

Queering Kinship: Biopolitics, the Death Function, and Transcendent Capacity

Ari S. Gzesh, MSW (University of Pennsylvania)
sgzesh@gmail.com

“Blood does not family make. Those are relatives. Family are those with whom you share your good, bad, and ugly, and still love one another in the end. Those are the ones you select.”

Hector Xtravaganza (1965 - 2018)

In our current political climate, there are daily onslaughts on the rights of sexual and gender minorities (SGM), particularly trans and gender-expansive youth and their caregivers (ACLU 2022). While extensive documentation (Abreu et al. 2022; Kidd et al. 2021) highlights the detrimental impacts thereof, less research has focused on strengths embedded in SGM communities. To bolster the possibility of self-actualization, more attention must be given to supportive SGM networks formed through both necessity and nurturance. By creating chosen families, SGM defy cisheteronormative formations predicated on blood relation, and assert the legitimacy of non-biological kinship and queer lineage.

Chosen family refers to self-selected non-biological relationships developed in absence of or in addition to biological families of origin (Jackson Levin et al. 2020). This cultivation of kinship is particularly salient for people with marginalized identities who are subject to violence and surveillance, and for whom intergenerational trauma spans beyond biological lineage (Freeman 2011). Violent surveillance functions through discriminatory policies and practices resulting in societal control and circumscription (Rifkin 2022), codifying whose identities are protected from prejudice in both public and private spheres, spanning from housing and employment to worthiness for marriage or adoptive parenthood (Butler 2002). Previous scholarship has reconceptualized and critiqued kinship (Bailey 2013; Butler 2022; Carsten et al. 2002, 2007; Eng 2010; Sahlins 2013; Schneider 1980; Weston 1991). However, relatively few of these theoretical contributions have been taken up by the social sciences; all too often, pathology pervades research on SGM. In contrast, this paper incorporates teleological narratives of queer kinship with psycho-social sequelae to physiological needs induced by embodied oppression, while also celebrating strengths embedded in queer community.

Macro-level phenomena are often instantiated at the micro-level: in this case, through embodied oppression. This concept operationalizes how stigma is cemented into distal systems of enforcement that result in shame, rejection, and ostracization (Hatzenbuehler 2010). Distal stressors become proximal¹ and get “under the skin” (Hatzenbuehler 2009, 707) through emotion

dysregulation, attachment ruptures and interpersonal conflict, and disruption of psychosocial/cognitive processes that contribute to psychopathology.

Prevailing theoretical approaches focus primarily on SGM risk factors and behaviors, such as suicidality, overdose, unwanted pregnancy, STI/HIV diagnosis, precarious housing, unemployment, and arrest (CDC 2019; Hafeez et al. 2017; Tyler and Schmitz 2018). Extant frameworks (Meyer 2003; Hatzenbuehler 2010) often elide opportunities to celebrate means of resistance and persistence; current research offers inadequate conceptualizations of – and therefore lackluster operationalized measures for – the protective potency of chosen family.

By problematizing established definitions, poststructuralism provides an epistemic armature upon which to articulate alternative theoretical approaches. Foucault’s theory of biopolitics (1990) refers to the process through which human life – anatomo-politics of the human body, and the biopolitics of the population – come under surveillance for the goal of state-sanctioned agendas. This set of regulatory discourses and epistemic strategies function to administer, optimize, and control aspects of phenomena specific to the human condition, including fertility, mortality, marriage, health, and life expectancy, all of which also impact familial formation.

In order to maintain normative ideals, transgressive bodies—either individuals or identity groups (e.g. SGM)—must be disciplined and punished (Foucault 1990). Biopower produces social categories that legitimize the status quo, meaning that the “power to foster life or disallow it to the point of death” (Foucault 1990, 136) determines who is categorized as abnormal and should be ‘let to die;’ this death function (Foucault 1990) delineates who must be subjugated in order for the more deserving to thrive.

Biopolitical regulation normalizes violence on bodies that defy normative ideals and categories arising from them. If the death function is predicated on identity rather than blood, then intergenerational trauma can be transmitted through non-biological lineage. As a defining traumatic moment, an entire generation of queer elders was wiped out during the AIDS epidemic, including Foucault himself (Miller 2000), with ripple effects that reverberate into the current day. State-sanctioned irresponsiveness to AIDS (Thomas 2020) was a stark example of the death function in biopolitics, and subsequently continues to serve as a vector for public health discourse around queerness/transness and transmission of undesirability and disposability.

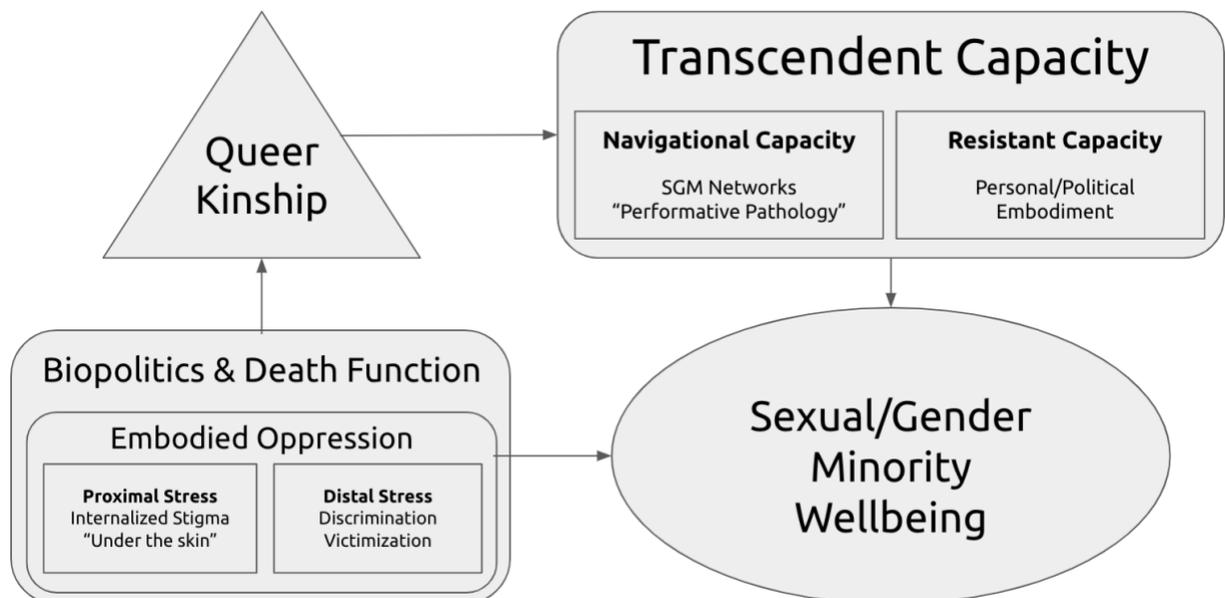
Just as trauma can be transmitted, so too can forms of capacity. Capacity is both an “active power or force” and “an ability to receive or maintain; holding power” (Getsy 2014, 47), and as such, functions as a means of cultivating resistance to subjugation. Queer elders are an untapped resource to bolster intergenerational capacity-building, thereby buffering SGM youth from the violence of

biopolitics and building resistance to interpellation by these oppressive structures (i.e. performative pathology).

Foucault writes that genealogy examines “the history of the way in which things become a problem” (Foucault 2000, 117). If gender and sexuality are flashpoints around which biopolitical deservingness is codified, then they may also offer interstices for intervention and expansion. Chosen family is not predicated on blood relation, but rather through queer lineage. Therefore, genealogy takes on new capabilities for SGM whose relational structures are unfettered by cisheteronormativity. A queer family tree may take the form of nonlinear (Ahmed 2006), intricately convoluted, nonhierarchical connections, invoking what Jack Halberstam (2005, 1) describes as queer time and space, wherein “strange temporalities, imaginative life schedules... [are] unscripted by the conventions of family, inheritance, and child rearing.” And yet, in contrast to queer theory that examines the healing role of chosen family, there are few strengths-based conceptual frameworks for utilization in social science research.

In response, I have leveraged my lived experience, clinical acumen, and ongoing research to build an alternative theoretical framework entitled “Transcendent Capacity” (Figure 1). This theory incorporates not only proximal and distal stressors internalized by marginalized identities through embodied oppression, but also the unique forms of capacity activated by SGM networks. I contend that transcendent capacity encompasses how queer kinship invokes navigation of and resistance to the violence of biopolitics.

Figure 1: A Conceptual Model of Transcendent Capacity



SGM have long been cast as deviants (Cervini 2021), and such defectiveness demands a cure, even to the point of eradication (Clare 2017). The hegemony of whose bodies are normal versus abnormal thereby become coded in pathology—the death function—and reified through empirical research predicated on the premise that bodies must be broken in order to be fixed; some diagnoses make violence justified, so that cures can function to eradicate difference (Clare 2017). Foucault stipulates that “classifying homosexuality also made possible the formation of a ‘reverse’ discourse: homosexuality began to speak on its own behalf, to demand that its legitimacy or ‘naturalness’ be acknowledged, often in the same vocabulary, using the same categories by which it was medically disqualified” (Foucault 1990). SGM subvert these taxonomies through transgression, challenging hegemonies encoded on bodies, both in vivo and the body politic.

Resistant capacity refers to the skills and knowledge fostered through defying inequity, encompassing both the personal and political, micro and macro, proximal and distal. To insist on embodiment is to defy erasure, and as the queer artist and activist David Wojnarowicz declared, “to make the private into something public is an action that has terrific repercussions in the pre-invented world” (Carr 2014). By foregrounding that which biopolitics would elide, embodiment and unabashed presence (e.g. gender euphoric expression, regardless of binary) becomes a form of not only survival, but also activism and self-actualization.

Resistant capacity is linked to navigational capacity, which refers to how SGM subvert epistemes that seek to discipline non-normativity, necessitated in part because of the interpellative function of pathology. Interpellation, coined by Foucault’s contemporary Louis Althusser (2014), is a constitutive process through which an individual becomes a subject through subjection to social discourse. Pathology transmutes subjecthood into subjugation through punishment, so how might performativity sidestep concomitant powerlessness? Performativity is an established concept in queer theory, encompassing the interpellative fashion through which identity is constituted; eschewing essentialism, postmodernist Judith Butler (2006) argued that gender is dependent upon the cultural framework within which it is enacted through social roles effectuated by individuals and validated by society. Theories of gender performativity can be expanded to ‘performative pathology,’ which entails the demonstration of etiology necessary for dysphoria diagnoses while avoiding corollary disempowerment.

Emergent navigational networks are necessary, given that SGM are required to prove dysphoria in order to access gender-affirming healthcare. Clinicians function as “street-level bureaucrats” (Lipsky 2010, 4) by gate-keeping access for subjugated populations. The World Professional Association for Transgender Health (WPATH) codifies clinical protocol for identifying who can and cannot access services, and is considered the gold standard in evidence-based services. According to a previous WPATH president, Dr. Jamison Green, “...if you want cross-sex hormones and/or surgery, and if you don’t have a body that is considered ill, that is considered problematic.

You can't get medical treatments without a diagnosis, and you certainly can't get insurance to cover it" (Urquhart 2016). Yet the interpellative function of pathologizing diagnosis exacerbates already-pervasive proximal and distal stressors. Queer elders can support SGM youth in accessing gender-affirming care (which necessitate performance of dysphoria), while buffering internalization of stigma and shame resulting from endorsement of diseased abnormality. Navigational capacity enables SGM to subvert unjust gatekeeping by service providers through crowd-sourced knowledge of what to say/do to access care, while protecting against the pathologizing disenfranchisement of these utterances and actions.

I titled this framework "Transcendent Capacity" to showcase how SGM are not only surviving, but thriving – doing so despite and because of embodied oppression, which serves as a whetstone against which we hone our capacity. We surmount societal and biological familial structures to create our own, soothed by "the salve of love and care that can buoy us in times of need... the ways some of our dear ones cradle us in our pain and nurse us through" (Cerankowski 2021, 22). By invoking the prefixial "trans," I hope to elicit more robust cross-pollination between social sciences and queer/trans studies and theory. Moreover, transcendence pushes back on discourses of deficit pervading research focused on the lived experience of SGM, showcasing how chosen families can instill capacity to resist and circumvent the violence of biopolitics and the death function. By expanding definitions of kinship, while recognizing the potentially dire consequences of embodied oppression, this conceptualization offers a strengths-based approach to acknowledging the agency and capacity of SGM communities to care for themselves and each other.

Notes

¹Distal stressors encompass external prejudice, such as discrimination, victimization, and microaggressions. Proximal stressors are defined as an internal or subjective response (Meyer 2003), such as internalized homophobia, expectations of rejection, and concealment of one's LGB identity. Distal stressors are theorized to contribute to the development of proximal stressors (Douglass and Conlin 2022).

Reference List

Abreu, Roberto L., Jules P. Sostre, Kirsten A. Gonzalez, Gabriel Lockett, Em Matsuno, and Della Mosley. 2022. "Impact of Gender-affirming Care Bans on Transgender and Gender Diverse Youth: Parental Figures' Perspective." *Journal of Family Psychology* 36 (5): 643–652. <https://doi.org/10.1037/fam0000987>

- Ahmed, Sara. 2006. *Queer Phenomenology: Orientations, Objects, Others*. Durham, NC: Duke University Press.
- Althusser, Louis, Etienne Balibar, Jacques Bidet, and G. M. Goshgarian. 2014. *On the Reproduction of Capitalism: Ideology and Ideological State Apparatuses*. London: Verso.
- American Civil Liberties Union (ACLU). 2022. "Legislation Affecting LGBTQ Rights across the Country." *American Civil Liberties Union* website, 11/4/2022. Accessed October 10, 2022. <https://www.aclu.org/legislation-affecting-lgbtq-rights-across-country>.
- Bailey, Marlon M. 2013. *Butch Queens up in Pumps: Gender, Performance, and Ballroom Culture in Detroit*. Ann Arbor: University of Michigan Press.
- Butler, Judith. 2022. "Kinship beyond the Bloodline." In *Queer Kinship: Race, Sex, Belonging, Form*, edited by T. Bradway and E. Freeman, 25-47. New York: Duke University Press. <https://doi.org/10.1515/9781478023272-003>
- Butler, Judith. 2002. "Is Kinship Always Already Heterosexual?" *differences: A Journal of Feminist Cultural Studies* 13 (1): 14-44. <https://www.muse.jhu.edu/article/9630>.
- Butler, Judith. 2006. *Gender Trouble: Feminism and the Subversion of Identity*. New York; London: Routledge.
- Carr, Cynthia. 2014. *Fire in the Belly: The Life and Times of David Wojnarowicz*. New York: Bloomsbury Press.
- Carsten, Janet. 2007. *After Kinship*. New York: Cambridge University Press.
- Carsten, Janet, Gillian Feeley-Harnik, Sarah Franklin, Sarah B. Franklin, and Susan McKinnon. 2002. *Relative Values: Reconfiguring Kinship Studies*. Durham, NC: Duke University Press.
- Centers for Disease Control (CDC). 2019. "Health Considerations for LGBTQ Youth." *Centers for Disease Control and Prevention* website. Accessed October 10, 2022. <https://www.cdc.gov/healthyyouth/disparities/health-considerations-lgbtq-youth.htm>.
- Cerankowski, KJ. 2021. *Suture: Trauma and Trans Becoming*. Punctum Books.
- Cervini, Eric. 2021. *The Deviant's War: The Homosexual vs. the United States of America*. New York: Picador.

- Clare, Eli. 2017. *Brilliant Imperfection: Grappling with Cure*. Durham, NC: Duke University Press.
- Douglass, Richard P. and Conlin, Sarah E. 2022. "Minority Stress Among LGB People: Investigating Relations Among Distal and Proximal Stressors." *Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues* 41: 3730–3740. <https://doi.org/10.1007/s12144-020-00885-z>
- Eng, David L. (2010). *The Feeling of Kinship: Queer Liberalism and the Racialization of Intimacy*. Durham: Duke University Press.
- Foucault, Michel. 1990. *The History of Sexuality*. New York: Vintage.
- Foucault, Michel. 1998. "Polemics, Politics and Problematizations." In *Essential Works of Foucault, Vol. 1 "Ethics,"* edited by Paul Rabinow 381-390. The New Press.
- Freeman, Elizabeth. 2011. *Time Binds: Queer Temporalities, Queer Histories*. Durham: Duke University Press.
- Getsy, David J. 2014. "Capacity." *TSQ: Transgender Studies Quarterly* 1 (1-2): 47-49. <https://doi.org/10.1215/23289252-2399569>.
- Hafeez, Hudaisa, Muhammad Zeshan, Muhammad A Tahir, Nusrat Jahan, and Sadiq Naveed. 2017. "Health Care Disparities among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review." *Cureus* 9 (4): e1184. <https://doi.org/10.7759/cureus.1184>.
- Halberstam, Jack. 2005. *In a Queer Time and Place: Transgender Bodies, Subcultural Lives*. New York: New York University Press.
- Hatzenbuehler, Mark L. 2009. "How Does Sexual Minority Stigma 'Get under the Skin'? A Psychological Mediation Framework." *Psychological Bulletin* 135(5): 707–730.
- Hatzenbuehler, Mark L., Katie A. McLaughlin, Katherine M. Keyes, and Deborah S. Hasin. 2010. "The Impact of Institutional Discrimination on Psychiatric Disorders in Lesbian, Gay, and Bisexual Populations: A Prospective Study." *American Journal of Public Health* 100 (3): 452-459. <https://doi.org/10.2105/AJPH.2009.168815>.
- Jackson Levin, Nina, Shanna K. Kattari, Emily K. Piellusch, and Erica Watson. 2020. "'We Just Take Care of Each Other': Navigating 'Chosen Family' in the Context of Health, Illness, and the Mutual Provision of Care amongst Queer and Transgender Young Adults."

International Journal of Environmental Research and Public Health 17 (19): 7346.

<https://doi.org/10.3390/ijerph17197346>

- Kidd, Kacie M., Gina Sequeira, Taylor Paglisotti, Sabra Katz-Wise, Traci Kazmerski, Amy Hillier, Elizabeth Miller, and Nadia Dowshen. 2021. “‘This Could Mean Death for My Child’: Parent Perspectives on Laws Banning Gender-Affirming Care for Transgender Adolescents.” *Journal of Adolescent Health* 68 (6): 1082-1088. doi: 10.1016/j.jadohealth.2020.09.010.
- Lipsky, Michael. 2010. *Street-Level Bureaucracy: Dilemmas of the Individual in Public Service*. New York: Russell Sage Foundation.
- Meyer, Ilan H. 2003. "Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence." *National Institutes of Health Psychological Bulletin* 129 (5): 674-97.
- Miller, Jim. 2000. *The Passion of Michel Foucault*. Cambridge: Harvard University Press.
- Norman, Derek M. 2019. “A Glittering Goodbye to Hector Xtravaganza.” *The New York Times* website, March 11, 2019. Accessed October 10, 2022. <https://www.nytimes.com/2019/03/11/nyregion/hector-xtravaganza-memorial-death.html>.
- Rifkin, M. 2022. “Beyond Family Kinship’s Past, Queer World Making, and the Question of Governance.” In *Queer Kinship: Race, Sex, Belonging, Form*, edited by T. Bradway and E. Freeman, 138-158. New York: Duke University Press. <https://doi.org/10.1515/9781478023272-008>
- Sahlins, Marshall D. 2013. *What kinship is --- and is not*. Chicago, IL: University of Chicago Press.
- Schneider, David Murray. 1980. *American Kinship: A Cultural Account*. Chicago, IL: University of Chicago Press.
- Thomas, Karen Kruse. 2020. “The Other Time a U.S. President Withheld WHO Funds.” Bloomberg School of Public Health. *Johns Hopkins University* website, April 21, 2020. Accessed October 10, 2022. <https://publichealth.jhu.edu/2020/the-other-time-a-us-president-withheld-who-funds>.

Tyler, Kimberly A., and Rachel M. Schmitz. 2018. "A Comparison of Risk Factors for Various Forms of Trauma in the Lives of Lesbian, Gay, Bisexual and Heterosexual Homeless Youth." *Journal of Trauma & Dissociation* 19 (4): 431–43.
<https://doi.org/10.1080/15299732.2018.1451971>.

Urquhart, Evan. 2016. "Gatekeepers vs Informed Consent: Who Decides When a Trans Person Can Medically Transition?" *Slate Magazine*, March 11, 2016. Accessed October 10, 2022. <https://slate.com/human-interest/2016/03/transgender-patients-and-informed-consent-who-decides-when-transition-treatment-is-appropriate.html>.

Weston, Kath. 1991. *Families we Choose: Lesbians, Gays, Kinship*. New York: Columbia University Press.

World Professional Association for Transgender Health (WPATH). 2016. "Position Statement on Medical Necessity of Treatment, Sex Reassignment, and Insurance Coverage in the U.S.A." *World Professional Association for Transgender Health* website, December 21, 2016. Accessed October 10, 2022. <https://www.wpath.org/newsroom/medical-necessity-statement>.

Author Biography

Ari S. Gzesh, MSW is pursuing a PhD in Social Welfare at UPenn's School of Social Policy and Practice, and serves as a Fellow in Leadership Education and Adolescent Health at Children's Hospital of Pennsylvania. Gzesh is passionate about exploring how identity-based support systems like chosen families can provide corrective experiences for past attachment ruptures, embodied oppression, and complex trauma for sexual/gender minority youth. Gzesh uses critical qualitative methods and harm reductive interventions to build on clinical work supporting system-involved youth experiencing housing instability, substance use, and sexual exploitation.

Author Contact: Ari S. Gzesh, MSW (University of Pennsylvania), sgzesh@gmail.com

To cite this article: Gzesh, Ari S. 2022. "Queering Kinship: Biopolitics, the Death Function, and Transcendent Capacity." *NEOS* 14 (2).

To link this article: <https://acyig.americananthro.org/neosvol14iss2fall22/gzesh/>