

# Subtle pressures, coercive sterilizations and denials of access: A trans-crip approach to reproductive subjectivation

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*This paper discusses the topics of reproductive subjectivation and new reproductive technologies from a trans-crip perspective. Part one discusses this using the example of the dominant reproductive settings in Germany with which people termed transsexual and disabled are currently confronted; here, analogies, differences and contradictions will be outlined. In the second part I contemplate an intersectional perspective – presenting a critical discussion of notions of the reproductive subject in transgender/queer approaches as well as in contributions coming from disability studies.*

*Keywords: Trans-Crip, Reproduction, Reproductive Subjectivities and Technologies, Neo-Eugenics*

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## Introduction

Reproductive subjectivation and new reproductive technologies (NRTs)<sup>1</sup> form key themes in transgender/queer<sup>2</sup> and disability studies. However, little exchange has taken place between the two approaches yet and each of them contains significant gaps. Transgender/queer discussions about new reproductive technologies, for example, often ignore the neo-eugenic effects of these technologies and frequently reduce the problem to a question of accessibility. Debates on neo-eugenics and reproductive subjectivity in disability studies in turn do not reflect on their own heteronormative

gender assumptions. Therefore, the central claim of this paper is that the complexity of reproductive subjectivation in the context of new reproductive technologies can only be grasped adequately if an intersectional approach is applied.

Firstly, this paper maps hegemonic reproductive settings of people who are classified as transsexual and disabled. I aim to tease out the analogies and contradictions of their reproductive situations. Problems like coercive sterilization, divestitures of a reproductive identity, or the exclusions from dominant categories of a valued reproductive subject will be discussed. Secondly,

the paper suggests that an intersectional theoretical trans-crip approach to reproductive subjectivation may provide critical correctives to the absences in transgender and crip theory. Notions of the reproductive subject in disability studies will be transgendered and approaches of reproduction in queer/transgender studies will be crippled.<sup>3</sup>

I will focus on heteronormative and disabling reproductive settings in Germany and restrict the scope of analysis to the German context. This paper does not represent a 'fully developed' empirical intersectional approach. It is not based on a comprehensive qualitative study, but should rather be read as some preliminary questions and ideas. This article draws on qualitative approaches which have been conducted in the fields of disability and transgender studies (e.g. Brauckmann 2002; Hermes 2004). The paper draws on six email responses from persons who identify as transmen. Four of these men are part of my 'private' networks, the other two are transgender activists and/or theorists. I approached them by asking if they feel restricted regarding their 'reproductive potential' by the German law on transsexuality or/and if there are other factors, subtle pressure which have a stronger effect than legislation.<sup>4</sup> The question was intended to be a first exploration of the topic, therefore I did not use any specific methodology. Later I asked them if I could use their answers for

this publication and I assured anonymity. All agreed.

I draw on the German context because I grew up in Germany and speak the German language, so the choice of the German situation is a result of my own positioning and of questions of accessibility of texts, websites, resources, or possible interviewees. My assumption is that what may be special about the German case is a certain public awareness towards disability issues perhaps because of Germany's eugenicist history during national socialism, but that this awareness does not necessarily extend to trans issues. These, however, are only assumptions.

This contribution is further limited by a focus on transmen and the omission of transwomen. This is the result of my first impression (and maybe othering and biologizing projections) that transmen - more than transwomen - are deprived of their reproductive potentialities in Germany. As I will show in the following text, transmen have to undergo surgery, whereas transwomen are not allowed to use their frozen sperm for fathering a child. This of course mirrors my own initial assumption of reproduction as something bodily, as a biological bodily state. I am aware of the devaluing aspect of social reproduction and parenthood that this contains. Of course not only the situation of transwomen should be examined but also of people who do not identify as one of the two gen-

ders, who understand themselves as intersex, queers and many more.

### **Heteronormative and disabling reproductive settings**

I will now sketch some of the main aspects that frame the reproductive situation of people classified transgender/queer or disabled in Germany. The mechanisms which deprive these persons of their reproductive potentials are without doubt heterogeneous and diverse. However, there are also analogies. I will now sketch both situations and argue that their common denominator is the denial of a 'full' reproductive status, which is often described as a status of a 'non parent'. In other words, the status of a valued reproductive subject is not, or at least not 'naturally,' bestowed on transgender persons and persons with disabilities.

In Germany, the reproductive status of transgendered persons is influenced by the Law on Transsexuality (*Transsexuellengesetz* - TSG). The law was enacted in 1980 and regulates the change of first names and legal gender. Paragraphs 1-3 of Section 8 state:

Upon petition of a person who, due to their transsexual persuasion, no longer perceives their birth registry sex but rather the other sex to be appropriate to them and who has been compelled for at least three years to live according to this perception,

it is for the court to determine that this person be considered as belonging to the other sex when they: 1. fulfill the conditions of section 1 para. 1 subpara. 1-3; 2. are not married; 3. are permanently incapable of reproduction. (Gesetz über die Änderung der Vornamen und die Feststellung der Geschlechtszugehörigkeit in besonderen Fällen 1980; Translation Samantha Taber)

The law also says that in order for a change of birth name or the civil status of a person to be approved, two official expert opinions have to be presented to a court and the person must be permanently infertile. In fact that means that if a person wants to change their recorded sex they must not only be unmarried but also subject themselves to surgical intervention. The reproductive status of transmen is thus fundamentally influenced by the Law on Transsexuality (TSG) (Lode 2008).

Among transmen there is no unified stance regarding the prescription of permanent reproductive inability; further, the positioning here is strongly contested. In his empirical study on the 'Actuality of Transsexual Men,' Jannik Brauckmann demonstrates that for many transmen, the Law on Transsexuality (TSG) does not represent any sort of problem, as it actually accommodates their desire to 'de-feminize' (Brauckmann 2002, 77-81).<sup>5</sup> One transgender activist confirmed this

appraisal in an email response to my question about which factors currently have the most significant influence on the reproductive status of transmen:

Unfortunately I don't understand your question quite clearly – if I've misunderstood something, please explain briefly. Assuming that his change in civil status has been made, a transman has just as much of an opportunity as a 'normal sterile man' to become a father – by way of adoption or of artificial insemination (along with a female partner who agrees). Or are you referring to the fact that the TSG requires removal of the gonads as a prerequisite for the change in civil status? This is in fact a matter on which we are not of one mind. By means of long-term hormone treatment the ovaries are generally 'deactivated' anyway, and for most, though naturally not all, transmen, the thought of carrying a child to term themselves is both a horror and an impossibility. Should it come to this, then the problems of acceptance will surely not come from the side of the law-makers alone; within the so-called 'trans-community' itself there is a broad range of opinions and attitudes regarding the issue of 'man and baby having.' The ideal case, that it would be possible for us as men to father a child, is currently – and in the future too I fear – unfortu-

nately not realizable (Translation Samantha Taber).<sup>6</sup>

This quote however reveals an alternative position regarding the prescription of permanent reproductive inability. The reference in the above quotation to 'not being of one mind' hints at the position taken by other transgender activists and theorists who have claimed that this requirement interferes with the right to physical integrity. The law's impact on transmen is, according to these positions, a violation of bodily integrity and compulsory sterilization, especially because a simple sterilization is usually not seen as sufficient, 'but castration is required instead' (Lode 2008).<sup>7</sup> The transgender association TransMann e.V. comments:

This mandate of inability to reproduce is a matter of compulsory sterilization for an entire group of people. It is irrelevant in this matter that large numbers of transgender people wish to undergo operations that have this result or that the removal of the gonads for long-term hormone treatment is sensible. It cannot be made into a legal prescription (TransMann 1999; Translation Samantha Taber).

In effect, the law requires that in order for one's sex to be re-assigned, one must become reproductively neutered. What the law thus

expresses is that sexual modes of existence, where the bodies do not satisfy the usual morphological demands of sex clarity, are not desired or accepted as reproductive subjects.<sup>8</sup> Experiences of the denial of a reproductive status form not only everyday experiences for transgender/queer people but also for people classified as disabled. Therefore I will now turn to the reproductive situation of supposedly disabled people and sketch some of the key aspects.

The withholding of motherhood from women with disability has a long tradition in Germany. During the Weimar Republic (1919-1933), for example, the policies of marriage guidance councils aimed at the prevention of 'hereditary diseased offspring'. These councils issued health certificates, which aimed at proscribing the so-called reproductive fitness of women (Manz 2007, 51).<sup>9</sup> Though compulsory sterilization was discussed at this time, it was not yet legally prescribed (Benzenhöfer 2006, 93; Manz 2007, 73). It only became a legal prescription for certain sectors of the German population, however, when the National Socialist Party rose to power and introduced The Law for the Prevention of Hereditary Diseased Offspring.<sup>10</sup> While the law prohibited the use of sterilization procedures on so-called 'healthy Aryan women' who might seek the use of such procedures as a form of contraception, it prescribed the sterilization of

people with disability even without their consent (Benzenhöfer 2006, 92; Onken 2008, 51).

After 1945 the Law for the Prevention of Hereditary Diseased Offspring was repealed (Sierck and Radtke 1984, 103–104). Coercive sterilization was, however, still practiced and especially for people who were considered as being unable to consent, which means people classified as mentally disabled were affected (Hermes 2004, 31). Swantje Köbsell (1996, 19; translation mine) says: 'Until this point (the amendment of the *Betreuungsgesetz*<sup>11</sup> on 1.1.1992) it was common to sterilize mentally disabled girls before they turned 18 – though it was already illegal at that time.'

The reasons that were put forward for forced sterilization were often quite similar to those provided during national socialism. Only after Panorama, a critical German investigative tv programme, dealt with the topic was a broader public debate initiated in Germany. As a consequence, the German federal government acted and finally launched a law which bans coercive sterilization. The law is called *Betreuungsgesetz* (BtG) and defines the legal situation of people with disability in Germany. At present, BtG prohibits sterilization not based on personal consent (Wagner-Stolp 2004; Pixakettner 2008). This means that compulsory sterilization of women with disabilities (or the requirement that they give up their children for adoption) is no longer performed and

denotes an exception. However, there are still subtle pressures when it comes to mothering and women with disability (Hermes 2004, 32-35; Prilleltensky 2004, 68; Onken 2008, 70). Gisela Hermes underlines four commonly made assumptions about mothers with disability that may discourage women with disability from engaging in mothering: (1) mothers with disability are unable to take over responsibility for their child, (2) children suffer from the disability of their parents, (3) mothers with disability cause supplementary public expenses, (4) a disabled mother will have a disabled child (Hermes 2004, 33-34).

How then are the intersections of the reproductive situations of trans and disabled people best described? It seems that the common denominator between the living conditions of transgender people and people with disabilities is that a self-evident reproductive status is not granted, but rather denied. However, there are also crucial differences between the ways in which this status is withheld from members of these 'groups'. The reproductive potential of transmen was only recently limited by German law and is still dominated by the topic of compulsory sterilization. In contrast, people with disability have been explicitly protected from forced sterilization by The Betreuungsgesetz (BtG) since 1992. Thus, it would seem that the withholding of reproductive possibilities from these groups is produced

by a whole range of social and legal mechanisms which act to neutralize their gender, erotic and sexual identities.

Neutralisation includes, but is not limited to, building design which foresees only one bathroom for people with disabilities, thus ignoring the fact that people with disabilities probably also identify as man or woman. Gender neutralization also happens in that a common experience of women in a wheelchair is that they are not perceived as sexy beings. So it is not a random but a constant experience of being overlooked and not being flirted with. It is not the experience of being let down or of being single for a while, but of regularly falling out of the whole play of flirting, dating, having sex, being represented in porn, being asked when or if one wants to have children or why one does not have kids. In terms of reproduction in particular, this means that a common experience faced by many people with disabilities is shocked, defensive or insecure reactions when they express their wish of becoming a mother, father or a parent. This could be from the mother who doubts that the daughter with a disability is capable of caring for her child, or from the gynaecologist who after having conducted a pregnancy test does not congratulate or even ask if the pregnant women with a disability wants to keep her child.



### **An intersectional trans-crip perspective**

What would an alternative intersectional trans-crip perspective on reproductive subjectivity which gives special consideration to the matter of new reproductive technologies (NRT) look like? By means of a critical, intersectional look at the problematic dimensions of NRTs, the complexity of reproductive subjectivity – that is, the analogies, conflicts and irreconcilabilities of genderizing, heteronormative and disabling subjectivisation processes – can be particularly well illuminated. Finally, until now there have been no studies available that look at the intersectional relationship in the context of bio- and reproductive technologies. Thus, I will now outline trans/queer perspectives on NRTs, then crip/disability studies perspectives on NRTs, and then discuss what the two can learn from each other.

### **Trans/queer perspectives on NRTs**

What do trans/queer theories of NRTs have to offer for an integrated approach? One of the strengths of such theories is the way in which they underline the trans/queer potential of NRTs.<sup>12</sup> Although Judith Butler herself does not deal with the matter of biotechnological body fragmentation, or with heteronormative body concepts in the realm of NRTs, her critique of the premises of feminist theories can be helpfully developed into a trans/queer ap-

proach towards NRTs. Butler shows that the assertion of an integral, intelligible female body is based on the problematic assumption of two sexes and that sex itself is always a gendered concept. The idea of a biological sex is the product of mechanisms of boundary drawing, which are regulated by power (Butler 1991). Based on this understanding of sex, any reference to a pure body, that is, one which is prior to biotechnologies, is a powerful illusion and inappropriate as the basis for a contemporary feminist position which aims to take the constitutive effects of such technologies into account.

A trans/queer approach to NRTs would thus take up Butler's critique of the coercive regime of sex/gender, identity/desire and specify how this regime operates in the context of reproductive technologies. For example, a trans/queer approach to NRTs might interpret potential usages of NRTs such as in-vitro fertilization as fulfilling trans/queer ideas of reproduction (Haraway 1995; Shildrick 1997; Graham 2002; Weber 2004; Stacey 2008). By disembodimenting the act of reproduction, these techniques expose the artifactual character of the connections between reproductive sex/reproductive gender identity/heterosexual intercourse/procreation. Thereby the heterosexual sex act would lose its definition as the sole creator of human life. The coalescence of a 'man' and a 'woman,' from which

the heteronormative ideas of biological parenthood and kinship derive, would be challenged, if not undermined (Wenner 2002; Mense 2004; Bock von Wülfigen 2007).

In this way, NRTs open up many new possibilities for subverting heteronormative gender regimes. This aspect of NRTs is underlined by Cathy Griggers when she writes: 'the technology of cross-uterine egg transplants finally allows a lesbian to give birth to another lesbian's child, a fact that to date has gone entirely unmentioned by either the medical community or the media' (Griggers 1994, 122-123). Elaine Graham also asserts the 'new possibilities for postbiological parenting' (Graham 2002, 112; see also Shildrick 1997, 180-181; Stacey 2008, 224-225).

Trans/queer approaches tend to judge reproductive technologies positively: they underline their potential to de-genderize or de-sexualize normative gender settings. On a more practical political level this embracing of new reproductive technologies often results in the mere postulation of free access to NRTs and a critique of their heteronormative regulations. Although Butler, for example, commented – albeit not explicitly – in a 2001 interview on the eugenic impact of new reproductive technologies, she focused mainly on questions of access:

I am against what we call social engineering of all kinds. We

shouldn't be selecting what kinds of human beings should be made. And I think we shouldn't fight for biotechnology in order to overcome heterosexuality. The heterosexuals make use of reproductive technology all the time. When a heterosexual couple wants to have children they get usually access to reproductive technology in one way or another. The only question I have is whether gay couples or single women are not given the same access to that kind of technology. For me it is a question of politics of access... I am interested in equal access to reproductive technologies. And I am interested in new forms of kinship (Butler 2001).

A critical approach towards new reproductive technologies is thus often erased or absent in trans/queer approaches. Instead, questions surrounding new technologies are reduced to issues of mere access to the technology. Sexual and reproductive self-determination in the course of new reproductive technologies are interpreted as 'free and equal access' (e.g. Ommert 2007, 24).<sup>13</sup>

By arguing in such a way, these trans/queer arguments and positions implicitly support the increased use and societal establishment of new reproductive technologies. The potential of NRTs to destabilize biological parenthood has led to their social acceptance and at the same



time to the devaluation of social parenthood. Such a standpoint also ignores the fact that long before the emergence of new reproductive technologies 'biological fathering' and social fatherhood could be and were separated. An example of this separation is the 'woman-marriage' or 'gynogamy' practiced by some forty patrilineal societies in South, West, and East Africa. The 'gynogamy' is a marriage between two or more women. This acknowledged, contractual partnership has the aim to start a family and to generate legal descendants. It is thus a form of kinship in which biological, genetic and social parenthood and kinship are fragmented (Tietmeyer 1985, 2, 131; Tietmeyer 1997, 53).<sup>14</sup> The fragmentation of parenthood is thus also possible without new reproductive technologies. Trans/queer approaches therefore tend to suggest that only with the emergence of NRTs has it become possible for people in trans/queer relationships to become parents.

### **Crip/disability studies perspectives on NRTs**

There are currently a number of different scholars spread over Germany and German academic institutions who deal with disability studies themes, although, to date, disability studies is not a 'fully' established 'new' discipline in this sphere. Rather I would describe it as an emerging field, in which the approaches dealing with reproduction and NRTs can

roughly be divided into two strands.

The first strand narrows the topic of reproductive issues and NRTs to a discussion of the moral status of 'the embryo'. It encompasses pro life positions that underline the value of the embryo's life (Zülicke 1996; Dabrock and Klinnert 2001; Spaemann 2001; Rixen 2005; Schockenhoff 2005). These approaches, which often consist of theological or juridical positions, do not include a transgender approach and often ignore questions of gender issues altogether. Sometimes they are even highly problematic for subjects embraced as reproductive subjects, namely for persons classified as White, married, intelligible, heterosexual women. Peter Dabrock and Lars Klinnert in their argument against embryo research suggest, for example, rethinking the German law on abortion under which it is illegal yet possible for women to abort. The law stipulates that an abortion within the first three months of pregnancy is not allowed but is an unpunishable offence provided that the woman seeks independent counselling first (Dabrock and Klinnert 2001, 8). Dabrock and Klinnert assert: 'Moreover there would have to be a necessity to correct the legislation on abortion' (ibid. 8). In fact this would mean making abortions in Germany much more difficult to access again. In this disability studies approach a critique of neo-eugenics is thus played out against a feminist perspective, or more precisely, the

perspective of a pregnant woman is silenced.

The second strand is comprised of feminist disability studies and German feminist approaches. Those working within feminist disability studies and also feminist bioethics are quite sophisticated in grasping neo-eugenics (e.g. Degener 1992; Braun 2002; Graumann 2002, 2005; Waldschmidt 2003; Feldhaus-Plumin 2006; Schultz 2008, 2009). They show that, with the emergence of new reproductive technologies, women are increasingly made responsible for carrying a first and foremost *non-disabled* child to term. Such positions are quite skeptical towards new reproductive technologies. The medical feminist ethicist Hille Haker, for example, has developed a complex perspective on neo-eugenics. She points out that the feelings of women who abort after having conducted prenatal testing are quite ambivalent. Questions of eugenics are also of high concern for her. Haker says:

Does Caroline Stoller describe an 'act of selection'? To me this is not the appropriate way of describing the decision against bringing a child to term that lives with a grave an incurable disease in the 'belly' of a woman. More aptly, I believe, the selective effect plays a role but is not intended as such. When a pregnancy is terminated no position is to be taken regarding the value of this human life;

the woman cannot however – nor can the father, the doctors, the nursing staff, the midwife, or society in general – avoid making a statement of value, implicitly at least (Haker 2001, 128; translation Samantha Taber).

A further strand in crip/disability studies approaches to reproductive issues deals with processes of exclusion from the category of a welcomed reproductive subject, with which people with disabilities are confronted. This strand is discussed in the next section.

### **What can trans/queer perspectives and crip/disability studies perspectives learn from each other?**

All of the aforementioned trans/queer as well as (feminist) disability studies perspectives contain crucial gaps. In this final section, then, I will discuss these gaps and try to develop 'a trans-crip approach'. The usage of quotation marks indicates that my following thoughts do not constitute a fully developed intersectional theory, method or approach. To make this proposal of intersectionalizing transgender and crip approaches fully operative would mean carrying out qualitative research which integrates an intersectional perspective from the very beginning. To date, there are no approaches available which display such a complex and consistently applied intersectional perspective.

Even qualitative approaches in the field of disability and transgender studies which critically deal with reproductive subjectivation in the age of new reproductive technologies are difficult to find. So in the following last part of my contribution I take some of the key insights of each of the discussed fields as starting points for rereading critically some of the main ideas of the other field.

I start by looking at trans/queer approaches from a crip/disability studies perspective. Taking the above mentioned main impetus of trans/queer approaches, namely the positive embracement of NRTs, I claim that a crucial omission is a discussion of the neo-eugenic aspects of NRTs. Then I will look at crip/disability studies approaches and argue that one underlying feature of their critique on the denial of a reproductive identity is a heteronormative tone.

One regularly made assumption in trans/queer approaches to reproductive subjectivation is, as described above, that NRTs offer the possibility to destabilize heteronormative settings of gender, sexuality and kinship. For example, Cathy Griggers writes that the technology of cross-uterine egg transplants opens up a possibility for queer reproduction (Griggers 1994). Griggers refers to a process in which eggs are extracted from a reproductive body. This could be, as Griggers claims, the body of a lesbian woman. Extending her approach it

could also be the body of a transman. Generally, these extracted eggs are fertilised by sperm outside the body, *in vitro*. Therefore this process is called *in vitro* fertilization. The fertilised egg is then transferred to the uterus of the same or of a different person with the intention of establishing a successful pregnancy. Griggers interprets this process as a destabilization of a heteronormative gender order, and supports the usage of new reproductive technologies.

However, when we take the above sketched disability studies critique on neo-eugenics into account, it becomes obvious that Griggers does not mention that there is also a neo-eugenic aspect to these processes. For between the transfer of the embryo from one reproductive body to another the 'quality' of the embryo is generally checked: The *in vitro* embryo is examined to determine whether it fulfills dominant societal norms of a healthy non-disabled future citizen. So the blind spot of such a trans/queer critique is the fact that these new reproductive technologies include neo-eugenic practices.

I will now turn to the question what crip/disability studies approaches could learn from trans/queer ideas; and argue that most work in crip/disability studies to reproductive subjectivation is based on heteronormative assumptions.

One major claim of crip/disability studies approaches to reproduc-

tive subjectivation is the denial of a 'full' reproductive status. In other words, the status of a 'reproductive subject' is not bestowed on people with disabilities, so that, in effect, motherhood and fatherhood does not seem to be an appropriate societal option for them (Waldschmidt 2003; Hermes 2004; Prilleltensky 2004, 55; Manz 2007; Onken 2008; Pixa-Kettner 2008). The ability to reproduce and bear offspring is understood by these commentators to represent an essential component of women's gender identity, and thus the glorification of motherhood is inextricably connected with the promise of social recognition. In other words, from the perspective of many women with disabilities, the appellation to be a reproductive subject appears not to be a burden but a privilege (Prilleltensky 2004, 54-55).

Some women with disability react towards these exclusions by embracing NRTs. From their perspective the usage of NRTs would enable them to lead a more 'normal' life (Krones 2005, 2006). Gisela Hermes for example shows that some women with disabilities are in favour of PND because the birth of a non-disabled child means the promise of being perceived less disabled by their environment: 'when the birth of a non-disabled child is tied to a disabled person's hope of coming a bit closer to normality and social acceptance, then the desire for the most perfect child possible comes

to the fore' (Hermes 2004, 36).

Such a positive judgement of NRTs resembles the earlier sketched trans/queer positions. However, from a trans/queer perspective, which seeks the destabilization of heteronormative gender regimes, this postulation appears difficult. The consequence of it would be to install biogenetic motherhood or fatherhood as an inherent feature of a 'disabled identity'. Thus, the transcrip perspective on NRTs, that I suggest, would interrogate the identity of the reproductive subject and would not support a view of motherhood or fatherhood as an inherent feature of either a trans/queer or a crip identity.<sup>15</sup>

This would mean, for example, critically interrogating the above mentioned disability studies perspectives on neo-eugenics. The first strand of disability studies approaches displays a narrow perspective on eugenics by underlining the value of disabled people's lives and hence, the disabled embryo's value, while forgetting the fact that the 'life' of any embryo is always already embedded in socially constituted, gendered settings. These settings could also include the pregnancy of a transman or the fact that a transwoman fathers a child. In other words, to fight new forms of eugenics effectively the basis of heteronormative and ableist reproductive subjectivity must be better understood.

A critical trans/queer perspec-

tive would also interrogate positions such as Haker's which deal with a very specific, i.e. a *privileged* reproductive identity. Feminist positions on new reproductive technologies do display an intersectional perspective, as they contain a feminist position and at the same time thematize neo-eugenics. However, they first and foremost engage with discrimination against non-disabled women. Furthermore, such perspectives ignore a transgender perspective and imply a heteronormative bias, as they take the intelligible woman and the heterosexual couple for granted. In sum: a trans-crip perspective would enrich German feminist and disability studies approaches to reproductive technologies, as questions of heteronormativity are often neglected in Germany and the German speaking countries (Raab 2007, 128, 138).

Finally, in an age of new technologies this would mean that biogenetic or heterosexual parenthood would not be considered as an ultimate aim, but instead a call for a more open reproductive subjectivation. Such an interrogation could have positive effects for people who benefit from the privilege of being perceived as 'normal' - namely the heterosexual, non-disabled, married man or woman. It could mean creating structures in which it becomes possible to raise children beyond the nuclear heterosexual family or interrogating the pressure to have one's own biogenetical child.

This could in turn for example lead to less pressure for the '38 year old childless woman' who feels excluded from her environment because she is the only one who does 'not have a child yet'.

What, then, has been the aim of this paper and what is its conclusion? This contribution to critical work on NRTs argues for a vibrant conversation about the technology between approaches in trans/queer and disability studies. Although each of these theoretical fields deals with the topic of reproduction, it does so with little or no reference to the insights of the others. Hence, I have attempted to show how notions of reproductive subjectivation could be extended in each field: the transgender debate about NRTs which is often limited to arguments about access to the technologies could be extended to consider questions about neo-eugenics. In return, the debate on eugenics and reproduction in the field of disability studies could be enriched by a broader understanding of the very category of disability.

## Endnotes

<sup>1</sup> Reproductive technologies in principle encompass all technologies which are used in the context of reproduction: abortion, contraception or techniques of 'self-fertilization' like the introduction of a tampon which has been soaked with sperm. In the following text, however, I use the term new reproductive technologies (NRTs) in a narrow sense

for a reproduction which is increasingly technologized. NRTs then refer to technological practices which 'technologically' intervene into the act of fertilization and pregnancy namely in-vitro fertilization, prenatal diagnostics or pre-implantation diagnostics.

<sup>2</sup> When I was doing my research on theoretical approaches to reproduction and new reproductive technologies there were no published articles available that could be located explicitly in the emerging 'field' of transgender studies (Stryker 2006; Haggerty and McGarry 2007). For this reason I refer to queer approaches and as necessary expand on them with perspectives from transgender researchers and activists. Transgender/queer or trans-crip, as I understand the terms, thus represent critical perspectives on heteronormativity. Heteronormativity is understood here as a framework based on a constitutive and hierarchizing relationship of binary conceptions of gender and of heterosexuality, in which reproduction is naturalised and assumed only when one has the 'correct' body, i.e. able bodied and heterosexual.

<sup>3</sup> In the past the term *crip* was used to humiliate people with disabilities. It has since been picked up and rearticulated by them (Clare 1999, 70; Sandahl 2003, 36). The term crip theory has not yet gained wide recognition in the academy (Sandahl 2003, 52). I employ it as the parallel to queer: *crip* is something that is done. It denaturalizes and transgresses notions of disability. Where disability politics aim at an acknowledgement of disabled identities (e.g. Riegler 2006), crip politics strives to produce anti-assimilationist strategies and to eliminate these identities. I will use the term *trans/queer-crip* in order to encompass both perspectives as well as to ask how both of these categories influence and transform each other and what kind of differences or analogies they represent.

<sup>4</sup> For an extensive examination of the Ger-

man situation regarding the law on transsexuality, review of jurisdiction and law literature see the publications of Adrian de Silva (2005), who is currently working on a comparative perspective on German and British legislation and surrounding debates. For a broad perspective on the law situation for trans persons see also Whittle (2002).

<sup>5</sup> This reveals a divergence of standpoints between transmen and intersexuals. Georg Klauda has underlined that, in contrast to transmen and transwomen, intersexuals reject the notion of an intelligible gender identity (Klauda 2002, 42). With reference to the TSG this is problematic in that, in the current legal practice, intersexuals are also regularly referred to the TSG (Kolbe 2008, 12).

<sup>6</sup> In my judgment what is manifested here is a well-justified rejection of the idealizing appropriations of gender approaches, which seek to find the hegemonic reproductive order undercutting subject par excellence in the pregnant transman.

<sup>7</sup> Brauckmann also interprets the removal of the uterus and ovaries as 'a significant encroachment on the physical integrity of a person' (Brauckmann 2002, 79).

<sup>8</sup> Even women who locate themselves as non-heterosexual are excluded by the prescriptions of the National Doctors' Chamber from using reproductive technologies (Bundesärztekammer 2006, 1400); homosexual men meanwhile are not allowed to donate to sperm banks (Daniels 2006, 74). Gays and lesbians however are not confronted with compulsory sterilization. The ideal reproductive subject is thus not only a person for whom a clear sex can be imagined but also one who exhibits a practice of desire that is directed toward the supposedly 'other sex'.

<sup>9</sup> For further discussions of sterilization in



the Weimar Republic, see Bock 1986; Usborne 1994; and Weingart et. al. 1988.

<sup>10</sup> The law was passed in July 1933. Its enactment was one of the first acts by Adolf Hitler after achieving control.

<sup>11</sup> The term 'Betreuung' refers to a form of guardianship without the precondition of an 'incapacitation' of the adult. The main impetus of the law is to strengthen the needs of the person in the case of legal support and representation. According to the law, the Betreuer has to find out and to obey the wishes of the disabled person, as long as they are not likely to be harmful for the disabled adult. Before taking important decisions on behalf of the person, the Betreuer shall try to find out and to discuss if possible the personal wishes of the disabled adult (Wagner-Stolp 2004).

<sup>12</sup> In *Gender Trouble*, Butler develops a queer perspective on the inherent heteronormativity of gene determination, the theory of the testisdetermining gene. In 1987, this gene was defined as the crucial gene, that was assumed to be responsible for sex development (Butler 1991, 159-160).

<sup>13</sup> For example, transgender associations like Transmann e.V. (2005) postulate the possibility, even after compulsory sterilization, of fathering their 'own,' that is biogenetical, child. New reproductive technologies are thus discussed as a possibility for fulfilling the wish for a biogenetical child, even after the surgical or hormonal intervention.

<sup>14</sup> I would like to thank Ulrike Schultz for this comment.

<sup>15</sup> Heike Raab postulates a *strategic* appropriation of gender identity in a disabling world which deprives people with disability of their erotic and sexual potentials (Raab 2007, 141), which could be extended to a

critical-reflexive appropriation of a reproductive subjectivity. Raab deals extensively with heteronormativity but not with questions of reproduction. She also does not explicitly include transgender perspectives in her publication, but, I suspect, if asked she would certainly agree on the importance of a transgender perspective.

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