A Comparative Analysis of the Institutionalization and Pathologization of Body Inscriptions

Cello Latini Pfeil; Bruno Latini Pfeil

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Abstract

In this article, our intention is to discuss, through an analysis of the medical and psychiatric historical conception of the practice of body inscriptions, whether it is possible for a certain scientific discipline to be neutral and impartial. The denomination of corporal inscriptions as self-mutilations and its consequent pathologization, in the European context from the 18th to the 20th centuries, meant not only the affirmation of the inferiority of certain peoples, but also the domination of medical/psychiatric institutions over the significance that such inscriptions held in different cultural contexts. Therefore, this investigation, far from attempting to evaluate the meanings of corporal inscriptions, aims to highlight the biased position of scientific knowledge. For this purpose, we analyze, from an anarchist perspective, the process of pathologizing corporal modifications and self-mutilation, as well as the concomitant development of medicine and psychiatry, in association with the power of the Church and the State.

Keywords: body inscriptions; self-mutilations; pathologization; anarchism; psychiatry.

Introduction

In countless historical moments and territories, humanity has used a variety of ways to mark the body, to perform personal transformations, spiritual growth, demonstrations of strength, to express profound emotions through permanent engravings on the surface of that which both connects and separates us from our surroundings. Being alive is all it takes to "be susceptible to this process of constant transformation and physical experiences" (Soares, 2015, p. 5). In this process, a diverse list of body inscriptions can be found — and this is a term that we use extensively throughout our study. It refers to all the scars, marks, inscriptions that we produce on our bodies and that are also produced on us by others, whether visibly on our skin or imperceptibly.

Everything that modifies our bodies, from the moment we are born to the minute we die, is an inscription which reflects our history, our territory, our family, community, individuality, spirituality, sexuality, and the list goes on. From a birthmark to a tattoo, from an accidental burn to a wound cut performed in the context of psychological suffering, from a spiritual ritual of collective and public flagellation to a medical and therapeutic treatment of bloodletting: these and many other practices fall within the realm of corporal inscriptions. One cannot attribute a single meaning to these, since they take place in different historical, cultural, spiritual and sexual contexts, and it is precisely for the difficulty of narrowing them down to one meaning or only a few that we have included them, in all their diversity, in this broad category.

Despite the impossibility of reducing bodily inscriptions to particular motives and meanings, we do witness a universalization of their significances, especially with regard to the pathologization of certain communities. Over the course of the 18th and 19th centuries, certain inscriptions came to be categorized as self-mutilations, along with the emergence of psychiatry and the expansion of asylums in Western Europe (Foucault, 1988). Practices that once had distinct social functions and representations were reduced to a single category: mutilations, labeled as pathological. Pathologization is an instrument that justifies institutional control over certain bodies. It is on this basis that asylums, sanatoriums and psychiatric institutions legitimize the confinement and condemnation of certain populations, endorsed by a science that is considered universal.

Other inscriptions, however, were not included in diagnostic manuals, nor in any psychiatric discourse, but were and are part of everyday life in beauty salons and aesthetic clinics, configuring the so-called plastic surgeries. And there are other inscriptions, also in the aesthetic sphere, that are marginalized and stigmatized as indicative of filth and criminality. With regard to these three groups of inscriptions — self-mutilations, socially accepted body modifications and marginalized corporal inscriptions — we reiterate the multiplicity of meanings that could be attributed to them: a scarification performed in a studio can involve, for example, aesthetic and deeply psychological purposes; in the same way, a cutting performed in contexts of psychological suffering, understood as self-mutilation, can involve aesthetic and symbolic purposes in addition to suffering.

Self-mutilation, marginalized corporal inscriptions and socially accepted body modifications are addressed in this paper as the three major groups of corporal inscriptions around which we formulate our concerns. To what extent do these groups differ from one another? What historical markers promoted the institutionalization of certain corporal inscriptions, while others were naturalized and encouraged? What are the frontiers between self-determination and pathology when it comes to corporal inscriptions? How do we delimit the frontier between what is respected and socially validated, and what is pathological, reprehensible and must be terminated? Investigating these categorizations is the main purpose of this paper, not to allocate all corporal inscriptions into a single sphere, but to demonstrate the incoherence of reducing them to diagnostic categories, as well as to illustrate the institutionalized and violent bias of this reduction.

To address these issues, focus is placed on corporal inscriptions considered to be self-mutilations, since they have undergone and continue to undergo profound processes of institutionalization and medicalization. Here we present some of the meanings and definitions of corporal inscriptions in different historical moments and contexts, in order to counter their universalization as medical diagnostic categories. Our lens of analysis is anarchist, insofar as anarchism rejects absolutism and universalization, and is therefore opposed to what psychiatry engages in its quest for diagnoses and pathologizations.

The freedom defended by anarchists

> no es el derecho abstracto de hacer la propia voluntad, sino el poder de hacerla; por lo tanto, supone en cada uno los medios de poder vivir y actuar sin someterse a la voluntad de los demás. (Malatesta, 2007, p. 49)

In one sentence, the struggle of anarchists "is the struggle between two great principles that have always been in opposition in society: the principle of freedom and that of coercion" (Kropotkin, 2007, p. 35–36). Of all the possible parties, institutional organizations, authorities and public figures that emerge in the midst of political dynamics, anarchists distinguish them in two groups: those who defend the State, and those who defend freedom. Following the defense of freedom, our perspective points to the authoritarian ways not only of medicine, but also of the Church and the State, with regard to corporal inscriptions. Anarchism is the ideal perspective to conduct this study, because it not only criticizes the various styles of institutions, the Church and the State: anarchist criticism is directed at the very existence of these elements, and is incisive in its defense of freedom and less overshadowed by precepts that fail to detach from the idea of the State — rooted in the authoritarian Church — as necessary for social organization.

Our analysis of the experience of inscriptions coincides with the experience of pain, given that the act of inscribing oneself can result in painful sensations and is sometimes undertaken

with the aim of provoking pain. At first, we turn to two important aspects: the production of differences between corporal modifications and self-mutilation, and the production of what we refer to as the "self-mutilating individual".

In different historical periods, certain groups have been characterized as those who mutilate themselves the most, and certain mutilations have been associated with specific people. In addition to the types of inscriptions considered to be self-mutilations performed over the centuries, there are types of "self-mutilating individuals". On this basis, we wonder if the formulation of self-mutilation as pathological carries not only symptomatic characteristics, but also a pathologized conception of the individual, modeled by medical instances under significant cultural influence. The term "self-mutilating individual" refers to the individuals whose bodies have been considered to be potentially self-mutilating, according to the historical and cultural horizons presented.

In the first section, we present corporal inscription practices performed from antiquity to modernity in the Western Mediterranean. Considering that the way we conceive of self-mutilation today is primarily based on modern Western science (Chaney, 2017), we focus on the political and institutional dynamics of European and North American territories. The second section presents the social transformations in 19th century Europe. We address three striking factors of this period: the psychiatrization of corporal inscriptions considered to be self-mutilations, with the expansion of asylums; the distinction between such self-mutilations and suicide attempts, which remains valid to this day; and the generification of self-mutilations, with their association with hysteria and, therefore, with perceived 'feminine nature'. The emergence of psychiatry, the demand for precise definitions of the subjects towards which medicine was concerned and the absurd proliferation of asylums in Western Europe ensured that corporal inscriptions considered to be self-mutilation eventually received their own nomenclatures.

Then we proceed to the ideas that arose in the 20th century, which shaped how corporal inscriptions are perceived today. Firstly, we present Karl Menninger's (1938/2018) assertions on self-destructive behavior, which countered the previous correlation between self-mutilation and sexual pathologies. Then, we turn to the contributions of Armando Favazza (1998; 2011), with his psychiatric and anthropological perspective, and to the studies of Marilee Strong (1998; 2009) on the social and psychological underpinnings of corporal inscriptions. We also refer to Le Breton (1999), in his studies on the meanings of pain, since many corporal inscriptions use pain as a central element, if not as a secondary phenomenon. The entire essay is written in anarchist terms, with the main references being Malatesta (2001; 2007), in his definitions of anarchy, the State and freedom; Bakunin (1975; 2015), in his critique of an authoritarian science; and Kropotkin (2007), in his unconditional defense of freedom for all bodies.

Conceptions of corporal inscriptions prior to the emergence of medicine and psychiatry

Throughout the history of Western medicine, there has not been a unique manner of addressing corporal inscriptions. The social, medical and religious conceptions of inscriptions have changed profoundly over the years, modifying the treatments according to the types of inscription and the sociocultural context in which they were practiced. All cultures express self-inflicted or group practices of corporal inscription, from body paintings and scarifications to tattoos, punctures and incisions, whether for sexual, religious, medicinal, social recognition, as a sign of be-

longing to a group, or to prove one's strength (Strong, 1998). In identifying a precise date for the existence of such practices, it came to our surprise:

> 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)

The constant in every State-governed society, with institutions that exercise governmental power, is their control over the bodies of individuals submitted to their authority. Psychiatric authority and health institutions, by usurpation or delegation, conferred to themselves the power to formulate the codes that determine whether this or that practice constitutes pathology or sanity, and to apply force to those classified as ill, insane or incapable. It is in the light of this form of control and tutelage that we orient our discourse, given the wide range of meanings of corporal inscriptions over the centuries, and the authoritarian stance of institutions that delegated control over the bodies of those they govern.

In other words, the historical, social and political circumstances in which conceptions of corporal inscriptions were constructed had different impacts on religious, medical and legal instances, while maintaining two fundamental factors: control over the body by the State and its institutions, and the bias of pathologizations, deeply immersed in cultural demands, and especially religious ones — since, however secular they may be, every State is rooted in a religious foundation (Bakunin, 2015).

In order to understand the conceptions and regulations regarding corporal inscription practices — considered or not to be self-mutilation by psychiatry — we turn to the English historian Sarah Chaney (2017), who identifies three types of corporal inscription that received special attention from religious, medical and legal institutions in Western Europe in Antiquity, the Middle Ages and Modernity: self-castration, self-flagellation and bloodletting. Our focus on castration, flagellation and bloodletting derives from the breadth of political and social attitudes towards these practices, leading to the later psychiatric formulations on corporal inscriptions, which at first were not considered self-mutilations as they are today. A brief examination of how these practices were conceived by different institutions during those periods can lead to an understanding of the operation of institutional control over the individual's corporeality.

Investigating the practices of self-castration in Antiquity, in the Western Mediterranean region, Chaney reveals a difficulty in defining whether the inscriptions were made by the individual, by a surgeon with the individual's consent or forcibly, for punitive purposes. Castration could be performed in religious contexts, as a punishment or as a requirement to occupy a prestigious social position. Historical records of self-inflicted castration or castration performed by a third party focus on individuals who would currently be referred to as endosexual cisgender men, i.e. those with a penis and testicles.

People who castrated themselves or were castrated are historically referred to as eunuchs. It can be traced back to Ancient Greece that these individuals were predominantly enslaved. In this context, authority is imposed in relation to the position of the governors: citizens could not be castrated, whereas slaves could, for the purposes of servitude. One of the social functions of castration placed the person as the "guardian of the bed" (Chaney, 2017, p. 22), that is, the

individual was responsible for ensuring the safety of their sovereigns' beds, especially of their wives. This was attributed to them on the assumption that, without sexual organs, they would not be able to have sexual intercourse or feel sexual desires.

As a religious practice, according to Chaney, the most prominent case of self-castration is that of Origen of Alexandria (c. 184–253), who castrated himself in line with the biblical passage:

> For there are some eunuchs, which were so born from their mother's womb: and there are some eunuchs, which were made eunuchs of men: and there be eunuchs, which have made themselves eunuchs for the kingdom of heaven's sake. He that is able to receive it, let him receive it. (Matthew 19, p. 12 apud Chaney, 2017, p. 19)

Origen held a teaching position in Alexandria until 234 AD, as a tutor and spiritual guide, influencing castration rituals perpetrated by the same biblical logic. The author finds records of castrations in different religions, such as the Galli in Ancient Rome. Through their devotion to the goddess Cybele, the Galli occupied a prestigious social position, wearing royal clothing and ornaments. For them, castration meant "a sign of their exclusive devotion to the Great Mother" (Chaney, 2017, p. 26). The Galli's castration rituals differed from those enacted by Origen: while the former would perform them in public, to the sound of musical instruments and in search of a state of ecstasy, in which they would flog each other and extirpate their genitals, the latter had performed their castration discreetly with a surgeon. As a punishment, in the Western European context of the Middle Ages, the removal of the testicles or penis, or both, was intended to humiliate and torture the victim, usually accompanied or preceded by other mutilations, such as public flogging, burning and dismemberment. In these cases, castration was usually applied to people accused of engaging in criminalized sexual conduct:

> Gelding in judicial terms was thus firmly a means of humiliation, in which the impulse to disempower the victim was prominent. In this guise it also appeared in extra-judicial contexts, where removal of the penis, testicles or both was often threatened as revenge for sexual misdemeanours. (Skuse, 2018, p. 383)

Under institutional governance, castration was performed as an expression of sovereign power, in line with the Christian tradition, although not for the purposes of punishment: castration also strongly marks the European tradition, initially Italian, of the castrati, young men whose testicles were removed before puberty so that their voices would not deepen. The presence of the castrati in church choirs grew stronger from the 16th to the 18th centuries, especially in the famous choir of the Sistine Chapel. Only in 1902, by Pope Leo XIII, was this tradition banned. Depending on the context, castration could be practiced as a form of torture and punishment, as an expression of the power of the State and as a way of maintaining the servile position of governed individuals, unable to express their sexuality for the protection of their sovereign's wives; or it could be practiced as a form of cultural expression and festivity, in a desirable and consensual way. In itself, it has significance only within the context in which it occurs.

Similar to castration, in the same context, flogging could be inflicted as a punishment. The punitive application of pain would mark, in the flesh, the supposedly immoral conduct of the individual. Power, for Le Breton (1999, p. 247), is measured "by the sum of pains it is capable of

inflicting without any of its prerogatives being threatened by the resistance of the victims or the rigor of the law", and whoever holds the authorization to inflict pain legitimizes themselves as sovereign. As part of spiritual rituals, flogging was a way of atoning for sins or praising God, and occurred individually or in groups. The group formation of flagellations shows a different perspective from the modern conception of self-mutilation, which is understood from an individual, private and silent angle. On the contrary, the group and ritualistic practices of flagellation, and also castration, indicate the construction of a social identity, since members of common society voluntarily gathered to materialize the fervor of their beliefs.

The ritualistic practice of flogging is found in Greco-Roman and Egyptian cults, both by clerics and the common people (Braunlein, 2010). Due to the diversity of beliefs behind this practice, it is difficult to impute a generalized meaning to it. Flagellation covers a wide cultural spectrum, whether to promote altered states of consciousness, blood loss or divine connection. In monasteries, self-flagellation arose as a voluntary disciplinary measure and as a reflection of Christ's flagellation before his crucifixion. In 11th century Western Europe, self-inflicted pain was reinforced as a tool for devotion to Christ, atonement for guilt and the possibility of salvation in the afterlife.

In the Christian tradition, a sort of cult of pain is found (Le Breton, 1999). Pain can either signal evil, in a causal relationship in which an illness, for example, somatically indicates the occurrence of a sin, or it can indicate divine devotion. In the latter scenario, pain purifies the soul. Each experience of pain — self-inflicted — would bring the person closer to the divine, since their suffering would be understood as a simplified version of Christ's suffering.

The pain of devotion is not directed at sinners and infidels as divine punishment, but at the most faithful and devout, as a particular blessing (Le Breton, 1999). Martyrdom opens the way to salvation. By reproducing Christ's sacrifice in collective reenactments or through painful actions other than nailing hands to wood, the suffering of self-inflicted pain is transformed into joy. It is not uncommon to find episodes of the devotees exposing themselves to peril and overwhelming pain, which in the end is converted into ecstasy, or the devotee's encounter with their savior, as if their pain had given them a pass to paradise. Our eternal debt is to Christ, who sacrificed himself for humanity, and this debt can only be paid with blood, it seems.

According to Le Breton, there are two motivations for the experience of pain in a Christian context: pain as a vehicle for salvation and as moral perfectionism. Perfect morality is achieved through the believer's identification with Christ, while salvation is obtained through the mortification of the flesh and the subsequent purification of the soul:

> Transmuted into an offering to God, consented pain is an oblique form of prayer, the search for union erected as a principle of existence. prayer, the search for union erected as a principle of existence. The mortifications are diverse: chastity, privations, fasting, etc.., renunciations, suspensions of desire, punishment and servitude of the flesh. But sometimes they reach self-sacrifice by daily exposure to deliberate pain, nourished without ceasing. deliberate pain, nourished unceasingly by religious virtue and the will to experience as close as possible the experience as closely as possible the suffering of the Passion. The effective mortifications add their sting to the daily discipline for mystics or monks: the mystics or the monks: iron bracelets around the throat, chains around the waist, cilices or the waist, cilices or horsehair belts, periodic flagellations, etc. (Le Breton, 1999, p. 224).

By this reasoning, the self-flagellation movement grew enormously in the fourteenth century in Europe, when flagellation processions became popular in public spaces. Self-flagellation and group flagellation became spectacles, and their processions were widely welcomed by the community (Braunlein, 2010). The bodies of the flagellants' became, in themselves, ways of accessing the divine, which took away the Church's sense of omnipotence: "all classes and types of people participated [in the flagellations] […] this included women as well as men, contradicting official teaching" (Chaney, 2017, p. 36).

Due to public and common flagellation, the Church saw itself threatened and began to hunt down flagellants and ban public flagellation from the second half of the 14th century. Flagellation continued to be practiced by religious institutions, which had the authority to connect with God and atone for the sins of others, and in a public way — considered heretical — in various European countries until the end of the 15th century (Braunlein, 2010). With regard to Christian condemnations, self-flagellation is notable. Through its condemnation, well presented by Chaney, we can identify the Church's control over the body. An individual who practiced self-flagellation, whether arbitrarily or as a public ceremony, would be persecuted, as it would deprive the Church of the power to conduct this ritual. Only the Church could legitimize self-flagellation. Hierarchization is maintained in the sense that certain individuals were considered inspired, holders of prestige and the ability to pronounce themselves, to serve as a vehicle for the divine word, while others, not inspired, had to obey the divine dictates of those who claimed to be able to hear them. Members of the clerical establishment could be flagellated; ordinary people, i.e. those who belonged neither to the nobility, the military nor the Church, could not, and yet were persecuted as heretics.

Although the purpose of the flagellation processions that emerged in 14th century Europe was to atone for sins or to connect with a sovereign and omnipotent Christian god, placing the individual in a position of subalternity and constant guilt, this practice granted the individual a certain amount of autonomy, insofar as they became, in themselves, a vehicle for connecting with the divine. Passing from community to community and aggregating a growing number of people, who were all interested in atoning for their sins, in redemption, in devotion, or in whatever meaning they attributed to themselves, the flagellant processions intimidated the Church, which imposed itself as the only way for people to reach God.

> Indeed, by turning the written word (which required the educated interpretation of a priest) into a public performance, understandable by all, flagellants reduced the power of the Church, whether they did so intentionally or not. (Chaney, 2017, p. 36)

As Bakunin (2009, p. 14) states, Christianity is the "religion par excellence", since it expresses the "impoverishment, enslavement and annihilation of humanity for the benefit of divinity". The Church controlled those who claimed to be in contact with the divine through self-flagellation, or who were part of a dynamic not subordinated to institutional authorities. The Church granted itself the right to self-flagellation. Only through institutional legitimization could a corporal inscription be performed, whether beneficial or not for the individual; only through institutional power could the body be inscribed. Churches and the State combine their influence to benefit economic and political elites. The concept of churchism can also be associated with control over corporal inscriptions, since it is associated with the formulation of a medical system governed by the Eurocentric and inherently imposing gaze that we intend to criticize.

The Church did not prohibit the performance of self-flagellation, but rather claimed for itself the power to allow its performance. It is essential to understand the Church's role in controlling bodily inscriptions, because "against the justice of God no terrestrial justice holds." (Bakunin, 2009, p. 15), that is, earthly justice is legitimized through divine justice. Even though modern legal institutions describe themselves as secular, their roots and foundations in Christianity disguise as morality. It is not in our interest to evaluate the different types of body inscriptions, but rather to suggest that there is an institutional dominance over the very individual or collective exercise of physical inscription.

Lastly, there is bloodletting, which has been observed since the time of Hippocrates, in humoral medicine, but not limited to it. Bloodletting is one of the oldest medical treatments with a global impact, "ranging from the writings of esteemed Chinese and Tiberan physicians, to African shamans and Mayan priests" (Bell, 2016, p. 120). In Ancient Rome, bloodletting aimed to restore organic balance, whether due to an excess of blood or an abundance of a certain humor:

> It was believed that illness occurred because these fluids, also known as humors, became unbalanced within the patient's body, a condition known as plethora. Based on this belief, the physician needed to rebalance the humors to cure the illness. The evacuation of the offending humor could be carried out through purging, starvation, or bloodletting. (Bell, 2016, p. 120–121)

The methods of bloodletting were vast. Traditionally, bloodletting was carried out on the elbows and knees using the phlebotomy method, which consisted of opening a vein or artery with sharp tools, such as wood and pointy stones, animal teeth or bones (Bell, 2016). As it became popular in the Roman Empire, medical instruments were improved: the phlebotome, a type of needle with a double point, came into use at the time; the thumb lancet, a small double blade inserted into wooden or metal receptacles, spread in the 15th century; during the 17th and 18th centuries, fleams, an instrument whose design could resemble pliers, were most commonly used. Bloodletting was used until the 19th century, mainly in Europe, for a variety of health conditions, such as the treatment of fever, hypertension and pulmonary edema. It was believed that some mental illnesses could be cured by sudden hemorrhages, a method reiterated by patient narratives (Chaney, 2017). In the second half of the 19th century, bloodletting lost relevance in European and North American medical circles, due to the death of public figures who agreed with and benefited from the method, such as George Washington. In light of this controversy, the medical use of bloodletting came to depend on the doctor's personal opinion and the beliefs of the patients. Bloodletting continued to be widely used by institutionalized individuals, i.e. those who had been referred to health institutions at their own request or at the request of a third party. This does not mean that institutionalized people practiced bloodletting more often than non-institutionalized people, but rather that institutionalization allowed bloodletting practices to be regulated, since it could also be performed secretly in the domestic environment. Those who practiced bloodletting claimed to benefit from intense relief. Today, bloodletting is still indicated as a therapeutic method for certain health conditions (Bell, 2016).

In addition to the medical aspects of bleeding, Strong (1998) points out its symbolic nature: the experience of bleeding can signify both the emergence of life, in birth, or the imminence of death. Moreover, blood is represented materially or symbolically in various spiritual rituals. For example, in the ritual of Holy Communion, the blood of Christ is represented by the wine

sipped by the congregants. Despite their expressiveness in contexts of healing, transformation and spiritual ascension, the practices of corporal inscription were gradually condemned by the Church and medical authorities.

The social and institutional implications of castration, flagellation and bloodletting can be observed in the differences between their ancient realizations and their modern conceptions. Castration, once linked to spirituality, punishment and art, was later interpreted as indicative of psychosis; bloodletting, once a natural healing process associated with therapeutic or spiritual precepts, was discarded as a healing quality and came to be understood from a pathological perspective — in this case, cutting; and flagellation, once performed with the intention of connecting with the divine, expunging sins or celebrating ceremonies, came to be seen as sexual perversion.

Delineating the meaning of these bodily inscriptions is a diffuse exercise, considering the transformations in significance and naming across the historical times analyzed here. The diagnostic naming of certain bodily inscriptions only emerged between the 18th and 19th centuries, leading to such inscriptions being understood as self-mutilations, and the scope of self-mutilations was constructed through pathological and psychiatric criteria. Therefore, we cannot reduce the meanings attributed to self-mutilation practiced mainly from Ancient Greece to modern Europe to the current meanings of medicine and psychiatry, because these were, in short, invented. Historical conceptions of self-mutilation are inherently influenced by the historical horizon in which we find ourselves, and this needs to be recognized in our interpretations. As Bakunin suggests, culture shapes us according to its own laws. Our notions of the world, of sociability, of what is right or wrong, "normal" or pathological, are instilled in us and inscribed in our conceptions of society.

Conceptions of bodily inscriptions — acceptable or marginalized — or self-mutilation have affected the manner in which they are conceived today as pathological or "primitive" practices, by European medical and psychiatric knowledge, which determine the medical and psychiatric practices in universities around the world. It is important to constantly bear in mind that "very often theories are invented to justify the facts, that is, to defend the privilege and have it accepted calmly by those who are its victims" (Malatesta, 2001, p. 22). In our case, having already understood how bodily inscriptions were conceived in the periods of European Antiquity and the Middle Ages, we can rephrase the sentence as follows, with regard to the emergence of psychiatry: pathologizations are commonly determined to justify medical authority, in other words, to guarantee the monopoly of knowledge about what is or is not pathology, to impose this with regard to any populations, regardless of their particular history and to have it accepted calmly by those who fall under it.

Conceptions of European medicine, psychoanalysis and psychiatry on body inscriptions between the 17th and 20th centuries

As psychiatry developed throughout the 18th and 19th centuries, the discrepancies between the meanings of corporal inscriptions narrowed. The European medical context assigned pathological status to the practices, especially because of their association with sexual pathologies. In his studies on the experience of pain, Le Breton understands that it is not limited to physiology, but encompasses the entire symbolic field of the person who experiences it. People can

signify the physiology from which they feel pain, and this signification can only occur within their historical horizon and existential field:

> There is no objectivity of pain, but a subjectivity that concerns the entire existence of the human being, especially their relationship with the unconscious as it has been constituted in the course of personal history, social and cultural roots; a subjectivity also linked to the nature of the relationships between the pained and those around him. (Le Breton, 1999, p. 94–95)

Above all, pain integrates and modifies the perceptions of reality, distorts and constructs identities. Reducing pain to the body, to the organ it affects, is to compare the individual to an exam, a set of lines and descriptions, ignoring their history and trajectory. Pain cannot be reduced to a single meaning, an origin, a narrative. In this sense, Le Breton points to the implications of medicine in the construction of this conception. It is not only the patient who constructs suffering as such, who characterizes pain as intolerable or tolerable; the physician also projects their moral perceptions onto the patient's experience. In former religious contexts, the experience of pain was often associated with redemption and a connection with the divine. In medical circles, pain was not strictly avoided, but was considered an indication of imbalance. Pain was not averted, but managed, "being regarded as a 'natural' process, which suggested that cure could in some cases be achieved only through the experience of pain" (Chaney, 2017, p. 32). The perception of pain as a natural process, integrating the symbolic system of a society, was replaced by the idea of something that should be strictly repelled, coinciding with the growth of asylums in Europe and the appearance of the first anesthetics at the end of the 18th century. Anesthesia changed the "collective mentality towards a pain that is less and less associated with the inexorable" (Le Breton, 1999, p. 203), so that pain could simply be controlled by medical expertise, hidden and forgotten. The development and massification of anesthetics during the 19th century, through ether and chloroform and forms of local anesthesia, both in medical institutions and in households, occurred simultaneously with the development of medicine and its power over the body. The more control exercised over the body, the more control exercised over pain. Medical thinking overrides the particular and cultural meanings of pain.

With the transformations in medicine at the end of the 18th century and the beginning of the 19th, the body came to belong to medical authority. Pain becomes the personification of harm and cruelty, and the role of medical knowledge is to combat it. The patient who experiences pain is no longer considered to be capable of dealing with their own sensations and resorting to their own particular cultural framework to get through situations of suffering. Through the experience of pain, the duality between the body and its surroundings can be identified, not only in terms of the reclusive and internal nature attributed to pain, but also in terms of the medical fields that strive to apprehend it. Medicine aims to capture the body, master and tame its sensations, domesticate pain, anesthetize it and reduce it, even if it ends up reducing the individual in itself.

As a result, pain becomes the total antonym of pleasure, and any practice that uses pain — or has it as a secondary component — for religious, aesthetic, cultural or sexual purposes, come to be seen as symptoms of sexual pathologies. Such pathologies particularly involve perversion (in people referred to as men) and hysteria (in people referred to as women), respectively for self-castration and cutting. These self-castrators and cutters become the self-mutilating figures of their times; in this case, self-castration was heavily mediatized at the end of the 19th century, and

cutting became more widespread in the 1960s, and is still much discussed today. "Self-mutilating individuals" are inventions of modern medicine, constructed by the urgent need to delineate the frontier between pathological and 'normal' bodily inscriptions, even though a large proportion of the latter were marginalized, considered as 'unclean' and representing primitivism. As well as a State that "moderates social struggles and impartially administers public interests" (Malatesta, 2001, p. 31) is an absolute deception, a neutral, universal and purely objective medicine is impossible. Defending psychiatry as the means of determining pathology and who it concerns is tantamount to giving it the power to interfere in the lives of individuals 'accused' of having a pathology, in a similar way to accusing them of a crime, since the words of the pathological person — in our context, the self-mutilating person — are limited to the act that designates the pathology, in the same way that the words of a criminal cannot, in the ears of the public and institutions, distance themselves from their criminal profile. Rather than focusing on the medical invention of these self-mutilating individuals, we must examine the grounds on which self-mutilation required definitions, because without the efforts of medical institutions to delimit symptoms and define characteristics for this phenomenon, there would be no individual to be designated as a self-mutilator.

Criminalization of suicide and definition of corporal inscriptions as self-mutilation

The necessity to categorize self-mutilation was due to the expansion of these institutions, which demanded more precise definitions of what was being hospitalized (Foucault, 1988), culminating in the pathologization and consequent medical control of those who practiced a wide variety of corporal inscriptions. In order to define a sphere of corporal inscriptions as self-mutilations, the medical authorities of the time relied on the distinction between self-mutilations and suicide, since this distinction depended on the reasons for which they had been made, on whether or not it contained suicidal intent, and the treatment of individuals who mutilated themselves was based on this distinction (Chaney, 2017).

Not surprisingly, the diagnostic categorization of self-mutilation occurred in the context of the criminalization of suicide by European States, and this criminalization is not recent. The criminal status of suicide, which lasted until the end of the 19th century in Western Europe, has a long tradition, dating back to Ancient Rome, when soldiers and enslaved people were legally prohibited from committing suicide (Minois, 1999). Suicide was only "permitted" for free citizens, and the lives of their servants belonged to the sovereigns, to the fatherland. As a servant, committing suicide was an affront to private property; those who attempted suicide and did not succeed were punished and executed, and the corpses of those who did succeed were also penalized by being displayed in public squares and dismembered.

In the 15th century, with the political and economic development of Rome, the relations between sovereign and servant, dominus and colonus, as Minois (1999) writes, intensified. Suicide is condemned by the Church as a sin, an imaginary that grows in 16th century England, where "suicide is considered a strictly demonic act, demanding radical ritualistic practices from the population to combat the hauntings of evil" (Pfeil & Pfeil, 2020, p. 129). This reasoning lasted until the 17th century, when 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). People who attempted to commit suicide had their property confiscated by the State, and if they did succumb, their families' prop-

erty was confiscated, as if they had to pay a 'fine' for the offense they had committed against the State and the Christian god.

These beliefs subsided at the end of the 17th century, with a strong movement to scientificize suicide — and, concomitantly, self-mutilation — introducing the idea of mental imbalance along with the development of psychiatry. In this context, the suicidal person could obtain two verdicts: the *felo de se*, which would consider them guilty of their actions, and the *non compos mentis*, which would not render them guilty, on the grounds of their insanity. With the latter, the individual would not have their property confiscated by the State, and instead of being incarcerated in prisons, they would be sent to asylums. Wealthier families were able to modify the records of the cause of death of suicidal relatives, so that their property would not be confiscated. The social status of the individual defines whether or not they will be considered a criminal; after all, the sovereign can, to a certain extent, commit suicide himself.

Despite being an alternative to prison, referring the individual to institutions was not synonymous with liberation. By the end of the 18th century, England had reached the peak of 126 workhouses, where the aim was to 'cure' the patient through labor. The living conditions in these institutions adhered to the same principle of sovereignty, albeit through a discourse of care: "It was not uncommon for parliamentary authorities to profit from the hard, unpaid labor of the residents. […] Over the years, these spaces also turned to the violent treatment of individuals considered insane" (Pfeil & Pfeil, 2020, p. 139–140).

In 1656, the General Hospital was founded in Paris, where people who had tried to commit suicide were admitted. The General Hospital was not merely a medical institution, but a "third order of repression" (Foucault, 1988, p. 40), governed under the direct order of the governor: "the Hospital does not resemble any medical idea. It is an instance of order, of monarchical and bourgeois order that was organized in France at that time" (Idem). There can be no disassociation between the medical, political, economic and religious spheres, since various 'treatments' determined by the Hospital were based on religious exercises. The Christian church's strategy is inscribed in emerging scientific knowledge, and "what is true for scientific academies is equally true for all constituent and legislative assemblies" (Bakunin, 1975, p. 48). Legislation is not only justified by its need for contractual organization, but also by a scientific bias, through which rulers legitimize their position.

With the increase in medical institutions, according to Minois, there was a reduction in the use of the felo de se verdict and the conception of suicide as a crime. Suicide became increasingly understood as the result of insanity, and it was up to medical institutions to ensure the appropriate treatment for suicidal individuals (Foucault, 1988). Despite the proliferation of asylums, the attribution of psychiatric definitions to the phenomenon of suicide and the legal recognition of insanity, suicide was only properly decriminalized in the mid-19th century in most European countries, with the exception of England, which only decriminalized it in 1931. After the First World War, Minois states that there are still records of the use of the felo de se verdict, denoting the criminal nature of suicide and the exercise of sovereignty (Foucault, 1999).

The detailed definitions of self-mutilation were fostered by the fear, on the part of asylums, of being branded with a bad reputation as shelters for criminals or immoral individuals (Chaney, 2017). In order to deprive people of their criminal status, self-mutilation had to be subsidized by insanity. Insanity was attributed to those who practiced corporal inscriptions considered to be self-mutilation, regardless of their cultural or contextual significance. To the extent that self-mutilation was associated with insanity, the role of institutions was to prevent patients from

continuing to mutilate themselves, through straitjackets and physical restraint. Self-mutilations diagnosed as indicative of insanity were considered delusional and hallucinatory, almost as if they had occurred accidentally: the individual could not have been 'conscious' when, for example, they cut off their own arm. Such acts could only be conceived as fortuitous accidents or as the result of delirium (therefore out of the patient's 'control'). Having suicidal patients meant that the institutions were failing in their mission to provide a cure.

The person's reason for mutilating themself indicated their medical and legal direction. As we discussed above, the fate of the suicidal person and their family depended on their social class, their influence among the elites, their positions in politics or the clergy (Minois, 1999). If it was self-mutilation — without suicidal intent — the person would be in considered insane and interned in asylums. The way in which someone disposed of their own body could indicate insanity, and thus the legal and biomedical urgency to institutionalize it. Certain bodily inscriptions would be acceptable and even encouraged, such as the practice of genital piercing in Victorian England (Strong, 1998), for example, while others would be pathologized and institutionalized. In this regard, we can turn to Kropotkin (2007) to examine the connection between self-mutilation and suicide, as he states that "laws are made to justify and legalize the crimes of the powerful and to punish the faults of the weak".

The discussion we propose between corporal inscriptions and the phenomenon of suicide does not attempt to bring these acts closer together empirically since corporal inscriptions perceived as self-mutilations may lead to the opposite of self-destruction, as we will see with Strong (1998). However, since self-mutilation was often associated with suicide attempts (Favazza, 2011), we can assume that the way in which medical and legal institutions approached self-mutilation was intertwined with thoughts of suicide. Furthermore, this approach concerns, in short, the right to one's own body and the political, economic and religious subsidies that deprive the person of their own. What are the implications of a body inscription — pathologized and/or marginalized — for social and institutional dynamics?

It is clear that the definition of certain corporal inscriptions as self-mutilations or body modifications — whether accepted or marginalized — is based on cultural precepts, especially Christian conceptions. As Bakunin (2015), Kropotkin (2007, p. 33) understands the closeness between Church and State, insofar as anarchy sets out to combat the "current morality, derived from the Roman Code, adopted and sanctified by the Christian Church". Christian interpretations of the pathologization of corporal inscriptions can be observed when considering the association of self-mutilation with gender roles, along the lines of the binary definitions of femininity and masculinity. In the discussions and scientific productions in Europe and the United States, self-mutilation underwent a generification, that is, the social identification of the individual as a man or a woman — considering that these are the socially determined gender roles — would interfere in their psychiatric diagnosis and the extent of their pathologization (Chaney, 2017). To the detriment of this process of generification, two models of the self-mutilating individual are developed: the man who castrates himself and the woman who cuts herself. Observing the generification of the conventional concept of self-mutilation, the influence of culture on scientific formulations follows similar to those of the Church, since hospitals had treatments and guidelines based on Christian logic (Foucault, 1978).

For Bakunin (1975, p. 43), science "is as incapable of discerning the individuality of a man as that of a rabbit". We must recognize the limits of science, de-universalize it; demand not that it impose its sovereignty, much less its neutrality, but that it respond to the demands of the people

and serve the community. Otherwise, an academy that considers itself sovereign has no other destiny than intellectual corruption, and intellectual oppression is one of the cruelest, because one cannot escape it. Intellectual oppression deprives any individual of their ability to self-determine, to legitimize their narrative within the institutions that surround them. And the very existence of institutions entails intellectual oppression as, in order to exist, they must assert themselves as the sole holders of official and true knowledge.

As mentioned earlier, if the conception of various corporal inscriptions in Europe, from Antiquity to Modernity, was influenced by the cultural contexts in which they were made, then the model of the self-mutilating person was also established as a result of the prevailing cultural dictates — religious, institutional, statist. Based on these formulations, our study examines the medical constitution of self-mutilating individuals and how this has influenced the institutionalization and pathologization of their subjectivities.

The invention of self-mutilating individuals by modern medicine

With the increasing categorization of corporal inscriptions as self-mutilations, certain practices were identified more in people designated as women than in those designated as men, and vice versa. Behaviors that went against a 'proper' social posture corresponded to the requirements of insanity; for example, in the case of people assigned to the feminine sphere, cutting one's own hair indicated serious disorders in the context of Victorian England, as hair was a symbol of proper behavior, and cutting it could be classified as self-mutilation. Self-castration — which by the end of the 19th century had become the epitome of self-mutilation — was predominantly pointed out in male individuals. This type of self-mutilation was spectacularized, seen as "the paradigm for self-mutilation" (Chaney, 2017, p. 84) in the late 19th and early 20th centuries. The self-mutilating person would be a socially designated man who had mutilated his genitals or gouged out his own eyes, since enucleation was psychiatrically equivalent to castration.

The rejection of certain gender standards by people designated as women can be interpreted in a similar way to the self-castration performed by people designated as men. There was nothing to indicate that self-castration occurred more in the men, nor that it occurred more frequently than other mutilations. In the same way, hair-plucking, which we could now call trichotillomania, did not occur more or less frequently in people designated as women, but its affront to a hegemonic model of femininity represented a political threat (Chaney, 2017). Thus, it can be affirmed that there was a strong influence of modern and religious values on the formulation of psychiatric diagnoses, in terms of gender norms.

Due to the association of self-mutilation with hysteria, at the end of the 19th century it was thought that self-mutilation was performed so as to manipulate and attract the attention of others: "While hysteria was still conceptualized as a disease at this time, it was simultaneously viewed as a type of character or personality with manipulative and deceitful tendencies" (Chaney, 2017, p. 109). Hence the repulsion of medicine towards self-mutilatory practices. While 'male' self-mutilation would be associated with sexual perversion (in this case, homosexuality), 'female' self-mutilation would be associated with manipulation, a characteristic commonly linked to what would be a 'feminine nature'.

Self-mutilation would either be perceived as manipulative or pathological. Its pathological aspect was intended to "absolve" the patient of their actions (Chaney, 2017). However, such absolution did not occur with the same frequency with people designated as women, meaning

that 'female' self-harm continued to be associated with a manipulative and deceptive character. Because of its generification, self-mutilation — when differentiated from suicide — was only understood through a pathologized sexual bias, given the association of self-mutilatory practices with hysteria and manipulative behaviour. Although the association between self-mutilation and manipulation remains in our current imaginary in the 20th century there were contributions that departed from this view, proposing a different perspective on the constitution of self-mutilating people.

In the 20th century, we are introduced to "Eros and Thanatos: Man against Himself" (1938; 2018), in which Karl Menninger discusses the diversity of self-destructive behaviors. It was only with Menninger's studies that self-mutilation could be interpreted from a perspective other than that of sexual perversion. Instead of reducing self-injury to manipulation or symptoms of pathologized sexualities, Menninger interpreted it as a manifestation of latent aggression. At this point, the definitions of self-mutilation expanded to include a series of other less socially repulsive behaviors, such as alcoholism, asceticism and antisocial behavior. Self-mutilations would be configured as forms of self-destructive behavior and, due to the generality of their self-destructive nature, all self-mutilations — as well as all behaviors considered destructive — would be related to suicide, contradicting the efforts of 19th century psychiatry to differentiate between self-mutilations and suicide attempts. Contrary to psychiatry's attempts to differentiate between self-harm with and without suicidal intent, Menninger points out that all self-harm is suicidal. However, we understand that the aim of self-mutilation would be to destroy part of the body so that the rest remains alive.

In addition to highlighting the field of self-harm to the media and medical authorities, Menninger's studies are reflected in more recent discourses, such as that of Armando Favazza, who, in 1987, published the first edition of "Bodies under Siege: Self-mutilation in Culture and Psychiatry". Favazza understands that self-mutilation and body modifications are part of the human experience, from cultural and spiritual rituals to punk piercings and tattoos, from self-inflicted cuts and burns to scarifications and brandings administered in body modification studios. With an anthropological gaze, the author begins his study by presenting examples of various cases of corporal inscriptions practiced in different cultural contexts, such as rites of passage and transformation, as processes of healing and spiritual ascension. Pain can also play an important role in these contexts. If not central, pain appears as an element in rites of passage and initiation. Through bodily inscription, pain inserts the individual into their group and allows them to integrate the symbolic system that surrounds them. The scar is the embodiment of belonging (Le Breton, 1999).

Whether with the intention of causing pain or actually leaving a scar, corporal inscriptions are made for various reasons in countless contexts, altering our perception of painful and supposedly unpleasant experiences. The pain caused by a particular body inscription can mean anything — from a Christianized expiation of guilt to a person's belonging in their community, from a celebration of faith to a demonstration of strength (Le Breton, 1999). How could we assign only one significance to bodily inscriptions and the sensations they evoke?

Being immersed in the realm of pathology, psychiatry has interpreted self-mutilation without considering its cultural breadth and its possible meanings, and it has been used as an argument to affirm the inferiority of non-Western peoples, 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 behavior." While self-mutilation

in European societies was seen as an external sign of insanity, it would be understood, when observed in non-Western societies, as a justification of their 'inferiority' compared to the West.

It is important to stress that we cannot give in to the typically modern and European argument that the practice of corporal modification is something "primitive" or barbaric, and characteristic of savagery. This perspective does not extend beyond European and North American borders, and follows the evolutionist and racist principles of savagery, barbarism and civilization. Ironically, those who defend it contradict the fact that body modifications were and are practiced in a European context. Authoritarian scientists, who arrogate to themselves the right to produce knowledge behind inherently oppressive institutional walls, formulate the truths that suit the maintenance of their own sovereignty. This is the opposite of what is defended in a libertarian science, which opposes "the belief that science is all and can be all, [because this] is the acceptance as definitive truths, as dogmas, of all partial discoveries" (Malatesta, 2007, p. 42).

Determining the threshold between pathologized self-mutilation and corporal inscriptions is generally left to psychiatrists "to decide what is or is not socially sanctioned" (Chaney, 2017, p. 9). Considering corporal modifications in the West, we find that the practices of body piercing and tattooing were once understood as mutilations and, therefore, pathological (Angel, 2014). In her research on the history of body modification in Brazil from 1980 to 1990, Soares (2015, p. 12) denounces the popular association of "body aesthetics with mental disorders, dissatisfaction and a hatred of oneself and the other". Although the 1990s were marked by the demystification of certain body modifications in the West, such as tattooing and body piercing, the scenario is not the same for the practices of scarification, branding, extreme suspension, subcutaneous silicone implants, eyeball tattooing and many others that exist in a limbo between pathology and absurdity. What is the frontier between self-expression and pathology and, above all, who defines it (Angel, 2014)?

It is a psychiatric matter to determine the threshold between self-mutilation practices with suicidal intent, without suicidal intent, masochistic — commonly thought of within sexual contexts — cultural or simply for the purpose of experiencing the body. Thus, psychiatric definitions, as Chaney (2017, p. 10) points out,

> 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.

The frontier between pathology and self-expression has not been well defined at all times, but in fact has been constructed, and continues to be in a constant process of transformation. Discourses on self-mutilation have undergone diverse and profound alterations over time. Between the 1950s and 1980s, these discourses varied between the idea of communication and emotional control, along with the prominence of cutting, which only rose to prominence in the 1960s in psychoanalytic circles in the United States. On the one hand, self-mutilation was seen as a cry for help, an attempt to communicate to the world an interior anguish that could not be expressed through discourse; on the other hand, self-mutilation was understood not as a 'message to the world', but as an attempt to control an anguish that was also inexpressible. By such logic, cutting would be "an example of a 'gesture' that was externally and dramatically visible, but could be interpreted as having internal psychoanalytic significance" (Chaney, 2017, p. 174). Although a

variety of cuts and mutilations were registered all over the body, cutting was much more often referred to the wrists (wrist-slashing).

With cutting, the self-mutilating individual of the 20th century becomes apparent: a white woman in her twenties who started mutilating herself in her early teens. In addition, behind the self-mutilation practices, there would be a detailed history of abuse, family negligence and emotional deprivation, which would make it impossible to develop verbal communication tools. Because of the abuse and abandonment in childhood, the individual would live in a constant state of anxiety, having difficulty or total inability to learn to trust others and develop self-care skills. Unable to verbally elaborate on their anxieties and needs, the individual takes action, with self-mutilation being a way of temporarily re-establishing a psychic balance. The concept of the self-mutilating individual is not restricted to social indicators — many of which were universalized and not included in the aforementioned studies — but concerns a specific narrative of life and suffering. There are strong cultural markers in the psychiatric conception of the "self-mutilating individual". Science cannot incorporate all the aspects that comprise a life, the material and psychological existence of a person. One cannot trust infallible and absolute authorities, even if they are based on scientific knowledge (Bakunin, 2009), because all knowledge comes from a place and is subjective, never universal.

Chaney (2017, p. 176) suggests that "many of the notions supporting the 1960s model of self-harm as specially female self-cutting relied on prior male assumptions about female behavior". Cutting was seen as a psychotic symptom on the threshold between psychosis and neurosis, being associated with both schizophrenia and a new diagnostic category, borderline personality disorder — curiously also more commonly applied to people referred to as women, and in an exaggerated way. Both cutting and borderline were generified; the third edition of the DSM itself noted that this disorder would be more common in people designated as women: "Both delicate self-cutting and borderline personality disorder were characterized as inherently 'female', despite the existence of male psychiatric patients" (Chaney, 2017, p. 185).

Favazza (1998, p. 18) argues that self-harm "has been trivialized (wristcutting), misidentified (suicide attempt), regarded merely as a symptom (borderline personality disorder), and misreported by the media and the public". Either self-mutilation is defined as a symptom of a disorder, or it is a disorder in itself. In the current edition of the DSM, we find self-mutilation as a symptom in Borderline Personality Disorder (308.83, F60.3), Dissociative Amnesia (300.12, F44.0) and Dissociative Identity Disorder (300.14, f44.81). As a disorder, the recent Skin-Pinking Disorder — 698.4 (L98.1), for instance, is characterized as the act of repetitive pinching of the skin.

Definitions for self-harm are still being formulated. With each new edition of diagnostic manuals and treatment protocols, there are new symptomatic descriptions, new associations between self-mutilation and a certain disorder, or the exclusion of a certain characteristic or the inclusion of another. In other words, such disparities show that they simply do not know exactly what they are talking about (Favazza, 2011). Psychiatry delivers discourses based on biomedical and individualistic aspects, sometimes distancing itself from the socio-cultural factors that surround and constitute the individuals it addresses. And this reaffirms the rejection of the "infallibility and universality of the representatives of science" (Bakunin, 1975: 57), since no individual is capable of determining the truth about another, just as no knowledge can apply to every context.

Even if we assume that modern medicine and psychiatry aim for the well-being of self-mutilating individuals, they disregard the possible meanings that corporal inscriptions might hold in contexts other than the doctor's clinic. Psychiatric discourses on corporal inscriptions

considered to be self-mutilation are "just as constructed as historical, literary or artistic narratives of self-injury" (Chaney, 2017, p. 220). The construction of self-mutilation as a psychiatric category has gone through the criminalization of suicide, the pathologization of sexuality and that which was considered feminine, the psychiatric and psychoanalytic contradictions of Menninger and others, and the imprecise definitions of diagnostic manuals. Even so, we continue to associate self-inflicted experiences of pain and corporal inscriptions through a biomedical and clinical perspective, through diagnostic categories that are geographically and historically localized, but considered universal.

Conclusion

From the spiritual rituals of Antiquity to the medical treatments of the Middle Ages; from a symptom of sexual perversion to hysterical manipulation; from an indication of psychosis to a justification of primitivism, conceptions of corporal inscriptions have undergone various changes, permeated by unacknowledged cultural precepts. If the psychiatric discourse that defines the limits between different categories are constantly changing, what we can definitely affirm is the permeability of these limits and the impossibility of considering them to be universal. Throughout this study, we have criticized deterministic science (Bakunin, 2009), a medicine that claims to be universal, but which annuls its origin in its discourses, and that protects itself behind institutional walls that are deeply rooted in European and North American soil. According to Soares (2015), the connection we establish with our bodies depends on our culture, our territoriality, our temporality, our beliefs and our personal experiences.

Just as corporal inscriptions have been understood and justified by different meanings over the course of history, corporal modifications — as we conceive them today — are performed for countless reasons, which depend on the " relation that each person has with their body", so that "the main link between 'the modified' is the experience of having gone through some process of modification and often it will be only this, because the lives of these individuals are not limited to these practices" (Soares, 2015, p. 6). Since many body modifications have already been understood as pathological (Angel, 2014), what differentiates — or approximates — self-mutilation from other body modifications is the attribution or not of a pathological character to this practice.

From a libertarian perspective, all oppression must be opposed, even if the oppressors believe they are doing good. If anarchism defines itself as "the method to achieve anarchy through freedom and without government, that is, without authoritarian which, by force [...] impose their own will on others" (Malatesta, 2009, p. 4), then the stance of an anarchist regarding the invariable pathologization of individuals who perform corporal inscriptions must be one of opposition. If, as we have seen, the legitimacy of the medical and psychiatric authorities is granted to them by institutional means, under the protection of governmental authority, then a method of organization that "signifies no government, the state of a people that governs itself without constituted authority, without government" (Malatesta, 2001, p. 11) would be contrary to the stance of medicine and psychiatry, not only in relation to the practices of corporal inscriptions, but also to the pathologizing classifications of subjugated societies and those seen as unsubmissive. Medical/psychiatric control nullifies any possibility of self-determination, of giving meaning to one's own body, because only the Church, the State and medicine would be competent to do so. This proves that no authority is beneficial.

Limiting corporal inscriptions to diagnostic categories or to any crystallized meanings ends up reducing experiences that permeate profound cultural structures and trajectories. After all, how can one restrict the other person's discourse to mere symptomatic descriptions, when these descriptions have undergone and are undergoing so many transformations, through the denial and reaffirmation and invention of medical nomenclatures? There is no 'truth' behind self-mutilation, as Chaney (2017, p. 222) reaffirms when concluding that "no one meaning of self harm can be considered more 'true' or genuine than any other". There is no essence behind the inscriptions we perform on our bodies and there is no "self-mutilating individual" that has not been historically constructed. If there is any frontier between the pathological and the 'normal' in the realm of corporal inscriptions, it must be considered in conjunction with the scenario in which it is presented, and always through the notion — which is undoubted — that our certainties are always provisional.

Bibliography

ANGEL, T. Pensando sobre as fronteiras entre modificação corporal e 'mutilação'. FRRRKguys. Beautification, body art & body modification culture, 2014. Disponível em: http://www.frrrkguys.com.br/pensando-sobre-as-fronteiras-entre-modificacao-corporal-e-mutilacao/. Acesso em: 11/07/2021.

BAKUNIN, Mikhail. Conceito de Liberdade. Porto: Edições RÉS limitada, 1975.

BAKUNIN, Mikhail. God and the State. The Anarchist Library, 2009. https://theanarchistlibrary.org/library/michail-bakunin-god-and-the-state

BELL, Timothy M. A Brief History of Bloodletting. The Journal of Lancaster General Hospital, v. 11, n. 4, 2016.

BRÄUNLEIN, Peter J. "Flagellation." Religions of the World, Second Edition: A Comprehensive Encyclopedia of Beliefs and Practices. Ed. Martin Baumann, J. Gordon Melton. Santa Barbara, CA: ABC-CLIO, 2010, 1120–1122

CHANEY, Sarah. Psyche on the Skin: a history of self-harm. London: Reaktion Books LTD, 2017.

FAVAZZA, A. R. Introduction. In: STRONG, Marilee. A Bright Red Scream: Selfmutilation and the Language of Pain. United States of America: Penguin Books, 1998.

FAVAZZA, Armando R. Bodies under Siege: self-mutilation, nonsuicidal selfinjury, and body modification in culture and psychiatry. 3ª ed. United States of America: The Johns Hopkins University Press, 2011.

FOUCAULT, Michel. Madness and civilization: a history of insanity in the age of reason. New York: Vintae Books, 1988.

KROPOTKIN, Piotr Alekseievch. O princípio anarquista e outros ensaios. São Paulo: Hedra, 2007.

LE BRETON, David. Antropología del dolor. Barcelona: Editorial Seix Barral, 1999.

MALATESTA, E. Anarquismo e Anarquia. Tradução de Felipe Corrêa. Faísca Publicações Libertárias, 2009. Disponível em: https://www.anarquista.net/wpcontent/uploads/2013/08/Anarquismo-e-anarquia-Errico-Malatesta.pdf. Acesso em: 03 mar. 2020.

MALATESTA, E. Pensamiento y Accion Revolucionarios. Trad. Eduardo Prieto. Org. Vernon Richards. Buenos Aires: Tupac Ediciones, 2007.

MENNINGER, Karl Augustus. (1938). Eros e Tanatos: o homem contra si próprio. São Paulo: IBRASA, 2018.

MINOIS, Georges. History of Suicide: Voluntary Death in Western Culture. Baltimore: The John Hopkins University Press, 1999.

PFEIL, Bruno Latini; PFEIL, Cello Latini. Uma perspectiva anarquista sobre o suicídio, a produção da morte e a preservação da vida. Revista Estudos Libertários, Rio de Janeiro, v. 3, n. 8, 2021, p. 121–151.

SKUSE, Alanna. 'One Stroak of His Razour': Tales of Self-Gelding in Early Modern England. Social History of Medicine, v. 33, n. 2, 2018, p. 377–393.

SOARES, Thiago Ricardo. A modificação corporal no Brasil — 1980–1990. 1ª ed. Curitiba: Editora CRV, 2015.

STRONG, Marilee. A Bright Red Scream: Self-mutilation and the Language of Pain. United States of America: Penguin Books, 1998.

STRONG, Marilee. Preface. (2009). In: STRONG, Marilee. A Bright Red Scream: Self-mutilation and the Language of Pain. United States of America: Penguin Books, 1998.

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