

SHOULD WE PREVENT NON-THERAPEUTIC MUTILATION AND EXTREME BODY MODIFICATION?

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Keywords

*mutilation,
body modification,
harm to self,
duties to oneself,
voluntariness,
paternalism*

ABSTRACT

In this paper, I discuss several arguments against non-therapeutic mutilation. Interventions into bodily integrity, which do not serve a therapeutic purpose and are not regarded as aesthetically acceptable by the majority, e.g. tongue splitting, branding and flesh stapling, are now practised, but, however, are still seen as a kind of 'aberration' that ought not to be allowed. I reject several arguments for a possible ban on these body modifications. I find the common pathologisation of body modifications, Kant's argument of duties to oneself and the objection from irrationality all wanting. In conclusion, I see no convincing support for prohibition of voluntary mutilations.

INTRODUCTION

Consider two cases: Ms A sees a doctor to get a breast amputated. She suffers from breast cancer. Her doctor has recommended the treatment and she has agreed. It is a straightforward case of a legitimate intervention into bodily integrity, because it is based on voluntary informed consent. Ms B also sees her doctor to get her breast amputated. She does not suffer from cancer but is a highly ambitious archer, who believes that her athletic abilities will be considerably enhanced by the amputation. She has read widely about the Amazons and therefore knows about the optimal preconditions of drawing a bow when the obstructing body part is removed. So in the case of Ms B we can also identify an example of voluntary mutilation. But the proposed

intervention nevertheless does not seem to be justified. Why?¹

We could argue that Ms B, in contrast to Ms A, does not have a valid claim to get her breast amputated, because the desired amputation does not serve a reasonable cause like preventing premature death. In order to argue this way we need an account of what can and what cannot be accepted as a justification of voluntary mutilation.² In the following,

¹ In order to be able to disregard obvious objections, which are not important for what I am trying to establish, I presuppose that Ms B is competent, medically informed and prepared to bear the costs of the intervention and possible consequential disadvantages. I also presume that the surgeon does not see the amputation as a violation of his professional duties.

² I do not distinguish between voluntary *self*-mutilation (maiming) and mutilation by others on grounds of informed consent.

I want to scrutinise the considerations which might explain and possibly justify the common discomfort regarding non-therapeutic mutilation.³ If we want to prevent or ban it, we need such a justification, because in liberal societies any intervention into individual self-determination needs the support of a good reason.

Although my leading question is phrased in legal terms, we need to consider moral and prudential issues as well, i.e. whether it might be wrong or unreasonable to self-harm. Although the latter considerations are only a starting point and we might opt against legally preventing voluntary body modifications for other reasons, e.g. economic costs, they are significant in order to at least fulfil a necessary condition of banning non-therapeutic mutilations. If they cannot be shown to be immoral or at least irrational, it would be difficult to justify its legal prevention.

I believe that the case of extreme body modification is an ultimate test-case for liberal bioethics. It directly confronts two characteristics of a liberal attitude, namely to accept competent decisions even where they seem to be clearly unwise (anti-paternalism) and not to impose particular conceptions of the good on other people (neutrality). It seems that liberals need to drop either belief if they want to prevent non-therapeutic body modifications.

The history of mankind is full of examples of bodily mutilation inflicted for ritual, or other cultural, reasons. It could even be argued that the very transgression of given bodily appearance is an instance of exclusive human freedom.⁴ Animals do not mutilate themselves for reasons other than saving their lives. Accordingly, tattoos and ear piercings are agreed to almost universally, and so too are more severe interventions into bodily integrity, like circumcision, accepted in

many cultures. Some body mutilations or modifications, e.g. sterilisation or sex change, have become available in recent years through medical technology and are now also widely established and often acclaimed.

More contested examples of interventions specific to cultures are body stretchings, which can be found in many African tribes. Stretchings of the earlobes and lips to the size of a saucer, considerably elongated necks and even skull deformations are practised. And of course there is the well-known tradition of bound feet in some East Asian countries, which had been performed at least until the 20th Century and seemingly still today in some rural areas.⁵ What seems morally controversial in these cases is the lack of informed consent, since they are often carried out on infants or little children. But since similar or the same bodily modifications are done today on adults with their consent, common disgust provoked by them needs to be based on concerns other than the absence of competence to consent.

One of the most noticeable examples of mutilations which are widely condemned, on the other hand, is clitorrectomy (or female genital mutilation for an evaluative expression), which is practised in some Islamic countries. I believe that this very case illustrates that the rejection of at least some body modifications is not based on lack of consent alone but on implicit value-judgements, which supposedly serve to set limits on legitimate alterations of bodily appearance.⁶

However, it seems that value-judgements regarding interventions into bodily integrity, even the usage of terms like 'mutilation' versus the more neutral 'body modification', are based on nothing more than cultural and probably religious preferences. There seems to be no noticeable qualitative difference between, say, tattoos and aesthetic branding, and there is also no noticeable discrepancy in terms of the inflicted pain or health risk involved.

³ Since I am dealing mainly with non-therapeutic mutilations, I will not discuss the related example of Body Integrity Identity Disorder, which might justify the amputation of healthy limbs on grounds of an alienation of patients from these body parts (T. Bayne & N. Levy. *Amputees By Choice: Body Integrity Identity Disorder and the Ethics of Amputation*. *J Appl Philos* 2005; 22: 75–85). Although I see a relation of these cases to voluntary mutilation, I take the mentioned interventions to be therapeutic, because they aim at treating a peculiar symptom of a mental disorder. Whether amputation of healthy limbs is justified by that motive is, of course, a different issue.

⁴ G. Bataille. 1992. *Orig. 1954. Sovereignty*. Transl. Robert Hurley. *The Accused Share*. Vol. 3, New York: Zone Books.

⁵ S.R. Cummings & K. Stone. Consequences of foot binding among older women in Beijing, China. *Am J Public Health* 1997; 87: 1677–1679.

⁶ The practice is illegal in Britain under the Prohibition of Female Circumcision Bill from 1985, even if performed on competent adults, cf. S. Sheldon & S. Wilkinson. *Female Genital Mutilation and Cosmetic Surgery: Regulating Non-Therapeutic Body Modification*. *Bioethics* 1998; 12: pp. 263–285.

What many regard today as a repellent mutilation, e.g. tongue splitting, cuttings, subcutaneous implants and flesh staplings, have their precursors in piercings and other almost universally accepted modifications.⁷ I therefore believe that the easy dismissal of the body modification community as a bunch of eccentrics or pathological cases ought to be rejected.⁸ They have as their forerunners several tribal cultures, hence often refer to themselves as ‘modern primitives’, and some avant-garde artists, e.g. the Italian Futurists, who also perceived the body as material for the accomplishment of intended aims.⁹ Grounds for rejecting body modifications are not as straightforward as many people would like to think.

There are five possible arguments against voluntary mutilation which I will discuss, though not all of them in detail: i) Self-mutilation is never really voluntary, but is caused by pathological beliefs and desires, or is a side-effect of mental disorder; ii) it violates moral duties to oneself; iii) it violates moral duties to others or harms other people; iv) it contravenes nature’s purposes; v) it is unreasonable or irrational.¹⁰

⁷ F. Musafar. 1996. Body-Play: State of Grace or Sickness? In *Bodies Under Siege: Self-Mutilation and Body Modification in Culture and Psychiatry*. Second Edition. A.R. Favazza. Baltimore: Johns Hopkins U.P.: 325–334. Examples of these practises can be seen on the website of the *Body Modification Ezine*: <http://www.bmezine.com> [Accessed: 21 March 2006].

⁸ I am aware of only one serious scientific article on body modification, which does not set it in a psychiatric context from the outset: M. Benecke. First Report of Nonpsychotic Self-Cannibalism (Autophagy), Tongue Splitting, and Scar Patterns (Scarification) as an Extreme Form of Cultural Body Modification in a Western Civilization. *Am J Forensic Med Pathol* 1999; 200: 281–285.

⁹ ‘We believe in the possibility of an incalculable number of human transformations, and without a smile we declare that wings are asleep in the flesh of man.’ F.T. Marinetti. 1991. Orig. 1911. Multiplied Man and the Reign of the Machine. In *Let’s Murder the Moonshine: Selected Writings by F.T. Marinetti*. R.W. Flint, ed. Los Angeles: Sun and Moon Press: 90–93. Another famous slogan of the Italian Futurists reminds of Julien Offray de La Mettrie’s study *Machine Man* (Cambridge: Cambridge U.P. 1996. Orig. 1747): ‘We feel mechanically. We feel made of steel. We too are machines, we too are mechanized!’ E. Prampolini, I. Pannaggi & V. Paladini. *Mechanical Art: Futurist Manifesto* (1922). Available at: <http://www.futurism.org.uk/manifestos/manifesto57.htm> [Accessed 31 March 2006].

¹⁰ Apart from the bill on Female Genital Mutilation, I was not able to track down any legal regulations concerning extreme voluntary body modifications. Since so far most cases only concern minor interventions like piercing and tattooing, there still seems to be no need for regulation, besides already regulated issues of safety, hygiene, and consent. In

1. PATHOLOGISATION

There is a lot of material on self-mutilation in the psychiatric literature. For example, self-cutting is identified as a common symptom in Borderline Personality Disorder. Self-mutilation is therefore usually regarded as a symptom or side-effect of pathological processes. But these psychiatric cases are not relevant to my concerns in this article, since they are clearly instances of non-voluntary or compulsive behaviour. It seems straightforward that many cases of self-mutilation can indeed be perceived as a ‘morbid form of self help’,¹¹ but it seems less obvious that *all* the examples I gave in the introduction can be pathologised in the same way.¹² If it would indeed be possible to show that every single instance of self-mutilation is caused by mental disorder, then we could deny the very reality of the phenomenon I am talking about. Voluntary, non-therapeutic mutilation then would not exist, it would be a contradiction in terms.

In order to reject this argumentation I would need to thoroughly scrutinise the criteria of voluntariness. I will not have the space to do so, but I want to stress that voluntary action and decision is usually established by the formal characteristics of lack of internal and external coercion or foreign control and not by the substance of the action or decision. Hence the *process* of decision-making and not the content of the decision itself is responsible for establishing its voluntariness. Therefore, there is no general reason to support the ‘disorder’ claim, but plenty of specific cases which, on investigation, at least seem to be

Britain, and other countries, the common clause of ‘grievous or actual bodily harm’ may apply in some cases, because it even rules out interventions which are done by consent. Germany has a peculiar paragraph in its penal law (§228) that prohibits acts that ‘offend good morals’ (*wider die guten Sitten*), i.e. are *contra bonos mores*. This paragraph also applies to consented acts. The state of Illinois planned to ban tongue splitting unless performed for therapeutic or clinical reasons. This clause was dropped and the only proviso now is that a person from the medical profession performs the act. Available at: <http://ilga.gov/legislation/publicacts/fulltext.asp?Name=093-0449>. [Accessed 30 March 2006].

¹¹ Favazza, *op. cit.* note 7; p. xix.

¹² V.L. Pitts. Body Modification, Self-Mutilation and Agency in Media Accounts of Subculture. *Body and Society*, 1999; 5: 291–303; V.L. Pitts. 2003. *In the Flesh: The Cultural Politics of Body Modification*, New York: Palgrave: 23ff.

obvious examples of voluntary mutilation, be they comprehensible and acceptable or not.¹³

One might object that the choice of self-mutilation cannot be regarded as voluntary, even under the formal approach, because social determinants coercively contribute to the will-formation of the possible self-maimers. Like anorectic adolescents, who seem to be strongly influenced by aesthetic ideals of their community, people contemplating body modifications may be manipulated by social pressure. But, firstly, all individual choices have a social aspect in being influenced by other people. It would need to be established when a social determinant becomes a normatively problematic case of manipulation or coercion. I do not see that this can be easily shown for the cases I am dealing with. Secondly, people who perform these body modifications hardly follow common social aesthetic ideals. On the contrary, they are still very often disrespected for their very appearance. So self-mutilation cannot be rejected for its alleged pathological or involuntary nature.

More positively, it can even be argued that the choice of body modifications coheres with the Western ideal of developing personality. One of the movement's main spokespersons, Erik Sprague, known as 'The Lizardman', says: 'Embrace your individuality: The unexamined life is not worth living because it is at best a pale imitation of life. So, examine your life. Devote time and consideration to your motivations, decisions, and goals. Take hard looks at them all. Actively engage in the process of self-definition. Make a concerted effort in all things to assert and express yourself as an individual rather than as a category or role.'¹⁴ Since the body is an essential part of the self, it does seem to fit into the ideal of self-development according to individual projects and life-plans. So why not shape the body according to individual tastes?

Having rejected the outright pathologisation of self-mutilation, I want to use the rest of the paper to inspect philosophical arguments which may be relevant for the evaluation of voluntary mutilation. Three important considerations are: duties to

oneself (section 2), the value of autonomy vs. possible offence to others (section 3), and the concept of well-being and harm (section 4). I will conclude that none of these provides a firm justificatory basis for a rejection of voluntary body modifications.

2. DUTIES TO ONESELF

In the *Metaphysics of Morals*, Immanuel Kant attempts to justify duties to oneself.¹⁵ Interestingly, he explicitly mentions self-maiming as an example of a violation of this special kind of duty. If his argument succeeded we would indeed have a strong case for the rejection of many voluntary mutilations. But I contend that the notion of a duty to oneself is a non-starter, since the rights and duties are assembled in one and the same person. It seems obvious that a person (in the role of a rights-holder) could release himself from carrying out the duty. If so, there can be no binding of the individual will by the specific duty whatsoever. Therefore, the idea of self-regarding duties seems vacuous.¹⁶

It is to Kant's credit that he is aware of this problem and that he begins his analysis with an attempt to explain away the seeming contradiction. On one occasion he refers to the familiar rule *volenti non fit iniuria*, which translates: no one is wronged willingly.¹⁷ It is clearly an injustice to violate a duty, but if someone releases another person from acting according to a duty by consenting to the act which would violate the duty, then, according to the mentioned principle, no injustice is done. In the case of a self-regarding act or omission, the consent of the person affected has to be presumed *by definition*, because the subject and the object of the duty are one and the same person – hence the seeming antinomy in the idea of duties to oneself.

Kant solves the philosophical problem by splitting the personal union of human beings. He introduces two conceptions of man, the rational being (*homo noumenon*) and the natural being (*homo*

¹³ J. Feinberg. 1986. *Harm to Self*, Oxford: Oxford U.P.: 124ff.

¹⁴ E. Sprague. Self-Definition and Body Modification & Ritual. Available at: <http://www.bmezine.com/news/lizardman/20031113.html> [Accessed 31 March 2006].

¹⁵ I. Kant. 1996. Orig. 1797. *Practical Philosophy*. The Cambridge Edition of the Works of Immanuel Kant. M.J. Gregor, transl. and ed. Cambridge: Cambridge U.P.: 543ff. [6:417ff.]. (Page numbers in square brackets refer to the pagination of the standard German Edition).

¹⁶ M.G. Singer. On Duties to Oneself, *Ethics* 1959; 69: 202–205.

¹⁷ Kant, *op. cit.*, note 15, p. 547 [6:422].

phenomenon). According to him, there is no contradiction in duties to oneself, because a person as rational being binds the will of himself as a natural being. Although this solution looks rather obscure, I believe that Kant need not rely on this argument alone, because he could also maintain that on his account it is not (morally) permissible to release oneself (or another person) from the duty not to debase humanity.¹⁸ So there might be specific duties, stemming from our respect for moral personhood, which cannot be waived; hence the idea of duties to oneself would make sense after all.

But why is self-mutilation an instance of a violation of self-regarding duty? Self-maiming, according to Kant, contravenes self-preservation, which is a necessary condition of morality itself. Just as suicide is a (moral) crime, ‘partial suicide’, i.e. self-mutilation, is also morally wrong.

A human being cannot renounce his personality as long as he is a subject of duty, hence as long as he lives; and it is a contradiction that he should be authorized to withdraw from all obligation, that is, freely to act as if no authorization were needed for this action. To annihilate the subject of morality in one’s own person is to root out the existence of morality itself from the world, as far as one can, even though morality is an end in itself. Consequently, disposing of oneself as a mere means to some discretionary end is debasing humanity in one’s person (*homo noumenon*), to which the human being (*homo phenomenon*) was nevertheless entrusted for preservation.

To deprive oneself of an integral part or organ (to maim oneself) – for example, to give away or sell a tooth to be transplanted into another’s mouth, or to have oneself castrated in order to get an easier livelihood as a singer, and so forth – are ways of partially murdering oneself.¹⁹

¹⁸ A. Reath. 2002. Self-Legislation and Duties to Oneself. In: *Kant’s Metaphysics of Morals: Interpretative Essays*. M. Timmons, ed. Oxford: Clarendon Press: 356.

¹⁹ Kant, *op. cit.* note 15, p. 547 [6:422f.]. The formulation that a person, in committing suicide, is using himself as a mere means, is in line with the respective claim in the *Groundwork* (Kant, orig. 1785, *op. cit.* note 15, p. 80, [4:429]). I refer to the *Metaphysics of Morals*, because his account of self-regarding duties in this later text is more detailed and because I fail to make sense of the idea that someone – while doing something *self-regarding* – may fail to treat himself (also) as an end.

Even if we accepted Kant’s dubious argumentation against suicide, his approach would still not suffice to morally condemn voluntary self-mutilation. After all, by mutilating oneself the conditions for the ability to act morally are neither threatened nor removed. Kant’s own example of tooth-explantation makes this far too obvious. The reference to “partial suicide” does not help either, because we have to acknowledge a categorical, not merely gradual, distinction between self-mutilation and suicide.²⁰

Alternatively Kant interprets self-mutilation as a threat to the purposes of human nature.²¹ For there to be a categorical imperative at all, there must be, according to Kant, ends which are themselves duties.²² The relevant (i.e. self-regarding) end, which is itself a duty, is self-perfection or the overcoming of human animality.²³ Self-perfection is explained in terms of abilities relevant for morality (e.g. understanding, the good will). Having the ability to acting morally, again, means to be able to set one’s own rational goals.

The capacity to set oneself an end – any end whatsoever – is what characterizes humanity (as distinguished from animality). Hence there is also bound up with the end of humanity in our own person the rational will, and so the duty, to make ourselves worthy of humanity by culture in

²⁰ Denis (L. Denis. 2001. *Moral Self-Regard: Duties to Oneself in Kant’s Moral Theory*. New York/London: Garland: 101) explains Kant’s analogy between killing oneself and self-maiming by his premise that he ‘considers the person to be a whole composed of physical and rational aspects’. But that does not make Kant’s claim more agreeable, since the self-maimer is still a whole person after performing the act.

²¹ The reference to human nature ought not to be interpreted in a biological way.

²² Kant, *op. cit.* note 15, p. 516ff. [6:384ff.]

²³ Kant seems to draw two distinctions which make the same point in analogous fashion: Firstly, he differentiates between negative worsening, or even removal, of the ability to morally self-improve, which is a violation of a perfect, negative duty to oneself, and the further enhancing of one’s own moral abilities, which is an imperfect, positive duty to oneself (Ibid: p. 544f. [6:418f.] and p. 566f. [6:446f.]; Denis, *op. cit.* note 20, p. 110, also mentions Kant’s notions of ‘moral health’ and ‘moral prosperity’ as objects of the respective duties). He secondly distinguishes between perfection in a quantitative (material) and a qualitative (formal) sense. I take it that the duty to perfection in the qualitative sense implies the non-neglect (negative) of specific capacities which are necessary for a certain end, i.e. becoming a moral person (see esp. Kant, *op. cit.* note 15, p. 517f. [6:386f.]). Kant explicitly says that moral perfection is – in terms of the qualitative interpretation – a perfect duty, but – in terms of its degree (i.e. quantitatively) – an imperfect one (Ibid: p. 241 [6:446]).

general, by procuring or promoting the *capacity* to realize all sorts of possible ends, so far as this is to be found in man himself. In other words, the human being has a duty to cultivate the crude predispositions of his nature, by which the animal is first raised into the human being. It is therefore a duty in itself.²⁴

To be sure, this argument leaves open whether every form of self-mutilation threatens self-perfection and, if not, which do. Nevertheless, it may be argued in a Kantian spirit that every self-mutilation involves an impairment of bodily functional abilities, and that this equals a violation of duty, because, according to Kant, it is a self-regarding moral duty to obtain, preserve and possibly enhance these abilities.

I believe that even this putative reasoning applies to only a few cases of self-mutilation. Undeniably, Kant could claim that every mutilation entails a comparative deterioration of individual abilities to act, because bodily functional abilities are impaired or even removed. But it is not straightforward why a comparative restriction of abilities causes moral problems, as long as the ability to act morally is preserved in principle. Is there a duty to act (morally) as efficiently as possible? I believe that in order to answer this question in the affirmative one would need further premises, e.g. a different perfectionist approach to human capacities such as Aristotle's teleological *ergon*-argument.²⁵ But Kant's theory does not contain any premises of this sort; his claim that self-perfection is a *duty* (i.e. not merely something which is good for us), is nothing more than an unfounded assertion.

Even if we ignore the gradual problem – why is self-perfection a duty? – there is a further, qualitative problem: What are the abilities we need in order to act morally? Whatever they are, obviously not all of them are impaired by acts of self-mutilation. For example, it does not seem likely that someone weakens his or her *moral* capacities by ripping out a tooth or even by amputating a breast.

Last but not least there is a possible objection to Kant's condemnation of self-mutilation, which accepts his own premises. Kant is led by the belief that our specific human abilities generate autonomy of the will and hence the ability to give oneself a law upon which to act. The duty of self-perfection also has its foundation in this very characteristic. But the modification of our given body, the transgression of its natural limits, might be interpreted as the best accomplishment of human freedom. As I have stressed before, what is regarded by some as mutilation, others see as a perfection of their physical appearance. According to this line of argumentation, the manipulation of one's own bodily constitution is part of self-perfection. Kant's example of the castrato appears in a different light. He manifests the highest possible achievement of human ability to sing. Therefore, not every instance of voluntary mutilation need be seen as a violation of duties to oneself, even on Kant's own account.

It is possible that many readers will object to my careless identification of Kant's conception of autonomy with plain, unqualified self-determination. After all, his argument does not aim primarily at possible impairments of bodily abilities but at the renunciation of our own nature as moral beings in the case of – what he likes to call – partial self-murder. According to Kant, such a purpose cannot be chosen autonomously. But this defence is futile. It merely paraphrases his dubious assertions. Kant's supposition that voluntary mutilation violates our autonomy and debases our moral personhood simply begs the question.

3. THE HARM PRINCIPLE

There is another idea contravening the plausibility of preventing non-therapeutic mutilations, an idea that is widely accepted in liberal societies: the harm principle, most clearly stated by John Stuart Mill, which holds that only actions which harm or threaten to harm other people may be coercively prevented. If no other person is affected, we may not infringe liberty, though we may criticize a person for his behaviour. Hence the claimed individual liberty spans over almost the whole area of

²⁴ Ibid: p. 522f. [6:392].

²⁵ Aristotle. 2000. *Nicomachean Ethics*. R. Crisp, transl. and ed. Cambridge: Cambridge U.P.

personal affairs. Nobody may be coerced into acting for his (alleged) own good. Mill explicitly holds that a person is sovereign over his own mind and body.²⁶

Mill is mainly interested in legal issues. He restricts the sphere of possible legal interventions to acts which affect others. On this thesis we could argue that, because self-mutilation and body modifications merely affect the person in question, they are legally permitted.²⁷ If interventions into bodily integrity are done by other people, they are allowed if they are done on grounds of the voluntary consent of the affected person.²⁸

To be sure, Mill does allow for critique of seemingly offensive behaviour, hence we should not view the private sphere as completely removed from any social influences on his account.²⁹ He might even be read in a way that allows for the moral (in contrast to legal) condemnation of self-regarding acts. However, we have already seen the problems of regarding self-mutilations as immoral acts. It is surely difficult to square the idea of self-regarding acts as part of morality with the modern idea of morality as a system of solving interpersonal

conflicts of interest. Consequently Mill, for one, objects to moralisation and eventual legal prohibition of acts which only affect a person's own sphere. Since everyone is pursuing their own good life, a person is entitled to find out for themselves what they regard as good for them. Whoever is able to make their own judgements on these matters³⁰ may not be stopped, even if their chosen course of action ends in mishap.

Nevertheless, we might look for support of this argument against severe body modifications in Mill's own account, which is generally anti-paternalistic, but still seems to allow for interventions in cases where someone acts against his own very basic self-interest.³¹ One example to be discussed here is voluntary enslavement, which Mill explicitly disapproves of.³² Similar to Kant, he seems to use a transcendental argument at this point. According to Mill, it would be contradictory to apply a principle, which ought to secure individual freedom as far as possible, in a way which undermines the very conditions of making use of individual freedom. Consequently, one might try to make a case for interpreting specific forms of body modification as impairments of the very basis for self-determination, and therefore as acts which ought to be rejected.³³ I will scrutinise a variation of this argument in the next section.

We can conclude from the discussion of Kant's and Mill's theories that, although there are no grounds for *moral* disapproval of voluntary mutilation, there is still room for objections. After all, maiming oneself quite likely implies a serious impairment of individual health. So instead of counting on morals, objections should better relate to the self-interest of the self-mutilator. It seems plainly irrational to maim yourself voluntarily or let someone else mutilate you.

²⁶ 'One very simple principle, as entitled to govern absolutely the dealings of society with the individual in the way of compulsion and control, whether the means used be physical force in the form of legal penalties, or the moral coercion of public opinion. That principle is, that the sole end for which mankind are warranted, individually or collectively, in interfering with the liberty of action of any of their number is [...] to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant. He cannot rightfully be compelled to do or forbear because it will be better for him to do so, because it will make him happier, because, in the opinions of others, to do so would be wise or even right. [...] Over himself, over his own body and mind, the individual is sovereign.' (J.S. Mill. 1998. Orig. 1859. *On Liberty and Other Essays*. Oxford World's Classics. John Gray, ed. Oxford: Oxford U.P.: p. 13f). Mill explicitly refers to the concept of duties to oneself on p. 87.

²⁷ One might argue that other people may be shocked by seeing people with severe body-mutilations, hence are harmed. I agree that Mill's theory is not specific enough on cases like these, but I would like to mention two rejoinders anyway: Firstly, squeamishness is not a good basis for prohibitions. People also used to be shocked by gay people kissing in public. Secondly, there are people with severe disfigurements which also shock others by their mere physical appearance. Should they consequently be excluded from appearance in public?

²⁸ Mill extensively deals with the common objection that *every* act might affect other people by giving a bad example. To my mind, he rejects it convincingly, *Ibid*: p. 88ff.

²⁹ 'Human beings owe to each other the help to distinguish the better from the worse, and encouragement to choose the former and avoid the latter.' Mill, *op. cit.* note 26, p. 84.

³⁰ This does not apply to children and mentally impaired people, according to Mill.

³¹ D. Lyons. 1994. *Rights, Welfare, and Mill's Moral Theory*. Oxford: Oxford U.P.: p. 132ff.

³² Mill, *op. cit.* note 26, p. 113ff.

³³ The 'basis' referred to here is the material precondition of self-determination, namely a functioning body. It is not enough to reject this argument by referring to body modification as expression of one's own freedom.

4. SELF-INTEREST

It is hard to deny that many cases of mutilation and other body modifications impair bodily functional ability. Almost all of these interventions cause pathological conditions, e.g. destroyed skin tissue. Since health is a precondition of the pursuit of our projects and goals it is an important prudential value. Therefore, we might reject mutilations, even where they are done voluntarily, for reasons of their irrationality.³⁴

Hard-nosed anti-paternalists would not be impressed by this move, of course, because they do not take irrationality to be a sufficient criterion for paternalistic intervention. Unreasonable actions might, after all, be voluntarily chosen. However, people who are less committed on this issue might want to act paternalistically in these extreme cases. In order to justify their intervention they would have to show that self-mutilation is indeed an instance of harm, severe enough to justify its prevention. Surprisingly, this is not as easy to establish as expected.

The argument relies on the presuppositions that, firstly, severe body modifications can be defined as pathological conditions and, secondly, that they are necessarily bad for a person. While the first might be more or less straightforward, the second needs more treatment. If a person mutilating herself disagrees with the judgement that she is harmed by this very act, then – on this account – she has to be wrong about her own well-being. We might want to say that, at least in this respect, human well-being is objectively defined by a norm of health, which again is defined by normal functional ability. What is good

for us, as regards bodily health, does not seem to depend on whether we subjectively regard it as good.

Many mutilations indeed worsen certain abilities like mobility. But it seems to me that the existence of a comparative disadvantage is not sufficient to justify an intervention. We do, of course, in many cases accept the worsening of abilities for idiosyncratic reasons, without even considering to prevent it. Consider for example the common unhealthy lifestyles which result in even graver impairments of motility than common mutilations. In addition, bodily health is only one aspect of our well-being and probably not even the most important one. If people voluntarily choose to mutilate their flesh, we better assume that they take it to be in their interest. I therefore believe that voluntary mutilation should be regarded non-pejoratively and labelled ‘body modification’.

5. CONCLUSION

I have discussed several arguments against voluntary body modifications. Not all people who voluntarily opt for these interventions can be regarded as suffering from mental disorders. Voluntary body modifications do not violate self-regarding duties and they do not amount to instances of harm severe enough to justify interventions.³⁵ As long as there are no other, better, arguments available which may lead us to a different assessment, I conclude that severe body modifications ought to be permitted.³⁶

³⁴ B. Gert, C.M. Culver & K.D. Clouser. 1997. *Bioethics. A Return to Fundamentals*, Oxford: Oxford U.P.: p. 26ff. and 93ff. The term prudential value stems from James Griffin (J. Griffin. 1986. *Well-Being: Its Meaning, Measurement, and Moral Importance*. Oxford: Clarendon Press).

³⁵ It is maybe worth stressing again that I do not argue in favour of public funding for these interventions, so there is no problem of unreasonable claims on resources involved. What is more, body modifications do not raise the issue of possible long-term unfairness, which is often seen in relation to other privately funded treatments, e.g. *enhancements*, since the interventions I discussed hardly bring about any individual advantages.

³⁶ I should like to thank Steve Edwards, Hugh Upton, and the anonymous reviewers for valuable suggestions and comments.