

QUEER, BIOPOLITICS AND BIOETHICS

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This special issue of *SQS Journal* on queer bioethics and biopolitics resumes motifs of the previous issue on queer healings. In queer studies, questions of normativity, governance, agency and power in health and welfare are linked to Michel Foucault's theorization and to inquiries into biopolitics and bioethics. Foucault's notion of biopolitics has been reapplied, reconceptualized and criticized across disciplines. However, the term has emerged before the work of Foucault. Moreover, not all current biopolitical approaches stem from his theorization of biopolitics, biopower and governance; many of the contemporary debates aim to move beyond Foucault's propositions (e.g. Clough and Willse 2011). The multiple meanings and theoretical commitments attached to the term may confuse the meaning and understanding of 'biopolitics', and different approaches tend to vary in their interpretations of what it is about: an era, type of societal structure or an institution? (Mills 2018, 1–2). Biopolitics is frequently deployed across human and social sciences, and especially in studies on the effects technological advances and biomedicine have on human life.

Disciplines of the Body and the Population

Foucault describes biopolitics, a modern form of exercising power starting in the 17th century, as a turn in political order that harnesses a

biological corpus of human species to knowledge and power. Crucially, this transformation subjected life and biological existence to political techniques and regulation. Foucault also speaks of biopower, which overlaps with his notion of biopolitics. According to Catherine Mills, Foucault's concept of biopower combines the notion of disciplinary power he developed in his book *Discipline and Punish*, and the form of power he calls biopolitics in *The Will to Knowledge (History of Sexuality: Vol 1)*. For Foucault, biopower operates in two axes of power: the controlling and optimizing the individual human body and the control of population, the species body. Foucault ties the emergence of biopower to the turn in societal interest towards sexuality; in his later works, he relates it to the mechanisms of race and racism (Mills 2018, 15–17.) Biopolitics aims to measure and regulate biological processes and characteristics on population level. Measuring, qualifying and hierarchizing underpin the norm, at the expense of juridical power, and guide social practice. (Foucault 1978, 139–145.) From this viewpoint, central to biopolitics is the knowledge production, techniques and politics that produce an abstract discourse of the species life through demography. In Thomas Lemke's (2011, 5) words, calculation of life transformed it into an independent, measurable element for objective observation, a "collective reality that can be epistemologically and practically separated from concrete living creatures and the singularity of individual experience". Biopolitical approaches building on this notion

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investigate politics and control in different knowledge productions. Current thinking is keen to reevaluate and reformulate the theoretical backdrop of Foucauldian biopolitics to better equip it for analyses of neoliberal politics as the reigning ethos in biotechnology and bioeconomy (see e.g. Cooper 2008; Lettow 2012).



IMAGE: Ami Koiranen: Kehon muisti, nro 1.

Queer approaches to biopolitics have focused on how normative notions of gender, sexuality, race and disability link to economic and national ideologies (see Puar 2007; Snorton and Haritaworn 2013, Aizura 2012; Haritaworn et al. 2014; Rohrer 2014; Spade 2015). These approaches highlight intersectionality in analyzing, how normativity and the categories it is applied to are reproduced in defining and controlling the limits of life for queer communities. When looking at political changes such as the so-called war on terror, it is evident how crucial intersectionality is at this time of racial and national profiling, volatile geopolitics and racism. According to Aren Aizura (2012, 136–137), trans people's rights in relation to regulating mobility rights serve a reminder of how the regulation and normativity politics is governed within and beyond nation-states: the regimes of transnational and local mobility and migration are modulated by many national borders and involve local and international institutions. Queer biopolitical theories have interrogated the symbiotic relation of life and death by analyzing tensions between biopolitics and necropolitics – of death and different types of political violence (e.g. Puar 2007; Haritaworn et al. 2014). Analyses on the changing parameters of life also include the porous margin between human and non-human. As bioscientific endeavor assigns new meanings to biological, biopolitics can fix its critical gaze on the stubborn ways of maintaining unambiguous ontological demarcations between for example human and non-human (see Chen 2012, 127–155).

Ethics and Politics of Life?

Alongside to the establishment of biopolitics, a field of bioethics started to develop. Even though bioethics has been established as a discipline on its own right, different approaches, theories and research agendas within the field vary greatly. Bioethical inquiries can be built on theories of nursing science, medicine, law or philosophy. This plurality, sometimes turning

into dissonance, is reflected on the myriad of phenomena selected for bioethical scrutiny. Duncan Wilson (2011, 123; see also Dow 2016, 16–17) observes, how for example in the UK the ‘bioethical’ aspects of particular practices and objects were not self-evident, but were the product of specific socio-political contexts and professional agendas in the late twentieth century. Hence it should be considered what made certain treatments and technologies worthy of the attention of bioethicists – and, by extension, others unworthy of such attention. In Britain, Wilson writes, bioethics did not have much sway until the 1980s. Similarly, and probably not coincidentally, the initial expansion of IVF in the 1970s was largely viewed positively, but by the 1980s there were increasing calls for greater external oversight of doctors and researchers. Then lawyers and philosophers started to enter the public debate, which dovetailed with Margaret Thatcher’s conservative government’s desire to see greater “accountability” amongst professions and the promotion of (consumer) choice in all aspects of life. Further according to Wilson (2011, 128–130, 134) though some bioethicists have asserted that the discipline has its roots in the civil rights movement and a left-wing concern with medical paternalism, bioethics in the UK only took off because the call for greater oversight resonated with the Thatcherite political climate of the 1980s and because bioethicists portrayed themselves to the medical community as helpers at least as much as critics.

Even though there is perhaps too dark of an edge, if not indeed nihilism, in Wilson’s notion, unequivocally, bioethics did not emerge from strictly biopolitical or philosophical debate. However, similarly to biopolitics, development of bioethics is closely connected to questions of knowledge regarding human life that emerged from medical and biotechnological development. Thomas Lemke considers bioethics a form of biopolitics, a form that is too invested in ethical conditions and values. Like Wilson, Lemke (2011, 123) animadverts against so-called mainstream bioethics

for not being attentive enough to who actually have the resources to utilize medical and technological options, or to how individuals experience the institutional expectations available to them or the social limitations applying to them. Lemke, too, sees mainstream bioethics as an extension of neoliberal biopolitics emphasizing individual freedom. However, it would be a mistake to understand current bioethical discourse monolithically. Instead, various critical stances and dialogues cohabit its field. Bioethical discussions often combine theoretical approaches – including critical biopolitical analyses – to practical case analyses with tangible solutions to pragmatic questions (see e.g. Kakuk 2017).

Queer Injections

A notable effort in current bioethical inquiry is dedicated to subverting professional power on and increasing public awareness of bioethical issues. Still, however, bioethical debate lacks the polyphony of voices present in other fields. A crucial area of potential marginalization is gender and sexual diversity. During the last decades, LGBT bioethics has been accompanied by queer bioethics combining queer theoretical understanding to bioethical analyses, aiming to increase visibility of and finding solutions to LGBTQI specific issues. Queer bioethics builds on medical humanities and on a critical approach toward politics of medicine. Hence, queer bioethics is attuned to the core of queer advocacy: it promotes active involvement in debate on the ethics and moral conceptions in medicine and biosciences. Queer bioethics aims to highlight the political aspects present in formulation of any ethical principles by unlocking historic contexts and complex dependencies that usually go undetected in bioethical inquiry. Injecting bioethical debates with awareness of normative power and their effects on people whose experiences and existence do not comply with heteronormativity, a cornucopia of enhanced human flourishing

becomes imaginable. Thus queer bioethics does not only serve LGBTQI communities, even though its needs undoubtedly have been ignored in the past.

Human sexuality and gender variance are processual, contingent fluxes in which individuals define and shape themselves. Queer thinking that critically addresses the complexities of normativity is needed for making changes, understanding diversity, dismantling injustice and, enhancing bioethical justice. Mainstream bioethics has not been able to resolve ethical issues in LGBTQI health care in theory or practice. It has not worked enough to establish queer agency or to subvert cis- and heteronormativity embedded in its practices. LGBT and queer bioethical inquiries were marginalized for decades (Murphy 2015; Nelson 1998; 2012). In the 21st century, queer bioethical debate has been established as a consistent field of inquiry frequently present in prestigious mainstream journals like *Bioethics* (see Wahlert and Fiester 2012; Murphy 2015; Richie 2016; Leibetseder 2018). Even though this establishment can be considered a breakthrough on its own right, it must be acknowledged that current prominence has been made possible by decades of systematic queer and LGBT thought and research with often marginal material resources – the latter still very true today.

Queer bioethics utilizes interdisciplinary methods from, for example, medical history, philosophy and narrative research. Interdisciplinary includes the aim to build dialogue between biosciences and humanities. Pioneers of the field Lance Wahlert ja Autumn Fiester (2012) name challenging the politics of normativity and revealing discriminative and unjust practices in healthcare as the central aims of queer bioethics. Lance Wahlert (2016) describes queer bioethical approach as a way of examining the pressing ethical issues that lie at the intersection of gender identity,

sexuality and bioethics. In its core are bioethics-related challenges facing LGBTQI persons, questioning their encounters within the medical system. An integral part of queer bioethics is the appraisal of canonical bioethical concerns bearing in mind queer perspectives.

To meet these aims Wahlert and Fiester (2014, 62) have developed a checklist they call Queer Bioethics Inventory, to be used in clinical encounters but also in theoretical, metalevel analyses of bioethical case studies. The queer bioethics inquiry is a methodological detector for cis- and heteronormativity. However, as Wahlert ja Fiester (ibid; cf. Dean et al. 2016) note, including LGBTQI issues in the bioethical canon does not automatically establish queer-bioethical sustainability; that queer agency would be welcomed in medical encounters, systems and policies. Integrating LHBTQI issues and including LHBTQI agency in bioethical inquiry does not suffice to exhaust discrimination or renegotiate justly the medicalization of gender and sexual diversity. The inventory also provides questions for encompassing well-intended but still unjust bioethical attitudes in encountering and researching LGBTQI issues. Evaluating care practices or bioethical literature by posing them questions on the inventory offers a sobering account to better scrutinize the efficacy, legitimacy and impartiality bioethical cases. The inventory is intended for both clinical and theoretical use to better attend the needs of LGBTQI parties in the clinic by not merely dwelling on the presence of queer people in bioethical cases in perverse affection, Wahlert and Fiester (ibid.) call bioethical voyeurism and what Cristina Richie (2016, 369) calls “biological fetishism”. Questions of the inventory relate to, for example, infantilization of queer parties, appreciation of non-normative bodies as legitimate, appropriate and neutral, honoring the diversity of families and relationships and presence or absence of LGBTQI stereotypes.

New Challenges for Queer Bioethics and Politics

Both queer biopolitics and queer bioethics are polyphonic disciplines and approaches. They also host juxtaposing internal positions. Some see queer bioethics as primarily too attentive to sexuality and gender identity, and the intersections thereof, rather than what Cristina Richie (2016) calls upon: providing an alternate account of bioethics from a queer perspective. She criticizes LGBTQI bioethics for focusing too much on reproduction, for example, equality in accessing ART. According to Richie (2016, 367), the general uproariness and iconoclasm of commonly accepted scripts, values and beliefs characterize the defiant attitude of queer studies should typify queer bioethics as well.¹ She insists queer bioethics should build on rejection of heterofuturity, non-anthropocentric environmental bioethics and intersectionality of disability and crip studies.² Heterofuturity, which Richies suggests as the key to unraveling all three of these aspects, refers to the historical connection between compulsory heterosexuality and biological reproduction, and hence the complex and compound systems of marriage, patriarchy, women's subordination, obligatory pregnancy and institutionalized motherhood.

To Richie (ibid.), in a most drastic departure from the ethos of LGBT studies, queer studies tends to view biological reproduction as one of several "distasteful", overlapping axes of power, along with capitalism, conformity and even marriage, which must be rejected in order to maintain a radical stance that exemplifies queerness itself. For many queer theorists, rejecting both biological reproduction and its attendant goals of heterofuturity is an essential part of queer identity and practice. Some

see queer lifestyles radically negative by design, a crater on the face of reproductive society. Richie's view draws from so called antisocial strand in queer theory (see Edelman 2004; Caserio et al. 2006; Liinason 2007, 86–87; Rodríguez 2011; Richie 2016, 366-267). In disputing reproduction from the viewpoint she calls the rejection of heterofuturity, Richie (2016, 368) firstly notes it should not be assumed that biological parenting has value for all people, or any people, inclusive of queers. She admits that while reproduction can be a significant part of one's life, queer should offer a competing discourse to the assumption that reproduction is a focal part of everybody's life plan. Secondly, since heteroreproduction is repudiated by queer studies, bioethical banter need not to waste undue time promoting reproduction. Richie urges applying queer approaches to other areas of bioethics and biopolitics outside reproduction.

Once heterofuturity has been rejected, Richie sees that queer bioethics with little to no investment in unborn humans can upend the anthropocentric discourse by expanding the sphere of ethical consideration to all creatures sharing our planet. Queer environmental bioethics maintains a distinct advocacy for animals, plants and ecosystems as queer stands united with oppressed minorities – non-human animals, flora and fauna, waterways and so on. Constructing alternative communities is familiar to queers who are accustomed to forming families beyond heteronormative kinship configurations. Queer environmental bioethics challenges the pursuit of carbon intensive individual life projects and prefers an interconnected model, whereby those who have been marginalized, including ecosystems, are embraced. Furthermore, queer bioethics need not rest on the assumption that climate justice must only occur when one's own descendants are imperiled. Queer bioethics rather bolsters support for conservation on behalf of those currently alive, and the next generation, which we have no genetic association with, "demanding a nobler ethic removed from biological fetishism". (Richie 2016, 368–369.)

1 Richie writes both queer and queer bioethics with capitol Q.

2 Crip theory combines disability and queer theory. More on crip theory, see McRuer 2006; Kafer 2013; Apelmo 2012; Toriseva 2017, 16–19.

Richie's third critique – or lesson, as she prefers to call them – is to galvanize intersectionality of crip studies into queer approaches to life. LGBT bioethics often dovetails with disability critiques of the medical industry that tends to problematize normal human variations as deviant. Queer bioethics resists colonization of queer bodies by interrupting generally accepted notions of medical desirability, health and disability. Moreover, queer bioethics challenges medical etiology, diagnosis and prescription. Medical solutions to disability and queerness tend towards white, middle-class heteroreproductive, able-bodied paradigms and conform to gender, age and class-scripts. Both “crips and queers” are subversive in articulating what patients ought to value in medical intervention. (Richie 2016, 369–370.) As Foucault himself insisted, questions of health, embodiment and control are biopolitically vital (no pun intended).

An argument countering the negative reproduction approach is to suggest that reproduction must remain in the core of inquiry precisely to enhance LGBTQI intersectionality within itself. For example, Doris Leibetseder (2018, 139) agrees with Richie that although compulsory reproduction and heterofuturity are key targets for queer bioethics, futurity and even a utopian vision is crucial for queer and trans people (and also in general for people) of color, for whom the struggle to be able to survive is not a question of fulfilling one's life plan. Instead, in Giorgio Agamben's terms, it is a question of *bare life* facing forms of extreme suppression, including reproductive injustices. Leibetseder thinks that rejecting heterofuturity and assimilation does not necessarily mean that there should be no queer futurity (of color). Queer practice seeks to demolish hierarchies and discrimination. Queer reproduction unequivocally challenges those norms of who is allowed to reproduce. By posing the question what kind of babies are allowed to be born, queer thinking can join forces with normality critiques formulated in crip theory just like Richie saw fit. For Leibetseder, the question of what kind of babies are allowed to be born is the one in

most dire need of queer analysis, as depending on the use and application of ARTs, their outcomes can be normative/normalizing or non-normative/normalizing. This is further proof for questioning those advocating against reproduction as categorically queer-bioethically inappropriate.

Queer reproduction should also be discussed in relation to race, class and citizenship. For example, in the UK, female couples are, at times, specifically targeted by fertilization clinics for 'egg-sharing' programs, meaning that they donate their eggs and get the ART treatment cheaper. This form of queer reproduction can be seen as a form of reproductive citizenship, as queer people have long been struggling to become valued citizens of a nation can now not only reproduce but help a heterosexual couple to do the same. However, this example suggests a new economic aspect concerning biopower over producing and managing life that

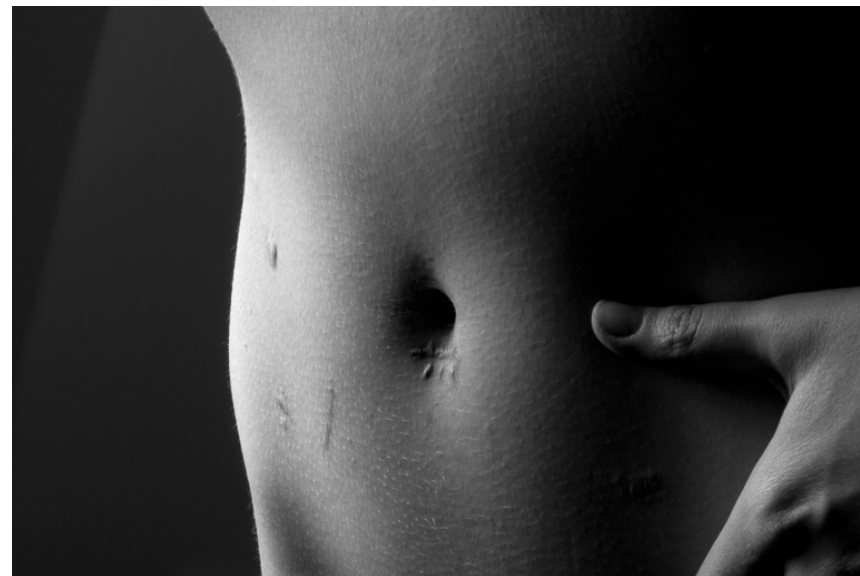


IMAGE: Ami Koiranen: Hysto.

interlocks with race, class and citizenship. Such interlockings and further crip-intersectional approaches must be addressed. (Leibetseder 2018, 142.) On a critical reproductive note, Leibetseder (2018, 143) cautions that if queer and trans people and people with disabilities are using ARGTS biocolonialism imbedded in these technologies must be carefully navigated. The previously mentioned necropolitics – interplay between death and violence – established by Haritaworn et al. (2014) is to Leibetseder a form of biocolonialism in queer reproduction. An example of queer necropolitics in queer reproduction is Michael Nebeling Petersen's (2015, 100; see also Leibetseder 2018, 144) analysis of a gay couples' transnational surrogacy arrangements. Nebeling argues that the vitalization of the gay man by enrolling into the heteronormative imperative of reproduction rests upon a devitalization of racialized, classed and gendered others (the surrogate).

Race, class and citizenship play a pivotal role in shaping queer realities and can serve as excellent conceptual platforms for combining queer bioethical inquiries with biopolitical ones to achieve approaches more sufficiently attuned with crip-theoretical understanding of intersectionality.

In This Issue: Articles and Opinion Pieces

We hope this introduction inspires Finnish academic audiences to further engage in queer biopolitical and ethical debates, as especially queer bioethics is an unrecognized field in Finland. Once again, *SQS Journal* features trailblazing queer research that hopefully will accelerate further interdisciplinary discussions. The two featured articles in English offer serious investments to queer bioethical theory and practice, including developments to the field. The opinion pieces discuss topical biopolitical issues in both historic and current contexts. This issue is illustrated by Ami Koironen whose powerful photography comments on biopolitics

of embodiment and agency. We would like to warmly thank Ami for this contribution.

Eetu Kejonen's article does not fall into the theme of bioethics and biopolitics, but offers an intriguing queer analysis of an online debate on a conservative Christian discussion forum in Finland. The debate was generated by a blessing of same-sex couple to missionary work. Most of the comments in the discussion condemned the decision to send the couple to missionary work. Kejonen's careful analysis illustrates how the heated debate reveals not only how the relations of religion and sexuality are discussed in Finland, but also the processing of political questions on citizenship imbedded in our pluralizing society.

Tiia Sudenkaarne's article offers a philosophical-essayist account of intersectionality theory with queer bioethics. She loosely structures her treatment by using the symbol of unicorn, a symbolic polyglot that stands for LGBTQI celebration and mavericks. The unicorn also symbolizes mythical *rara avis* embodiment that can be thought to resemble how gender and sexual variant identities and embodiment are constructed in bioethics. On this note, Sudenkaarne begins her treatment with a bioethical unicorn observation that sparked her interest in intersectionality theory. She considers the difficulties of navigating plurality with solidarity and ethical sobriety by discussing the problems of identity, essentialism and relativism. She closes with offering suggestion for further queer bioethical intersectionality.

In their article, Emma Tunstall, Sarah Kay Moore ja Lance Wahlert discuss intersexuality, particularly the medical phenomenon of ovotestes, through a queer bioethical lens. They offer both practical and ethical guidelines for clinical work with intersex. Tunstall, Kay Moore and Wahlert also discuss existing ethical guidelines, including the four bioethical principles, to

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ground queer bioethically sustainable understanding of intersexuality in bioethics.

Brooke English examines legal classification of gender non-confirming bodies in the US. English takes a closer look at out how certain laws – such as Texas’s SB 6, North Carolina’s HB 2 and California’s SB 179 – force transgender and gender non-conforming people to make sacrifices in their identity to escape both figurative and literal violence. For example, the bathroom bills in Texas (SB 6) and North Carolina (HB 11) demand people to use gendered public bathrooms based on their sex assigned at birth certificate. The laws presuppose that individuals can always be defined by their physical characteristics either as men or women. Consequently, they create a situation where people who do not fit into the binary ideas and categories of gender have their legitimacy questioned in gendered public spaces. California’s Gender Recognition Act (SB 179) aims to recognize a person’s accurate gender and to expand the options of gender markers on legal documentation by adding a “non-binary” option. Despite its good intentions, the law ultimately reduces complex gender identities into a separate, labelling box. It also creates difficult situations for trans and gender non-confirming people in everyday reality, which still works according to normative ideas of binary gender.

In her opinion piece, Katarina Parhi discusses the diagnostics of Homosexualitas that emerged in 1954 into Finnish psychiatry (*Tautinimistö*) as one of the subcategories for psychopathy. Parhi analyzes patient records of people treated with Homosexualitas in Lapinlahti psychiatric hospital during the years 1954–1968. Based on these records, Parhi sheds light on the psychiatric understanding of homosexuality at the time and the psychiatric issues patients admitted to the hospital with this diagnoses reported.

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