violence, through which migrants who have committed no crime are subjected to a series of measures signaling social degradation, including handcuffing, constant surveillance, searches and other severe restrictions on liberty and dignity. The symbolic violence is compounded by the fact that the vast majority of migrants are racialized, originate from historically oppressed countries, and are often poor, while the states imposing detention are often historic oppressors, largely white and wealthier.

Immigration detention is also consistently experienced as disempowering. Migrants are kept under coercive state control for indeterminate periods while awaiting the outcome of administrative decisions which are most often highly discretionary and based on opaque criteria. In countries such as Canada and the UK, where there is no maximum time limit on their detention, migrants' feelings of anxiety and uncertainty may be particularly intense. Being detained at the pleasure of the state for an unpredictable length of time may be seen as an enactment of power relations.

# Methods

Our larger study on the impact of immigration detention on the mental health of adult asylum seekers, conducted by the second author (Janet) and two research assistants in the IHCs in Montreal and Toronto, started in July 2010. Early in 2011, we added a smaller study on the mental health of migrant families and children, conducted by the first author (Rachel). Both research protocols included elements of observation in the field.

This portion of the study—which takes the data about researcher experience in the field as its object of inquiry—is informed by a critical ethnographic stance. Ethnography focuses on generating understanding of everyday life in specific social settings, including institutions, through participant observation, field notes, and interviews. Both institutional and *critical* ethnography are preoccupied with "the institution and its effects, with a focus on mapping the daily lived 'relations of ruling," (Billo & Mountz, 2016) thereby revealing implicit tensions, contradictions and forms of power or oppression (Schwandt, 2007). As Timothy Mitchell suggests: "analysis of disciplinary power must occur at 'the level of detail', or the scale of the everyday" (Billo & Mountz, 2016). Critical ethnography also demands researcher reflexivity through the acknowledgement that the researcher is not a neutral subject outside of the field of study, but rather a participant who is shaped by the research itself as well as social forces and inequalities that are manifest in the field. Because in this study as we are looking at detention itself, as well as the experiences of researchers who are studying detention, a critical ethnographic stance was well-suited. As in autoethnography we are interested in the stories that were told in the field as well as the stories *we told ourselves* about being in the field (Ellis, Adams, & Bochner, 2011).

Driven by our research question, we were especially interested in understanding the emotions recorded in our field notes. As psychiatrists and psychologists we think that affective reactions can tell us about the object of examination as well as the clinician (here the researcher). In this paper a psychoanalytic stance is part of a larger "psychosocial" paradigm that views individual psychic experience as being constructed and formed by "outer worlds of social structural oppression" (Frost & Hoggett, 2008, p. 440). In this paradigm, emotions emerge in the context of social relations and structures and only then become "individualized and internalized – built in to subjectivity" (Frost & Hoggett, 2008, p. 442). In this study, we do not differentiate between notions of affect and emotion, as some philosophers have (Massumi, 2015). But like these thinkers we are interested in how being in the detention centre "is experienced in visceral, affective and embodied terms" (Frost & Hoggett, 2008, p. 443) because we believe it can tell us something about the research process and the social conditions of detention.

Data were collected in two detention centre settings, one in Montreal and the other in Toronto. While interviews and questionnaires with participants were the subject of previous papers, for this study our principal data were ethnographic field notes, and other texts that were produced during our research such as emails and administrative documents. We deliberately chose data sets for this study whose focus was on researcher experience as well as on the detention centre staff's reaction to our work.

During the studies each researcher in the field (Rachel, Janet and two research assistants) kept field notes after each trip to the detention centres. These documented experiences, conversations and observations took place during the visit or were related to the process of conducting the research. Over a 12-month period, Janet and two research assistants visited the Montreal IHC 35 times and the Toronto IHC 22 times, for half-day periods. Rachel was in the detention centre over a period of 6 months, spending approximately one half-day per week in the field. Ethics approval for our studies was granted by the McGill University Faculty of Medicine IRB.

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Data were analyzed using both inductively and deductively generated codes, derived by the first author. The ethnographic data were contextualized using previously published data that included detainee interviews and questionnaires. Our analysis attempted to both identify content themes and also salient stories emerging from the research process, and thus our orientation was both thematic and narrative.

To protect the confidentiality of the detention centre staff and key informants who peopled our field notes, we refer to all as "staff" or "professionals" rather than identifying nurses, doctors, managers, and head guards. We use the labels of "gatekeepers" or "decision makers" to identify players who are in greater positions of power. While the elision of identities might limit some narrative detail and belie the power hierarchies at play in the centre, our hope is that the central themes and research processes remain intact. The challenge of preserving confidentiality fits into our larger dilemmas—discussed below—of conducting critical research without muting our findings, given that access to the centre was precarious and, in the case of detention centre staff, their own jobs might be endangered if we were to identify them.

# Findings

Our data from the field are presented in three sections, each derived from the themes emerging in the analysis. First, we examine the emotional responses evident in our field notes. Second, we elaborate on the carceral space and its players and describe how the researchers negotiated with the institution. And third, we describe how our research turned toward *advocacy* or humanitarian action and elaborate on the conflictual loyalties and ethical imperatives that resulted.

## Emotions in the Field

Like Bosworth and colleagues who speak cogently about feelings of self-doubt, guilt, anxiety, and sadness present during and after their research with adult detainees (Bosworth & Kellezi, 2017; Bosworth & Slade, 2014), we were confronted with our own distress as we bore witness to that of others. Often, we were torn between the desire to help and the obligation to stay in our researcher role.

After an interview with a rejected asylum-seeking couple who had been detained without their young (Canadian-born) children the first author wrote: "I cried at multiple points during the interview, especially telling them how powerless I felt, unable to help them. It's the most poignant interview I've done. The most loving couple, husband stroking her hair, her holding his hand" (Field notes, July 26). In another interview, following the 3-month detention of a mother, father and their two children, Rachel admits to being "overwhelmed" by emotions (as was the interpreter) as the mother spoke: "at points, I find myself speechless when they spoke of the exploitation they experience". (Field notes, May 26)

Our distress led us to try to comfort and care for the families and children. On a few occasions, Rachel went beyond the research protocol—which instructed giving participating children a box of crayons and parents a long-distance phone card—and gave children multiple gifts and art supplies, or an extra phone card to an especially worried parent. Similarly, Rachel's field notes showed she was frequently physically affectionate with families:

> When the family arrived . . . I stood up and hugged them both. The interpreter greeted them warmly. (Field notes, May 26, 2011)

The baby was moving constantly and wanted to grab everything to put in his mouth (lego, pens, my foot!) . . . I frequently had to walk around the room with the baby in my arms to prevent him from screaming and fussing. (Field notes, July 26)

Much as certain guards responded with physical affection to the children despite their role (Kronick et al., 2015), we too were moved by families' plights and children's vulnerability to breach the distance of researcher-subject.

## Emotional Responses to Gatekeepers

Strong emotions were present not only in response to detainees, but also in reaction to staff of the detention centre. During visits to the detention centre, we were frequently angry at actions of the decision-makers, but worked actively to keep these emotions hidden. For example, on one detention centre visit Rachel met with a pregnant Afghani mother and her children—described as looking "very sick indeed . . . her lips were crusted and dry like a hospitalized patient" (Field notes, June 17). Rachel's frustration rose during the encounter when a staff person would not permit a Dari-speaking guard to interpret for the mother (no outside interpreters were allowed), and the mother was not permitted to lie down for an hour because the mother-child section was being cleaned. Rachel spoke with another detention centre staff after:

I made pleasant small talk with Mr X . . . I realize I was trying to say: 'look, we are the same, we work in the same way.' Perhaps this was my own reaction formation against my rage towards the institution. . . The only thing I could do other than scream was make pleasant, superficial small talk. (Field notes, July 17)

Rachel also expressed empathy with decision-making staff, even when feeling angered, telling them on one occasion, for example, that we understood "how difficult the situation [the detention of a child whose mental health was deteriorating] was with such limited resources". (Field notes, April 8)

The muting of our own emotional responses as researchers felt—or indeed was—obligatory. Given we had almost no power in the context of the institution, and no means to ensure that detention centre staff would take measures that were humanely indicated, we had to be agreeable and pleasant in hopes of influencing staff to take actions which would be right for detainees. Further, as we will describe below, we had to be "nice" to ensure that our research access was not revoked.

## Emotional Responses to the Research

As researchers we were met not only with our own affective responses, but also the reactions of the detention centre staff to our presence. At times staff seemed anxious about our potentially critical research. Rachel was asked:

What is the research going to show? This is *me* asking [i.e. not the Canada Border Services Agency]. Because of course everyone hates detention. No one likes losing their freedom. (Field notes, March 22)

Another staff member half-questioned, half-stated: "I mean, it's not so bad here?" (Field notes, June 17). It seemed clear that staff were worried how the detention centre would be portrayed in the research and were hopeful that our finding would be "not so bad."

Staff also appeared nervous about children's wellbeing, and hoped we could provide support. However, there were also messages conveying—perhaps because of the anxiety about our potentially critical stance—that we

were subject to surveillance, and under the constraints of the centre ourselves. One staff told Rachel "when you went outside [in the courtyard with a family] it was written down." The staff communicated that there were careful records kept of all activity in the centre, but also that we were being closely monitored as researchers.

There were also moments when staff turned to the researchers, knowing we were clinicians, to relieve some of their worries. In response to an asylum-seeking child's deteriorating mental and physical health after two weeks in detention, a staff person spoke with Rachel:

> He asked—with much anxiety in his voice—if the IHC should consider involving "social services" (he did not mention, as I had heard from the NGO, that the IHC had offered to the mother that she give her children to youth protection). (Field notes, April 8)

Staff's anxieties about the presence of children in detention was evident even before the study began. For example, when Rachel was awaiting her security clearance, the detention centre management were concerned about the welfare of three young children who had been detained with their mother after guards had reported that the mother wasn't adequately parenting the children. There was no social worker or mental health professional on-site to assess the situation. Detention centre management are charged with making decisions involving children's welfare because the latter are in their custody. Because of the detention centre's limited repertoire of responses and resources to address detainee suffering and the understandable anxiety that provoked, it was agreed that Rachel would conduct a clinical assessment and submit a report to the detention centre physician. This was not a straightforward situation however, as we will discuss below: through intervening as clinician-advocates we blurred our roles as researchers and also experienced conflicts of loyalty.

In summary, in the field we encountered the anxieties of professionals in the detention centres, both about our potentially critical work, as well as regarding the children they were mandated to confine.

## Institutional Dimensions

Close to a year of negotiation was required to get permission to carry out the research, followed by several months of processing of individual researchers' security clearance documents. Like all persons entering the detention centre, we were subject to multiple controls on each visit to the IHC. The normal procedure was to send a fax in advance; check in at the front desk, where staff verified that we had security clearance and had sent a fax; place all but a few authorized objects in a locker; undergo a metal-detection search; and put on a vest identifying us as a 'volunteer'. Like the detainees, we had to be accompanied by a guard when moving from one section to another. Doors could only be unlocked by the central control desk, at a guard's request.

At one level, these control mechanisms can be viewed as mere minor inconveniences. But cumulatively, they convey a strong message: should you fail to comply with each and every rule, there will be consequences. Eight months into the study, for example, a research assistant was denied access to the detention centre because her name had been (erroneously) left off the list of people with security clearance. Yet, all the guards recognized her, as she had been visiting weekly, and were aware that she in fact had clearance. After lengthy negotiations, the research assistant was allowed to access an office but not to enter the more heavily restricted area of the detainees' common room—although everyone knew she was authorized to do so, and had been doing so for eight months. Bosworth and Kellezi (2017) have described remarkably similar incidents during their study of immigration detention centres in the UK.

By contrast, the procedure was not as strictly applied to Rachel. For example, she was rarely subjected to the metal detector search. It seemed her profession and perhaps even age and gender identity conferred some special status at times. For example, even while expressing concerns about the research, a staff noted that the first author was not a problem, per se, given she was a "young, enthusiastic doctor."

Despite the discretion used to determine security procedures for each of us, we often felt frustrated by the staff's lack of flexibility as they followed the prescribed rules. While guards are not allowed to speak to detainees in languages other than English and French, Rachel asked them to help with a pregnant detainee who only spoke Dari. Her field notes suggest she hoped her status as researcher/physician would convince them to bend the rules:

> [The staff] emphasized a few more times that I should have brought an interpreter and that she couldn't help me. I asked if I could even have the [Dari-speaking] guard for three minutes. She said no. I could feel my own heat and anger rising with her dismissive attitude and rigidity. This was perhaps one small glimpse of how it feels to be a detainee. This woman did not know that I was "a doctor" or researcher. I was just a visitor—a *detainee's* visitor, making unreasonable demands. (Field notes, July 17)

The rigid rules often left us feeling powerless, while the unpredictable minor variations only reinforced our awareness that our access depended on cultivating a good relationship and complying with institutional rules. Despite frequent moments of frustration at the inflexible procedures and constant surveillance, we generally felt compelled to bow our heads and submit. The IHC sometimes left those of us who were obviously least vulnerable—compared with the detainees—feeling powerless and frustrated.

## Conflicting Ethical Imperatives and Dual Identities: "Who Do You Represent?"

Just as the research itself was met by the IHC with some concern, our advocacy was received with significant objection. One child whom we encountered during our interviews appeared to deteriorate in detention, compelling us to advocate. The child, described elsewhere (Case 2, Kronick et al., 2015; Kronick et al., 2018), demonstrated signs of poor physical and mental health during her three-week detention. We agreed as a research team that we would provide a psychiatric assessment report for the lawyer who would represent the family at a detention review hearing, documenting the mental health problems likely caused by her imprisonment.

In the week after the detention review hearing (in which our report was not invoked and the decision-maker ruled that the family's detention be maintained) Rachel attempted to return to the detention centre to interview another family. A gatekeeper, who was involved in approving each of our visits, did not respond to the request and instead, a few days later, sent an email expressing concern about why "a client's lawyer is involved in your evaluations?"

The phone conversation with another gatekeeper following this email was summarized in Rachel's field notes:

> The staff person made clear that she did not understand what was going on. I had come in as a researcher and suddenly I was writing reports and "working for" the lawyer. She asked me multiple times "who do you represent?" I struggled (or felt I struggled) to explain that as a physician I did not "represent" anyone. I was acting as a physician. The closest I came to "representing" someone was to try to act in the best interests of the patient. [. . .] She kept returning to the point that this was "going beyond the research project." I tried to speak to the complexity of being a clinician-researcher. [. . .] By the end of the interview, I felt we had not come to any agreement, and that she felt threatened by what I had done. And indeed I am aware of the threat which her disapproval poses. She has the power to stop the study. (Field notes, April 8)

Another staff member who became aware of the situation asked Rachel "Do you want to help [the family] or to go to war?" The research team had heard rumours that, in the past, staff had lost their job after taking an advocacy stance for detainees. We had also been told that the detention centre physician never provided expert medical reports and that he had 'lasted' much longer than any of his predecessors. As mentioned in her field notes, all this led Rachel to feel that "if I advocated on behalf of detainees my access as a researcher would be under threat" (Field notes, April 8).

Following this incident, we renegotiated our access with gatekeepers. Because concerns were expressed regarding the blurring of our roles as researcher and clinicians, as well as our communication with lawyers, we agreed to cease providing assessment reports to detainees and their lawyers and to speak directly to the IHC health professionals if we had medical concerns. Thus in order to preserve our access to the centre as researchers we agreed outright to curtail any interventions that were "outside" of the research, specifically any actions that involved advocating for participants. Our work to advocate for individual detainees was silenced by the larger agenda of our research.

## Surveillance in the Field

The incident not only changed our actions in the field, it also impacted our sense of our work. In her field notes, Rachel wrote about a sense of being watched when a staff asked to speak from his landline (rather than his cell phone):

> The thought occurred to me that the phone conversation might be recorded, bugged . . . I feel under surveillance. Unsure of who is watching, listening, keeping record. Unsure of how my words will be used. (Field notes, April 8)

Although we do not believe that any conversations were recorded, the entry reflects the emotional impact of our immersion in the detention centre environment. The sense of surveillance is experienced by the research team, as Rachel expresses in an email to co-authors about her anxieties emerging from the advocacy incident:

> I have been feeling such self-doubt about how things unfolded and have questioned if I made mistakes or acted inappropriately. In fact, I think that is probably an introjection of the surveillance and discipline of the institution. I am left with this feeling that I have not properly policed myself. (Email, April 10)

The feeling of paranoia is understood by Rachel in her field notes as a kind of panopticism (Foucault, 1977). As Judith Butler (1997) writes, for Foucault "the prisoner is subjected 'in a more fundamental way' than by the spatial captivity of the prison (1997, p. 85). The prisoner "becomes the principle of his own subjection" (Foucault, 1977, pp. 202-203, as cited in Butler, 1997, p. 85). As a researcher, Rachel feels disciplined by the institution, but like Foucault's prisoner, she takes inside herself this disciplinary gaze. The atmosphere of distrust that seems to underwrite the detention setting is internalized by the researcher.

The conflict over our advocacy for the child patient exposes the challenges of advocating for the protection of individual children in the context of conducting detention research. The institution's mandate to confine, and sometimes expel children and families appeared threatened by our attempts to advocate for release of one child, and in turn, the gatekeepers suggested that our access would be withheld. Potential activism was silenced. We were in relative positions of power and safety, compared to the detainees, and yet the institutional culture of the centre left us feeling precarious and expellable.

# Discussion

In this paper we were addressing three interrelated questions. First, we wanted to understand the emotional effects of doing detention research. Secondly, we wondered how we managed our dual roles and obligations when faced with our own feelings and the suffering of detainees. And lastly, we asked what our own affective experience can tell us about how the detention centres work.

The results highlight two important challenges associated with conducting research in Canadian immigration detention centres. First, it was an emotionally turbulent process that provoked reactions in the researchers, *and* in the detention centre staff. As researchers, we both suppressed our negative emotions towards the institution and staff, while also sometimes crossing the boundaries of our researcher role in an attempt to alleviate the suffering we witnessed. The staff's response to our presence revealed their own sense of vulnerability, their wishes to avoid criticism, and also how the disciplinary practices of the centre—surveillance and control—were used to contain (and limit) the research. It also revealed how our gaze was destabilizing to a certain extent for them. Second, we were facing contradictory demands. During the field visits our own sense of ethical obligation to intervene when we felt the participants were not emotionally safe was in conflict with our contractual obligation to comply with the implicit terms of our access authorization: to withhold from intervening and conform to detention centre rules and practices. We argue that these two challenges are interrelated and part of a common dynamic, elicited by the unique context of detention systems, which follow a disciplinary logic (Butler, 1997).

## The Unique Context of Detention

The basic facts of an immigration detention centre make it a place where strong emotions and ethical challenges are apt to appear. Functioning as "total institutions" (Goffman, 1957), immigration holding centres are spaces where "whole blocks of people" (p. 314) are restricted in their freedom, expected to follow rigid and strict rules overseen by an organizational hierarchy of authority over which detainees have no control. Entering such a space—where an often-arbitrary structure is designed to coercively control an innocent, non-criminal population—the researcher has good reason to experience strong emotions. As Bosworth and Kellezi (2017) write, "transforming human beings into bodies that can be expelled is not just a legal but also a symbolic and affective endeavour. Denial and rejection, inherently, are painful to endure and to witness" (p. 131). Detainees are of course the most impacted, but as we see in our findings researchers and detention centre staff are also touched by the "affective endeavour" of confinement.

Bosworth (2013) suggests that immigration detention is a sort of "'hybrid space' . . . in which the population is marked out and governed by their precariousness" (p. 162). "Lived insecurities" become a hallmark of life in detention—and the era of mass mobility—both for detainees and staff (Bosworth & Slade, 2014, p. 181). As researchers and participant observers, we were pulled into this experience of insecurity. Our sense of the insecurity of the research's status, knowing we could be expelled from the site if we deviated from the norms, put us in a position of "dual loyalty and role conflict" (Zion, Briskman, & Loff, 2012, p. 69) which we discuss further below.

## Dual Loyalties

For health professionals, their patients' best interests outweigh all other considerations, always (Physicians for Human Rights, 2011), and "while the term "dual loyalty" may imply equivalence between a medical professional's loyalty to the patient and loyalty to third party interests, no such equivalence exists" (pp. 7-9). In the context of an

ethic of care, anyone who witnesses abuse or violence has a moral responsibility to try to stop or attenuate the harm: "To witness an abuse means to become responsible for taking some form of action in response" (Fleay & Briskman, 2013, p. 114). This responsibility would clearly extend to researchers—whether or not they are health professionals.

Medical professionals providing services in immigration detention centres may face a variety of pressures from immigration authorities, particularly if, in addition to providing individual care, they point out the need to modify conditions that are detrimental to detainees' physical and mental health. In Australia, for example, clinicians who spoke out against harm to detainees and policies of immigration detention usually had contracts terminated or not renewed (Brooker, Albert, Young, & Steel, 2016).

Research ethics recognize that priority should be given to participants' safety, particularly in the case of children. In child abuse and neglect research researchers have the obligation to put the child's best interests above their commitment to confidentiality, for example. But what if this happens in a study that is not about child abuse, but uncovers the inherent harms to children of a particular institutional setting, in this case immigration detention? Beyond physical signs of abuse, how does one determine that a child (or adult) is emotionally unsafe, and what constitutes potential maltreatment, particularly when it is perpetrated by the state? If we bear witness to the oppressive (and perhaps even abusive) system as researchers, are we not complicit if we do not intervene?

## Empathy and Ethics

Emotions may be seen as tools that help us to feel the pain of the Other, playing a key role in supporting moral action (Hoffman, 2001). This is certainly the case in advocacy processes, which are not only rational but often driven by emotion. In the detention context, the strongly loaded emotional experience was a valuable source of information and suggested that all involved parties were, to some degree, *feeling* that something was not quite right. The compelling need to act to protect the subjects, rooted in this empathic stance, was, however, putting in danger the alliance with the detention centre staff, who felt criticized and betrayed.

Our results suggest that researchers have to navigate a fine line between becoming accomplices of an abusive system, and minimizing breaches of their research contract. They also underline that emotional interactions among all involved parties should be closely heeded, as they may (and should) inform action, but can also lead to splitting and self-justification.

In the field of refugee research, Mackenzie, McDowell, and Pittaway (2007) have stated that "researchers need to move beyond harm minimization as a standard for ethical research and recognize an obligation to design and conduct research projects that aim to bring about reciprocal benefits for refugee participants and/or communities". Mekki-Berrada and colleagues (2001) acknowledge that "for ethical reasons, interviewers [working with refugee families] cannot totally distance themselves from the expectations of the respondents, from the empathic nature of the relationship, or from the need to help provide appropriate psychosocial support" (p. 52). Further, the obligation to protect from harm must "override any wish to protect a project from accusations of bias or interference" (Mackenzie et al., 2007, p. 310).

During our research, our strong sense of moral obligation toward detainees—emerging not only from our professional obligations to attenuate harm, but also from our strong emotional reactions—directed our actions of subversion and advocacy, though they came at a cost. As Rousseau and Kirmayer note: "the question [. . . ] shifts from "How

can we avoid complicity?" to "To what degree will we compromise and at what cost?" This shift entails mourning the limits of our benevolence and acknowledging with some lucidity the ways in which we harm, even while intending to help" (Rousseau & Kirmayer, 2010, p. 66).

While Canadian government officials have suggested to us that our study played a role in recent policy changes aiming to reduce the detention of children, we still ask: what if we had had less fear of the institution's disciplinary power and had resisted conforming to the research contract? Would completely subverting (and abandoning) the research in favour of an activist's stance have better served the detainees we encountered? This raises complex questions not only about ethical decisions within the research protocol but also about the uses of academic research itself, particularly when the aim, in addition to understanding, is social and political change. Was our research "useful" enough that it justified our actions?

We are also cognizant that bearing witness to detainees' distress without being able to help them often induces feelings of guilt, as other researchers in the field have pointed out (Bosworth & Kellezi, 2017). Although our interventions to protect children were, in our view, clinically and morally warranted, we can also ask how much they reflected a response to intolerable feelings of guilt and powerlessness.

## Trustworthy Research in a Polarized Setting

The transgression of our researcher positions threatened our access but also imperiled our even-handed relationship with detention centre staff. What if we—even unconsciously—were dismissive of facts inconsistent with our empathic feelings towards detainees? Just as Bosworth notes that "nobody wants to admit to toning down their assessments" (Bosworth, 2014, p. 55) of detention settings to placate gatekeepers, neither should we ignore the risk that our strong empathic alliance with detainees might narrow our vision.

In a polarized setting such as an immigration detention centre, where our empathic responses are strong towards detained migrants, keeping open to multiple perspectives is essential for us to build a full and complex understanding of the institution (Liebling, 2001). In carceral settings, many researchers have been particularly concerned with appearing 'neutral' and 'objective', perhaps in part because their publications are likely to be read by government bureaucrats on whom their access to prisons depends (Drake & Harvey, 2014; Jewkes, 2012, 2014). Fine (2006) argues in favour of "*strong objectivity*—achieved when researchers work aggressively through their own positionality, values and predispositions, gathering as much evidence as possible, from many distinct vantage points, all in an effort *not* to be guided, unwittingly, by predispositions and the pull of biography" (Fine, 2006, p. 89). Quoting Lillian Comas-Dias, Fine continues: "The ethnopolitical approach requires psychologists to act as change agents, asking them to examine the political and social costs and benefits of their interventions . . . taking sides is not bias but an ethical choice . . ." (Fine, 2006, pp. 1322–1323). Much as we strove for even-handedness, such a stance is not straightforward when one is studying a disciplinary institution and hoping that the research will incite change.

## Spaces for Critical Reflection

As others have suggested (Bosworth & Kellezi, 2017; Liebling, 2014) our findings support the notion that research with detained migrants should include forums for self-reflection. There is a need to "work through" traumatic material, acknowledging both the negative impact this might have and the potential for vicarious post-traumatic growth (Cohen & Collens, 2013). Through this self-reflection, researchers would record and analyze their relationships with the participants. This is not with the goal of divorcing themselves from those relationships personally, but of gaining a better understanding of how they fit into the context of the research and how they may be sources of

knowledge themselves. In other words by rendering the affective responses to the research and the carceral space more conscious, the aim is not to protect against bonds with participants but to ensure that such bonds are met with self-reflection. This will not resolve the profound challenges of conducting critical research in a "total institution," but can help make unconscious reactions, and power structures, conscious.

The strong emotional reactions of the detention centre staff also suggest that there is a need for critical spaces of reflection in the IHCs themselves, all the more so because staff—especially management—are faced with significant decisions impacting the wellbeing of detainees. Detention centre staff, like other government officials, may be left feeling "fearful of the consequences of acting humanely beyond (and sometimes within) the terms of their employment" (Gill, 2016, p. 137). As Crepeau and Nakache have suggested in the context of the refugee determination system in Canada, there is a need for the creation of "critical spaces . . . as spaces of debate, interaction and of decision" (p. 51) in IHCs. Others have highlighted the importance of training for CBSA and detention centre staff (Gros & Song, 2016). However, for such training to have impact we believe it would require *ongoing* spaces of self-reflection and debate. Creating such spaces would be complex and challenging given the emotional tensions, disciplinary culture and "affective" climate we have observed in the IHCs. A sense of emotional safety would likely be needed to foster reflection, and staff would need to feel held empathically before they could decenter themselves and reflect critically on their experiences and decision-making.

## Conclusion

Research in an immigration detention setting is difficult. From securing access to the site, to facing the realities of its detainees, to grappling with the strong emotions that "live" in disciplinary institutions, researchers are faced with complex ethical challenges and often contradictory obligations. As Bosworth notes, "the relationship between understanding and reform is not a simple one" (Bosworth & Kellezi, 2017, p. 17). While academics may strive to produce trustworthy and nuanced accounts of detention settings they are faced simultaneously with the imperative to do what they can to protect detainees. Spaces of critical reflection are needed to consider and contain the strong emotions evoked in all parties, especially given that emotions inform action, and also because of the defensive bias they often introduce. Further, as political and critical researchers, we must ask questions about research's role in bringing about social change. This study suggests that, in our contemporary climate in which migration is frequently securitized and criminalized, researchers and activists will continue to be challenged by dual loyalties and the complexity of studying and resisting disciplinary institutions.

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