

2. Bioprecarity through categorical framing (Doris Leibetseder)

Introduction

The production of bioprecarity through categorization can be seen very readily in the experiences of a particular group of people who, in recent years, have become very visible in public discourse: transgender people. Despite glamorous images of transwomen as starlets in the media, the vast majority of transwomen, especially if they are of colour, have to fight for their survival. This is, I shall argue, due to their categorical gendered and raced framing. It is evident from the fact that more trans- than cisgender¹ people end up in prison; in the US it is 16% of transgender adults compared to 2,7% cisgender adults (Marksamer and Harper, 2014; Calazza, 2016). This precariousness gets even worse in prison itself.² One of the most prominent recent cases is that of Chelsea Manning, a US soldier³ convicted in 2013 of leaking confidential military documents. Manning⁴ transitioned during her imprisonment and was released in May 2017. For most of her prison sentence she was forced to stay in an all-male prison; she tried to commit suicide twice and went on hunger strike in order to demand access to treatment (hormones) for her transgender status.

This chapter analyses, theoretically and with concrete examples, how bioprecarity is created and reinforced through categories. Thus, its purpose is to analyse bioprecarity in terms of two dimensions of Foucault's biopolitics: categorization and subjectivation (Foucault, 1977, 2002, 2008). Both are crucial for creating bioprecarity in bodily selves (Butler, 2009). The chapter addresses the following issues: the imbrication of bodily and emotional labour of the self in population control and hence its normalization and regulation (Spade, 2011); the creation of bioprecarious situations for these selves through norms and regulations (Butler et al., 2013); the role of intersectionality (Crenshaw, 1991) in creating these precarious positions; and, finally, how bioprecarity might be countermanded (Shotwell, 2016; Lorey, 2010; Weheliye, 2014). In all this I argue that bioprecarity, though built into the normalisation of contemporary cultures, is not a foregone conclusion.

Biopower: Categories and control

Being classified as transgender leads to a higher exposure to vulnerability, as the Transgender Law Center (2015) report documents. Given this scenario, one might ask:

what do such classifications, and why do some categories lead to greater exposure to vulnerability than others? Governmental institutions and procedures utilize and create categories to manage populations. From birth, human beings are subjected to various administrative classification systems, starting with the birth certificate that details their gender classification and their often gendered first name. These categories do not only exist on paper, but also constitute identities and have consequences for people's daily lives. They determine the choices that people are allowed or enabled to make. Foucault (2008) identified this, meaning the controlled management of populations through categorizations, as biopower.

Biopower consists of two major dimensions: one, an anatomo-politics of the human body (classifications) and two, regulatory controls and management of populations concerning birth rates, morbidity, mortality, longevity, etc. The second component of biopower, the control and management of populations, requires categorizations 'of the living body as an object of knowledge and politics' (McCormack and Salmenniemi, 2016: 4). These categorizations establish hierarchized distinctions which through that very fact generate precarious positions and identities. These hierarchized distinctions produce social in- and exclusions, and mean that some population classifications generate greater vulnerability than others. Social exclusion on the basis of disability or an illness is one relevant example here (Coughlan, 2010) since what constitutes disability or illness has changed over time. Just like the category 'transgender', disability as a category has a specific history. Disability as a category was created to manage the people thus designated. Through this labelling disabled people are placed – symbolically and literally – in particular ways that can mean that they are kept in marginal spaces and hence become more excluded than they were before the category was invented or applied to them. The two dimensions of biopower indicated above merged in the 19th century and gave rise to new political struggles focusing on life as a political object and claims to rights to life, bodily health and needs (Rabinow and Rose, 2006: 161).

Categories are about the structuring of differences. In *The Order of Things* Foucault suggests that differences in categories tend to be established in relation to something already known (2002: 60 f). Thus, differences are instantiated in relation to what we knew before. Foucault argues that categories deliberately exclude differences that cannot be linked to a specific system. Systems are hence, paradoxically, based on

sameness rather than difference as Foucault explains using Linnaeus's *Philosophie Botanique* (sections 155, 256) who 'conceived the project of discovering in all the concrete domains of nature and society the same distributions and the same order' (*Ibid.*: 84). If categorizations are based on what we already know and on sameness rather than on difference, this means that if the science and language creating such categorizations are inflected by sexist, racist, homo- and transphobic thinking, the resultant categorizations will perpetuate these biases. Since technologies of population management employ categories, they thereby perpetuate social inequalities and higher vulnerability for those who are classified within the parameters of vulnerability. Not only do the existing hierarchies contribute to the precarisation of certain social groups, but so do categories that are not available as such in all institutions or (administrative) processes, for example 'transgender' or 'intersex'. Further, identities that reference more than one category become particularly vulnerable because in systems of categorizations indeterminacy or multiple classification can lead to contradictions and exclusions from the systems in question.

When categories fail

the challenges of these categorizations are therefore not only that some people are categorized in ways that make them particularly vulnerable, but also that others might fall outside any categories. This can be the case for intersex people, as they are often not officially recognized as such, e.g. on birth certificates or other official documents. Although they do not fit into gender-binary categories, in official contexts they may well be forced to choose one category - male or female.

The use of categories is restricting and restrictive as this example of intersex people shows. Much of contemporary medicine continues to operate on the basis of a binary view of gender, involving two different sets of genitals and organs. Judith Butler highlights the arbitrariness and historical determinations of these anatomical gender norms:

It means only that any sexual organ that is recognized as such has passed through a perceptual process of delimitation or demarcation. Since any delimitation follows from a practice of delimitation that is itself the result of a history of such practices, it seems to follow that our sexual organs are saturated with historical interpretations (Butler and Athanasiou, 2013: 52).

Current established norms determine, for example, how large a female baby's clitoris should be; if it is larger, but also shorter than a male penis, an intersex status ('Disorders of Sex Development' in medical terms) is diagnosed and in most cases the clitoris is still surgically reduced to an assumed female size (Klöppel, 2016). This surgery often has painful and life-changing or life-threatening (risk of suicide) consequences for intersex people. The exposure to such bioprecarity is higher if an individual fits into two or more categories but at the same time not into a single one. At a theoretical level this challenge has been addressed through the notion of intersectionality. In her classic essay on intersectionality, Kimberlé Crenshaw (1991) points out that ignoring differences within a given group is common, especially in the case of violence against women where class, race and other issues may also be involved. 'Although racism and sexism readily intersect in the lives of real people, they seldom do in feminist and antiracist practices' (Crenshaw, 1991: 1242). The fact that 'rapes of Black women are less likely to result in convictions and long prison terms than rapes of white women' (*Ibid.*) is traced back by Crenshaw to the sexualized images of Africans. Science has played into repeating these stereotypes, classifying African women as highly sexed (*Ibid.*: 1270 f).⁵ If the rape of black women leads to convictions less often than is the case when white women are raped, it seems that black women's lives matter less, and hence are less grievable, in Butler's (2004) terms, than white women.⁶

As Butler explains, every human being is exposed to vulnerability and precariousness, but '[p]recarity designates that politically induced condition in which certain populations suffer from failing social and economic networks of support and become differentially exposed to injury, violence, and death' (Butler, 2009: 25). The reason for this is that '[w]e are at least partially formed through violence. We are given genders or social categories, against our will, and these categories confer intelligibility or recognisability, which means that they also communicate what the social risks of unintelligibility or partial intelligibility might be' (*Ibid.*: 167).

Bioprecarity describes the situation where certain bodies are subjected to danger to a higher degree than others. As contemporary Greek philosopher, Athena Athanasiou, argues: 'In designating the politically induced condition in which certain people and groups of people become differentially exposed to injury, violence, poverty, indebtedness, and death, "precarity" describes exactly the lives of those whose "proper place is non-being"' (Butler and Athanasiou, 2013: 19).

A crucial factor for bioprecarisation is the economic system we inhabit because biopower is strongly linked to the emergence, formation and development of capitalism: '[b]io-power was without question an indispensable element in the development of capitalism; the latter would not have been possible without the controlled insertion of bodies into the machinery of production and the adjustment of the phenomena of population to economic processes' (Foucault, 1990a: 140 f.). In *Birth of Biopolitics: Lectures at the Collège de France 1978-79* Foucault refined his thoughts about the imbrication of biopolitics and capitalism. The notion that society needs to be protected and requires more control leads to a situation where the most precarious populations experience their everyday life as the management of constant threats: risks of illness and accidents, job insecurity, economic crises etc. These fears are often intensified by governmental surveillance or media reports reinforcing the idea of threat and embattlement: 'Such a sense of vulnerability may lead to [...] an exhaustion from constant change, uncertainty and unpredictability of economic, social, cultural and biological life' (McCormack and Salmenniemi, 2016: 4). The fear of precariousness has become dominant in our age of economic crisis; it has been used for managing populations in times of austerity.

However, not every person is equally exposed to precariousness. Butler (2004) uses the concept of 'grievability' to determine how precarious a life is. If you are not grievable, your life has no value and therefore it is at risk or precarious. This raises the questions: 'Who counts as human? Whose lives count as lives? And, finally what makes for a grievable life?' (Butler, 2004: 20). Governments often control what and who is valued enough to be entitled to public grieving. The consequences of being designated 'ungrievable' are evident in the high and still rising rate of transgender women of colour being murdered: in 2016, 24 US trans women were killed, most of them of colour (95%). The actual numbers might be even higher since the police, family and the media often misreport the gender of the victims (Reuters Foundation, 2016). By June 2017 already 13 US-transwomen of colour had been killed (Ennis, 2017). If you are ungrievable you become vulnerable to attack since nobody supposedly cares if you live or die. McDonald (2017) reports her own case of being a black transwoman who was insulted in racist and homophobic terms and then, fighting for her survival, killed someone in self-defence. The police were convinced that she and her black friends had started the fight and took her to the station without paying attention to her injuries. After

five hours of interrogation, she finally received medical attention. Having received a prison sentence, she had to stay in a men's state prison (McDonald, 2017: 258 f). Her injuries and that she had to defend her life did not count. This indicates that her life somehow counts less, is less valuable than others' and is not grievable. To be less grievable has consequences in everyday life. I turn to this issue now.

Subjectivation: Categories determine everyday activities

Black transmen are not much better off than black transwomen; moreover, they experience the same criminalizing discrimination as cisgender black men, as Trystan Theosophus Cotton's story, for example, shows. He almost froze to death in a dumpster because he could not get a taxi during a cold winter's night in New York. During his transition he had to learn very quickly what cisgendered black men learn during their whole life growing up as black men: how to stay alive in a male black body. Cotton describes how his movements in public places changed to accommodate this: he had to learn to walk more slowly and not to make abrupt movements, to avoid engaging with unfamiliar white people, especially white women. He deliberately tried not to look white women in the eye as they might see him as a threat. His clothing style changed from casual hoodies to smarter looking outfits. If pulled over by the police in his car, he did 'not dare to speak back anymore in fear of provoking them' (Cotton, 2014: 133-44). Cotton changed his daily activities (clothes, movements, gaze, not speaking back at the police) as an effect of transitioning. However, his new identity as a black *man* obliged him to adjust his everyday habits and actions further in a racist society where black men and boys are more likely than whites to be subjected to police violence. Cotton's case confirms in everyday detail how subjectivation in a biopolitical society works and how biopolitical structures sustain inequalities.

According to Foucault's model of the disciplined society, everyday interactions with individual people working in different institutions (factories, hospitals, schools, universities, etc.) are the hubs of power, where individuals control and discipline each other and themselves. Control is a supposed tool against danger and/or precarious situations. At the same time precariousness is produced and employed for governmental aims in order to increase control. Institutional disciplinary techniques (e.g. medical check-ups, the police patrolling the streets, surveillance cameras controlling the movements of people, etc.) influence the everyday behaviour of

individuals. In Cotton's case, the specific control of his black masculinity led him to change his demeanour and his clothes. Such internalization of self-discipline is an effect of technologies of surveillance.

Self-discipline and normalization

Disciplinary power in the form of self-disciplining and normalization sustains bioprecarity. Dean Spade (2011: 139) has analysed the administrative violence of gender norms and its harmfulness for transgender people. Spade highlights three problematic realms: identity documentation, sex-segregated facilities, and health care (143). For instance, in some countries proof of gender reassignment surgery or medical and psychiatric treatment is required to change one's gender in identity documentation. In Canada sex workers are excluded from having access to transgender surgery because they cannot provide a 'real life test', meaning working in the chosen sex, as their job does not count as a proper workplace (Namaste, 2005: 31). Segregated facilities such as public toilets often lead to confrontations when used by those for whom they are not designated, and some transpeople avoid going to public toilets. This can lead to health problems (e.g. urinary infections).

Spade reminds us that population-level programs should take care of the more vulnerable members of the population and address certain risks. However, those programs also always determine who is protected and who is a threat. Thus, at the same time as providing care for certain populations, governments include population surveillance as a core function (Spade, 2011: 140). For Spade this simultaneous taking care and surveillance illustrates Foucault's 'apparatuses of security'. These are aligned with knowledge-producing institutions such as medical and educational institutions and their discourses. Importantly, the body (or the matter of the body) 'does not precede this knowledge but the living bodies as subjects and objects of this knowledge are constituted through these discourses' (Thiem, 2008: 30). For Foucault the subjectivation of bodies happens not through ideology (such as the ideological state apparatuses in Althusser) and violence, but through this knowledge production which forms both subjects and objects. In the case of the panopticum it is therefore not so much the gaze of the guards controlling the inmates that leads to their subjectivation but the prisoners' own knowledge that there might be the possibility of the gaze. In their self-reflections they therefore duplicate the norm, meaning the rules they have to obey to, and the

power of (self-)surveillance is thus passed on to them (Ibid.: 32 and Foucault, 1977: 202 f). Individuals become subjects through this process. The process is reciprocal: subjects have to recognize this knowledge and others have to recognize the subjects. Thus subjects are always tied to their 'own identity by a conscious self-knowledge' (Ibid.). Foucault does not see this process as purely restrictive. It is also a practice of liberation or of the liberty to accept being a subject and how to be a subject (what kind of subject), although based on a number of cultural 'rules, styles, inventions' (Foucault, 1988a: 51). In a late interview, he makes a short statement on subjectivation: 'I will call subjectivisation the procedure by which one obtains the constitution of a subject, or more precisely, of a subjectivity which is of course only one of the given possibilities of organization of a self-consciousness' (Foucault, 1988b: 253). Although there exist certain restrictions - regulations in the process of subjectivisation - Foucault still acknowledges possibilities of being otherwise, derived from self-conscious practice.

In her critique of Althusser's concept of interpellation⁷ Butler highlights the paradox in this situation, where the hailed individual seems to exist already to be able to hear and respond to the call (Butler, 1997: 1-4). Through this prior existence in language the individual, as is the body, is already burdened with history and memory, participating in performative processes, meaning that the subject and the body are not produced in a single instant but repeatedly over time (Thiem, 2008: 33). For example, many transpeople try to avoid being hailed by the police, given the history of police violence and the law not protecting them. Interpellations can thus have very different meanings, depending on the bioprecarious status of the body involved (Bunch, 2013: 47). This implies both the variability and the relative fixity of norms and regulations concerning subjects and their bodies. The body, and society with its rules and regulations, are both constituted and sustained by the process of subjectivization; neither exists *a priori*. In Butler's thinking materiality is not independent of signification: matter 'comes to matter not prior to social norms and relations of power but as social practices and institutions render matter intelligible' (Thiem, 2008: 36).

However, subjectivization comes at a price because coercive norms constrain us and our bodies. The materiality of certain body parts (genitals) or processes and activities (e.g. sexual acts) are 'forcibly produced', for example in heteronormative hegemony (Butler 1993, 2004; Davis, 2012: 885 f). In the constraining processes of subjectivization bioprecarity is produced in relation to the material body, body parts,

and the individual as a whole. For Butler desires play a crucial role in this. Differently from Foucault, she draws on psychoanalytic ideas for her concept of subjecti(vi)zation.⁸ For her, just like bodily materialities, desires and passionate attachments do not pre-exist society. Social norms not only constrain desires, but also form and fuel them and therefore produce desires, even though they are sometimes repressed or reoriented (Thiem, 2008: 37). However, consistent with Foucault's more positive view of subjectivization, Butler too asserts that possibilities for change exist. Subjectivization requires repetition (like other performative acts), and already subjectivated subjects can subjectivate others. In her performative politics, Butler suggests working with repressed desires and the willingness to change the norms that are constraining them. These desires can make use of iterative acts to change norms (as Derrida suggests with his use of 'différance'). An example of this is the change in public discourse on gender-binary norms in some western heterosexual societies: the iterative performance of gender has enabled the (en)actment of gender in non-binary ways, as some genderqueer people do. One can also resist subjecting others to gender-binary norms or categorizations. Thus, not judging others in gender-binary terms is a tool for not passing on gender-categorical biopower.

The subjectivisation of transpeople to medical categorizations of transgenderedness provides another example of what resistance to a subjectivating process might look like. Here resistance usually involves significant emotional and intimate labour to produce certain changes in this process. In the first instance, transpeople have to adjust to medical criteria to be able to access surgery or hormones. They need to self-discipline themselves to fulfil all the diagnostic norms and to go through the different stages of the standard medical treatment for transgender people such as psychiatric therapy. Like the prisoners surveillanced by the panopticon, who internalize the disciplining gaze of the (potential) guards, individuals in a (neo)-liberal society internalize social norms. Some transpeople have to internalize the medical gaze in order to access the treatment they want. Therefore they have to subject themselves to particular ways of enacting transgender, corresponding to the criteria for gender dysphoria in the DSM-5 (The American Psychiatric Association's (APA) Diagnostic and Statistical Manual).

This diagnosis requires a certain kind of intimate labour from the transgendered person, for whom coming out is already challenging as it consists of the

emotional labour of explaining to others, how the former feel about their gender. This often involves referring to intimate experiences in relation to their own secondary and primary genitals and their possible desire for other gender characteristics. The intimate labour in maintaining kin and community ties for transgender people may entail asking others iteratively to make use of appropriate pronouns and names. Such daily routines in the care of others (maintaining kin and community ties) and the care for the self require ‘embodied and affective interactions in the service of social reproduction’ (Boris and Parreñas, 2010: 7). The suicide rates among transpeople in the US show how much hard work is required just to be able to survive in everyday life; between 41 and 46% of transgender and gender-nonconforming people in the US have attempted suicide (Haas *et. al.*, 2014).

Contact with medical staff requires another kind of intimate labour for transpeople since disclosing details about the self ‘leave[s] one vulnerable if others ha[ve] access to such a knowledge’ (Boris and Parreñas, 2010: 5). To reveal oneself as transgender is a risk for transpatients, because of the possibility that medical staff are ignorant about transgender issues and mis-gender them or use traditional medical vocabulary for their genitals, or do not value their sexuality or relationships. The process of dealing with medical classifications thus requires much emotional and intimate labour to display the relevant criteria effectively. Butler (1997) described this process as the performativity of subjectivization.

Conclusions: Strategies against bioprecarity

Foucault (1990b, 1990c) points out that resistance to biopower (and therefore bioprecarity) is possible and even intrinsic to his model. Such resistance might consist of not applying any categories, of finding and creating commons and interdependencies, of focusing on ‘habeas viscus’ and relationality, and of an open-normativity. By way of a conclusion I shall discuss each of these strategies in turn.

Not applying any categories

One strategy is to refuse using categories. This may avoid certain kinds of bioprecarities. For example, sometimes having to declare one’s gender online, e.g. when one is just shopping, is not necessary, as the trailer⁹ of the Copenhagen Pride 2017 shows. This short film shows real-life situations where people buying something in

shops are asked at the cashiers what their gender is. This defamiliarises such behaviour as the question appears strange in this context and raises the issue why the gender of the shopper should be asked for. As a tool against this, one can download an extension for a certain browser, which eliminates all gender boxes. ‘Gender Free Internet’ helps to surf the Internet and shop online without being asked about one’s gender.¹⁰

TSA (Transport Security Administration) body scanners at airports are another context where genderbinary categories are applied, as gender specific buttons need to be activated before a person enters the scanner. These scanners expose intersex, genderqueer and transgender people. A more inclusive scanner could be developed that does not have binary-gender buttons (Pham, 2017). In sum, one should always think about what purpose the mobilization of gender categories serves and refuse it when the categories serve no obvious purpose.

Commons and interdependencies

Lorey (2010) suggests that everyday-life resistance to bioprecarity for precarious people means avoiding being categorized as ‘other’ or different since the basic human condition of vulnerability and precariousness is shared by everyone. It could therefore be used as basis for solidarity (Butler, 2004: XIII). Hence the becoming ‘common’ of precarious people is accompanied by arguments about what counts as common (Lorey 2010) for focusing on strategies for alliances (Lorey, 2012: 137). Common experiences among precarised people then serve as a ground for forming alliances. Focusing on interdependence in precarity and still recognizing differences among individuals helps to construct such alliances.

A concrete historical example of such alliances was *Lesbians and Gays Support the Miners* in the UK during the 1980s. Both sections of the population, LGBT-people and miners, were fighting against Thatcher’s politics of closing down the mining industry and using AIDS to demonize the gay movement. The shared interests of both oppressed groups derived from their common experience of police harassment and violence, and biased media representation. LGBT activists started collecting money for the miners in 1984 at the Pride demonstrations and at a benefit concert called *Pits and Perverts*. In return, miners supported the next LGBT events and the political campaign against Section 28 (a local governmental amendment prohibiting the promotion of homosexuality in distributing materials and teaching) in 1988 (Kelliher, 2014).

Habeas viscus and relationality

A third strategy to combat the bioprecarity derived from categorical framing is to make use of what Weheliye (2014: 2) describes as *habeas viscus*, “You shall have the flesh”. With this phrase Weheliye builds on Hortense Spiller’s division between body and flesh and uses it ‘on the one hand, to signal how violent political domination activates a fleshly surplus that simultaneously sustains and disfigures said brutality, and on the other hand, to reclaim the atrocity of flesh as a pivotal arena for the politics emanating from different traditions of the oppressed’ (Weheliye 2014: 2). This politically constructed fleshly surplus is exactly what constitutes bioprecarity – it is the material of bioprecarity, the matter as the place where bioprecarity is located and originates from. *Habeas viscus* is the understanding of this subjection and a strategy against it, as ‘habeas viscus does not obey the logic of legal possession and remains even after the body’s demise’ (*Ibid.*: 132). This concept theorizes racialization in bioprecarity, and has a focus on the gendered and racialized specificities of biopolitical regimes, which have not been thought together in the ideas of Foucault, Agamben and Mbembe’s necropolitics.

Habeas viscus serves as a counter-strategy to Agamben’s *habeas corpus*, which names the entitlement of human beings to political rights (*bios politikos*), therefore making the killing of people illegal. And, according to Butler, another characteristic of *habeas corpus*, is that a person becomes grievable. Therefore people who are stripped of their *habeas corpus*, meaning their killing is not prosecuted or their death is not grievable, still have *viscus*, their flesh, even if they have lost their political rights to free life. The flesh remains, being alive or just recently killed (at least for a while).

The focus on the flesh means that its relationality – its subjectivation to racialized, sexualized and gendered norms - has to be taken in account. Through the notion of *habeas viscus* particular processes of biopolitical violence or aggression are brought into relation. Relationality ‘reveals the global and systemic dimension of racialized, sexualized, and gendered subjugation, while not losing sight of the many ways political violence has given rise to ongoing practices of freedom within various traditions of the oppressed’ (*Ibid.*: 13). *Habeas viscus* as a strategic intervention locates the political right to a decent human life, which is grievable, in the flesh.

Open normativity

The final strategy ‘prioritizes flourishing’ and an ‘openness to the possibility of things being otherwise’. Open-normativity ‘keeps futures open’ and states that something or someone ‘deserves to continue’ in order ‘to open freedoms to one another’ (Shotwell, 2016: 155 f). This is the reverse of what categorizations and norms that cause bioprecarity do, namely restricting and limiting. As an example of such open normativities Shotwell cites the Silvia Rivera Law Project (SRLP) founded by Dean Spade. This project seeks ‘to open more possibilities for validation of gender change in state identification documents’ (*Ibid.*: 156). States restrict new identifications for transpeople who have not fully changed gender, or have not had the required surgeries, hormone and psychological therapy. The SRLP’s policy and advocacy strives for more ‘varied criteria’ for changing documents. SRLP’s effort ‘shifts the effects of norms on people and through those shifts begins to change the norms themselves – the inhabitation can *become corrosive* to forms of normativity that harm us’ (Italics in Original, *Ibid.*).

More varied criteria change norms and categories so that they are less harmful for precarious people and therefore might decrease bioprecarity that is caused by categorization. A shift towards a more open-normativity is a move away from antinormativity and introduces more concrete applications than mere oppositionality as antinormativity does. Open-normativity opens up more possibilities of (re-)definition for everyone.

Conclusion

Categorisations create and intensify bioprecarities, even as they are employed to control and help vulnerable social groups. Bioprecarity increases when certain categories of people are constructed as less grievable than others, often as an effect of intersectionalities of categories or because someone fits into more than one category or into no category at all. These categories determine one’s everyday activities and behaviours in their articulation of norms, and their (self-)disciplining propensities. As Tiffany Page (2017: 22 f.) points out, a certain unspectacular precarity exhausts people as it slowly seeps into everyday and ordinary life (Berlant, 2007: 757, 2011: 122). This kind of bioprecarity is at risk of gradually rising in its intensity without that

being registered (Nixon, 2011: 2-6). The intensified bioprecarity is often barely noticed, partly because of the invisibility of the emotional and physical labour involved (Mahmood, 2012: 15). Such labour is required by precarious people in order to be able to survive in everyday life. Transpeople provide a good example of this.

It is possible, however, to resist the bioprecarity effected by categorization. The relevant counter-strategies consist of not applying certain e.g. gender-binary categories at all whenever possible; of finding common ground and interdependencies amongst diverse categories that are focused on the body, of focussing more precisely on the racialized, sexualized and gendered ‘flesh’ (‘habeas viscus’ vs. ‘habeas corpus’), or of mobilizing open normativities that allow more possibilities of being otherwise. In a world where binary logics in combination with algorithms are intensifying through the fact that they underlie all technologisation and hence have the propensity to pervade our everyday lives, applying these counter-strategies is essential.

¹ The word ‘cis’ (or cisgendered) designates staying within parameters of normative gendered behaviour (Enke, 2012: 61). It functions in binary opposition to terms such as trans (or transgendered). Cisgendered people ostensibly stay in line rather than crossing the line, ‘as though we agree upon what and where the line may be as well as on what constitutes male and female’ (Ibid.: 73).

² See the Sylvia Rivera Law Project (2007) on the New York State men’s prison.

³ The debate about trans-inclusion in the US military has repeatedly been in the media; in July 2017, for example, Donald Trump tweeted that he wanted to ban transpeople from the military (presumably because of the high costs of their trans surgery), thus, introducing the ‘don’t ask, don’t tell’ policy again that was reversed under Barack Obama’s ruling in 2016, which allowed transpeople to serve openly. In 2016, a RAND study says that only 29 - 129 active duty members would make use of medical treatment, therefore suggesting very limited costs. However, the whole discussion raises other questions such as why do transgender people choose twice as often as cisgender ones to join the military service, despite the high rate of sexual abuse and violence in the army and a high suicide rate among veterans? Dean Spade (2017), professor of law in Seattle and trans-advocate, points out that it is the higher unemployment rate of

transpeople (twice as high as for cisgender ones) that forces them to join the army in order to have an economically stable situation, healthcare and a good education (Democracy Now!, 2017). Inclusion in the military is therefore not the primary aim of transgender politics, for example, but a decrease in their poverty and criminalization (Geidner, 2013). Spade highlights that queer and trans inclusion in the military and the showcasing of LGBT people in the army are not a sign of LGBTQ liberation, but rather a public relations strategy and pinkwashing of the military to divert attention from violence and human rights abuses through and within the army, e.g. Standing Rock (Ibid, Nassar and Valente, 2017). Spade warns that the attention paid to the inclusion of trans people in the military is a very disturbing trend.

⁴ Manning was convicted as E. B. Manning. Being aware of and to respect the gender-identification of transpeople I do not want to fully spell Manning's first name, which was given to her at birth.

⁵ Somerville (1995) explains how scientists in the 19th and 20th century looked at the anatomical female body and were keen to establish differences between African and white female bodies. They concluded that African women had a particular (for example 'bigger' than the white norm) sexual and reproductive anatomy and therefore suffered from sexual excess. The same argument was employed at times to describe female homosexuals. The discourse of sexual pathology therefore found 'perversion' in both the black and the homosexual anatomical body (Somerville, 1995).

⁶ The Black Lives Matter movement is concerned to redress just that.

⁷ Althusser's notion of interpellation describes how he thinks individuals are transformed into subjects. He gives the famous example of a situation, where a policeman in the street calls 'Hey, you there' and in most cases the person whom he is actually addressing turns around in response. In turning around the respondent becomes the subject by recognizing that 'the hail was "really" addressed to him' (Althusser, 1971: 174 f).

⁸ Butler employs the terms 'subjection' and 'subjectivation', but not 'subjectivization', which was used as such by Foucault. In general Butler speaks about subjection, meaning a) how power subordinates subjects, b) the recognition of the subject, and c) the iterability of the subject that involves opposing and transforming social terms as well (Butler, 1997: 29). Drawing on the ideas of Hegel she writes 'subjection

(assujettissement)’. Talking about Althusser she uses both subjection and subjectivation: ‘[...] the law requires subjection for subjectivation [...]’ (Ibid.: 112). She uses subjectivation only when discussing Foucault: ‘The term “subjectivation” carries the paradox in itself: assujettissement denotes both the becoming of the subject and the process of subjection – one inhabits the figure of autonomy only by becoming subjected to a power, a subjection which implies a radical dependency. For Foucault, this process of subjectivation takes place centrally through the body’ (Ibid.: 83, italics as in original). Butler never makes the differences between the two terms explicit and never uses ‘subjectivisation’.

⁹ At <https://www.youtube.com/watch?v=td9QZQ6zajw>, accessed 11/06/2017.

¹⁰ At www.genderfreeinternet.com/#home, accessed 11/06/2017.

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