An Anarchist Historical Analysis of Body Inscriptions in Modern Western Society

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Contents

Abstract

In this paper, we aim to analyze the processes of stigmatization and pathologization to which certain categories of body inscriptions have been subjected throughout the history of modern Western society. Body inscriptions are defined as any and all modifications made to the body's structure. While some inscriptions are exalted and praised, others are stigmatized and discriminated against. Our theoretical lens is based on anarchist theory, with the intention of reclaiming the self-determination and autonomy of individuals whose body inscriptions are marginalized, ranging from those considered to be self-mutilation to those that involve extreme body modifications. Our approach is to conduct a literature review. Once the theoretical review is complete, we conclude that the qualification of certain body inscriptions as acceptable and positive, to the detriment of the disqualification of others, which are seen as negative and bizarre, are not natural processes, but come from the dense structuring of religious, psychiatric and political discourses. The origins of the legitimization of certain inscriptions are the same as those of the delegitimization and consequent stigmatization, that is, the authority that comes from the State, the Church and the Hospital, as we have argued.

Keywords: Anarchism. Body inscriptions. State. Self-determination. Selfmutilation.

Introduction

Body modifications have occurred in countless periods and territories; they are performed with a variety of tools and have a range of meanings related to the passage of time, spirituality, hierarchies and traditions, among other possible interpretations. Physical experiences that are self-inflicted and/or inflicted on others are part of the concept of being alive (Soares, 2015). We define "body inscriptions" as the gamut of body changes and transformations that are self-inflicted and/or inflicted on others, all the way from the surface of the skin to the interior of the body. From birth to death, what transforms us is inscribed on our bodies through time, territory, family, our individuality, our desires, sexualities and spiritualities. From birthmarks to spiritual rituals of collective flagellation; from accidental burns to therapeutic bloodletting treatments: we understand these and other acts of corporal transformation as body inscriptions to which, depending on their context, different meanings are attributed.

Although we cannot restrict the significance of body inscriptions to a single concept, we do notice the universalization of their meanings, especially regarding the emergence of psychiatry. Between the 18th and 19th centuries, certain body inscriptions were classified by the emerging psychiatry as self-mutilation, alongside the development of asylums in Western Europe (Foucault, 1978). The social functions of certain body inscription procedures were reduced to the category of "mutilation", i.e. pathology. By pathologizing certain bodies, asylums in Western Europe granted themselves the right to regulate the lives of certain groups, to the detriment of naturalizing others. One example is the normalization of cosmetic surgeries focused on beauty and anti-aging, in contrast to the marginalization of cosmetic surgeries that resemble an imaginary perceived as aberrant, monstrous or bizarre.

Thus, three different types of body inscription can be identified: We have therefore identified three types of body inscription: those considered pathological self-mutilation, the socially accepted body modifications and the marginalized body modifications. The meanings attributed to

each vary according to context, territory, culture and individuality. And so we ask ourselves: how do we distinguish the three types of body inscription? How do we delimit the frontier between what is naturalized and what is aberrant? To come by an answer, we focused on body inscriptions considered to be self-mutilation, which are the target of pathologization and institutionalization.

In this study, we opted for an anarchist lens of analysis, as anarchism rejects all forms of institutionalization and authoritarianism, inherently opposing the pathological and controlling role of psychiatry in its modern diagnoses. As Kropotkin (2007, p. 35-36) defines it, anarchism is "[...] the struggle between two great principles that have always been in opposition in society: the principle of freedom and that of coercion". There are those who defend the state, its institutions and its consequent coercion, and those who defend freedom, the abolition of the state and the liquidation of all forms of oppression - these would be the anarchists. Anarchist ideals accompany the search for emancipation in the midst of the suppression of collective and individual freedoms, whether political, social or of any kind. Presenting not as a brand new theory (Reclus, 2015), but as the conceptual systematization of something expressed throughout human history, anarchism is a method, a lens of analysis that divides political thinkers between those who believe in the state and those who understand the need for its abolition - "[...] it is the struggle against all official power that essentially distinguishes us" (Reclus, 2015, p. 18).

In all its variations, the expansion of anarchism as a political theory and philosophy only came about through its practice, its organization for the dismantling of the state, its institutions, the structures of oppression legitimized by representative systems and statist ideologies. If anarchism takes freedom as its primary ideal, the means to achieve it do not deviate from this principle: "all [anarchists] sought to find not only the ideal goal, but also the best ways to lead to it" (Nettlau, 2008), in other words, the means are aligned with the purpose. Freedom is not defended by means that do not correspond to it. This is a core principle. Freedom cannot be defended by suppressing it, even partially - "[...] the means and methods used to achieve a given goal ultimately become the goal" (Goldman, 2007, p. 117).

It is no coincidence that Goldman (2007, p. 33) understands the state as "the legislative and administrative machinery whereby certain business of the people is transacted, and badly so". It is a poor service, because it is not capable of encompassing the totality of human resources and needs, or of representing the social fabric, or of mediating the conflicts and relationships between individuals in an environment. It is in this sense that she understands that individualities are restricted, controlled and conditioned to obey laws and authority. Individualities therefore emerge from a statist and obedient prism, which does not presuppose defiance of the law, nor glimpses of a libertarian society, of a liberated body. If we understand that the cardinal anarchist principle is to defend freedom, in all its instances and expressions, and that the ways to achieve it must be aligned with the purpose, then we wonder: could we conceive the human body, the organism, its organs, members, relationships and identifications, as an anarchized body, a libertarian body? In order to formulate a response, we must address what it means to be an anarchist. Anarchists, according to Reclus (2015, p. 33), "[...] have no one as their master and are no one's masters". In order for us to conduct a direct and sharp critique of the way in which governmental, religious and health institutions understand bodily inscription practices, anarchism appears to be the most suitable perspective, as it challenges not only institutional organization, but also their very existence.

That said, this study is organized in a few sections: at first, we explain the differences between what are considered to be self-mutilations and other body modifications, addressing the histori-

cal production of the self-mutilating individual. In this first moment, we examine the processes of psychiatrization of body inscriptions, their gendering by modern science and their categorization over the course of the 18th and 19th centuries. Secondly, we present contributions that emerged in the 20th century concerning body modifications, the meanings of pain, self-destructive behaviors and sexual pathologies. We interpret these contributions as anarchist critiques of institutional violence, based on Malatesta (2001; 2007), who defines anarchy, freedom and challenges the legitimacy of violence; Bakunin (1975; 2015), who criticizes authoritarian scientific practices and their quasi-religious aspect; Kropotkin (2007), in his unconditional defense of collective freedom; and the widespread concepts of statism and churchism, which we employ to understand the basis for defending the state and the church as institutions that protect an ideal modern body.

On the definition of body inscriptions in modern society

Different conceptions regarding body inscription have evolved throughout the history of Western medicine. There has not been only a single meaning, but multiple meanings and approaches to body modification practices in modern Western medicine (Chaney, 2017). Physical modifications are common in many cultures, ranging from drawings, graphism, scarifications, tattoos, incisions and perforations, carried out in groups or individually (Strong, 1998), and these practices can be traced to specific time periods:

> Tattoos have been discovered on a Bronze Age man whose remains were preserved in a glacier in the Alps for more than five thousand years. Mummies from ancient Egypt have also been found bearing tattoos and scarification, probably for religious or sexual reasons, and it is believed that the Egyptians also engaged in body piercing. (Strong, 1998, p. 159)

A common feature in the context of statist Western European societies is the establishment of psychiatric authority and health institutions, which were granted the power to determine whether these modifications constituted pathology or sanity; whether they signified heresy or normality; and whether the individuals should be considered insane, incapable or ill. Our focus, then, is on this use of power, control and tutelage over the bodies of the governed - all individuals submitted to the power of the state and its institutions are governed. In the midst of the various medical and institutional approaches to body inscription, two fundamental factors have remained constant: institutional control of the body and its pathologization - which invariably has a religious background, since every state is built on religious legitimation (Bakunin, 2015).

Sarah Chaney (2017) offers us an overview of the prevailing conceptions of body inscription in Western Europe during Antiquity, the Middle Ages and Modernity. To this end, the author identifies three types of body inscription that received special attention from religious, legal and medical institutions: self-castration, self-flagellation and bloodletting. While investigating self-castration practices in the Antiquity of the Western Mediterranean, Chaney (2017) comes across two factors: the self-castrated body had a penis and testicles; and there was great difficulty in knowing how they were actually practiced: by the individual himself, or by a surgeon with the individual's consent, or forcibly, as a punishment. There are records of the presence of castrated [and, in our current vocabulary, cisgender and endosexual] men as far back as Ancient Greece, a context in which only enslaved people would be castrated - for example, when they were assigned

to the role of "guardian of the bed" (Chaney, 2017, p. 22) - and free citizens would not - an expression of institutional authority over enslaved bodies.

In Ancient Rome, the religious group of the Galli performed castration out of religious devotion. In the Middle Ages in Western Europe, castration was a humiliating and torturous procedure, usually applied to men accused of engaging in criminalized sexual conduct (Skuse, 2018). In the christian tradition from the 16th to the 18th centuries, as another example, the presence of the castrati increased and it was abolished in 1902 by Pope Leo XIII. Thus, castration arose from various situations: as punishment and torture, as an expression of the power of the state; as maintenance of servitude; as proof of religious devotion or spiritual elevation.

Just as castration could be a punishment, depending on the context, flogging could be applied punitively to demean the body as immoral, so that power could be measured by "the sum of pains it is capable of inflicting without any of its prerogatives being jeopardized by the resistance of the victims or the rigor of the law" (Le Breton, 1999, p. 247). In other contexts, flagellation could be performed in religious rituals, to atone for sins or to praise sanctities, either collectively or individually. Monasterial self-flagellation, in the context of 11th century Western Europe, was performed as a reflection of Christ's sacrifices during his crucifixion, as a possibility of salvation after death. In this sense, Le Breton (1999) points to a clear connection to pain in the christian tradition, which could either signify divine devotion - in this case, pain would be a means of purifying the soul - or indicate the occurrence of a sin. The debt we owe to Christ could only be paid through the blood of his faithful.

Thus, collective self-flagellation, for religious purposes, spread throughout 14th century Europe in group flagellation processions (Braulein, 2010). By self-flagellating and forging closer ties with the divine, the bodies of the flagellants to a certain extent diminished the church's own sense of omnipotence (Chaney, 2017), as it ceased to be the only instance capable of accessing the divine. Flagellant processions gave a certain autonomy to people who were not part of the clerical establishment. Public flagellation was banned in the second half of the 14th century, and could only be practiced under the supervision of religious institutions. In other words, only the church could be responsible for flagellation, taking away the right of non-institutionalized individuals to access the divine through their own bodies. Members of the clerical establishment could perform rituals of self-flagellation; ordinary people, if they did, would be persecuted and condemned as heretics.

If only within the clerical rules could an individual reach the divine, then we believe that church control tactics were established over bodies or communities that flagellated themselves despite being subordinate to clerical authorities. Churchism, thus, can designate the alliance between the church and the state to control, subordinate and dominate social organization and guarantee the maintenance of the privileges of the ruling classes, the economic and political elites, to the detriment of the inferiorization of the governed classes. By prohibiting self-flagellation outside of clerical norms, the church gave itself the right to perform it, so that contact with the divine came at a price: association with the church could only take place with one's own body through church institutional protocols. Control over body inscription, then, has an intrinsic bond with the church. As Bakunin (2001, p. 18) analyzed on the constitution of legal systems, "[...] against the justice of God no earthly justice can stand", in other words, modern justice is heir to the notion of christian and therefore churchist justice.

Finally, there is bloodletting, which has been observed since "the writings of esteemed Chinese and Tiberian physicians, to African shamans and Mayan priests" (Bell, 2016, p. 120), usually

in order to restore the body's organic balance. Bloodletting could be done by cutting knees or elbows with pointed objects - a method known as phlebotomy (Bell, 2016). It is interesting to note that bloodletting has a symbolic quality (Strong, 1998) and is present in spiritual rituals, such as the Holy Communion scene, in which the faithful drink the fictitious representation of Christ's blood. Until the 19th century, there are records of bloodletting being used to treat fever, hypertension and pulmonary edema, as well as to treat "mental illnesses" (Chaney, 2017), especially in Europe (Bell, 2016).After the second half of the 19th century, bloodletting lost popularity and faced opposition from medical personalities (Bell, 2016).

After these expositions, here is our argument: although expressive in a variety of contexts - of healing and treating illnesses, of spiritual ascension and contact with the divine or with religious entities - the practice of body inscription was condemned by the church and by medical institutions. If, prior to the establishment of modern medicine, castration was associated either with spirituality, punishment/torture or art, later, in the field of psychiatry, castration was seen as indicative of psychosis; bloodletting, previously associated with curing certain illnesses, was associated with cutting; and flogging, previously understood as a means of connecting with the divine and with spirituality, came to be understood as indicative of sexual perversion.

By understanding that we are "[...] the product of a particular social environment created by a long series of past influences," Bakunin (1975, p. 12) offers an interesting thought: our notions of what is pathological and what is ritualistic, or of what is perversion and what is common practice, depend on the particular social environment that surrounds us from the moment we are born. The church's approach to body inscription designed the supposedly secular and legal approach to body interventions. Malatesta (2001, p. 22) points out that theories are "[...] too often invented to justify facts, that is, to defend privilege and cause it to be accepted tranquilly by those who are its victims". Adapting this assertion to our investigation, we find that the pathologies categorized by psychiatry are often used to justify medical authority, to ensure control over what is natural and what is aberrant, to universalize the terms by which we should corporealize and transform our bodies. Since the universalization of scientific knowledge is one of the central aspects of modern Eurocentric science, it is worth considering how European medicine, psychoanalysis and psychiatry have historically responded to body inscription practices.

Intersections between medicine, psychoanalysis and psychiatry on body inscriptions between the 17th and 20th centuries

The rise of psychiatry between the 18th and 19th centuries narrowed the meanings of body inscriptions, due to their pathologization and their association especially with sexual pathologies. The pathologization of body inscriptions was directly related to different conceptions of pain. Le Breton (1999) understands pain as something that goes beyond physiology and extends into the realm of the symbolic, with variations according to the historical and cultural context:

> No hay una objetividad del dolor, sino una subjetividad que concierne a la entera existencia del ser humano, sobre todo a su relación con el inconsciente tal como se ha constituido en el transcurso de la historia personal, las raíces sociales y culturales; una subjetividad también vinculada con la naturaleza de las relaciones entre el dolorido y quienes lo rodean (Le Breton, 1999, p. 94-95).

As we have previously argued about the different meanings assigned to body inscriptions, we cannot reduce pain to a single signification, or to only a few determined by Western medicine (Le Breton, 1999). If, in religious contexts, pain was associated with connecting to the divine and with redemption, in medical circles prior to the end of the 18th century, pain was interpreted as an indication of organic disharmony. Pain was thought of as a natural treatment or healing process (Chaney, 2017). The invention of the first anesthetics and the construction of asylums in Europe marked the change from the notion of pain as a natural process to something that should be annulled. The "collective mentality was changed towards a pain that is less and less associated with the inexorable" (Le Breton, 1999, p. 203). Not to detract from the importance of these advances in medicine, we must recognize the change that accompanies them: the medical conceptualization of pain. The popular and cultural meanings of pain were suppressed by a medical notion. Thus, at the beginning of the 19th century, from a strictly liberal perspective, the body and the individual who possesses it were separated, because the body came to belong to medical authority, responsible for combating pain.

As something to be absolutely avoided, pain is repulsed. Practices that use pain as a symbolic element, for religious, sexual, cultural, etc. purposes, come to be seen as abnormal, as sexual pathologies. Self-castration, for example, arose in the press at the end of the 19th century. Cutting became more widespread in the 1960s. The line is then drawn between body inscriptions that are considered pathological - in relation to these, the figure of the self-mutilating individual is drawn - and those that are considered normal. The anarchist tone of our argument is expressed as a critique of this distinction. There is no neutral, universal science that is not molded by the environment in which it operates. Any claim that medicine is completely untouched by the culture of its environment is just as fallacious as claiming that the state is "a moderator of social struggles, an impartial administrator of public interests" (Malatesta, 2001, p. 31). As Malatesta (2007, p. 40) argues, we do not believe

> in the infallibility of Science, neither in its ability to explain everything nor in its mission of regulating the conduct of Man, just as I do not believe in the infallibility of the Pope, in revealed Morality and the divine origins of the Holy Scriptures.

Then, we must examine what motivated the pathologization of certain body inscriptions, as well as the medical invention of the self-mutilating individuals and the categorization of sexual pathologies. In anticipation, these pathologizations were accompanied by the criminalization of suicide and the definition of certain body inscriptions as self-mutilations. This definition required a distinction between self-mutilation and suicide, that is, it mattered for which reasons the inscriptions were made (Chaney, 2017). Not by chance, the criminalization of suicide occurred concomitantly with this distinction: the criminal nature of suicide lasted until the end of the 19th century in Western Europe, and dates back to Ancient Rome - a context in which soldiers and enslaved people were legally prohibited from committing suicide (Minois, 1999). In Ancient Rome, only free citizens were legally authorized to commit suicide; their servants, when taking their own lives, were defying the power of their sovereigns over their bodies. Servants who attempted suicide, if they lived, were punished and executed. From the 15th century onwards, sovereign and servant ties became more intense (Minois, 1999).

In another context, in 16th century England, suicide was condemned by the church as a sin. Until the 17th century, suicide was considered "an affront to Love of oneself, the state, and society; it offends the God who has given us life" (Minois, 1999, p. 71). If a person tried to commit

suicide and failed, their property was confiscated by the state; if they committed suicide, their family's property was confiscated. At the end of the 17th century, the scientificization of suicide and, consequently, of self-mutilation, attenuated the medical and governmental response to the suicidal individual, who could then receive two verdicts: felo de se, which would consider them guilty of their actions, and non compos mentis, which would justify their actions on the grounds of insanity. The latter verdict would prevent the state from confiscating their property; instead of being incarcerated in prisons, the individual would be incarcerated in asylums. In 1656, in Paris, people who attempted suicide were sent to the General Hospital. According to Foucault (1978, p. 108),

> In itself, attempted suicide indicates a disorder of the soul, which must be reduced through coercion. Those who have attempted suicide are no longer condemned: they are institutionalized, and a regime is imposed on them that is both a punishment and a means of preventing any further attempts.

The General Hospital would be, for Foucault (1978, p. 57), a "third order of repression", that reproduces and maintains the monarchical and bourgeois order. Medical, political, economic, health and religious institutions are intertwined. Churchist principles of control over the body regulate the pathologization of body inscriptions, in terms of criminalization and submission to government authorities. Despite the separation of church and state after the French Revolution, the church continued to exert its power by medicalizing suicide. At the end of the 18th century, there were around 126 workhouses in England, i.e. boarding houses, which sought to "cure" patients through labor. Thus, "it was not uncommon for parliamentary authorities to profit from the hard, unpaid labor of the residents. […] Over the years, these spaces were also used to violently punish individuals considered insane" (Pfeil & Pfeil, 2020, p. 139-140).

It is important to note the following distinction (Minois, 1999): the felo de se verdict was mostly announced to the poor, and the non compos mentis, to members of the clergy and nobility. The social, economic, political and religious position that an individual occupied in this context would be decisive for the legal interpretation of their suicide attempt. The emerging scientific literature is embedded in churchism, and "what is true for scientific academies is equally true for all constituent and legislative assemblies" (Bakunin, 1975, p. 48). If the government legitimizes its position through a scientific bias, and if this scientific bias inherits its legitimacy from churchism, then the legitimacy of the government's position is based, albeit indirectly, on churchism.

The expansion of medical institutions decreased the "felo de se" verdict, and suicide came to be understood less as a crime than as insanity (Minois, 1999). Among some treatments for insanity, there is the wicker casket, in which the suicidal individual is enclosed in a cage that contains "a hole made in the top for the head, and to which the hands are tied, or the 'cupboard' that closes the individual standing up to the neck, leaving only the head outside" (Foucault, 1978, p. 108). It wasn't until the 19th century that suicide was properly decriminalized in most of Europe, with the exception of England, which only decriminalized it in 1931.

Asylums, in order not to disguise as prisons, as homes for criminals and the immoral, began to argue that self-mutilation was the result of insanity (Chaney, 2017). Individuals who practiced self-mutilation, regardless of their cultural or contextual significance, were considered insane. Asylums should prevent these individuals from mutilating themselves, using straitjackets, physical restraint or approaches similar to the wicker casket. The motivation for the self-mutilation,

as well as the person's social and economic position, would indicate the pathological medical orientation. If the self-mutilation was not suicidal, the individual would be sent to asylums as an insane person. On the other hand, body inscriptions commonly practiced by members of the nobility, such as genital piercings in Victorian England (Strong, 1998), were acceptable.

To understand this contradiction, we turn to Kropotkin (2007, p. 46). 46), according to whom "laws are made to justify and legalize the crimes of the the crimes of the powerful and punish the faults of the little people". And what determines that certain body inscriptions are pathologized, criminalized and considered a sin, while others are considered common, aesthetic and encouraged? What determines that certain suicidal individuals are considered insane or incapable of deciding about their own lives, while others are considered criminals, disloyal? The definition of body inscription as self-mutilation or body modification - for aesthetic purposes, socially accepted or not - was established under cultural, religious, economic and gender prerogatives: sexual self-mutilation and self-mutilation "for no reason" were attributed, respectively, to [cisgender] men and women in the course of modern Western medicine (Chaney, 2017). The figure of the self-mutilating individual, according to modern Western medicine, is gendered, insofar as the individual who castrates himself is male, and the individual who cuts herself is female.

Having its origin embedded in culture, but presenting itself as universal, one must be wary of the imperativeness of science. For Bakunin (1975, p. 43), science "is as incapable of discerning the individuality of a man as that of a rabbit". Scientific knowledge should never impose its sovereignty on governed peoples, but rather serve the needs of the population that needs it. Nevertheless, in scientific academies, we find intellectual corruption, intellectual oppression by castes that consider themselves superior, which deprive any governed individual of the ability to self-determine (Bakunin, 1975).

Intellectual oppression does not only affect pathologized inscriptions, but also those that are criminalized, considered extreme body modifications. For instance, the institutionalization and medicalization of tattooing, concomitant with its commodification (Souza, 2020). Tattooing began to be performed in an institutionalized way in the 1970s in the United States, through regulations, biosafety protocols and professional/client contracts. Not only has the practice of body modification been bureaucratized, but it has also been 'legalized' in a political, economic and cultural context. In order to be socially and legally accepted by the state, tattoos must conform to a certain way of conceiving reality, the body and the individual. "The central element in the institutionalization of tattooing," writes Souza (2020, p. 179), "is the intervention of the state through legal devices that regulate the spaces where it is produced." The regulation of tattooing means its recognition by the state and its institutions, and it doesn't stop there: this recognition entails the penetration of the state and its intervention in body modification spaces, thus configuring political, economic and social control over these practices. The medicalization of tattooing, and this could be extended to other body modifications such as piercing, can be seen in biosafety, in the asepsis of materials and the tattooing area, in the very delimitation of a specific - institutionalized - space for tattooing, in the hygienic aesthetics of the tattoo studios - sometimes more similar to medical clinics than to spaces for artistic activity. Asepsis, a fundamental element of medicalization, is a hallmark of tattooing practices that are legally regulated and supervised by the state (Souza, 2020).

Through the formulation of diagnoses, in the case of self-mutilation, and biosafety and asepsis protocols, in the case of modifications, the state entangles its tentacles in the body, penetrating the field of body inscriptions in order to control their practice and execution. The conceptions of

different body inscriptions, from Antiquity to Modern Europe, were forged by the socio-cultural contexts in which these inscriptions took place. Therefore, the figure of the self-mutilating individual was also forged according to these contexts, which include churchism, statolatry, the institutionalization of medicine, among other factors. Thus, we offer an anarchist interpretation of the medical conceptualization of self-mutilating individuals and its implication in the pathologization of their subjectivities.

The self-mutilating individual as an invention of modern medicine

The gendering and categorization of body inscriptions was in line with the pathologization of self-mutilation. For example, [cis] women cutting their own hair would be considered insane (Chaney, 2017), as cutting one's hair could be classified as self-mutilation. With regard to [cis] men, male self-castration was spectacularized at the end of the 19th century. Although there was no indication that trichotillomania occurred more frequently among women than men, the practice was associated with disorders of femininity - since it challenged the hegemonic model of femininity and beauty (Chaney, 2017). Based on these examples, we realize that a variety of pathologizations have been influenced by the binary division of gender as a result of their development within gendered societies. Ancient morality, "[...] based on patriarchal, religious and hierarchical traditions" (Bakunin, 1975, p. 90), clearly mirrors modern science.

At the end of the 19th century, within European psychiatry, the correlation between self-mutilation and hysteria led to a medical rejection of self-mutilatory practices, since body inscriptions made by [hysterical] women would be interpreted as attempts to attract attention (Chaney, 2017). Hysterical patients would be trying, under this logic, to deceive their doctors [mostly heterosexual cisgender men]. Self-mutilation performed by cisgender men would be associated with sexual perversions (such as homosexuality), and self-mutilation performed by cisgender women would be associated with manipulative traits: "Their behavior was judged as proof that [cisgender] women were 'naturally' manipulative, indicating that approaches to self-injury are of broad social, economic and political relevance" (Chaney, 2017, p. 104). In other words, there were two hegemonic interpretations of self-mutilation: as pathology or manipulation. The pathologization of self-mutilating patients "absolved", as they were not fully aware of the gravity of their actions. In turn, recognizing self-mutilation as manipulation or deception hindered the legal/medical treatment of patients, who were seen as people of bad character. Pathologization was mostly directed at cisgender men, and manipulative character traits were mostly attributed to cisgender women (Chaney, 2017).

In *Eros and Thanatos: Man against Himself* (1938; 2018), Menninger inaugurated his studies on self-destructive behavior, removing the obligatory nature of sexual perversion or manipulation from self-mutilation. Self-mutilations were, according to the author, manifestations of latent aggression, and behaviors such as alcohol abuse, asceticism and antisocial attitudes became part of the range of self-destructive types of behavior, such as self-mutilations. In opposition to 19th century psychiatry, which distinguished between self-mutilation and suicide attempts, Menninger argued that self-mutilation, in its broad self-destructive nature, should always be understood in correlation with suicide - though not necessarily in order to annul life, but in order to allow part

of life to remain possible. In other words, part of the body would be sacrificed so that the rest could remain living.

In the second half of the 20th century, Armando Favazza published *Bodies under Siege: Self-mutilation in Culture and Psychiatry*. Favazza's (1998) perspective is broad: he understands that body modifications are part of the human experience. Pain would be a means of inscribing the individual in their world. Like Favazza, Le Breton (1999, p. 261) understands pain as occurring in practices such as "circumcision, excision, subincision, filing or extraction of teeth, amputation of a finger, scarification, tattoos, abrasions, burns, beatings, hazing, various tests, etc." Depending on the context and the manner in which an inscription was made, pain and body modification could derive various meanings. How, then, could the multiple types of body inscription be given such narrow meanings, such as "pathology"? The cultural scope of self-mutilation, for example, has been drastically reduced in non-Western contexts, according to Chaney (2017, p. 64): "descriptions of non-Western, culturally sanctioned mutilations were often compared to insane acts of self-injury in Western countries to imply the universal nature of such behaviour".

Body modifications performed in non-Western societies were viewed by authoritarian and racist European scientists as signs of inferiority, to the detriment of the supposed superiority of European civilization - which disregards the fact that body modifications comprise the cultural fabric of every society. Furthermore, the institutionalized practice of body modification contrasts with the deinstitutionalized practice, which escapes the reins of the state. Bringing up Souza (2020) again, the author refers to a process of sedentarization of tattooing, which could extend to the vast sphere of inscriptions considered to be extreme. Throughout the 1970s, body modification practices began to be implemented in medicalized and institutionalized studios (Souza, 2020). This process of sedentarization, which limits the practice of modification to a 'suitable' space, clashes with itinerant modification practices, such as tattoos done on the street, outdoors, or in environments without the asepsis recommended by the biosafety protocols of biomedical knowledge. With institutionalization, there is a filtering of legitimized modification practices and practices condemned by the state. Thus, as Souza (2020, p. 224) writes, "The normalization undertaken with regard to professional tattooing, undertaken in studios, was affirmed on the basis of the abnormality of tattoos done by other individuals, in other spaces".

In other words, modifications performed outside supervision would be criminalized, while those made under supervision and regulation would be recognized - to a certain extent... - because of the legitimization of biomedical expertise, of universalized modern science. We therefore agree with Malatesta (2007, p. 42) in his criticism against believing in a universal science, since it implies "[...] accepting as definitive truths, as dogmas, all partial discoveries". The line between pathologized self-mutilation and socially accepted body modifications follows the psychiatric tradition of deciding "what is or is not socially sanctioned" (Chaney, 2017, p. 9), as happened with tattoos and piercings, which were once understood as mutilations (Angel, 2014).

In the Brazilian context, the 1980s and 1990s were marked by the association of body modifications with "[...] mental disorders, dissatisfaction and hatred of oneself and others" (Soares, 2015, p. 12). How do we draw the line between pathology, taboo and self-expression? This line, as we have argued, is not something natural to humanity or scientific literature, but something constructed and slowly sedimented in our collective imagery, with institutional support and under the direct influence of racial, gender and class categorizations. Psychiatry is given the power to determine whether a certain body inscription has suicide, manipulation or sexual perversion

as its purpose, or whether it has nothing to do with any of these things. For this reason, Chaney (2017, p. 10) understands that psychiatric definitions:

> […] cannot be viewed outside the lives and experienced of medical practitioners. The political and cultural ideals we all hold impact the way our research is interpreted, whether we admit to this or not: a psychiatrist is no different in this respect from a mental health service user.

With that, psychiatry began to shape the image of the self-mutilating individual. During the 20th century, for example, the image of the self-mutilating individual who practiced cutting was that of a young white woman who started cutting herself in her teens (Strong, 1998). A complex narrative is constructed about the history of the self-mutilating individual - in this specific case, the young white woman would have a background of abuse, family neglect and emotional deprivation (Strong, 1998). The image of the self-mutilating individual would not be limited to physical characteristics and racial, gender and class differences, but would also extend to family narratives, records of drug use, territoriality and sexuality. Cisgender men were not included in the statistics of cutting practice, because they did not fit the profile that health institutions advocated (Chaney, 2017).

With regard to cisgender women, the diagnosis of borderline personality disorder was associated with cutting, in other words, both diagnoses were gendered by psychiatry: "Both delicate self-cutting and borderline personality disorder were characterized as inherently 'female', despite the existence of male psychiatric patients" (Chaney, 2017, p. 185). Following a similar critique, Favazza (1998: 18) argues that self-mutilation "has been trivialized (wristcutting), misidentified (suicide attempt), regarded merely as a symptom (borderline personality disorder), and misreported by the media and the public". Self-mutilation is currently listed in the DSM as a symptom of Borderline Personality Disorder (308.83, F60.3), Dissociative Amnesia (300.12, F44.0) and Dissociative Identity Disorder (300.14, F44.81).

At each edition of the DSM and other diagnostic manuals, the definitions of self-mutilation and pathologized body modifications are adjusted, meaning that there is no certainty about such practices (Favazza, 2011). The alienation of psychiatry and its institutions from the context in which it is situated or the environment it attempts to classify is a symptom of modern science. In this sense, we must reject the "[…] infallibility and universality of the representatives of science" (Bakunin, 1975, p. 57), for psychiatric discourses on body inscriptions are "just as constructed as historical, literary or artistic narratives of self-injury" (Chaney, 2017, p. 220).

Conclusion

From the condemnation of body inscriptions as sins, to their criminalization and subsequent pathologization, we sought to analyze how the lines are drawn between the freedom to self-assert, to transform one's own body, and the subordination to institutions that control the body and regulate life. These lines, although treated by modern science as timeless and fixed, are permeable, fragile and unsustainable. Whether through pathologization, which includes an entire diagnostic and categorical basis and treatment protocols for the self-mutilating individual (Chaney, 2017), or through criminalization, which marginalizes street body modification practices (Souza, 2020)

and regulates sedentary and institutionalized practices, we can identify the state's control over the body, society and life.

Therefore, we criticize any deterministic science that purports to be universal (Bakunin, 1975), that assumes to have more power over a body than the individual who lives in it, or the environment that surrounds it. According to Soares (2015), the bond we develop with our bodies depends fundamentally on the environment in which we live, our individuality, our beliefs: "the main link between 'the modified' is the experience of having undergone some process of modification, and often this will be the only one, because the lives of these individuals are not limited to these practices" (Soares, 2015, p. 6).

Criminalizing, inferiorizing or condemning individuals who make inscriptions on their bodies is to reproduce what anarchism rejects, that is, "[...] authoritarian organisms which, by force [...] impose their own will on others" (Malatesta, 2009, p. 4). The legitimacy of medical/psychiatric literature is conferred on it by the institutions that protect them; it is these institutions that benefit from churchism and punitivism, annulling any possibility of individual and collective self-determination, because the church, the state and medicine arrogate the right to attribute meaning to the bodies of those they govern. Our argument is contrary to any attempt to control a body, or to reduce its experiences to preconceived narratives about its existence. As Chaney (2017, p. 222) puts it, "no one meaning of self-harm can be considered more 'true' or genuine than any other". Any meaning assigned to body inscriptions must be considered within their environment, within a specific context; it must therefore be presumed to be partial.

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