4. The Biosecurity Individual and the Drama of Biosecurity: Performance, Performativity, and Affect

> The unexamined life is not worth living.
> *Aristotle*

Biomedical knowledge has become increasingly important for the understanding (and study) of identity constructions. But biological determinism is one of the oldest and at the same time most contested conceptualizations and constructions in identity discourses. Theories of identity construction reject essentialism or a biologized understanding of identity. This repudiation was crucial to dismantle and deconstruct what had previously legitimized the oppression of "minorities" (or more broadly the other). Nonetheless, the fluid cultural identities always retained a haunting presence of biology. Both Sarah Ahmed and Iris Young respond to this dilemma in the context of feminism and feminist theory, which deconstructs biologically based identity ascriptions as performativity and constructivism. With this theoretical perspective, however, feminist theory allegedly threatens to diminish the very object/subject of its own discourse. Biology represents here what has to be deconstructed while at the same time, it has to be maintained as the unifying claim of the group feminism claims to speak for.[1]

The notion of biologically determined identity constructions has resurfaced in uncanny ways, especially in its relation to disease, disability, and genetics. Biosecurity has become an additional identity marker, representing a further intersectional identity that influences and is influenced by other markers of difference. The understanding of biosecurity as well as the access to biosecurity are exceedingly determined by race, class, gender, and sexuality. Class in terms of both financial and cultural capital is crucial to access many forms of medical care in the U.S., let alone preventive and pre-emptive measures. The costs of the above mentioned prenatal and perinatal care represent a substantial bud-

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1   Ahmed calls this supposed dichotomy and incompatibility an "imaginary prohibition" (Ahmed, "Imaginary" 9) and proposes to differentiate between theory and practice as two distinct discourses to maintain the potential for postmodern theories "to the articulation of political choice" ("Beyond" 72). Also Young calls for "pragmatic theorizing" (Young 718) as groups are necessary to counter liberal individualism's denial of reality of groups.

get for the biosecurity pregnancy.[2] Most of the costs are covered by health insurance, or Medicaid for those who are eligible. But a high number of underinsured and uninsured patients have to cover the varying costs for the different screenings themselves.[3] The program of Medicaid has been decisively extended in many states making perinatal care – one of the central mechanisms of (population) biosecurity – more widely available. Already in 2009 Medicaid covered "more than four in ten births nationwide" (Ranji and Salganicoff 1). In other areas, however, "the right to hope" as Nixon put it in the 1970s is a hope for the few.[4] Furthermore, biosecurity decisively influences the position of an individual in terms of class since the costs of treatment for an (unexpected) illness or injury often causes economic problems.[5]

Additionally to income, education and cultural capital determine the "scientific literacy" (Rose and Novas, "Citizenship" 443) of an individual, which is necessary to "properly" use biomedical possibilities. "Scientific literacy" implies the understanding of biological processes, their potential risks and the "appropriate" preventive and pre-emptive security practices as well as an understanding of the diagnosis and result. What do the risk potentials and the absolute potential of a disease really mean? The ability to translate the technoscientifically produced biosecurity knowledge relies on the ability of the individual practitioner and the surrounding culture to provide a pervasive security narrative.

Race and gender further determine biosecurity identities through questions of access, availability, and treatment options as the recent publicity of "Black Birth Matters," an offspring of the Black Lives Matter movement, made strikingly obvious. The movement reveals the systemic pattern of producing racialized risk individuals, which the high death rates of black women after giving birth, as well as the disproportionately high rate of infant mortality make strikingly clear. "In the US, the black infant mortality is double the white infant mortality rate" (Wallace et al. 140). And while pregnancy related death – a death during pregnancy or within a year of giving birth – is rising steadily in the United States in general, black women are more than three times as likely as white women to be affected (CDC, "Pregnancy Mortality"). Serena Williams, the tennis star, and Erica Garner, the Black Lives Matter activist were the prominent individuals who brought this disparity into the limelight of public debate.[6] Such examples show how structural

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2   The Health Care provider Parasil provides an estimation for the costs insuring each trimester, which depends on the security options an individual chooses and can accumulate to more than $ 10.000 if complications are detected and more invasive screens become "necessary." The delivery in a hospital alone can amount to $30.000. (McFarland n.p.)

3   The introduction and expansion of the Affordable Care Act has halved the number of uninsured individuals in the United States to 8.1% for the total U.S. American population according the U.S. Census Bureau (Berchick et al. 5). However, of the 19–65 years old, 15.5% of Americans were uninsured. Of those insured 28% are underinsured (Collins et al. 1).

4   The widening care gap in the United States is reported almost daily. The problems are so severe that the Boston Globe reports 250.000 GoFundMe requests a year to raise money for health-related treatments (O'Neil n.p.).

5   The Commonwealth Fund emphasizes the increased risk for "medical debt" especially for those underinsured with high deductibles as well as the uninsured (Collins et al. 7).

6   Erica Garner died in December 2017 of cardiovascular problems after giving birth. Serena Williams also suffered complications after giving birth. She was still in hospital when she felt that she was experiencing a pulmonary embolism – blood clots obstructing the arteries of the lung – so she

racism leads to disproportionate health risks a person is exposed to, which reach beyond environmental risks produced by living and working conditions.

Understanding security as performative does not diminish the suffering of the individuals as unreal but emphasizes that security narratives and practices greatly influence the production of varying securities and diverse biosecurity individuals. Biologically inflected security narratives structure U.S. society, marking and making belonging. Scholars in anthropology and sociology such as Rabinow, Rose, and Novas regard the developments and possibilities in biotechnology and biomedicine as producing a new form of identity, such as "biosocial collectivities" or "biological citizenship" (Rabinow and Rose 197). They describe a biologically based understanding of group affiliation expressed in patient advocacy groups for instance.

Though predominantly describing group identities, most of the sociological studies of biomedicalization also emphasize that the "medical gaze" has become a "reflexive gaze" ("Citizenship" 10) as for instance Rose and Novas point out. This "reflexive gaze" not only indicates the ascription of a biologized identity but the appropriation and adoption of biosecurity identities. Biomedical and biotechnological developments have changed the understanding of person, body, life and its lived realities. Rose and Novas assert that biomedical technologies facilitate "the creation of persons with a certain kind of relation to themselves" ("Genetic" 445).

These biosecurity identities that most of these sociological studies aim to describe might not fit the static mechanistic relations described in Foucault's concept of power and security. Rather, power is more fluid, influencing a more existential understanding of being that can be described and analyzed more thoroughly as performance and performativity. With Foucault, Judith Butler understands the subject and its body as a form of obedience or "effect of power." Paraphrasing Foucault, she asserts that "regulatory power produces the subjects it controls, that power is not only imposed externally, but works as the regulatory and normative means by which subjects are formed" (Butler, *Bodies* 22). According to Butler, this formation of the subject focuses on bodily identity and the individual body rather than on the ephemeral power itself. Her theory of performativity is situated at the intersection of body and self, culture and nature, in which the body becomes center stage for the individual. Since biosecurity is an embodied state of being that challenges and determines the identity of an individual, I will turn to how the body and identity of a person are intricately linked and equally constrained through performative acts of biosecurity. I will argue that biosecurity identities are at core performative, both in its deconstructive as well as its theatrical sense. To understand how biosecurity is experienced by the very same body that is defined by biosecurity narratives, I will then turn to affect theory and how the body is "marked by feeling."

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alerted the nurse and asked for the necessary medical treatments. Only after repeated demands for a CT scan, which can reveal the blood clots, and for an infusion of blood thinners did Williams receive the necessary care (Salam n.p.). Williams was able to insist on her opinion, not letting the nurse and medical staff overrule her feelings, due to her social standing and position of relative power. But only because of her high scientific literacy – she knew about her increased risk for blood clots – was she able to insist on the treatment and screening method she needed.

Speaking Bodies: Biosecurity, Embodied Identities, and the Body as Stage[7]

Butler expanded the concept of performativity established by Austin's speech act and Derrida's theory of deconstruction, applying it to bodily practices and the question of identity and subjectivity. The theory recognizes the body as central in the production and understanding of identities. However, identity is not understood as an expression of an a priori innate truth that resides in the body. By defining the relation of body and identity as "non-referential" she establishes a rigid anti-essentialist critique of a natural "truth." But performativity for Butler is not just non-referentiality translated to the body. She describes how subjects are created in the performance and embodiment of "specific historic scripts" and "possibilities" in a complex "process of appropriation" (Butler, "Performative" 521). She therefore describes the process, temporality and relationality of producing bodily identities that become understood as natural expressions.

Although it is one of the strongest points of critique against Butler, I wish to retain the theatrical aspect of her theory, which she stresses in her early writings. In the 1988 article "Performative Acts and Gender Constitution" Butler emphasizes that the "'performative' itself carries the double meaning of 'dramatic' and 'non-referential'" (522).[8] This theatrical aspect of performativity is highly criticized for reducing identities to acts of putting on a role as one chooses. But the implications of understanding performativity as theatrical are crucial for understanding biological security. The structural analogy to theatrical performances allows for Butler's insistence that gender is "only real when performed" ("Performative" 527), which is fundamental for the understanding of biosecurity. As shown with the example of prenatal testing, biosecurity has to be performed and represented to become tangible. The security practice of testing is performative as it makes security present in a form of visualization such as ultrasound, MRI, colonoscopy, among many others. The biosecurity identity is "made" in the act of the security practice, only "being present" when it is actualized in performances. If identities are constructed by bodily performances and security practices are integral part of everyday life, then these practices are an inevitable part of identity. However, not only the biosecurity practices are highly performative: the body itself becomes stage and actor of the security drama.

In her theoretical approach to gender Butler describes embodiment as central for the constitution of an identity. She thus stresses the importance of the body as a means of being and a means of constructing and communicating identities. The body is therefore understood as a "communicative interjection" (Seale, *Constructing* 2) rather than merely a material object. Understanding the body as language makes it part of a symbolic system in which the body appears as "a historical idea," which Butler derives from Merleau-Ponty's *Phenomenology of Perception*. The body "gains its meaning through a concrete and

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7   "Speaking Bodies" is a reference to Shoshana Felman *The Scandal of the Speaking Body*.

8   I do not mean to conflate performance as an art form and performance in every day life. I am aware that "[t]he stretch between theatrical and deconstructive meanings of 'performative' seems to span to polarities of, at either extreme, the *extroversion* of the actor, the *introversion* of the signifier" (Parker and Sedgwick 2). Nonetheless, I think that both understandings are crucial for the approach of performativity since also a suppression of acts is a form of staging, or rather not staging and hiding.

historically mediated expression in the world" ("Performative" 521). And this mediated expression is not only determined by race, class, and gender, but significantly by biosecurity narratives that define the healthy and able body, its movements and expressions, and its appearance in public.

Performativity describes identity not as something one simply is, but as an act taken on like a role. The bodily performance that produces social identity is understood as "an act which has been rehearsed, much as a script" (Butler, "Performative" 526). In this argument Butler relies as much on Derrida's notion of reiteration, as on Foucault's notion of discourse. The script refers to the reiterated meaning, which in the case of biosecurity is the readable body established by the rise of science.[9] With Foucault, Butler argues that the scripts for particular roles are not free-floating options to choose from. The theory of performativity focuses on how these bodily identities are produced within a social matrix of norms. Performances are therefore "never fully self-styled, for living styles have a history, and that history conditions and limits possibilities" (Butler, "Performative" 521). Bodily identity is thus a "reiterative and citational practice" (Butler, *Bodies* 2) that is governed by possibility and constraint.[10]

Focused on the restrictive norms of gender performances and the dynamics of gender relations, Butler refers to a "heterosexual matrix" (inter alia *Bodies* xxvii) as the normative cultural narrative which establishes meaning and genders persons. Biosecurity is another part of a greater set of cultural norms and ideals that serve as the comparative blueprint of an intelligible, normal, and valued body. The normative constraint, which compels subjects to embody and cite certain norms, is not restricted to gender performance. When Butler writes "that 'persons' only become intelligible through becoming gendered in conformity with recognizable standards of gender intelligibility" (*Gender Troubles* 22) she not only emphasizes the importance of gendering in our society, but thereby also stresses the significance of the body in general.

Butler defined gender (and gendered identity) as a speech act in which the subject materializes through embodiment. Making the body center stage of the self means also that the self is at risk from its body. Physical ability then becomes another key to the "range of possibilities" that constitute Butler's performatives. In other words, the materiality of the body is a decisive factor of how we (are able to) act and thus, according to Butler, how we perceive ourselves. Individuals are therefore in more than just one way overdetermined and limited by their bodies: discursively as well as biologically the body defines the self in its existence as a skin of constraint in forming an identity. And every "bodily betrayal" represents a potential disruption of an identity. The moment the individual afflicted with Alzheimer's Disease does not remember the way home or their own name for instance, stands paradigmatically for the injury the body can "inflict" on the

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9   "The body is not passively scripted with cultural codes, as if it were a lifeless recipient of wholly pre-given cultural relations. But neither do embodied selves pre-exist the cultural conventions which essentially signify bodies" (Butler, "Performative" 526).

10   "The 'I' that is its body is, of necessity, a mode of embodying, and the 'what' that it embodies is possibilities. But here again the grammar of the formulation misleads, for the possibilities that are embodied are not fundamentally exterior or antecedent to the process of embodying itself" (Butler, "Performative" 521).

"self." The diagnosis of a disease often represents a performative shift in the identity of the afflicted individual, who has to renegotiate their identity, as represented famously in illness narratives. An equally important moment of rupture represents, however, the moment the body impedes us from performing our "normal" identities. It is not only the body that can be injured by disease, disability, accidents, and so forth. The body as central to performing one's identity represents at the same time its gravest enemy.

With the insistence on reiteration Butler explains how norms govern bodily performances, but most importantly she describes how performances hide their embeddedness in discourse producing "the illusion of an abiding gendered self" (Butler, "Performative" 519). Performances thus describe "a signifying practice that seeks to conceal its own working and to naturalize its effect" (*Gender Troubles* 184). This appearance as natural is one of the most important effects of biosecurity performances "that create the effect of the natural, the original, the inevitable" (Butler, *Gender Troubles* 23). This means, however, that identity is confined by cultural narratives that compel us to enact certain attributions as if they were unquestionable, given facts.

In this understanding of the constitutive constraint the subject and its behavior appear determined by discourse, "in no way . . . a locus of agency" (Butler, "Performative" 519). The subject appears almost tricked into following the script, or as otherwise oblivious to their being an accomplice to power discourses. Various scholars criticize that this element of constitutive constrain would foreclose the possibility of agency and therefore produce a limited subject. But Butler is careful to open up a space of possible resistance. She emphasizes the synchronic structure of performance as capable of challenging and opposing the diachronically established iterability of the body and its meaning. The performative scripts are thus "historically revisable criteria of intelligibility which produce and vanquish bodies that matter" (Butler, *Bodies* 14). Butler finds the possibility of transformation "in the arbitrary relation between such acts, in the possibility of a different sort of repeating" ("Performative" 520).[11]

To open up this possibility of resistance, bodily identity has to be understood as "an active process of embodying" (Butler, "Performative" 521). Embodying an identity is thus an act of taking up a position within a narrative frame, which Butler describes as essentially dramatic. As actors on the stage, individuals follow or transgress social scripts – establishing social identities. "One is not simply a body, but, in some very key sense, one does one's body" (ibid.). Doing one's body in the context of biosecurity not only refers to appearance and behavior in public, or the exclusion of the sick and disabled from public space. It describes the actual doing of one's body following different health regimens, such as surveillance medicine. To become a biosecurity individual is thus to "take up a position" in relation to previously established biosecurity narratives.[12] This positioning is most superficially the use of biosecurity practices to maintain and protect the bodily appearance, for instance by covering up signs of aging. However, biosecurity not only describes willingly performed acts and embodied identities. Also in the context of uncon-

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11   Nonetheless, in such a resistance to the performative, the normative meaning is cited as that which is opposed, and thereby the cultural matrix is to a certain extend re-produced and re-enforced.

12   To explain the taking up of a position Butler relies on Lacan's positioning in a symbolic order.

trollable bodily appearances a staging and hiding of "conditions" must be understood as inherently performative.

Though biosecurity is broadly represented as "choice," in opting for practices that have a beneficial effect of protecting and improving life and quality of life, the biosecurity identity is also clearly an ascription. Biosecurity narratives position people and make them position themselves in determined relations to objects of security as well as to other people. They influence life and identity construction on an individual as well as a collective level. This "taking up a position" describes both a willed position, as well as an inescapable matrix in which the individual understands themself and others. Butler describes how gender is the most pervasive way of understanding a person, an almost inescapable compulsive categorization. She uses the example of naming a child: "naming is at once the setting of a boundary, and also the repeated inculcation of a norm" (Butler, *Bodies* 7). Similarly, biosecurity also seems to be one of the most common and pervasive ways of understanding a person.

Today the position of the biosecurity self, like the gendered self, precedes birth and an autonomous subject position, representing the first way how a potential human is understood. Biosecurity practices allow for the determination of gender before the fetus is born and therefore precede it. Considering the example of individual biosecurity and prenatal testing, biosecurity becomes the prime and prior category of understanding human life, the one that allows for the understanding of an identity in the first place. The ultrasound serves initially to assess the security state of the pregnancy; if no red flags are raised the technology can be used predominantly as a proleptic identity practice. The technoscientific practice stages a biosecurity identity on screen, looked at by the attending doctor and the expectant parent(s). This biosecurity identity is the deciding humanizing factor which allows for intelligibility and recognition – the formation of an identity. The biosecurity individual is in that sense indeed "a phenomenon [that] is named into being" (Butler, *Bodies* 13) by the performance of biosecurity practices.

Understanding identity as performative and procedural, means that an identity made in time is "in no way a stable identity" (Butler, "Performativity" 519). Identity in Butler is not just "in flux" as Stuart Hall puts it, but is literally becoming in the moment of the performative act in a "constant state of againness" (Taylor 21). In biosecurity this instability is part of the normative matrix that defines the identities. The biosecurity identity has to be constantly stabilized as the materiality itself is defined by change. This instability, representing a feared future, is the most forceful constitutive constraint producing biosecurity identities.

Biosecurity as an identity marker is not only something one is born with. It does not represent a fixed quality but rather a moving target like class identity, which can change throughout the life course. Rita Felski describes the distinction between race and class in "Nothing to Declare" as the difference between the "identity inescapable" (38) and the "contingency" (ibid.) produced by the permeability of class. The porous boundaries between different biosecurity positions are central elements of biosecurity. In the pre-emptive biosecurity discourse this permeability is the constituting logic of understanding the body and the self. But unlike class, biosecurity is marked by an inevitable "downward spiral" since health risks increase with age, and all life inescapably ends in dying and death. Similar to the concept of age, biosecurity changes with time. Rüdiger Kunow

points out that, age is "a difference that time makes" ("Coming of Age" 295), or that comes with time.[13] Biosecurity identities, which include the ageing body, follow a similar inescapable temporality. They represent a construct by which people are understood, not in terms of a fixed identity marker but one that is in a constant process of becoming (or coming with time). Especially since biosecurity narratives today are focused on disease markers and susceptibilities that make bodily security often only appear in abstraction or in form of anticipation, performativity becomes ever more central.

For instance, the separation of identity from materiality challenges our notion of a biologically determined life course with its different phases (rise, climax, decline). The importance of performativity is especially prevalent during transitional phases.

> Models of the "life course" cannot . . . be seen to stand in any unmediated relationship with the materiality of the body. Rather, they present particular, often politicized, positions, which mobilize moral, legal, emotional and biological evidence and so lay rhetorical claim to the "real." (Draper and Hockey 43)

The transitions between distinct stages of life are ostensibly caused by biological processes of the body, which seem to naturally determine a person's changed identity as for instance in ageing. The implications for the identity of such a changed bodily existence, however, are based on cultural norms. Such transitions often rely on "performative shifts" that mark a rite of passage at a precise moment in time. They represent crucial stepping stones marking the biosecurity individual in their normative position in life and progression through life. These "performative shifts" a person realizes throughout the life span are often disguised as natural bodily transitions. Most of these physical transitions, which change the social status of a person, are accompanied by rituals. Biosecurity practices are an important part of these rites of passage today. This is most obvious in cases where the transition from security to insecurity is imperceivable for the individual.

However, biosecurity is not a construct that could be resolved by removing discriminatory practices, stereotypes and oppressions. A sick body does not necessarily become healthy by removing the negative cultural associations with a non-normative body. The corporeality itself thus seems to resist its absorption into discourse, at least initially.[14]

Bodily Matters: Biosecurity, Intangible Materiality, and the Body as Actor

The performativity of identity in general is easily plausible as identity traits and behavior rely on enactment to be recognizable. However, to understand biosecurity as performative implies not only the scriptedness of bodily behavior, as in willed acts prescribed by security narratives such as exercising, dieting, or the explicit transgression by resisting

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13   Age itself is represented as lack by the biosecurity narrative, a process that has to be slowed down and prevented for as long as possible.

14   There are bodily facts that are undeniable and inevitable. "Surely there must be some kind of necessity that accompanies these primary and irrefutable experiences. And surely there is. But their irrefutability in no way implies what it might mean to affirm them and through what discursive means" (Butler, *Bodies* xi).

the normative script of biosecurity. Rather, it describes, according to Butler's theory of performativity, the relation to the body itself, to its very corporeality. When Butler claims that gender is performative she argues much more than that outward behavior relies on performative scripts. She asserts that "the body is not self-identical or merely factic materiality" ("Performatives" 521). This means that not only the identity is essentially performative, but also the materiality of the body itself (on which the identity relies). If the body is essentially "a process of materialization that stabilizes over time to produce the effect of boundary, fixity, and surface we call matter" (Butler, *Bodies* 9) then the security recognized in and embodied by the body should similarly be understood as a process of materialization. Biosecurity thus represents a "regulatory ideal" (Butler, *Bodies* 1) or a security imaginary that subjects are motivated to aim for, or to maintain. This is crucial in respect to biological security narratives that largely define and categorize this materiality in abled and disabled, healthy and sick, or at risk. Like sex, biosecurity does not represent neutral scientific descriptions but "regulatory norms" (Butler, *Bodies* 2) which materialize through and in the corporeality of the individual.

A body free of disability and disease can thus not be understood as a "natural" state but rather represents a norm or construction, which is today predominantly conceptualized in security terms. The construction of the body has been recognized in various fields of theory, most importantly in Disability Studies, and Aging Studies. There is the attempt in Disability Studies to solve the problem with the distinction between construction and materiality introducing the distinction between impairment, as the supposed "neutral," and disability, as the social and cultural construction.[15] Similarly, the separation of disease and illness attempts to distinguish medical definition from individual experience. However, this distinction seems to avoid the paradoxes of bodily being, a being that is always in society, always both private and public. The easy division between value laden construction and neutral materiality seems to obliterate that materiality appears always already within a construction. The distinction of disability and impairment seems to risk producing a further way of concealing a construction as natural. Shelley Tremain argues that impairment also has to be understood as a construction and "effect of power" (188), since materiality cannot be understood as distinct of its construction. In Butler's own words, "the fixity of the body, its contours, its movements, will be fully material, but materiality will be rethought as the effect of power, as power's most productive effect" (Butler, *Bodies* 2).

But how can the insistence of "corporeal style" (Butler, "Performative" 521) and "forced materialization" persist when applied to biological vulnerabilities in terms of a cancer affliction or genetic diseases? In this context performativity has to be rethought in terms of the relation between the agentic subject and the materiality as passive. As performativity understands the body in terms of communication, this communication cannot be reduced to "conscious enactments" but also accounts for "uncontrollable" bodily appear-

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15   For the social construction of disability see Simi Linton "What is Disability Studies" or Tom Shakespeare "The Social Model of Disability" for the British context. For the cultural construction of disability see Anne Waldschmidt "Disability goes Cultural" and Lennard Davis "Visualizing the Disabled Body."

ances.[16] The structure of the dramatic is helpful to understand the relation between self and corporeality in such acts that are out of the subject's control. Butler claims that the body is "a materiality that bears meaning, if nothing else, and the manner of this bearing is fundamentally dramatic" (Butler, "Performative" 521). The individual represents in many constellations of biosecurity not a willingly performing actor but the audience of the performance of the body. The body is thus not only stage but also actor of the drama of biosecurity. Since a performance is constituted by the interaction of actor and audience though, the individual is not passive, but rather active in decoding the bodily performance, which is overdetermined by security narratives. This is not a radicalization of Butler's theory but essential in the theoretical frame of performativity, in which the materiality of the body can only become intelligible according to prior conceptualizations. The performative scripts and stage directions for this drama of security are provided by biomedical discourses: any deviation from the course that "ought" to be followed by the actor/body is eyed suspiciously and corrected if possible.

Today in academic discourse it hardly seems radical to deny the natural connection between sex and gender, it is indisputable that the distinction between masculinity and femininity is a cultural construction. Nonetheless the complete negation of a "natural" that somehow manifests itself in our acts – that is thus expressive and not performative – remains a heavily critiqued aspect of the theory of performativity. The theory is criticized primarily because it is understood to dissolve the body – its suffering, feeling, experience, authenticity – into discourse and language. But especially in a field of scientifically defined security with a forceful truth claim to the objective description of biological states and processes it is important to insist on studying security as performative. Science, as I have shown, does not establish neutral categories of security, but represents an ableist and healthist security discourse that is deeply influenced by social and cultural bias. In regard to gender, Tremain shows how even the naming of molecules in the study of hormones, is deeply engrained by "prevailing cultural ideas" (191) thus producing sexed materialities.[17] Biosecurity practices simulate a stable relation of material sign and knowable fact, representing the body as readable text. "[T]he relationships are not self-evident, however, but instead make visible use of the body to create complex bodily associations or connections which are highly *mediated*" (Draper and Hockey 51) by cultural narratives.

Furthermore, Butler's insistence on the constructedness of bodily matter does not deny the material existence, but the possibility "to know" ("Performative" 524) the body in its neutral (not culturally predetermined) materiality. "[T]he existence and the facticity of the material or natural dimension of the body are not denied, but reconceived as

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16   Butler asserts that "the *appearance of substance* is precisely that, a constructed identity, a performative accomplishment which the mundane social audience, including the actors themselves, come to believe and to perform in the mode of belief" (Butler, "Performative" 520).

17   With reference to Anne Fausto-Sterling's *Sexing the Body* she explains "with each choice these scientists and researchers made about how to measure and name the molecules they studied, they naturalized prevailing cultural ideas about gender. In short, the emergence of scientific accounts about sex in particular and human beings in general can be understood only if scientific discourses and social discourses are seen as inextricable elements of a cultural matrix of ideas and practices" (Tremain 191).

distinct from the process by which the body comes to bear cultural meaning" (Butler, "Performative" 520). Butler thus questions the accessibility of the prelinguistic or natural "pure body" (*Bodies* 10), as the materiality appears to us always already absorbed in its construction. In the reading of biologic ascriptions, definitions, categorizations, and negotiations of the biosecurity, the understanding of the body as something that "bears meaning" ("Performative" 521) is therefore a valuable analytic tool.

Biosecurity narratives claim the body and its materiality as a prelinguistic site and undeniable "truth." Similarly as the category of sex, biosecurity becomes "something like a fiction, perhaps a fantasy, retroactively installed at a prelinguistic site to which there is no direct access" (Butler, *Bodies* 5). Security narratives that describe the body, its life, its potentials, represent the norm against which the individual can understand their own corporeality. Instead of purely objective descriptions the biosecurity narratives represent "necessary fictions" to use Butler's own words (*Gender Troubles* 98), that claim the prelinguistic site of the body, rather than merely describing it. This means more bluntly that biologically inflected security narratives with their claim to "the natural" create the meaning of the very body they are describing. Apart from that, "natural" processes are hard to find in the biosecurity culture of the U.S. that had started the race to the inside of the body already in the 1950s. With Butler I would like to suggest that "[t]he point of such an exposition is . . . to show that to invoke matter is to invoke a sedimented history" (Butler, *Bodies* 49). It thus offers the possibility to understand how biosecuritized bodies materialize.

To materialize the norm and make it pervasive biosecurity narratives rely on the formation of the other, which Butler understands as both the abject that is needed to constitute the self and the spectator or witness. Biosecurity narratives establish what Butler calls an "exclusionary matrix" (Butler, *Bodies* 3). They describe not only the ideal (of a biosecurity individual) but also a "domain of abject beings, [...] those 'unlivable' and 'uninhabitable' zones of social life that are nevertheless densely populated" (ibid.). The abject in biosecurity is most frequently attached to the very materiality of those bodies that are not "normatively human" (Butler, *Precarious* xv). These non-normative corporealities serve to form and understand the norm. The self is thus also here understood "contrapunctually" (Said 52), in opposition to its supposed other. "The subject is constituted through the force of exclusion and abjection (Butler, *Bodies* 3). In biosecurity, the other is the non-normative body – the impaired, sick, old, depressed – contrasting the healthy, young, and productive body. The other is in Butler's theory necessary for the self as "the 'constitutive outside' against which the accepted subject may be understood and defined" (Armour and St. Ville 7). However, in the context of biosecurity abject and desired, or "the prohibited and permitted" as Foucault put it (*Security* 20), no longer exist purely as binaries of normative and non-normative materiality, as I have shown before. In biosecurity terms the abject is at the same time inside and outside of the self in a literal sense, since the potential to become the abject comes from within and forms a constant potential. This should not only be understood in a psychoanalytical way, but is rather represented as a (possibly) inescapable future scenario. The abject defines "failed matter," which in biosecurity narratives turns into a continuously "failing matter." In biosecurity narratives the abject serves to make the risk recognized in the body tangible, and make their meaning felt.

Bodily matter is disciplined according to an able norm, and the appearance of "failed matter" is confronted by social sanctions and constraints which are not subtle but rather obvious in the social, cultural, and economic repercussions that follow if we do not do our bodies "properly." What Butler describes as the punishing for transgressive gender performances, which are important in compelling people to "do their gender right" (Butler, "Performative" 522) is easily translatable to biosecurity identities. For instance, the individual who does not comply with security scripts is punished institutionally through loss of healthcare coverage or higher deductibles. Furthermore, people who do not conform with the biosecurity standard, because of an increased risk, a preexisting condition, or other corporeal differences, are punished in similar ways. Additionally, individuals are sanctioned socially through isolation which affects the disabled, sick and elderly. Similarly, social judgment is cast in reaction to certain risk identities such as Type 2 diabetes which is deemed a "lifestyle disease," or in response to disabilities that are defined as "preventable" by prenatal testing. The shame and blame projected onto the diseased or disabled body shows that the body, also in its inevitable materiality, is "a social phenomenon in the public sphere" (Butler, *Precarious* 26).

However, the other is not just understood as an arm of panoptical power.[18] The other is a necessary part of performativity. To claim that "[a]lthough we struggle for rights over our own bodies, the very bodies for which we struggle are not quite ever only our own" (Butler, *Precarious* 26) indicates that performativity is a "symbolizing practice." It therefore needs the other, the "interlocutor" as Austin called it. The position of the witness is essential for the performative process to work since the body requires a watching or witnessing, a reading and accepting or refusing to accept what it signifies. When Butler claims that "my body is and is not mine" (Butler, *Precarious* 26)[19] the other does therefore not only appear as constitutive constraint but as a necessary constituent of recognition. By understanding the self as "invariably in community, impressed upon by others, impinging upon them as well, and in ways that are not fully in my control" (*Precarious* 27), Butler is considering the ethical claim the other makes, thereby emphasizing the deeply relational structure of performativity. As indicated before, a speech act is deeply relational, depending on and being constituted by the interaction of actor and audience. As audience I also understand the subject itself, which turns into a "compulsory witness" of their own body's performance. Such a bodily performance has to be recognizable to be "successful" and to produce an intelligible self.

But the claim of the other, as Butler argues, has its social and cultural limits. She opens a possible space in which the performative fails to produce its abiding effect. "[T]he failure to mark that which resists symbolization" (*Bodies* 21) becomes visible and important in the precariousness of human existence. In *Precarious Life* Butler turns to Levinas's "face" to describe the human suffering that might exceed its embeddedness in construc-

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18   "Panopticism" is one of Foucault's techniques of power based on the prison architecture of Bentham's Panopticon, which he used to define how individuals are disciplined (*Discipline* 195–228).

19   In genetics the body is indeed literally mine and not mine as we do not hold ownership of our DNA. Once submitted it becomes a free for all, meaning companies hold it.

tion.[20] "For representation to convey the human, then, representation must not only fail, but it must show its failure. There is something unrepresentable that we nevertheless seek to represent, and that paradox must be retained in the representation we give" (Butler, *Precarious* 144). But regardless of this possible unrepresentability in suffering that could potentially reveal the human, it nonetheless has to be recognized and therefore understood through discourse and language. Though pain and suffering are the most prominent tropes of unrepresentability,[21] in biosecurity practices they are routinely assessed, qualified and quantified to facilitate their treatment. Butler herself also concedes: "if vulnerability is one precondition for humanization, and humanization takes place differently through variable norms of recognition, then it follows that vulnerability is fundamentally dependent on existing norms of recognition if it is to be attributed to any human subject" (Butler, *Precarious* 39).

Biosecurity discourses define precisely these norms and delimit what is understood as "a life that qualifies for recognition" (Butler, *Precarious* 24). Studying "common corporeal vulnerability" in the context of grievability, Butler describes dehumanization as a form of "derealization" (Butler, *Precarious* 34) which manifests in the ungrievability of certain deaths. This discursive "derealization" translates easily to failed bodies that do not meet the standards of acceptable life. It applies to all those lives that are deemed unlivable, and disposable because "certain lives are not considered lives at all, they cannot be humanized" (Butler, *Precarious* 34). The discursive exclusion from the "we" or "I" "then gives rise to a physical violence that in some sense delivers the message of dehumanization that is already at work in culture" (ibid.). In the drama of biosecurity directed by a discourse that seeks to prevent and preempt disease and disability this question of good life is defined in future scenarios, it defines what will become livable or unlivable life. The abject which motivates the biosecurity practices "through the regulation of phantasmatic identification" (Butler, *Bodies* 97) is thus more often than not represented as a matter of good life or precarious existence, of life or death. It is deeply felt and determined by fear, anxiety, and shame, but also hope, relief, and happiness. The body is thus not only understood rationally but is marked by feeling.

Marked by Feelings: Biosecurity and the Force of Affect

The pervasiveness of biosecurity narratives seems to eradicate the possibility of experience outside of normative scripts. To deny the possibility of perceiving the body as a natural entity apart from rational thought influenced by the prescriptive biosecurity narratives appears to deny other ways of knowing the body, "such as affectively and experientially" as Julia Walker argues (166). But biosecurity identities are highly affective and

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20   Levinas describes the "face" of the other as an ethical claim of the priority of the other's mortality over mine: "In that relation with the face, in a direct relation with the death of the other, you probably discover that the death of the other has priority over yours, and over your life" (Levinas, *Alterity* 164).

21   In the study of suffering it is asserted that suffering "comes unsharably into our midst" (Scarry 4) and that it is "inaccessible to language" (Scarry 5).

intensely felt. In fact, it is often a feeling, pain, and suffering associated with the failing body that make biosecurity identities become relevant and central to the individual in the first place. Quoting Drew Leder's *The Absent Body*, Ahmed asserts that "the body tends to disappear when functioning unproblematically" (4 qtd. in Ahmed, *Politics* 26) and that its dysfunctioning and "[t]he intensity of feelings like pain recalls us to our body surfaces: pain seizes me back to my body" (ibid.). It resembles a moment of "crisis" that interrupts the "silence of the organs" (Canguilhem, *Writing* 43). To live with constant pain due to rheumatism, the fear and pain felt when the body does not retain its fluids as it is supposed to, when it cannot perform daily tasks, these intimate feelings are central to how an identity can be performed and understood. The physiological pain and discomfort that accompanies many stages and shades of bodily existence makes affects essential for understanding biosecurity.

However, to presuppose that these feelings are more "truthful" or "authentic" insights into the human seems to miss that also this most intimate knowledge depends on the mediation through the symbolic, as Eve Kosofsky Sedgwick shows with regard to shame (*Touching Feeling* 35–66). On the one hand, feelings and affects are experienced with and through the body, which then becomes determined by this experience.[22] On the other hand, the objects that cause experience and affect are themselves positioned inside the symbolic. Hair loss, for instance, is a vastly different experience for men than for women, for young than for old. Bodily processes and their affective meaning do not only appear as present events but are anticipated within determined contextual frames. This anticipation of an incident largely influences our experience, or even the capacity to experience, as for example "the placebo effect" demonstrates.[23] The fact that a "fictive" object can cause change in a body shows how important knowledge, or rather thought and belief are to the very working of the body and the way it feels. Similarly, the anticipatory feeling toward pain proves to greatly influence the experience of pain itself. It matters significantly if pain is a temporary state on the way to recovery, or a potential life long presence. Seale names for example the pain of childbirth, which "under certain circumstances, is psychologically and culturally shaped into an expression of personal growth, so that it may even be welcomed, and attempts at anesthesia scorned as leading to 'inauthentic' experience" (Seale, *Constructing* 42). The feeling of pain and suffering is thus greatly influenced by the cultural context in which it occurs.[24] The understanding of "positive" pain in childbirth represents a radical departure from the security narrative of painless childbirth dominating the understanding of security for most of the 20th century as previously discussed. This shows that performativity must allow for change as radical as the complete reversal

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22   The body is so central for certain emotions that "qualities of excitement, joy, fear, sadness, shame, and anger cannot be further described if one is missing the necessary effector and receptor apparatus" (Sedgwick, *Touching Feeling* 20).

23   The placebo effect has been tested showing in "animal and human experiments in which the 'expectation' of certain effects led to measurable physiological changes in the subjects" (Schleifer 128).

24   Ahmed asserts that "the experience of pain does not cut off the body in the present, but attaches this body to the world of other bodies, an attachment that is contingent on elements that are absent in the lived experience of pain" (Ahmed, *Politics* 28).

of the understanding of the feeling of a natural process.[25] The pains of childbirth are of course not unreal, artificial, or nonexistent, but their experience is decisively shaped by biosecurity narratives that create the *mode* of anticipating.

Pain thus has an invariably social side to it and does not only appear as "unsharable," or as a de- or re-centering of the self. "So while the experience of pain may be solitary, it is never private" (Ahmed, *Politics* 29). Ahmed emphasizes the performativity of pain by pointing out the importance of recognizing and witnessing to "authenticate its [pain's] existence" (*Politics* 31). This is important when regarding biosecurity, which is dedicated to pain management and control as I have previously pointed out. However, the "Biomedical TechnoService Complex, Inc." (Clarke et al., "Biomedicalization" 162) does not tend only to physiological pain. Emotions are tightly managed and controlled since the messianic narrative of scientific salvation has expanded to nearly all processes of life. Especially in crisis moments of biosecurity a complementary pharmaceutical treatment helps to manage the – predominantly negative – feelings that arise when the body dysfunctions. As biomedicalized bodily processes, emotions are treated with antidepressants and tranquilizers to keep the patient in the proper "mindset" to pursue biosecurity and fight the battle against nature's mistakes with the weapons of technoscientific biosecurity.[26] I will therefore not turn to affects as an "alternative knowledge" about the body, the human, or the self (Thrift).[27] Rather than focusing on the feeling body trying to find the moment "the human" reveals itself and its "common vulnerability" in the failure of narrative and construction I will argue that biosecurity narratives produce bodies that are marked by feeling.[28]

Both, pain and affects leave their imprints on the body in form of a memory or scar tissue, but affects mark bodies also in their performative, temporally transient dimension. As explained earlier with Butler, the abject or the other to the normative ideal is centrally marked by affects, especially fear, shame, and disgust. The failing and failed corporeality is stigmatized as already Ervin Goffman has argued. In biological terms such a stigma is most commonly recognized in the body as a missing limb, a malignant melanoma, or a missing chromosome, which are perceived as signs coming from the

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25   The concept of suffering is complicated as a consensus is continuously challenged by the interplay of corporeality and mental processes, questioning "how much is about the physical body, how much is 'perceptual,' psychological or even cultural and political" (Kellehear 388). For a more detailed discussion see Eric Cassel's *Nature of Suffering*, Elaine Scarry's *The Body in Pain*, or Ronald Schleifer's *Intangible Materialism*.

26   This practice is especially prevalent in the "old old," who are frequently treated for geriatric depression to prevent a premature psychological process of dying (Kellehear 389).

27   The considerations and renegotiations of the biological and cultural sides of affect can already be found in William James's (1884) "What is an Emotion" from a psychological perspective and is continued in diverse fields of research today. Brian Nigel Thrift, Eric Shouse, or William Connolly respond to the supposed problem of the privileged position of rationality in critical theory by turning to biologized forms of explanations stressing scholars such as Ekman and evolution, recovering Tomkins in the case of Sedgwick, or using Damasio in the case of Massumi. Ruth Leys argues that this turn to biology is more than precarious first and foremost because she accuses e.g. Massumi of misusing the results for the benefit of his argument. What lies at the heart of these considerations is the problem of agency and determinacy of human action and reaction.

28   I will use the terms emotion and affect synonymously.

body creating a seemingly natural reaction to the bodily materiality. Affects thus mark the body and individual in their positionality within the security narrative.

Like class belonging, biosecurity "belonging" is marked "as a structure of feeling, a complex psychological matrix acquired in childhood" (Felski 39).[29] As indicated before, biosecurity identities are "becoming in time" a bodily reality that is marked by change, which is more often than not encountered in a shameful manner. Shame describes, according to Felski, "a range of experiences of dislocation including those of class" (39). The shame and stigma associated with shifts in biosecurity are similar forms of "dislocating." Shame is an affect that literally marks the skin, making the person blush, stutter, or sweat. "[S]hame impresses upon the skin, as an intense feeling of the subject 'being against itself'" (Ahmed, "Politics" 75). It triggers the desire for concealment (ibid.) and decisively increases physiological pain or discomfort produced by the failing body, as studies of psychology show (Cohen and Pressman). What is shameful, however, is unquestionably influenced by cultural narratives. Shame "comprises a painful experience of self-consciousness, resulting from a sudden recognition of a discrepancy between one's behavior and that of one's peer" (Felski 39), a discrepancy between the "ought to" and the "reality."[30]

In the context of biosecurity, shame does not come only from within the individual but is attached to the bodily matter in a process Ahmed calls "passionate attachments" ("Affective" 118).[31] She explains in her theory how affect "shapes the surfaces of bodies and worlds" ("Affective" 121). Taking the "surfacing of bodies" ("Affective" 117) a bit more literal than in Ahmed's own use, I suggest that the affects used and produced by biosecurity narratives codetermine the meaning of the body surface proper. In describing an ideal of health the narratives attach certain bodies with affects, which marks them and determines the meaning of the materiality of those bodies. Biosecurity narratives thus establish and reiterate affective relations to the body as object, to biosecurity and its practices that "define" the body, as well as to other people. The largely anticipatory biosecurity focuses on future states and risk, rather than only on a present bodily state, producing seemingly stable affective attachments that are crucial for the performativity of biosecurity to be successful in the Austinean sense. Especially fear, anxiety and hope become central if not the only forms of relating to the future and are therefore central to understanding and experiencing biosecurity. In preventive and pre-emptive biosecurity practices, this affective relation to a future is especially crucial for the understanding of

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29   Rita Felski asserts in her study of the lower middle class that class belonging relies on a structure of feeling paraphrasing Carolyn Steedman's *Landscape for a Good Woman.*

30   This is not an inescapable experience, as I have shown with the patient and disability rights movement, which struggled for a re-evaluation and renegotiation of these ascription, representing a position of empowerment: "we can only be ashamed by somebody whose 'look' matters to me. . . . If we feel shame, we feel shame because we have failed to approximate 'an ideal' that has been given to us" (Ahmed, "Politics" 76).

31   Ahmed uses Marxist theory of accumulation to understand the effect of circulation of affective attachments. She describes the "accumulation of affective value over time" within an affective economy (ibid.) The circulation of affects that produce a kind of "truth" effect that simulates an inherent connection between object and affects ("Affective" 120).

biosecurity. The affectivity produced in the performance of biosecurity practices represents often the only form of relating to the techno-scientifically produced futures. These anticipatory affects make a future state tangible "as if" it was present, as I have shown with the example of the biosecurity pregnancy.

Rather than necessarily fearing a particular disease, however, biosecurity today adds a constant insecurity, an affective relation of self and body that can be described similarly to class anxiety of the lower middle class. Felski writes that "because of its acute anxiety about status, it is hypersensitive to the most minute signs of class distinction" (40). Class anxiety translates into biosecurity anxiety of a subject that can never be sure of itself. However, the biosecurity individual has to rely on techno-scientifically facilitated evidence, results, diagnosis – or in the best case no diagnosis, to know "the most minute signs" of potential difference. In a perpetual state of becoming the biosecurity individual seems suspended in the ambiguity of feeling secure, healthy, and hopeful, and the fear, anxiety and shame associated with the "defect" bodily matter.

But biosecurity narratives cannot be reduced to fearful doomsday visions that haunt the individual and produce negative affective relations to the body. Rather, as I have emphasized before, biosecurity represents a forceful messianic narrative of scientific salvation. The negative emotions are contrasted by the hope attached to biosecurity practices and biomedical knowledge production, which promise to offer relief and another attempt at happiness. "What is at stake in these stories is not just survival, or getting better, but living life to the full, again" (Sunder Rajan, *Biocapital* 187). As in the apocalyptic security narratives of national biosecurity, science represents the katechontic element which can avert the inevitable demise.