

Embodiment, Diffracted¹

Queering and Crippling Morphological Freedom

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Abstract:

Transhumanists offer as a human right, the duty to allow all people to alter their bodyminds (or not) as they see fit (so long as it doesn't hurt anyone else) without suffering any legal or socioeconomic repercussions. On the face of it, this seems like an incredibly positive and egalitarian human right that has the potential to help stop discrimination against marginalized people. However, transhumanists also insist on treating everyone as an individual, and not as a member of any "arbitrary" demographic or group. By disregarding demography, and insisting on treating everyone as an individual, transhumanists fail to appreciate the power of shared embodiment, both politically, socially, and individually. Morphological Freedom thus becomes implicitly focused more on providing rich folks freedom from social mores and laws that may limit their access to technological advantages over non-enhanced people in the marketplace, than on ensuring morphological freedom for everyone. In this chapter, I reaffirm the importance of shared demography as a vital focal point of political power and individual and social health. I discuss how shared embodiment and the power of communal belonging makes an individualistic morphological freedom impossible. Through explorations of communities of disabled people, transgender people, biohackers, and body modders, I re-form morphological freedom to be an expression of communal engagement and belonging, rather than an individualistic and neoliberal competition. The communities I will be discussing lie on a spectrum from individualistic to communitarian, but all of them queer (and/or crip) the concept of morphological freedom that transhumanists have put forth. By diffracting the right of morphological freedom through communities which resist morphological norms, I illuminate both the political limitations of an individualistic morphological freedom, and the political and communitarian possibilities of kinship and belonging within and across demographic lines.

¹ This work is a portion of my Dissertation project, titled: The Myth of Multiplicity: Morphological Freedom and the Construction of Bodymind Malleability from Eugenics to Transhumanism.

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Introduction

Morphological Freedom—the “right to do with one’s physical attributes or intelligence whatever one wants so long as it does not harm others” (Transhumanist Party Bill of Rights – Version 3.0, Article X)—is central to the Transhumanist movement. Drawn from the logical extension of the Lockean rights of life, liberty, and property (More & Vita-More, 2013; Earle, 2021), transhumanists see the ownership of one’s own body as absolute, and as such, allow for the alteration of that body however one might want; just as one might be free to modify one’s house to add a porch, or put a spoiler on one’s Honda Civic. On the face of it, this seems like an incredibly positive and egalitarian human right that has the potential to help stop discrimination against marginalized people, particularly those who have non-normative bodyminds, be they racialized, disabled, trans, etc. This is certainly how transhumanists view the right (Anders Samberg, in More & Vita-More 2013; Fuller, 2016). However, transhumanists also insist on treating everyone as an individual, and not as a member of any “arbitrary” demographic or group. By disregarding demography, and insisting on treating everyone as an individual, transhumanists fail to appreciate the power of shared embodiment politically, socially, and individually. Similarly, through aims such as eliminating disability, transhumanists fail to value the morphological variety that already exists, putting lie to any claim that this right could increase that variety. Morphological Freedom thus becomes implicitly focused more on providing rich folks freedom from social mores and laws that may limit their access to technological advantages over non-enhanced people in the marketplace, than on ensuring morphological freedom for everyone.

In this chapter, I affirm the importance of shared demography and care as vital focal points of political power and individual and social health. I discuss how shared embodiment and the power of communal belonging makes an individualistic morphological freedom impossible. Through explorations of communities of disabled people, body modders, biohackers, and trans people, I re-form morphological freedom to be an expression of communal engagement and belonging, rather than an individualistic and neoliberal competition. I then argue that by embracing an ethic of

care and my own theory of radical intra-dependence, and deconstructing or abolishing the very notion of the neoliberal individual (and the capitalism upon which it rests), we might actually be able to reach a version of morphological freedom that allows us to thrive in all of our demographic variety.

The communities I will be discussing *queer*³ and/or *crip*⁴ the concept of morphological freedom that transhumanists have put forth. By diffracting the right of morphological freedom through communities which resist morphological norms, I illuminate both the political limitations of an individualistic morphological freedom, and the political and communitarian possibilities of kinship and belonging within and across demographic lines.

I must start here with a caveat. I do not reside in any of the bodymind arrangements about which I write in this chapter. That brings with it some dangers, about which I am particularly wary. The first is that, as someone whose bodymind is among the most privileged possible (cis-het white male), I run the risk of being paternalistic toward these communities by speaking *for* them (or seeming to), rather than raising their voices about their own lived experience. The second is that, in a chapter that discusses four different communities, each of which is nowhere near homogenous, there is literature I am sure to have missed. This work is intentionally interdisciplinary, so I run the very real risk of leaving out significant and important work as topics may have been covered quite well in any of the fields in which I can only dip a toe for this piece. This is especially true of newer work by marginalized people (ostensibly the people about which I write), which is often overlooked in the academy in favor of the (admittedly important and context-building, but mostly white, male, cis, and abled) “official canon.” I risk both reinventing a wheel already firmly established by

³ The moniker “queer” in this case is a reclamation of the slur into an adjective/verb in queer theory that means “to use against the dominant or normative narrative, or to use in a way that subverts expected narratives.”

⁴ Similar to “queer,” to “crip” something is to approach an issue from the positionality of a disabled bodymind. This also reclaims a slur once used to demean, but is now used to expand the possibilities the thing being criped might afford. Crip time, for instance is used to describe and disrupt “normal” expectations of productivity, punctuality, and endurance to include those who may only have energy for short periods of activity, may be interrupted by flare-ups of disease, or who might be delayed by faulty equipment, inconsiderate parkers, or other realities of the disabled lived experience. See: Samuels, 2017.

someone else through my ignorance, to building wheels that no one in these communities asked for.

Part 1: Biohackers

Biohackers are a group of people (mostly, but not entirely, white and male) who grew out of the cyberpunk movement of the 1980's and 90's. They are perhaps the single group most aligned with transhumanist ideology, and many if not most perhaps identify as transhumanist. Biohackers are also part of the DIY/open science movement, and use publicly-available tools to do genetic science. Some of the more extreme practitioners attempt to produce genetic therapies (to do things like increase muscle mass or cure/prevent Herpes), and experiment with them on themselves. They also, following their cyberpunk roots, like to implant technological devices under their skin that can do things like activate smart home devices or unlock remote-keyed automobiles.

Biohackers have a lot in common with the “gender hackers” that Preciado claims kinship to (see Part 3), though few would admit such allegiance. They more often claim kinship with scientists like Barry Marshall, the Australian scientist who “proved” his hypothesis that stomach ulcers were caused by bacteria (rather than by stress or spicy foods) by ingesting a broth infused with *H. pylori* to trigger ulcers within himself (Hellstrom, 2006). Marshall won a Nobel prize for this work, and such accolades are no small part of why many biohackers do what they do. Biohacking borrows its name from computer hacking, which is the practice of using computers in ways that work against government- or corporate-established rules and norms, often towards liberatory purposes. Open-access to knowledge, and the techniques to produce that knowledge, are the driving ethos' of both computer hackers and biohackers.

Perhaps the most comprehensive piece on biohackers is the book *Biohackers: The Politics of Open Science* by Alessandro Delfanti (2013). Delfanti illustrates the heterogeneous ethics and norms of the open science community. Delfanti notes that there are some generalized ethoses to which biohackers adhere: openness (in access to knowledge, materials, and techniques), resistance to codified and siloed academic or corporate certification, and freedom “...as in free speech, not as in free beer,” (pg. 121). This last is particularly notable, since it is often believed that hackers want all things to be monetarily free, when it is only the knowledge itself that they wish to be freely available (and, free to pursue, hence “speech-not-beer”). In fact, Delfanti highlights the entrepreneurial drives of many biohackers and open

science advocates, noting that many seek to use free knowledge to create proprietary things. He outlines a subsection of biohackers specifically as profiteers. Some biohackers find profiteers to be problematic or even antithetical to the project of open science, but many in hacker communities have gone on to become incredibly rich through the projects they produced, Bill Gates being perhaps the most (in)famous example.

How the biohacker community reacted to the meteoric rise and untimely death of Aaron Traywick is particularly telling in how they conceive of their own community and work. Traywick was a young biohacker with a talent for holding extravagant public experiments, most infamously injecting himself, live on stage, with what he claimed was a cure for herpes.⁵

Traywick was a divisive figure within the biohacking community. Many saw his often-rushed attempts at public spectacle as damaging to the image of biohacking. His public antics garnered a rebuke from the FDA, which warned biohackers not to sell any therapies they might have produced (Brown, 2017), and far more public media than most biohackers were comfortable with. One major complaint that the biohacking community had was that Traywick made unrealistic promises, on timelines that were impossible to keep. His (very public) failures threw into question the expertise and validity of open-source biomedical research, and threatened to get the entire operation shut down by Federal regulators. Less than three months after his herpes injection, he was found dead in a sensory deprivation tank, having drowned.⁶ He was 28 (Brown 2018).

The particularly libertarian, individual freedom meets cyberpunk optimism bent of the biohacking community makes this a particularly sticky situation. They see themselves as experts outside the standard reckoning of scientific institutions, and better for it: not shackled by rules established by the FDA, which arguably contribute to the vast majority of drugs failing to reach the market. They see themselves as being able to take bigger risks, and possibly make more spectacular gains because of it. By sticking to self-experimentation, they adhere very much to the transhumanist value of altering oneself without harming others, and also sidestep FDA regulations, which target medical experimentation on other people.

And yet, without a mechanism to prove that they are, indeed, experts, they remain vulnerable to a “used car salesman” who can paint them all as charlatans at best, and dangerous at worst. While biohackers are unlikely to alter their own germ cells (necessary for producing a heritable alteration), any successful gene alteration carries with it substantial

⁵ It is unclear which Herpes complex was the target of his cure.

⁶ The exact cause of death beyond drowning is unknown, but his autopsy found ketamine in his system. There is no evidence that any of his self-experimentation directly led to his death.

personal risk, and may also have knock-on effects that could be entirely unforeseen. Traywick's death became a source of a lot of conspiracy theories. Some stemmed from a desire to make sure that biohacking itself wasn't claimed as the cause of his death, and thus regulated away.

Peter Thiel, founder of PayPal, chairman of Palantir (a software company that deals in big data analytics, and is entwined with government counter-terrorism and widespread surveillance projects), and advisor to former President Trump, is a proponent of biohacking and a hero of the transhumanist community. He is a vocal supporter of using blood transfusions from young donors as a method of staying young (Bercovici, 2016),⁷ and is actively funding longevity projects. He also wants to fund laboratories which can work outside of the normal bioethics standards, via a mechanism called "seasteading." By planting a lab in international waters, any research undertaken there would not be subject to a nation's laws or regulations.⁸ Thiel's ambitions could scale up biohacking out of basements and into a lab funded by one of the richest men in the world. Issues of expertise, law, governance, personal and national sovereignty, and more could be at stake. How that shakes out, should Thiel attempt to put his seasteading dream into practice, could determine a lot about how biohacking continues, and how transhumanism evolves in the coming decades.

The fundamental ways that successful do it yourself genetic engineering could open up possibilities for alternative bodymind arrangements, and significant individual and social risk make biohackers an urgent community for STS and bioethicists to study. The transhumanist ethic of morphological freedom, as it is written currently, with all of the pitfalls I've written about elsewhere (Earle, 2021) is one that aligns almost perfectly with biohacking... and yet the imbrication with people like Peter Thiel only magnify the risks. Should the movement gain some more widespread acceptance, there is the possibility of actual generative multiplicity. But the dangers of biohacking, much like the hacking of personal photos or financial information, and especially when we are increasingly conjoined with our technology, have the potential to meet and multiply. As Elon Musk introduces a neural chip that he claims can help with memory retention, and to cure all sorts of brain diseases⁹ (Metz, 2019), the bio-technical reality of our cyborg bodyminds means that these issues can no longer be considered separate.

⁷ It is not clear if he has actually undertaken this procedure.

⁸ Any attempt to market a drug within the US (or other country) would require the research to have been done in ways that upheld national ethics requirements, though, so experimental basic science might be able to be done in a seastead, but development and clinical trials would still need to be done under the auspices of the FDA or other national ethical standards.

⁹ It won't. And some of the "diseases" he claims that the chip will cure (such as autism) are not even diseases. Disability scholar Liz Jackson calls this a "disability dongle," a "well-intended, elegant, yet

If biohackers are successful in their endeavors, they will inevitably succeed in introducing new morphological possibilities, but they will simultaneously reduce or eliminate others. If Musk's chip can eliminate something like autism (it can't, but for the sake of argument), that is a whole demographic that is now in danger. As much as biohackers imagine themselves the vanguard of new, revolutionary medicine, it seems more that they are looking for a mechanism of getting ahead, and getting around the rules designed to keep people safe. The focus on individual achievement over community thriving, of self-advancement over care, leaves biohackers as both the most aligned with the Transhumanist ideal, and the least likely to produce any morphological freedom that supports a thriving and diverse population.

Part 2: Body Modders

One group who is taking a more established (in the sense of using techniques available to people for longer than direct genetic manipulation has been) approach to altering their own bodyminds are body modders. Beginning in earnest in the US in the 1990's—and falling out of the broadening tattoo popularity, especially that inspired by African and Indigenous (Māori especially) practices such as the now-ubiquitous “tribal” tattoos (DeMello, 2000)¹⁰—body modding uses techniques gleaned from tattoo artistry, Western cosmetic surgery, African and Indigenous modification practices such as gauged piercings and scarification, to new techniques invented by the movement grinders themselves (Pitts-Taylor, 2003). Modders nowadays can have quite unique appearances, from the full-body tattooing of someone like Rick Genest (aka Zombie Boy) and even scleral tattooing (altering the color of the whites of one's eyes), to tattoos and scars which imitate dragon scales, tooth-filing to produce animalistic fangs, to much more serious procedures such as dermal implants, various bifurcations (tongues and genitalia are

useless solution to a problem [disabled people] never knew we had.” (Jackson, 2019). Common examples include stair-climbing wheelchairs and gloves which turn sign language into speech.

¹⁰ That a significant portion of the modification community stems from what V. Vale and Andrea Juno (1989) call “modern primitivism” tied to an image of tribalism and indigeneity, while also being, as Pitts remarks, “a white, gay-friendly, middle-class, new-age, pro-sex, educated, and politically articulate set of people” (2003, pp 13-14) (Musam Fakir, often credited with starting the modern primitivism movement, was white as well), is an interesting dichotomy. How problematically appropriative modders might be - themselves quite stigmatized, though often from privileged backgrounds - is a discussion beyond the scope of this chapter. Pitts discusses this tension in Chapter 4 of her book.

particular targets for this), heavy piercing, and even amputations. Body modders, like biohackers, have roots also within the cyberpunk movement, but generally trend more punk than cyber, firmly established within the lower-class anti-establishment ethos of punk.

While the techniques of body modification can resemble that of cosmetic surgery, most body modification is not done by medical professionals, nor do they modify bodies towards a single vision of human beauty as cosmetic surgeons do. It is nearly impossible to find a reconstructive surgeon, cosmetic surgeon, or other medical professional who is willing to alter a bodymind significantly outside of what is considered “normal.” Since modding is usually done in order to separate one’s appearance from the norm, those who do it must find alternatives to established medical “experts.” Most body modification is done by people known as “grinders.” Often self-taught or taught through apprenticeship within the body mod community. Grinders, while undeniably skilled, usually have little to no formal medical training.

Victoria Pitts-Taylor’s first book, *In the Flesh: The Cultural Politics of Body Modification* (2003),¹¹ follows the rise of body modding alongside the cyberpunk boom of the 1980’s and 90’s. In the more than decade and a half since it was written, it has perhaps become slightly out of date for describing social structures within the movement, but can give us some insight into where the movement came from, and many of the struggles still associated with it. Pitts describes body modification as:

“[emerging from] a network of overlapping subcultural groups with diverse interests [including kink and fetish, sex-positive feminists, punk, and queer groups] who eventually began identifying themselves and each other as “marked persons” or as body modifiers. What they shared was that they all positioned the body as a site of exploration as well as a space needing to be reclaimed from culture... The affective aspects of the body—for instance, its experiences of pain and pleasure in sexual practice and in non-Western tribal rituals—and its political significance became a primary focus of body modifiers. Instead of an object of social control by patriarchy, medicine, or religion, the body should be seen, they argued, as a space for exploring identity, experiencing pleasure, and establishing bonds to others” (pg. 7-8).

The focus on sex, and the use of modification as community binding here are significant. Similar to how queer, transgender (Lawrence, 2004; Worthen, 2016), and some disability communities (Elliott, 2003; Gilbert, 2003) often have some form a deviant sexual pleasure

¹¹ Published under the name Victoria Pitts.

associated with them—which is stigmatized by (particularly American) puritanical heteropatriarchal systems—the modification community embraces both the sex and the deviance within such denigrations. They reclaim the stigma as a core identity—valorizing the crossing of affective boundaries, confounding pleasure and pain—and produce a community which fundamentally resists categorization or Western neoliberal standards of being.

While transhumanists often consider morphological freedom a release on the limits of how we might alter the body, and thus find out what we might be able to make the body *do*, modders are generally more interested in what we can make the body *feel, be, and mean*. The things that transhumanists avoid when including modders within their concepts of morphological freedom are twofold. First, transhumanists tend to eschew¹² any discussion of the affective (i.e. feeling) dimensions of body modification. The philosophical foundations of transhumanism have a fundamentally masculinist bent, and most transhumanists deride, if not outright reject, the notion of feeling or emotion (i.e. feminization,) as important in any way. Transhumanists tend to align entirely with an Enlightenment notion of reason as the ur-quality which makes humans human.¹³ Julian Savulescu, a transhumanist bioethics professor, wrote in one article that “...we are entering a new phase of human evolution—evolution under reason¹⁴—where human beings are masters of their destiny” (2003). Zoltan Istvan explicitly removed any reference to emotion when appropriating the right of Morphological Freedom for the Transhumanist Party, and has vocally denigrated emotion as frivolous (Earle, 2021). The disconnect with the primarily affective nature of body modification indicates that transhumanists see modders simply as convenient visual props for their pro-technological arguments without including the ways that modders produce and uphold their form of affective community.

Second, transhumanists also avoid discussing how much social stigma and exclusion body modders face in broader society. Such exclusion runs rather counter to their argument that modders are evidence that society will accept a wide variety of morphological assemblages.¹⁵ Pitts-Taylor discusses early in her introduction Andrew, a young body modder who, due to his “shocking” appearance, cannot find employment outside of being a self-employed tattoo and

¹² Gesundheit.

¹³ See: Bacon, “Knowledge itself is power” (1587); Kant, *The Critique of Pure Reason* (1781); Paine, *The Age of Reason* (1794, 1795, 1807), and more.

¹⁴ This phrase, “evolution under reason” was also a tagline for the eugenics movement in the early 20th century. It appears most famously on the poster for the 1924 Eugenics Conference, an image most easily found on the Wikipedia page for eugenics.

¹⁵ Anders Samberg does note that it is highly likely that social custom will remain clustered around certain accepted norms under Morphological Freedom, but maintains that variations, even if rare, would not be stigmatized (More & Vita-More, 2013, pg. 59).

piercing artist, avoids seeking medical care for fear of being labeled mentally ill and forcibly institutionalized, and was also denied admittance to Canada (2003, pg. 2). She also notes that modders often find themselves employed as tattoo and piercing artists, or in places where “their modifications enhance, rather than eliminate, their prospects” (2003, pg. 12). While prominent visible tattoos on the face and hands are becoming more popular among celebrities such as rapper Tekashi69 and pop artist Post Malone, tattoos visible outside of a “business-casual” dress style (slacks, long-sleeve button-up shirts) will generally prevent one from being able to get many jobs outside of retail and service industries. The more severe modifications making even those positions unlikely.

Medical care for modders and other non-normative-looking people is incredibly difficult. Modders have similar issues to trans people (and, frankly Black and brown people as well, though the modder community is majority white) in that their appearance can often catch doctors unaware, and often trigger feelings of disgust and other aversions that can negatively affect modders’ medical care, or even cause doctors and emergency services to withhold care altogether. There are many news stories of trans women who were denied care by emergency workers and died from that neglect, and if Pitts’ description of Andrew is any indication, it is likely not unknown within the modder community as well. Due to their decisions to implant technologies, and alter their bodyminds away from the “normal” in medical contexts, they can find their concerns either not believed - due to some believed mental deficiency that would be the cause of the desire to mod - or have their medical issues considered to be their own fault, and thus deserved, and not worth treating. There is rhetoric about the modder community of “self-mutilation” from medical circles and society in general that works to denigrate not just modders’ bodymind choices, but serves to call into question their mental health as well. Add to that the modern tribalism, and the echoes between “self-mutilation” and the practice of Female Genital “Mutilation” or “Cutting,”¹⁶ and the modding community gets further stigmatized and racialized (even though the majority are white).

To counteract a lot of this stigma, the body modder community is, internally, incredibly strong, even if relatively small. Most modder communities congregate in large metropolitan areas where it is both easier to find others like you (including those with the skills to perform the modifications), and also to have a community of the size necessary to support each-other. The mutual aid and community care that they provide for each other is remarkable. They collaborate

¹⁶ Activists around FGM or FGC prefer the term “cutting” rather than “mutilation” because of the negative moral valence of the term mutilation. That association also ends up applied to body modders.

on medical knowledge, maintaining their implants, piercings, and other mods.¹⁷ They establish and maintain employment networks for each other, and also maintain mutual aid networks, and even communal living arrangements. These communities hold together through both a shared ethos of self-expression and counter-culture transgression of norms, but also through support, care, and an affective connection to those who share their beliefs. These affective connections, the power of shared demographic, especially as a demographic against normative power structures becomes the glue holding these communities together.

Part 3: Trans Communities

As one of the few communities I discuss whose bodymind alterations are currently done by medical professionals,¹⁸ transgender people's experience with the medical system is incredibly important in this discussion. Similarly, trans communities' experience with gradually growing social acceptance—juxtaposed with the physical violence they face from those most invested in maintaining a normative status quo—puts them at the center of many of the right-wing bad faith “culture wars” debates as the edge case which will lead down the slippery slope to such things as bestiality and pedophilia. That trans women of color are murdered at rates almost unheard of in other demographics (Forestiere, 2020) makes clear that how society deals with non-normative bodymind arrangements, and especially those who choose to alter themselves against those normativities, is of utmost importance in producing an ethical and just morphological freedom.

The limited but growing social acceptance of transgender communities is behind the move by the BIID community to claim the “identity disorder” language of the trans community, as well as often calling themselves “trans-abled.”¹⁹ Both the Trans community, as well as the BIID community, made these rhetorical moves because of a widespread belief, and official

¹⁷ This is a practice, along with how disabled people engage in the medical industrial complex, that I call cyborg maintenance. Cyborg maintenance foregrounds how the integration of technology and biobodyminds both solves and creates problems. Maintaining these intersections produces new relationalities, and new vectors for care and neglect.

¹⁸ This has not always been the case, of course. In many ways, trans communities could be considered the first body modders, as they often had to seek out black-market options for altering their bodyminds.

¹⁹ I have reservations about using the term “trans” here, but discussion of such is beyond the scope of this chapter.

diagnoses via the medical system, that they were both simply paraphilias. Homosexuality, transgenderism, and BIID were all originally classified as a pathological sexual fetish: a problem of abnormal sexual fixation. The medical establishment believed that those with the conditions of transgenderism or BIID could only (or mainly) find sexual satisfaction through the “aberrant” behavior, be that sex with one’s own gender, altering one’s sex, or becoming disabled respectively (Elliott, 2004; Gilbert, 2003).

And yet the widespread backlash and violence against trans people (particularly trans women of color) illustrates that medical diagnosis and identity language are not enough to produce social acceptance. Technoscientific classification and objective data have never been sufficient cause for society to grant personhood or equality to a particular group (see: the constant attempt of genetic scientists to eradicate the notion that race is genetic and determinate of behavior, vs the evolutionary psychology field as a whole). This does not bode particularly well for the BIID community, but in more general terms, it also strikes a considerable blow to the transhumanist notion that the technical ability to produce a wide variety of bodymind arrangements will necessarily lead to the acceptance of a multitude of those arrangements.

But more important than any destabilization of transhumanist assumptions is the lived experience of being trans which opens up avenues of multiplicity and bodymind malleability, the kinds of communities such malleability can produce, and the complex and contested relationships with sociotechnical systems that they reveal. To this end, I turn to two trans scholars, Eli Clare and Paul Preciado,²⁰ both of whom have written extensively on their own transitions and the kinds of struggles and communities that they encountered. I turn to these authors not only because of their insight and relevance to my own arguments, but because they both connect directly to the other communities I discuss here: Clare to disability communities, Preciado to biohackers and body modders. They are emblematic of how none of these categories (queer, disabled, gendered, etc.) is absolute. We all embody and inhabit various positionalities, many of which intersect in ways that have profound effects on our engagement with the world. To be disabled and trans is a fundamentally different thing than being disabled and cis, or trans and abled. It is not merely the sum of its parts, but a new ontology altogether (cf Crenshaw 1989, 1991; P.H. Collins, 2000, etc.).

²⁰ That both of these scholars are white and trans-masculine is of some concern to me, as it is usually easier to “pass” and be accepted when presenting as masculine. Thus, neither author has had the particularly precarious experience of being a trans woman, nor as a trans person of color. This limits how generalizable their accounts can be considered, even beyond the particular time/place in which they experienced their various gender identities and/or transition.

Something both authors teach us is that transition is a process, forever in progress, never complete. It is an embodied experience that puts the lie to any notion of a binary within sex, gender, or really any clean division between identities. Clare describes his transition as:

“...a long meandering slide. Today I live in the world as a man, even while my internal sense of gender is as a genderqueer, neither man nor woman. At the same time, I have no desire to abandon or disown my long history as a girl, a tomboy, a dyke, a woman, a butch” (2015, xxvii).

Clare, though he does not shy away from his queerness or his transness, does not focus on it in his writing. It becomes apparent that he never ran up against his gender in the same way that he did his disability. He writes about wanting to cut off his right arm to stop it from trembling (pg. 151), and yet his transition from girl to man is described as a long slide, apparently without much in the way of incident or bump. The way that disability becomes foremost in his writing indicates that his gendered experience is of a kind that some others cannot enjoy: one of easy movement between socially-legible locations.

Another way that Clare’s experience of Transness troubles the “common sense” understanding of gender itself,²¹ is that the fluid motion between gender expressions, and his insistence that he was once a girl, a butch a dyke, foregrounds the possibility of change in personal identity, not just of one’s bodymind materiality to match one’s always-already static identity. Even in LGBTQ+ communities, the “born this way” mantra is often used as a political tool to resist the stigmatized critique that homosexuality or queerness is a choice, and thus the fault of the person who chooses to take on a socially-taboo identity for any stigma they endure.²² Often, the stories we hear of trans people are ones of discovering the person they have always been, having been born in the wrong body, or some other version of having a static

²¹ The academic and activist positions on the fluidity of gender is not settled. Parlance in public, in news stories, or (god forbid) online tends to maintain that identity categories such as gender and race are fixed, even if they don’t map on to biosex. This is somewhat true even in Trans communities, as evidenced by the controversy around detransitioning I mention in footnote 22.

²² The rise of CRISPR and the possibility of editing embryos to remove undesirable traits (see: Isaacson, 2021) has destabilized the notion of a static, “born this way,” identity even further. Combined with the many studies trying to find the genetic causes of homosexuality (see: Turner, 1995; Rice, et. al, 1999; Reardon, 2016; and many more), this destabilization opens up new avenues of the democide (see: Rothblatt, 2011) of LGBTQ+ people. It also, if we want it to, could lead to MORE avenues for morphological freedom and variation. If widespread genetic editing of embryos becomes possible without any associated social justice movement for LGBTQ+ people, it will most likely lead to more homogeneity as people (understandably) work to keep their children out of the pain that comes from being subject to homophobia, transmisia, and other oppressions. For these reasons, LGBTQ+ rights activists have all but abandoned the “born this way” mantra.

gender that does not line up with their birth-assigned gender. Clare's story shows us that this need not be the case. One's gender identity and/or expression need not be fixed for one's entire life.²³

Preciado describes his transition in a much more disjointed way than Clare. He describes swinging wildly back and forth at the whims of "T" (testogel or topical testosterone) thus:

"[A]n extraordinary lucidity settles in, gradually, accompanied by an explosion of the desire to fuck, walk, go out everywhere in the city... Absolutely all the unpleasant sensations disappear. Unlike speed, the movement going on inside has nothing to do with agitation, noise. It's simply the feeling of being in perfect harmony with the rhythm of the city. Unlike with coke, there is no distortion in the perception of self, no logorrhea or any feeling of superiority. Nothing but the feeling of strength reflecting the increased capacity of my muscles, my brain. My body is present to itself. Unlike with speed and coke, there is no immediate comedown. A few days go by, and the movement inside calms, but the feeling of strength, like a pyramid revealed by a sandstorm, remains." (2013, pg. 21).

Preciado frequently depicts these episodes of near mania once a regimen of testogel is administered, describing desires that we politically ascribe to masculinity; wanderlust, physical lust, the desire to fuck and possess. He maintains that testosterone isn't masculinity itself (pg. 141), but also that *clinical* masculinity cannot exist without synthetic testosterone (pg. 61). Synthetic testosterone opens up political possibilities of masculinity, once only afforded to cis-men.

The kind of black-market sharing of T that Preciado discusses shares a striking resemblance to how AIDS activists in the 90's shared HIV drugs, and were forced to gain and assert their own expertise in the science of HIV medication (Epstein, 1995). Preciado describes the illicit way in which he obtained testogel from black market dealers, describing his own

²³ There is also the experience of people who de-transition. While sometimes this is done to avoid stigma and violence (particularly if it is difficult for the person to "pass" as their desired gender, other times it is because they have simply changed again. De-transitioners are controversial in trans communities, because they are easy ammunition by TERFs (Trans-Exclusionary Radical Feminists, an anti-trans academic movement who use biological reductionism and a direct mapping of biosex to gender to deny trans people rights) and other bad-faith groups who want to argue that transness is just a phase, or some aberrant behavior that needs to be curtailed. Trans folks can often feel betrayed by a member of their community who decides to "switch back," and the cognitive dissonance is one that has yet to be fully theorized in the literature. In fact, searches for literature on detransitioning bring up mostly anti-trans screeds and discussions of families "detransitioning" trans family members to their deadnames for funerals and obituaries after they have died.

addiction to testosterone, all signifiers of drugs such as cocaine, amphetamines, or heroin. The experimentation he describes, he also compares to the way people experimented with hallucinogenic as mechanisms of healing, spirituality, and witchcraft (Preciado, 2013, pp.145-151). Experimentation necessarily falls outside of the biomedical regimes in which one might find themselves, as well as the capitalist structures that hold those biomedical regimes up. Instead, a much looser, trade-based, often on credit, often with the promise of future favors, and often with money gleaned from other subversive and/or illegal actions such as sex work or other drug trafficking, mechanism of capital is employed.

These mechanisms of subverting the capitalist distribution of care is also a factor in what Preciado claims is the goal of the pharmacopornographic era. He writes:

“Pharmacopornographic capitalism is ushering in a new era in which the most interesting kind of commerce is the production of the species as species, the production of its mind and its body, its desires and its affects.” (2013, pg. 51). This production is interesting not just because it is creating ways of bodymind being and affect, but also, the notion of producing the species itself, i.e. the category of being that is singular and separable from other modes of being. In a way, the mechanism by which we can shift from one kind of body to another, simultaneously maintains the separability of the human as species, and, perhaps, the gender binary as (separate) species as well.

And, while this may be the case (or a case within multitudes), Preciado considers his community to be about breaking out of the pharmacopornographic paradigm. He, instead is a part of a community of gender pirates or gender hackers. He writes “I belong to this... group of testosterone users. We’re *copyleft*²⁴ users who consider sex hormones free and open biocodes, whose use shouldn’t be regulated by the state or commandeered by pharmaceutical companies” (2013, pg. 55, italics and footnote in original). These remixers, who yearn to be free of the biopolitical, technocapitalist, and disciplinary boundaries drawn by medical and scientific regimes share a lot with the biohacker movement.

Preciado and Clare both illustrate how there are a huge number of ways to be trans or queer, that need not even have all that much to do with one’s morphology. This, of course, aligns perfectly with the transhumanist belief that we ought to be able to alter our bodyminds (or not) as we see fit, yet trans people are often excluded from transhumanist spaces.

²⁴ A play on the term copyright.

Part 4: Disability Communities

Disabled people have been struggling to be accepted as valuable members of American society for decades if not from the time the first colonizers set foot on the continent. As a key target of the eugenics programs of the early 20th century, and of the Nazi regime, their very survival has often been threatened by the ableism in which all of society stew. Alternatively seen as objects of pity, or moochers on society, as well as inspiration for ableds to understand that their lot in life could always be worse, disabled people are simultaneously vilified for failing to live up to the neoliberal model of the economically-productive citizen, and held up as emblematic of the gritty, can't be held down, bootstrappy paragon of that same neoliberal spirit. Depicted as always already an individual fighting against their own bodyminds, always already striving to achieve "normalcy."

I include disabled people in this chapter for multiple reasons, even though most do not choose their particular bodymind arrangement. Disabled people—though they are not a monolithic group, and they are not immune from internalized ableism themselves—embody, quite literally, alternative morphologies that ought to be valued by transhumanists according to morphological freedom. Without valuing morphologies which go against norms now, how does a society accept morphologies which break those norms, albeit in new ways, in the future? Instead, transhumanists revel in the idea that their movement wants to end disability altogether (See, Hugh Herr in Brashear, 2014; Istvan, 2015; Savulescu, 2011). Disabled scholars and activists actively resist these narratives of cure and fixing (Clare 2017; Puar, 2017). I also include Disabled communities here because they are, themselves, biohackers and body-modders.²⁵ Arguably the very first of both. And their care practices, which involve modding and hacking, can teach us a lot about both what it is actually like to have an alternative morphology, and also what accepting and valuing those morphologies looks like. Through these associations, we begin to see how care and morphological freedom are entangled, and perhaps, even begin to see a way to produce a morphological freedom worth wanting. And finally, I include disabled communities because they also show us just how toxic, and anathematic to morphological freedom, neoliberal subjectivity truly is.

²⁵ Any of these categories can be inhabited by anyone, including multiples, of course. You can be a Disabled, Trans, Queer, Body Modder. In fact, many of these categories often overlap.

Disability communities are mostly populated by individuals who did not choose to become disabled,²⁶ unlike the rest of the communities I discuss. The vast majority of disabled people were either born disabled, or became disabled through accident, disease, or old age.²⁷ In fact, Rosemarie Garland Thompson famously stated that “Disability is an identity category that anyone can enter at any time, and we will all join it if we live long enough” (2002, pg. 20). Those who do choose to become disabled, either through significant body modification (see Part 2), or due to direct action by individuals to disable themselves,²⁸ are often excluded from—or actively held up as pariahs to—Disability communities. Jillian Weise (2016) lumps them in with transhumanists (who desire to become cyborg) as “tryborgs,” a portmanteau play on the terms “cyborg” and “try-hard.” Try-hard is a derogatory term for someone who wishes to become something for which they are fundamentally incapable or unqualified. “Tryborg” seeks to point out false authenticity, to exclude people from adopting a politically perilous and fragile identity, and tries to protect the “actual” community of disabled people from pretenders.

Disability communities feel they need to protect themselves in this way because the “moocher” narrative is one which is often used in order to deny them significant assistance from State and Federal entities. This moocher narrative also comes from the kind of rugged individualism at play in transhumanist circles—but also more widely in American culture—that we call “neoliberal subjectivity.” Neoliberal subjectivity is the particular way (classical) liberal individualism gets caught up in capitalist production, and how both of those produce a certain expectation of personhood and value. Disabled people generally have difficulty achieving all of the requirements to become a true neoliberal subject. The very definition within the Americans with Disabilities Act (ADA) which says “impairment that substantially limits one or more of the major life activities,” (42 U.S.C. § 12101). It is often the case that a real or perceived inability to work a full-time job is itself a “major life activity.” Even if a disability may not impair one’s capabilities at a job, disabled people face incredible discrimination in employment. Some are unable at all to participate in economic production. Those that are employed can actually be paid subminimum wages (via Section 14c of the Fair Labor Standards Act), and make on

²⁶ The number of people who do so is likely vanishingly small, to be fair. Actual numbers are not even known well enough to give an estimate of the incidence within various populations. The limited knowledge about the condition points to a low incidence, but it is theorized that it works via similar mechanisms as other dysphorias, so may be similar in incidence. Numbers for gender dysphoria vary, but seem to range from as high as 1.2% (Clark et. al. 2014) to as low as .002% (via. DSM 5).

²⁷ The conflict between aging and disability is fraught within the literature. Older people generally resist a disability status even if they might qualify, often because of the stigma that disability has.

²⁸ See: Carl Elliott’s *Better Than Well*, Chapter 9: Amputees by Choice (2003), and the documentary *Whole* (Gilbert, 2003).

average \$3.34/hr. according to a report by the U.S. Commission on Civil Rights (Selyukh, 2020). Monetary assistance for disabled people is also incredibly limited, and insurance, even after the Affordable Care Act forbade the alteration of prices based on preexisting conditions, can be incredibly expensive. Not to mention the cost of acquiring the necessary technologies and assistances that being disabled can require, such as mobility devices, prosthetics, medications, in-home care attendants, and more. Power wheelchairs can cost more than most mid-range automobiles, and altering one's own automobile to accommodate that same chair can similarly run into the thousands of dollars. When these technologies inevitably break down, repair can be difficult. Prosthetics usually require appointments with a prosthetist, which may require significant travel and time off from one's job, depending on where one lives. Power chairs and heavily-computerized prosthetics can need to be sent away for repair, sometimes for extensive periods of time, during which the disabled person can be stuck at home with no way to leave for their job or other necessities. These manifold and monumental barriers to becoming a full neoliberal citizen produces disability as something to avoid, as something undesirable, and something to be technically (i.e. via neoliberal innovation) "fixed."

Disabled people have always seen these cracks, and these possibilities (Wong, 2020). Medical insurance tied to employment is a mechanism of control, forcing people into the workforce. This can result in disabled people (and nondisabled people, to be fair) overextending themselves in order to maintain full-time status just to be able to afford medical care and medication. Disabled people have bemoaned the sorts of binds—make too much money -> lose disability benefits; get married -> lose disability benefits; lose job -> lose health insurance—which capitalism has put upon them. The rest of us feel those binds as well. How many parents have missed special moments with their children because they "had" to work? How many times have you missed an important event because you either couldn't afford the trip or couldn't take off work? How many times did you or someone else go to work sick, and then infect several other people, because you didn't have access to sick leave? How many of the people you infected were chronically ill, disabled, immune-compromised, or otherwise more likely to get a severe version of the disease? Disabled people already know all too well the risks associated with neoliberal subjectivity. The pandemic is slowly teaching the rest of us, but we ought to listen to those for whom this has been the reality for much longer. They can teach us a lot. As Haraway (1991) explains, the position of marginality is a marker of expertise.

As I discussed in the previous sections, we already fail to value much of the morphological multiplicity that exists. I mentioned above how disabled people already get stuck in a multi-bind of being kept out of workplaces and other areas – often literally in the case of

inaccessible buildings and public areas. They also get held up as the folks who are both brave to be out shopping like folk need to do, and yet also bootstrappy and not letting their disability hold them back. They become commodified as inspirations for the able bodied (see: Stella Young's TED Talk (2014) on this). This ends up requiring a very complex set of performances whenever disabled people find themselves in public, attempting to go about their day (see: Kasnitz, 2020). Requiring this performative song and dance from disabled people is not the same as acceptance, and is very, very far away from valuing their existence. And only through valuing disabled experience and disabled bodyminds can morphological freedom ever come to be.

Part 5: Care

To disrupt this neoliberal narrative, I'd like to discuss how the communities I describe here illustrate how care can promote the kind of morphological freedom that transhumanists claim to want. Care work is, itself devalued socially and economically; and that devaluation has sympoietically co-produced care work which is racialized, gendered, and classed in a multitude of ways. Nedi Atanasoski and Kalindi Vora discuss the sorts of racialized work in and around care labor in their book *Surrogate Humanity* (2019). Leah Lakshmi Piepzna-Samarasinha also discusses the sorts of marginalizations that care work is given (2018). Aimee Bahng discusses the sorts of racial and class divides that surrogate reproduction is rife with (2018), and Corbett O'Toole discusses instances where access and care break down, and who gets assigned responsibility for those problems (2015).²⁹

In home care work is 88.5% women (racial demographics roughly follow US racial percentages), with certain jobs such as cleaning and laundry services leaning significantly Hispanic and Black (46% of jobs vs. 26% of US population). Nail salons and massage parlors are nearly 50% (east and southeast) Asian women, even though people of Asian descent only make up 14% of the US Population.³⁰ Even within households, the sorts of emotional labor that

²⁹ Care is also gaining popularity in other areas of scholarship as well. See: D.E. Wittkower (2016, 2020) in *Internet Studies*, and Hanna Herdegen (2019a, 2019b) in *Maintenance Studies*.

³⁰ Numbers compiled from US Census and demographic data found here:
https://www.census.gov/newsroom/releases/archives/2010_census/cb11-cn125.html;
<https://www.bls.gov/cps/cpsaat18.htm>

are set upon the women in the household is well-documented (Erickson, 2005; Atanasoski & Vora, 2019).

The stay-at-home-mom is the paradigm of care labor that a capitalist system expects sans monetary recompense, without which much of our economy would not function (See: Cowan, 1983; Antonopolous, 2008). Care work jobs are paid less than many other, perhaps less-necessary, professions, and are often near or at minimum wage (Atanasoski & Vora, 2019; Antonopolous, 2008). This produces a set of workers who are stressed and precarious, lowering the level of care they are able to produce. Then, those dependent upon them, those who are most in need of care, often get poor quality care, or care that is fractured because of either care workers leaving the field because it does not support them, or because they must shop around for new care workers if theirs are insufficiently trained or capable. This tension can create mechanisms for abuse and violence in both directions. Either from care worker to client (the annual disability day of mourning for disabled people murdered by their family and caretakers is an especially tragic example), or from the client to a care worker who may not have the recourse to refuse a client or to change jobs. This can be due to a limited possible clientele, the immigration status of the care worker, a fear of losing income and thus becoming housing or food insecure, or any other number of possible issues.

Conclusion

I mentioned in the introduction of this chapter that there are three steps that I want to focus on to produce a better morphological freedom. Eliminating (or at least reducing the impact of, if we're being realistic in our goals, here) capitalism, valuing care and care work, and dedicating ourselves to the value of intra-dependence. These three steps are all part of producing a world which can actually value morphological difference on a large scale. They are not the only things we would need to do, and it's not guaranteed that if we succeed in these three steps that valuing morphological difference would necessarily result. However, I doubt any world in which these three steps aren't taken could adequately value morphological difference in the way that we ought to want.

Current events as I write this, namely the SARS-CoV2 (COVID-19) outbreak, have also brought into stark relief the way society could be... if only we chose to make it so. Universal

Basic Income is being rolled out in several countries. Food delivery options which disabled people often rely upon are showing their potential value to us all. The moniker of “essential worker” is similarly being shown to be mostly those laborers we (economically and socially) value least: fast food, grocery workers, warehouse workers, shipping and transportation, health care, waste disposal, cleaning and housekeeping, etc. Many of those essential workers are beginning to strike for benefits and protections and pay equal to their value. Poor and middle-class people are coming together in mutual aid networks (see: Spade, 2020) to support each other, while the richest people in the country fight against giving their workers bathroom breaks or union protection. The exploitation of capitalism is beginning to be visible to more than just the Marxist activists in internet chatrooms and academic ivory towers.

In order to get out of the neoliberal mindset, and into a mindset that values care, interdependence, mutual aid, and multiple morphologies, we must take this opportunity to move the political needle. Expand access to health care, pay at-home care workers what they are worth, and value those folks who break out of our normative idea of what a bodymind should be. Disabled people and communities, trans people and communities, and body modders all have a lot of experience giving and receiving care (biohackers perhaps less so), and can teach us a lot about what is necessary. All of these communities have been excluded from society at large. All have found themselves unable to fully participate in the workforce and thus are refused the category of the neoliberal subject. All of them understand what kind of caring and interdependent society there could be. Many are adept at producing and maintaining care networks, and mutual aid systems with friends, family, neighbors, and other marginalized groups (Piepzna-Samarasinha, 2018; Spade; 2020). Another thing that the recent pandemic has brought to light is how necessary interaction, and even simple touch, can be. These practices of being together, touching, conversing, sharing moments, are all a part of care, are all a part of interdependence, and are all anathematic to neoliberal individualism.

In this chapter I have described how the experience of those with non-normative bodyminds troubles the neat assumptions of transhumanists about morphological freedom. I also argue that they can teach us how better to establish a morphological freedom that actually does what transhumanists claim to want.³¹ The twofold approach I argue we need to take, includes the work of embracing care that I have already referenced throughout this chapter, but also an idea that I have been developing, expanding on work by Karen Barad (2007), Donna Haraway (1991, 1992, & 2016), and Kimberlé Crenshaw (1989 & 1991) and informed by the

³¹ I argue elsewhere that the claim they make about what morphological freedom is and will do is not made in good faith, and is instead a cover for other goals (Earle, 2021).

work on care already referenced. I call this idea radical intra-dependence. Intra-dependence is the idea that we are not only dependent upon the people and things which surround us and allow us to live day to day, but dependent *through* them into the networks which hold those things and people up as well. It is not just the house or apartment that we depend on to protect us from the elements, but the lumber, construction, and maintenance companies necessary to build those houses. We are also dependent upon more people than we might immediately think about. We may depend on our care worker, but we depend through them on their trainer, their family and support system. And in turn they depend on us and through us to our own support systems. The house cannot get built without someone willing to buy it who has a support system that helps them do so. Intra-dependence is not a transactional relationship, but an ontological one. We cannot exist without our relations, without our dependencies. In short: we are all dependent on and through others³² to such a degree that notion of the individual itself is a fiction. A useful fiction, perhaps, particularly when describing phenomenological experience, oppression, and positionality against power structures, but a fiction nonetheless.

The key takeaway from this notion of radical intra-dependence and the absence of the individual is that multiplicity becomes a foundational generative force: the main mechanism by which new possibilities/ways of being are produced. Through the intra-action of difference, new possibilities emerge. On one hand, the claim that multiplicity is generative may seem trivial. Obviously, static homogenous organizations will produce static, homogenous things more often than not. Helen Longino (1990) has made this argument for diversifying scientific labs. Through introducing multiple perspectives, biases held by majority populations (read: white men) are more likely to be noticed and removed from the science. This is, in effect, protecting against the weakness that comes from breeding a monoculture. Haraway (1991)—in similar fashion to Longino—describes how partial perspectives lead to a better objectivity, one that is not deceived into thinking it can see from everywhere and nowhere simultaneously (the “god trick”).

To this end, care is the mechanism by which those generative relationships are nurtured. Care has been a relatively recent concept about which to theorize in STS, though it is, of course, foundational to practices which go back millennia (nursing, midwifery, etc.). A foundational work on care within STS was 2008’s *Logics of Care* by Annemarie Mol. Her prior book, *The Body Multiple* (2002), with its expansive take on medical practice (including, tangentially, some care practices), begins to break down the notion that ontology is a singular

³² There is a good deal of Indigenous scholarship on kinmaking and dependency that I know exists, but have not yet been able to engage. That work is important here, but I cannot do it enough justice to include at this time. I look forward to integrating it into my own work soon.

thing. Instead, as a thing (in the case of her book, atherosclerosis) moves from one context to another, ontologies multiply. The phenomenological ontology of pain while walking is not the same as the ontology of scleral thickening under a microscope, or the dropping of blood pressure in the clinic. And, in fact, each of these ontologies requires multiple *actant* (cf Latour) in order to be produced. The atherosclerosis of a patient requires a doctor, their attendant hospital and medical system, labs, chemicals, microscopes, etc. to exist at all, and exists differently depending on which perspective you take. The notion that such a thing as atherosclerosis cannot exist outside of that intra-action, but a person can, becomes absurd on its face. We cannot exist outside of our intra-actions, outside of our intra-dependencies. We cannot be considered, ethically, epistemologically, or ontologically, individuals. If you strip everyone else away, we cease to be.

Because we are intra-dependent, dependency itself must be destigmatized. We must see it for the foundational piece of the human experience that it is, and that care is its mechanism. By focusing on the contested and stigmatized notion of dependence, viewing it through a Baradian diffractive lens to see how we depend not *on* each other, but *through* each other, I lean into the conflicting and incommensurable ways in which care both resists and reinforces problematic views on the bodymind. And in keeping with Eli Clare and Ewa Ziarek, I refuse the notion that a single ethic can capture and correct the manifold violences that occur, but rather sit within what Ziarek calls an “ethics of dissensus,” where the incommensurability itself becomes generative of new mechanisms of resistance and agency.

As Maria Puig de la Bellasca writes: “To care can feel good; it can also feel awful. It can do good; it can oppress...Care is not about fusion; it can be about the right distance... It also doesn’t mean that *to care* should be a moral obligation in all situations, practices, or decisions” (2017, p 1 & 5, emphasis in original). In order to get to an ethical, possible, and thriving state of morphological freedom, the transhumanist community ought to accept our intra-connectedness, our intra-dependence, and work on fostering a mechanism of social care, which can help morphologically diverse communities thrive. Of course, there are barriers, not the least of which is a focus within transhumanism, but also within everyday society, that an individualist bootstrappy way of life is the natural way for us all to be. Thus, it becomes incumbent upon the rest of us, who may not be of the same mind as transhumanists, who may not have ever considered how we might alter our bodyminds if given the opportunity, to push back against a neoliberal production model of individual value, and toward a more communitarian system. Once we all (or at least a good plurality) can value difference, can see the generative power of multiplicity, both in bodyminds, but also in communities, we might be able to have a

morphological freedom that enhances our connectivity rather than our separateness. In turn, a lot of communities will be able to come in from the margins of society, and teach us about the care, intra-dependence, and meaning-making that they use to produce thriving communities toward which we all might aspire.

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