

# INTRODUCTION

GABRIELE GRIFFIN AND DORIS LEIBETSEDER

The body has long been a concern in feminist work. Its imbrication in intimate labour has been documented through the ways in which various forms of care work, domestic labour and sex work involve bodies, the bodies of those doing the work and of the recipients or beneficiaries (customers, clients) of that labour. However, little research has been undertaken to discuss how bodies in intimate labour are precarized, or made vulnerable. This volume is therefore concerned with the ways in which bioprecarity, here understood as the vulnerabilization of people as *embodied* selves, is created through regulations and norms that encourage or require individuals to seek or provide bodily interventions of different kinds, in particular in relation to intimacy and intimate labour, such as in the making of families and kin, in various forms of care work and in the making of identities.

In thinking through the ways in which embodied selves are precarized in intimate labour we draw on the work of Michel Foucault, Roberto Esposito, Nikolas Rose, Judith Butler and a number of other theoreticians who have explored the relation between body and power, or biopolitics. We emphasize 'the centrality of the body as the genesis and termination of sociopolitical dynamics' as well as 'the configuration of juridical-institutional orders' and 'finally the function of resistance as the necessary counterpoint to the deployment of power' (Esposito, 2008: 85). We do this because discussions of 'life' – as bio/s is often translated – tend to abstract embodied experiences into the domain of categories. Categories themselves are, of course, a key technology in biopolitics. But they are only one dimension, 'the juridical-institutional orders', of that politics. The other is bodies themselves, the somatic entities that are organized through and in the orders of modern

society. In this volume we foreground these bodies and their experiences in intimate labour so as to elucidate how they become precarized in the socio-political dynamics that structure the everyday. We recognize, with Foucault (2003: 253) that biopower ‘has taken control of both the body and life ... with the body as one pole and the population as the other’. And, with Esposito (2008), we view the two not as distinct but as interrelated. This becomes very obvious when one considers the bodily transformations of trans people, which concerns both their individual, particular bodies on the one hand and questions of populations (however large or small) on the other, through the ways in which access to trans surgeries are regulated, for example. As Foucault argues (2003: 252–3), bodies are disciplined and populations are regulated, both through norms. Such norms enact what Karen Barad (2007) has termed the ‘agential cut’, the division between that which is included and that which is excluded. And it is these divisions that produce inequalities and hierarchized differences.

Such inequalities pertain to a large number of dimensions in people’s lives: sexual, social, economic, religious, ethnic and racial ones. These intersect in various ways in every individual’s life, rendering them precarious in some situations but not in others depending on context. One major source of inequality is race. As Foucault states: ‘one [cannot] make biopower function ... without becoming racist’ (2003: 263). This is evident in a number of chapters in this volume that deal with the interplay of race-based and other material precarities. We cannot discuss surrogacy arrangements in the ‘global South’ for those from the ‘global North’, or the construction of Sámis as a race, without understanding the abuse of biopower in the interests of social divisions. But there are also many other forms of social divisions that are equally discriminatory and destructive in their effects as racism (e.g. homo- and transphobia) and we address these in this volume in equal measure. In doing so we open up discussions of biopolitics and biopower to a broader range of discriminatory regulations and precarizations that need to be the subject of much wider public debate.

Below we briefly discuss the core issues addressed in this volume and its structure.

## SHIFTING UNDERSTANDINGS AND REGULATIONS OF THE BODY AND BODILY INTERVENTIONS

Feminist work on the body has long been concerned with questions of intervention and agency. Early feminist writings such as the classic *Our Bodies, Ourselves* (Boston Women’s Health Collective, 1970) or *Fat Is a Feminist Issue* (Orbach, 1978) encouraged women to ‘take back’ their bodies, to seek

to gain control over their bodies – in other words, to exercise agency and autonomy in relation to their bodies and bodily processes. This encouragement stemmed from an understanding that women's bodies had become over-medicalized, that a male medical profession was determining women's health and well-being, and that women were being socialized into shaping their bodies to patriarchal requirements. That was then.

In the now, questions of the body and body management have changed considerably. This has been made possible by a number of developments. One of these is the rapid biotechnologization that has occurred over the past twenty years or so. That development has changed possibilities of bodily intervention through, for example, the opportunities to remould gendered bodies and through enabling diverse forms of assisted reproduction. This biotechnologization has been accompanied by the 'digital revolution', which has made social media a key source of information, knowledge, social pressure and exploration in the process of thinking about body and body management. Social media exert both new forms of enticement and new forms of control that create the possibilities for seeking and providing bodily interventions. Many people nowadays routinely consult the Internet if they want to seek treatment or find out how to get help with particular (bodily) issues. This is as true of those seeking clitoral reconstruction following female genital cutting as it is of those wanting to undergo fertility treatment or wanting to change their gendered body. Through the Internet information about treatments in countries other than one's home country becomes available, as well as associated differences in regulation (e.g. surrogacy is illegal in some countries but not in others; trans surgeries may be cheaper and done differently elsewhere). Digital information then promotes movement across countries for those who can afford it, to seek what they want. Bodily intervention has thus become a globalized phenomenon, where possibilities of travel for treatment are realistic if circumscribed by regulations and resources.

A third factor here has been the rise of the service sector, which has led to the wide-ranging globalized commodification of women's bodies, for instance in the context of fertility treatment and the provision of ova and wombs in cases of surrogacy. This commodification has been extensively explored in relation to the so-called care chains and the globalization of domestic labour (e.g. Ehrenreich and Hochschild, 2002). One issue raised by that literature has been the way in which the globalized service sector replicates colonial histories and uneven relations between different geopolitical spaces. Conventionally described in terms of the global North and the global South, with an emphasis on the exploitation of the global South by the global North, this binarism has gradually been succeeded by a recognition that inequalities extend beyond the North–South dynamic to intra-country

differences (e.g. women from rural areas having to migrate to urban areas within their own countries to offer their embodied services in the interests of their own and their families' survival) but also to different migration flows, from Vietnam to China, for example, or from Indonesia to the Arab peninsula. Here a certain 'availability' of bodies to provide bodily labour is key. Altogether, the combination of changes in biotechnologization, the rise of social media and of the service sector, together with a neo-liberal regime of encouragement to see the self as a project, to treat opportunities for seeking bodily interventions as forms of empowerment and sources of new forms of equality, has encouraged many people to seek such interventions.

Such changes of opportunity in bodily interventions, be this around fertility or around gender identity, have also gone hand in hand with greater and changing regulations around these practices, both within countries and across countries. Michel Foucault (1977, 2002, 2008) has shown, as Chapter 2 in this volume by Doris Leibetseder on 'Bioprecarity as categorical framing' elucidates, how state regulation through categorization serves as a means to structure the population in ways that marginalize certain groups while preferentializing others. Such structurations are not neutral. They cast some people into positions in which help and support are not readily available to them while others get ready access. The well-known so-called 'post-code' lottery in the UK, which signifies that medical treatment opportunities depend on where you live, is but one example of this. Historically, eugenicist categorizations that are based on ascribed bodily particularities have served to marginalize and demonize some people, such as ethnic minorities like the Sámis in Sweden, or to remove permanently reproductive possibilities for people categorized as disabled or transgender, as still occurs in some countries in Europe today (see Chapter 12 by Julian Honkasalo).

Bodily regulation involves legal and medical regimes, and state regulation, but also cultural prescriptions and norms, which structure understandings of what a body can and/or should do or be. These different regulatory regimes do not necessarily map readily on to each other or on to the bodies of those who seek or provide interventions as we shall discuss below.

### **BODILY OWNERSHIP AND AGENCY: INTIMATE LABOURS**

In the process of advancing biotechnologization, bodies have become commodities, put to work through intimate labour. This labour can take many forms. Historically and still today in certain countries, it may have meant having to perform a specific identity in order to be accepted as a potential trans patient, or having to expose your body to medical scrutiny for

eugenicist categorization purposes. In contemporary cultures it means that sperm donors, for example, have to put up with intimate genital examinations and masturbate in the semi-public space of a fertility clinic to provide sperm or that a surrogate has to nurture a foetus in her womb for other people. Intimate labour thus extends to both those seeking bodily interventions and those providing services for that purpose. This is a complex situation in which questions of bodily ownership and agency play an important role. As Chapter 6 by Elina Nilsson shows, the Thai surrogates she spoke to had no say in issues that affected their bodies and selves immediately, such as how many foetuses would be implanted in their wombs, who the prospective parents of the foetuses they carried were, etc. In undertaking this labour the surrogates took on considerable bodily and other risks. Once they had agreed to be surrogates, they effectively lost agency and control over their bodies. Intimate labour thus involves (often intentionally hidden) costs to the labourer. Here the exploitability of bodies from countries and regions that are materially disadvantaged becomes very evident.

Intimate labour also involves diverse regulations, often contradictory, regarding, for example, who can access fertility treatment and who can provide it. In these contexts certain social groups are almost always disadvantaged in some way, in particular if they do not represent the social norm of the heterosexual, nuclear family. Trans and queer people, for instance, almost always confront obstacles and difficulties in trying to make kin, whether this be in relation to their own body (e.g. if and under what circumstances they can reproduce) or in getting assistance from donors and surrogates. In each case bodily vulnerabilization or bioprecarity is at play, for instance around the question whether or not trans people are allowed to freeze their own gametes or the issue of how a surrogate is treated in terms of her work conditions.

## BIOPRECARITY AND VULNERABILITY

Bioprecarity, as we discuss it in this volume, and vulnerability are interrelated, as we explain below. However, we think bioprecarity is a more useful analytical tool, as we elucidate here. To do so we briefly go back to the academic and activist origins of the term precarity before linking it to bios, as we do here. In *Precarious Life* (2004), Judith Butler explains the notion of precariousness in terms of the concept of vulnerability, which, according to her, constitutes a basic human condition that allows us to make common ground in a potential political community. According to Butler, precariousness is an ontological dimension of lives and bodies (Lorey, 2012: 25). Our volume is specifically concerned

with precarious *bodies* that engage intimate labour, i.e. those who seek the help of others in relation to body work, and with those who do that labour. We also focus on bodies that are vulnerable because their opportunities to undertake or resist bodily interventions depend on state regulations. For example the distribution of the genetic reproductive material of queer, transgender, intersex and differently abled people is often not wanted, not legalized or depends on the goodwill of medical personnel.

However, bodily vulnerability, or bioprecarity, is not a condition or ontological state of a particular group of people. Rather, the possibility of becoming the object of punitive or restrictive state legislation or of being bodily impaired through accident, war or bodily degeneration, for example, is a persistent possibility in everybody's life. This is evident in the selective persecution of particular ethnic groups at different points in time, for example. The repeated intermittent pogroms against Jews over many centuries in diverse European countries testify to this. At times closely integrated into the communities in which they lived, they would nonetheless find themselves the objects of persecution on spurious grounds again and again. At present such persecution is on the rise again and in many parts of the world. We see it in the anti-Semitism taking renewed hold in Europe, in the ways in which minorities are persecuted in China and in Burma or Myanmar. In this sense bioprecarity, the embodied self as threatened in its somatic ontology, is an integral aspect of every human's life, which may be more or less evident at a given point in time.

However, there is still a crucial difference between precariousness/vulnerability and precarity. In *Frames of War* (2009) Butler introduces 'precarity', emphasizing its political aspect. She makes clear that given an overarching precarity some people are made more precarious than others (meaning that the everyday vulnerability of a certain groups is enhanced). However, she also suggests that the analysis of precarity can serve as a transformative political tool, since there are interdependencies among the people living in precarity (Butler, 2009: 61; Puar, 2012: 166).

Precarity as a term has been present in political-theoretical and activist discourses for several decades now. It goes back to the labour movements in 1970s France. Then in 2001, the EuroMayDay began in Milan and in their manifesto, people in precarity termed themselves 'precariat' – in an evocation of Marx's 'proletariat' (Lorey, 2012: 107). In 2002, a feminist activist group in Madrid calling itself 'Precarias a la deriva' (Precarious Women Adrift) stated:

It is complicated for us to express ourselves, to define ourselves from the common ground of precariousness: a precariousness which can do without

a clear collective identity in which to simplify and defend itself, but in which some kind of coming together is urgent. We need to communicate the lack and the excess of our work and life situations in order to escape the neoliberal fragmentation that separates, debilitates and turns us into victims of fear, exploitation, or the egotism of 'each one for herself'. Above all, we want to enable the collective construction of other life possibilities through the construction of a shared and creative struggle. (Precarias a la deriva, 2004: n.p.)

Our concept of bioprecarity follows on from their intent to communicate their precarious work and life positions, as we analyse different situations dealing with bioprecarity and how those thus precarized handle their precarious situations. The concept of the precariat became widely known during the massive protests in France in the winter of 2006 against the dismantling of the French and European welfare states (LaVaque-Manty, 2009). Guy Standing (2011) popularized the term to describe new labour conditions (see Griffin, Chapter 1 this volume).

Part of these new labour conditions is the use of, and investment in, actual bodies as projects of self or for others. This is where the prefix 'bio' becomes important because it is the relation between precarious employment and embodied labour that carries with it risks *for* the 'mindbody' (Ehrenreich, 2018: xiii), that is for the somatic entity that is the body as much as for its associated (un)conscious self. *Bioprecarity* articulates the interrelation between body or embodied self and precarity. Here precarity is not only a matter of precarity of employment but of the embodied self as it is employed, most obviously perhaps, in intimate labour. 'Bio' thus stakes a material terrain in this volume – that of the body. Its use in terms such as biopower and biopolitics simultaneously points to the important fact that the body put to work and precarized through that process is also a political entity, the subject and object of politics and policies. Esposito (2008: 84), discussing Nietzsche's work, summarizes it thus: 'No politics exists other than that *of* bodies, conducted *on* bodies, *through* bodies.' Given this emphasis on the body we suggest that *bioprecarity* is an appropriate term to express the particular conditions of life and labour we seek to explore in this volume.

In this context we also make a distinction between the notion of vulnerability and bioprecarity. Bioprecarity serves as an analytical and political tool: first, in pointing out that and where certain people and their bodies are made more vulnerable than others; and second, in highlighting interdependencies of bioprecarious people. These interdependencies can be used as a common ground for transformative politics. People living in precarity have no common identity but common experiences as they have to take on diverse professional, gendered, sexual, ethnicized positions and statuses at

the same time or successively (Lorey, 2010). Therefore, as Butler and Lorey conclude (Butler, 2009: 18–33; Lorey, 2011), only an ontology that takes these interdependences into account, and not an ontology of individualism, is capable of recognizing and acknowledging what we term bioprecarity, and thereby suggesting the possibility of change.

### POWER AND UNEQUAL RELATIONS IN THE SEEKING AND PROVIDING OF HELP AROUND BODILY INTERVENTION

Bioprecarity then points to the unequal relations that characterize interactions around bodily interventions. Nowhere is this more obvious than in relation to the humanitarian medical missions discussed by Nancy Worthington in Chapter 8 of this volume. Here the limits of altruism become very evident as humanitarian missions attend to those in need, in this instance, children with heart conditions, in a one-off fashion that largely ignores the contexts in which the children that are operated on have to continue to survive following the intervention. These conditions may mean that they ultimately do not survive because there is no appropriate aftercare.

The same unequal relations are at play when Sámis are made to submit to being categorized through having their bodies exposed and measured, or when lesbians who seek help when they experience intimate partner violence, cannot get appropriate support because the dominant model of intimate partner violence involves a man being violent towards a woman, and when the lesbian, gay, bisexual, transgender and queer (LGBTQ) community has difficulty recognizing violence within that community. They are also at play when same-sex couples struggle with their status as parents around their children, not least if one of them has a 'biological' connection to that child while the other has predominantly a social one, as is discussed in Chapter 3 by Ulrika Dahl. And they are at play when states refuse to legally acknowledge the parent status of same-sex couples in relation to a child adopted from or created abroad.

Here unequal relations emerge on multiple levels: between macro-level authorities such as the state and legislation relative to the individual; at the meso level between organizations such as clinics or communities (of practice) and the individual; and finally, between individuals in various kinds of relation to each other. These unequal relations belie the rhetoric of agency and choice that has become so prominent in neo-liberal regimes. The supposed responsabilization of the self or the individual that goes with this has its limits; the empirical data discussed in this volume clearly show this.

## THE MEANING AND RISE OF BIOPRECARITY AND THE BIOPRECIARIAT

What these data indicate in fact is the rise of bioprecarity and the bioprecariat.<sup>1</sup> Bioprecarity is a new word in our vocabulary, though as Part I of this book makes clear, it has antecedents in a number of theoretical, sociopolitical, cultural and economic concerns. Chapters 1 and 2 elucidate this more fully. Briefly, here, the term bioprecarity conjoins three concerns: the biopolitics described by Michel Foucault, which sees the state using, ordering or categorizing the people in ways that enable distinctions, differences and inequalities between groups of people to emerge and become legitimate (e.g. why some people can have access to certain treatments but not others); the notion of bios as referring to the bodily self on the basis of which distinctions are made and discrimination practised; and finally, the ways in which discriminations enacted through and on the body render people vulnerable, bodily and in other ways. This rendering vulnerable produces certain groups of people as a bioprecariat, people who are made vulnerable because of their bodies and embodiment. This applies to ethnic minorities as much as to those whose bodies are exploited in intimate labour and those classified as falling outside dominant categories because they do not respond to the logics of state or other classificatory regimes, e.g. medical ones. The analyses of bioprecarity in this volume highlight how bioprecarious situations arise through certain categorizations and challenge the uses to which such categorization is put.

Biotechnologization, globalization, the rapid expansion of social media, the increasing commodification of the body and body parts, the rise of the service sector industry and the construction of the self under neo-liberal regimes as self-responsible, autonomous, enticed and required to make choices, have all led to growing numbers of people who are precarized in their somatic selves. However, Chapters 11 and 12 in Part V of this book that look at eugenicist histories and at the co-construction of trans patients in Swedish clinics in the mid-twentieth century, also show that such precarization is not new and has affected ethnic minority groups in major ways.

Countering such bioprecarity is not an easy matter, as our volume also shows. It requires intervention – and often from those suffering bioprecarity. The lived experiences of lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) families, for example, and new forms of kin-making push at the boundaries of what is considered ‘the normal family’. Advances in biotechnologization mean that definitions of ‘normal family’ come under pressure, both personally in terms of the roles individuals in divergent families may have but also in terms of the state-sponsored documentation

necessary to legitimate parental status. In a related manner, Chapter 11 by Katarian Pirak Sikku and Gabriele Griffin asks what it means to challenge bioprecarizing classifications by transforming them through art work. To put it another way, how might one challenge the bioprecarities that are emerging here? And what happens when the sides involved, or opposing forces, are not necessarily structured in quite that straightforward an oppositional or binary manner?

In Chapter 12 by Julian Honkasalo, for example, it is clear that trans patients and doctors in Sweden co-constituted trans identities, mutually reinforcing stereotypes and roles, thus enabling the delineation of the identities to be performed by potential trans patients. This chapter reveals certain interdependencies that emerge in unequal power relations – which is why they are called relations. At the point of seeking and providing help interdependencies become evident and these need to be negotiated. But different groups of people have diverse degrees of input into these negotiations – they do not occur on a level playing field. This is evident throughout this volume.

## STRUCTURE OF THE VOLUME

This volume is divided into five parts. Part I centres on theorizations of bioprecarity. In Chapter 1, Gabriele Griffin elaborates the notion of bioprecarity as it is utilized in this volume by drawing on three theoretical concepts that have not been ‘thought together’ before. They are intimate labour as discussed in Boris and Parreñas’ work (2010); bios, as understood in Michel Foucault’s writings (2008); and precarity as originally developed in France in the 1970s, then taken up by Judith Butler (2004) in the context of war, terrorism, survival and grievable lives and popularized in the relation to new forms of labour by Guy Standing (2011). The chapter develops these three concepts in the context of bodily interventions prompted by opportunities for bodily labour, meaning labour on and with the body, in order to investigate bioprecarity, a new form of vulnerability that is associated with providing and seeking intimate bodily labour in cross-cultural contexts. Chapter 2 by Doris Leibetseder focuses on bioprecarity in terms of two dimensions of Michel Foucault’s biopolitics, categorization and subjectivization (Foucault 1977, 1982, 2002, 2008). With examples drawn from the precarious lives of trans people, especially those of colour, Chapter 2 engages with the conceptual arguments of Foucault, Judith Butler (1997, 2009) and Kimberlé Crenshaw (1991) regarding the relation between categorical framing and bioprecarity. The chapter explores how subjects as bodily selves are bound into population control and therefore normalized

and regulated (Spade, 2011), how norms and regulations create bioprecarious situations for these bodily selves (Butler and Athanasiou, 2013), the role of intersectionality (Crenshaw, 1991) in creating such precarious positions and, finally, how such bioprecarity might be avoided.

Following on from these theoretical elaborations, Part II focuses on 'The precarity in the making of kin.' Here the contributors explore how bioprecarity structures kin-making both through how kin are categorized as such and through associated medical, legal and sociocultural processes. In Chapter 3 Ulrika Dahl argues that different forms of reproductive labour create different precarities within LGBTQ parenting and kin-making in contemporary Sweden. She focuses on the precarization of biological labour in a setting where intimate labour is the foundation for kin-making and where the necessary making, gestating and breastfeeding of a child is downplayed in relation to parenthood status. Drawing on ethnographic research, the chapter also illuminates how 'biology' produces strong feelings, even in a kinship structure that departs from the notion of intent and intimate labour as equally shared matters. Framing queer reproduction as both a biopolitical question and a question of gender labour the chapter then discusses how gendered and racialized ideas of parenthood and kinship are reproduced and reworked in imaginaries of LGBTQ parenthood. Chapter 4 by Doris Leibetseder takes up the issue of 'Precarious bodily performances in queer and transgender reproduction with ART' to explore the use of assisted reproductive technology (ART) by queer and transgender people and how they have to perform particular bodily and intimate selves in the processes of seeking bodily interventions in relation to their fertility. She argues that the bioprecarity of queer and transgender people is produced by the enactment of certain kinds of categorical framing (Foucault 1966, 1976; Somerville, 1995) in the laws regulating ART. Thus prohibitive laws regarding access to ART in some states are often circumvented by queer and trans people through going abroad for such treatment. This in turn creates its own precarities. This chapter argues that queer and trans people's bioprecarity *inter alia* results from the intimate labour queer and transgender people have to undertake to overcome prohibitive laws and hetero- and cisnormative medical institutions as shown in studies about trans people's experiences with ART (e.g. Armuand et al., 2017; James-Abra et al., 2015).

In Chapter 5 Petra Nordqvist specifically focuses on lesbian experiences in kin-making. Culturally speaking in the context of Euro-American societies, being related as kin is perceived as a self-evident, given and 'fixed' relationship. Reproduction lies at the heart of making such relationships; the birth of a biological child is conceptualized as the beginning of the next generation in a long line of generations going back through time. However,

Nordqvist, like Leibetseder, suggests that 'making kin' is harder for some than for others. Based on original empirical data (cross-generational interviews), this chapter investigates how kin relation comes into being in relationships between lesbian daughters and their parents in the context of childbirth through donor insemination. The chapter looks specifically at the role of genes, biology and pregnancy in shaping and making kinship affinities in such family contexts. It highlights that the making of the next generation might, for some, be a bioprecarious and uncertain pursuit, rather than a given, self-evident process.

In Part III of this volume, 'Bioprecarity and bodies as pieces', we consider how the construction of body parts as separate from those whose bodies they 'belong' to in the process of the intimate labour of providing offspring for others creates bioprecarities for donors and surrogates, as well as for those created through this process. In Chapter 6 Elina Nilsson discusses the bioprecarities involved in being a surrogate in Thailand. She explores the intimate labour performed by surrogate mothers in the globalized fertility market. Using their bodies, wombs, blood and sweat, these surrogate mothers engage in a highly embodied labour (Pande, 2014). At the same time, the non-genetic relation between the foetus and the surrogate is used by clients and clinics to reduce the woman to a 'gestational carrier' and a 'mere vessel' (Pande, 2010). By drawing on interviews with Thai women engaged in transnational commercial surrogacy, this chapter highlights the surrogate mothers' precarious and vulnerable position in a process of cross-cultural biotechnological intervention with inherently differential power relations among the stakeholders.

Chapter 7 by Gabriele Griffin on sperm donation centres on the sperm donor as stakeholder and the ways in which men negotiate that process. Much research on *in vitro* fertilization (IVF), assisted reproduction and gamete donation has centred on the medical, legal and sociocultural processes and meanings involved. Here, quite frequently, little attention is paid to the donors themselves other than in the context of their selection. However, donation is a corporeal process in which body parts are produced and given or sold (Mohr, 2018). This chapter analyses the bioprecarities that derive from the process of sperm donation. It draws on empirical online and social media materials, as well as other texts, in which men who donate sperm for the purposes of assisted reproduction articulate their sense of the meaning of this process. Further, the chapter considers responses to the revelation of sperm donation from people both known and unknown to the donor. These responses show how sperm donation as a form of intimate labour in which a man also parts with somatic material produced by his body, and involving negotiated journeys, is managed and talked about. The responses to sperm donation indicate deeply gendered views of reproductive

intimate labour in which a sense of bioprecarity masks strongly gendered views of sexuality, intimacy and reproduction.

A different form of bioprecarity is at stake in Chapter 8 by Nancy Worthington on 'Bodily disrepair: bioprecarity in the context of humanitarian surgical missions'. Here the meaning of conducting humanitarian missions to give people in crisis zones medical assistance is the focus, in particular paediatric heart surgery missions. These define an emergent, high-tech form of medical humanitarianism characterized by their focus not on populations in crisis (Redfield, 2013), but on broken body parts – in this case, damaged paediatric hearts. Comprised of specialists from the world's most elite medical centres, mission teams make brief visits to poor countries to perform highly specialized and otherwise prohibitively expensive surgical procedures on children with few alternatives for survival. A team's success is measured in terms of patient volume, surgical complexity and the probability of the patient being well enough to leave the hospital within thirty days. This chapter explores the forms of bioprecarity that both precede and follow mission visits and that inadvertently affect the very patients whose surgeries are publicly billed as 'successes'. That is, as much as surgical missions aim to repair paediatric bodies in distress, they, too, produce new anxieties, uncertainties and biological vulnerabilities for patients and their families that are often visible only long after missions depart from the host country.

From issues of bodies in and as parts, Part IV moves on to consider 'Bioprecarity in the transgression of boundaries of intimacy'. Here questions of intimacy and bioprecarity relate to issues around intimacy in relationships and intimate body parts. In Chapter 9 Nicole Ovesen explores the concept of bioprecarity in the context of intimate partner violence (IPV) in LBTQ relationships by focusing on help-seeking as a form of crossing encounters. Judith Butler discusses the body as a site of human vulnerability, emphasizing that 'this vulnerability is always articulated differently, that it cannot be properly thought of outside a differentiated field of power and, specifically, the differential operation of norms of recognition' (2004: 44). This differentiated field of power is evident in Eve Sedgwick's description of invisibility sustaining the figure of the closet as the defining structure of gay oppression (1990: 71). Following this line of thought Leslie Moran and Beverly Skeggs address the need to produce 'new visibilities' claims for protection against violence (2004: 5). Drawing on these theorizations and on original empirical data, the chapter analyses the concept of help-seeking as crossing encounters of intimacy, not only in the sense of the private–public realms, but also regarding community and cultural boundaries, as the embodied LBTQ-victim-survivor transgresses the cultural perceptions of victimhood when meeting help providers in an institutional context.

Such crossing of boundaries – bodily, cultural, social – is also evident in Chapter 10 by Malin Jordal in which circumcised women's experiences of bioprecarity in the context of seeking clitoral reconstructive surgery in Sweden is explored. Female genital cutting (FGC), significant in marking the supposedly mature, desirable and marriageable woman in some cultures (Johansen, 2017), is today a significant phenomenon in Europe due to recent migration patterns (van Baelen et al., 2016). Transcultural migration and societal changes create new perceptions of the body, self and identity. At the same time, new notions of bodily rights, what is perceived as legitimate claims and needs and advances in biotechnology have enabled circumcised women in some European countries to have their clitoris reconstructed (Foldés et al., 2012). Based on original empirical data in the form of interviews with FGC-affected women, this chapter investigates how migrant women who have undergone FGC perceive their bodies and selves, how they construct and negotiate their identity within new social structures and gender norms and how they understand clitoral reconstructive surgery after FGC, in the Swedish context.

Part V engages with histories of bioprecarization as these have occurred within eugenicist contexts and through its attendant categorizations. This indicates that bioprecarity as a phenomenon has a long history and that the concept might usefully be applied to past as well as present phenomena. Chapter 11 by Katarina Pirak Sikku and Gabriele Griffin on the eugenicist treatment of indigenous people, the Sámi, in Sweden analyses the long shadows cast by official categorizations of people as these come to be expressed in Pirak Sikku's body-centred artistic work. Using two voices, that of the artist and that of the academic, the chapter explores bioprecarity and racifying science in the context of eugenicist practices in Sweden in the early to mid-twentieth century related to the indigenous Sámis' treatment by Swedish race biologists. Sámis, like many indigenous people or people who at different points in history and across diverse countries/cultures, have been deemed inferior, have been subjected to racist scientific research, such as the measuring of their bodies for eugenicist purposes and the taking of naked pictures of even small schoolchildren. Here the body becomes an object of the colonizing gaze. That gaze produces bioprecarity through not only refusing the bodily integrity, autonomy and agency of those who are thus objectified, but also through gesturing towards the notion that some bodies occupy different orders from others. While the artist's work is concerned with reappropriating the body of those rendered precarious by eugenicist biopolitics, that process itself draws her into questions of whether and how such reappropriation is possible.

Finally, in Chapter 12, Julian Honkasalo examines the paradoxical interplay of humanist and eugenic ideology underlying early Swedish psychiatric

and medical studies on transgender persons. Bioprecarity is here theorized as generated through a disciplining double-bind of inclusion and exclusion. The chapter conceptualizes transgender patients in psychiatric institutions in the 1960s as persons who exchange their intimate labour in return for receiving medical care, and a promise to be viewed as legally, politically and socially intelligible. Drawing on Foucault, the chapter contends that disciplinary power operates through invasive examinations, such as anatomical and intelligence measurements, genital examinations, the recording of personal history, family history as well as confessions of fantasies, desires and fears. And yet, the patients are not merely passive subjects of power/knowledge. Rather, they actively engage in intimate labour by producing raw material and data for medical studies. Although intimate labour is usually theorized in the context of care work, sex work and domestic work (e.g. Parreñas, 2001), this chapter expands the notion of intimacy to include the labour of non-normative, superfluous bodies. As the adjective 'intimate' originates in the Latin verb *intimare* (to make known) and the noun *intimus* (inmost, innermost, deepest), the term is particularly suitable for problematizing the interplay between the transgender patient's own agency and the normalizing power of medical research. Drawing on archival material, the chapter argues that this interplay generated the scientific expert knowledge, circulated and reiterated in public, official investigations that functioned as the basis for the world's first legislation on the legal status of 'transsexuals' and simultaneously the first state-enforced sterilization legislation of transgender persons in 1972.

Chapter 12 emphasizes that the intimate labour of transgender patients is the condition for the possibility of both their own self-actualization as well as for the state's biopolitical, administrative project of documenting, quantifying, regulating, circulating and reproducing the binary category of gender. It offers an account that focuses on the patients' agency in the midst of normalizing power. Such a perspective is crucial, as it has significant contemporary implications for understanding which transgender lives are rendered intelligible and worthy of inclusion today and which ones are not.

Bioprecarity, then, has long histories through the emergence of institutional classification systems for people. These, as the last two chapters show, have always been linked to bodies – sexed, raced, gendered, classed bodies – that have been enticed and regulated through those processes.

## CONCLUSIONS

The somatic and emotional work involved in intimate labour produces bioprecarity, the rendering vulnerable of groups of people and individuals through the ways in which their bodies and lives are put to work. Discussions

of biotechnologization have largely involved the celebration of biovalue (Rose, 2007) rather than the counting of biocosts. But, as the chapters in this volume demonstrate, both are equally involved and in complex ways. This is well exemplified in Chapters 9 and 12, but also in other chapters. In Chapter 9, Ovesen's interviewees had to bear the costs of a bioprecarity brought about by their status as lesbian or queer women, involved in violent relationships that they find hard to name and seek redress against because they want to protect their own communities against violence from outside, but also because those communities do not readily recognize violence within them. In Chapter 12, Honkasalo's trans people both have to establish their identity as a way of gaining access to body modification procedures and at the same time negotiate the stereotyping that comes with this. These and other chapters in different ways explore some of the issues involved in seeking visibility, in trying to establish recognition through engaging with identity-based categories that offer opportunities for establishing an intelligible self while at the same time bringing with it the drawbacks of such categorization. The Thai surrogates that Elina Nilsson interviewed in Chapter 6 and the sperm donors Gabriele Griffin discusses in Chapter 7 may derive financial benefits from putting (parts of) their bodies to intimate labour but the resulting costs in terms of somatic regimes and biosocial subjectivation (Mohr, 2018) produce a bioprecarity that these intimate labourers may not have foreseen and are unlikely to welcome.

However, not everybody who engages in, or is made to engage in, intimate labour, profits from that work. Some simply count the cost. An obvious example are the Sámi, discussed in Chapter 11, precarized through eugenicist practices and without recourse to redress at the time. Here the power imbalances that enable such biocosts become only too apparent; there are no level playing fields for those who are bioprecarized. The children benefiting from humanitarian medical interventions have no say in the conditions of their lives pre- or post-operatively. Good intent, as Chapter 8 shows, is not enough. Further, as Chapter 4 on queer and trans people's access to ART and Chapter 3 on parenting in queer families indicate, good intent needs to translate into robust sustainable measures at legal, medical and sociocultural as well as economic levels to counter bioprecarity through inclusive processes and procedures.

## NOTE

- 1 During her research stay at UC Berkeley (2013–16) Leibetseder had several conversations with Charis Thompson about her Marie-Sklódowska-Curie-Action (MSCA) project proposal on queer and trans reproduction. Thompson pointed

out she could focus on the bioprecariat involved in these assisted technologies. She took this on and used it in a previous funding application.

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