

FINAL ESSAY ON LISA STEVENSON'S
LIFE BESIDE ITSELF: IMAGINING CARE IN THE CANADIAN ARCTIC

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According to anthropologist Lisa Stevenson (2014), a “fact” concerns itself only with the quantitative and the objective aspects of experience. Such certainty eliminates any fear of the unknown and thus creates a state of “calmness” (32). However, when the observer exclusively focuses on facts to create such calmness, he or she obscures the unquantifiable elements of the observed human experience. In *Life Beside Itself*, Stevenson uses such elements, which she refers to as “images” (10), as a method to study the ways that the Canadian government has cared and continues to care for the Inuit population in the midst of the tuberculosis and the suicide epidemics in Nunavut (10). Specifically, Stevenson exposes the ways that the Canadian government, by prioritizing the factual results of state-sanctioned care, has undervalued the imagistic aspects of the illness experience, and has therefore impacted Inuit communities in ways that can even be considered “murderous” (4). In doing so, Stevenson challenges the hegemonic notions of care where the caregiver’s “good intentions” (3), not the effects of care on the care-receiver, constitutes what is considered good, adequate care. In this essay, I argue that Stevenson’s critique of the Canadian government’s response to the tuberculosis and the suicide epidemics in *Life Beside Itself* demands the constant revaluation of human experience as imagistic, and that only through this imagistic lens can the specific instances of harm imposed on the Inuit by state-sanctioned care be fully understood. To do so, I first unpack Stevenson’s description of the Canadian government’s fact-driven care as “biopolitical” (3). Then, I explicitly incorporate the imagistic lens into instances of biopolitical care in Nunavut to illustrate how purely factual perspectives exacerbate and fail to fully reveal and alleviate the human suffering involved in such instances. In doing so, I hope to clearly show why Stevenson’s critique is an important contribution to ethnographic research.

Stevenson uses the term “biopolitical” (3) to describe the type of care provided by the Canadian state to the Inuit population during the tuberculosis and suicide epidemics. Here, the term *biopolitics* refers to the exercise of political authority and control over the lives and bodies of individuals under the provision of care (33). Stevenson argues that this form of care not only negates Inuit values around life and death, but also contradicts its own set of goals. Specifically, she contends that the Canadian state is concerned not with the health of each Inuit individual but with the health of the Inuit population as a whole, and that it views health solely as “the maintenance of life itself” (3) while ignoring other dimensions of illness (3). For example, when an Inuit tuberculosis patient named Kaujak lost her life inside a government ship that was taking her to a southern hospital, the only set of information that her grandson Sakiassie received was Kaujak’s “disc number” (21) and death year written on an index card (21). With hopes of finding out more about Kaujak’s death, Sakiassie would then visit the beach every year to listen to conversations that take place around the government ship (22). Sakiassie’s lack of access to more intimate descriptions of his grandmother’s death was a result of the state’s treatment of Inuit bodies as parts of a homogenous population that could only be differentiated through the disc number system and as objects of statistics (26). Here, we see that these seemingly well-intentioned state efforts, due to their misalignment with Inuit values and experiences, can potentially have negative effects on the Inuit (4). Further, these efforts are coupled with the state’s expectation that Inuit bodies will always continue to die, regardless of any healthcare intervention in Nunavut (73). For instance, this contradictory, and in a lot of ways “indifferent” (6), expectation is felt by an Inuit man named Jamesie who, after the shooting of Inuit sled dogs, asks whether the Canadian police might also shoot the Inuit (6). Altogether, Stevenson refers to such contradictory views and actions underlying the Canadian state’s methods of care in

Nunavut as “the psychic life of biopolitics” (4). Armed with a clear understanding of Stevenson’s use of the term “biopolitics,” I now analyze, through the imagistic lens, how the Canadian’s biopolitical agenda has impacted and continues to impact the Inuit during the tuberculosis and suicide epidemics. I start by discussing the forms of care that permeated the tuberculosis epidemic in Nunavut.

During the tuberculosis epidemic, the treatment of Inuit bodies with tuberculosis as indistinct objects denied the Inuit their right to experience illness-related death in ways that are considered satisfactory by them, or in the form of *images*. To elaborate on the nature of images, Stevenson draws on philosopher Michel Foucault’s theory on desire (12). For Foucault, because it has a “primitively imaginative character” (12), desire can primarily be satisfied through the experience of images (12). For Stevenson, unlike facts, images have an uncertain “power on us” (11) that makes human desire gravitate towards imagistic experience as its point of satisfaction (11). In the case of illness, factually treating an ill person, that is narrowly focusing on the quantifiable, measurable, and incontestable dimensions of illness, neglects the “hold” that the image of the ill person has on others (31). This was the primary type of care that the biopolitical state employed in treating the Inuit during the tuberculosis epidemic. Specifically, the state would send an annual ship to Nunavut in order to screen Inuit people for tuberculosis and to transport those that tested positive to Southern hospitals - environments that are unfamiliar to the Inuit (24). However, when keeping track of Inuit patients who had no surnames become difficult for the state, it adopted the system of identity discs that assigned each patient a serial number (26). The discs simultaneously allowed the state to factually differentiate between patients and completely erased the unique image of every patient’s identity (26). Further, when a patient passed away, all the families would receive was at best a death date and the patient’s disc

number (32), and at worst absolutely nothing (25). For example, when Sakiassie's grandmother Kaujak was taken by the government ship, she was stripped off her identity as anything other than her disc number and a body whose potential for death was a threat to the state; Kaujak became a *factual* object. When Sakiassie received the index card that had Kaujak's death date and disc number, his desire for an imagistic explanation for Kaujak's death was unsatisfied. In Stevenson's words, he "desired an image rather than a fact" (39). Here, without the imagistic lens, it is impossible to understand Sakiassie's repeated visits to the screening ship to hear more about her grandmother who certainly passed away; it is impossible to see the harm inflicted by the biopolitical state. I now take this point of imagistic analysis to discuss the forms of care in the midst of the Nunavut suicide epidemic.

The methods of suicide prevention embedded in the state's biopolitical agenda harm the Inuit by erasing the *images* of their suffering. For example, Stevenson discusses the capture and surveillance of suicidal Inuit people as ways to reduce the risk of suicide and thus to maintain life (79). While the methods of capture and surveillance increase the statistical success of the state's goal of maintaining life, they, by solely focusing on the *facts* of life and death, erase the *imagistic* "specificity of suffering one is witnessing" (79). Most importantly, when suicide prevention is only defined as the maintenance of life, not as the alleviation of human suffering, state failure becomes impossible (79). To illustrate the erasure of imagistic suffering in surveillance-based suicide prevention, I want to discuss Stevenson's account of an Inuit teen named Monica. As she recalls the memories of her father's neglect and her violent fight with her mother, Monica tells Stevenson, "It's not that I'm suicidal, but sometimes I don't want to live anymore" (94). Monica's assertion that she is not suicidal even though she does not "want to live anymore" (94) is understandable in a sociopolitical context where suicide confessions result in

forced “trips to the hospital” (97) and psychiatric surveillance. Arguably, Monica was holding on to the *images* of her suffering, the memories of her interactions with her parents, by refusing a form of care that would anchor the definition of success exclusively on keeping her alive. In Stevenson’s words, by refusing the language of suicide, Monica was acknowledging “the ways in which her young life is marked by pain, anger, and justice” (97). Similarly, a friend of Stevenson’s says, “Although I want to die, I am not suicidal. I do not belong to your calculations. I want to at least own my death, and my pain” (96). Here, just like Monica, the friend holds on to -or “owns”- the images of her pain by refusing the language of suicide, and therefore the state’s intervention. Through the imagistic lens, we see that the sentiments of both Monica and Stevenson’s friend index the discrepancies between the biopolitical acts to prevent suicide by *factually* keeping bodies alive and the Inuit’s refusal of the erasure of their *imagistic* suffering.

The biopolitical belief that biological life is intrinsically and *certainly* valuable contradicts how the Inuit view life and death. As I have shown, in the context of the tuberculosis and suicide epidemics in Nunavut, the primary goal of the state has been maintaining biological life. Perhaps, this is most clear in the words of an Eskimo housing program worker who claims that “it is more desirable to have a live and slightly disturbed Eskimo than a dead one” (32). Evidently for the program worker, life on its own is loaded with enough value that nothing else, even the disturbed state of an Inuit, matters in comparison. Further, by prioritizing the *facts* of biological life and death, the program worker’s statement clashes with the “mode of uncertainty” (10) that permeates Stevenson’s ethnography. In other words, in a sociopolitical space where the *facts* of biological life and death are hegemonic, every *image* that lingers between life and death disappears. For example, a friend of Stevenson’s named Paul reveals that a raven still lives behind his house after his sister told him that their dead uncle would come back as a raven (1).

According to the biopolitical binary of life and death, Paul's uncle is *certainly* dead, whereas the *image* of the raven makes his state uncertain. Paul's uncle is a manifestation of what the state perceives as a failure; he is a "dead Eskimo" (32). For Paul and his sister, however, their uncle *uncertainly* lives as a raven that watches over them (1). Further, to explain how such an erasure of the images between life and death can be harmful to the Inuit, Stevenson discusses *atiq*, the Inuktitut name-soul (105). Specifically, Stevenson tells us that her friend Sila was given her *atiq* after a deceased man named Nasuk who appeared in Sila's mother's dream (105). Once Sila's name-soul was assigned, Nasuk's *atiq* would transfer to Sila's body (105). The old man would then live a new life in Sila's body, and thus survive by dying (105). Here, the space between life and death is not a *fact*, but an *image* that consists of Sila's mother's dream, the old man's new life within Sila's body, and most importantly, a form of survival as manifested in the body of the raven. This contrasts with the North American concept of death as an instant biological phenomenon (109). Therefore, when the state cares for the Inuit with the primary goal of maintaining *biological* life, either by shipping the Inuit to southern hospitals for tuberculosis treatment or by putting suicidal Inuit people under surveillance, it simultaneously denies them the possibility of an *imagistic* life – hence providing a form of care that might be perceived as "murderous" (4) by the Inuit.

In conclusion, by discussing of Stevenson's ethnography in *Life Beside Itself*, I have shown in this paper how the forms of biopolitical care provided by the Canadian state to the Inuit during the tuberculosis and suicide epidemics highly oppose the values, experiences, and beliefs of the Inuit in ways that are harmful to the Inuit. Most importantly, I have argued, by inspecting some of Stevenson's ethnographic accounts, that such harmful oppositions only come into view when perspectives that pay attention to images, and the uncertainties associated with them,

become the primary ways of analyzing both epidemics. Specifically, I have shown that the Canadian's state biopolitical agenda during the tuberculosis epidemic has turned the Inuit into homogenized objects of medicine, filtering out the imagistic aspects of their being and experience. I have also demonstrated that, similarly, the suicide prevention methods favored by the state erase the unique identity and suffering of suicidal Inuit individuals. Lastly, I have, in relation to both epidemics, critiqued the state's belief that life is intrinsically valuable and worth fighting for by pointing out how it can be perceived as, according to Stevenson, "murderous" by the Inuit. Evidently, the broadest takeaway of this paper has been that Stevenson's practice of the type of ethnography that does not favor certain facts over uncertain images provides anthropology with a fresh perspective that can reveal what is otherwise hidden in conventional ethnographic practice.

References

Stevenson, Lisa. 2014. *Life Beside Itself: Imagining Care in the Canadian Arctic*. University of California Press.