
‘Body Art’ and Social Status: Cutting, Tattooing and Piercing from a Feminist Perspective

This article analyses the developing industry of body modification, in which cutting, tattooing and piercing are carried out in studios for profit. It seeks to offer a feminist understanding of this industry which places it on a continuum of harmful cultural practices that include self-mutilation in private, transsexual surgery, cosmetic surgery and other harmful western beauty practices. The ideology created by industry practitioners, that ‘body modification’ replicates the spiritual practices of other cultures, reclaims the body, or is transgressive, is supported by the use of postmodern feminist theory. These ideas are criticized here. On the contrary, it will be suggested that such harmful cultural practices of self-mutilation are sought, or carried out on, those groups who occupy a despised social status, such as women, lesbians and gay men, disabled people and women and men who have suffered sexual abuse in childhood or adulthood.

Key Words: body art, harmful cultural practices, piercing, self-mutilation, sexual violence, tattooing

In the 1990s, an industry has developed based on cutting, piercing and tattooing. These practices are conducted out of piercing and tattooing studios, and at conventions and parties. The *Yellow Pages* for Melbourne, for instance, lists 47 facilities that provide ‘body piercing’. The piercings include everything from the extra ear piercings acquired by fashionable suburban teenagers to penectomies, finger amputations and the carving of large-scale pictures in blood on backs, calves and stomachs. I will argue here that much of the client base of this mutilation industry is composed of the hundreds of thousands of troubled young people in western cultures who self-mutilate on a regular basis. The industry of self-mutilation prefers to term its practices ‘body decoration’, ‘body art’ or ‘body modification’. The practitioners use fashionable postmodern theory to provide a rationale for the mutilation in terms of ‘reinscribing’ and transgressing the

boundaries of the body. They represent the activities from which they profit as a form of political resistance in language attractive to their young customers.

I shall suggest that 'body art' needs to be understood, on the contrary, as being a result of, rather than resistance to, the occupation of a despised social status under male dominance. The despised social groups under male dominance with a tendency to self-mutilate are women and girls (who are still reared to hate their bodies or mould them to the requirements of male sexual culture), young lesbians and gay men who suffer severe damage to their self-esteem from the discrimination and abuse suffered in a heteropatriarchal culture, and those, mostly women but including men, who have suffered male sexual violence in childhood or adulthood. Such practices of self-mutilation need to be included in our understanding of those harmful western cultural practices that tend to be excused under the rubrics of 'choice', 'fashion' or 'beauty', such as cosmetic surgery, transsexual surgery, dieting and high-heel shoes.

WHAT IS SELF-MUTILATION?

What is generally referred to as self-mutilation in the mental health literature comprises attacks on the skin or bodily organs such as eyes or genitals, usually conducted in private and with the object of alleviating some mental distress. Armando Favazza, the best-known psychiatrist presently working in this area, defines self-mutilation as 'the deliberate, direct, non-suicidal destruction or alteration of one's body tissue' (Favazza, 1998: x). He divides self-mutilation into three forms. The major and least common form includes 'enucleation, castration, and limb amputation'. The second type, which he calls stereotypic, includes 'monotonously repetitive and sometimes rhythmic acts such as head-banging, hitting, and self-biting' most often in 'moderate to severely mentally retarded persons as well as in cases of autism and Tourette's syndrome'.

He calls the commonest type of self-mutilation the superficial/moderate category:

It begins in early adolescence and refers to acts such as hair-pulling, skin scratching and nail-biting, which comprise the compulsive subtype, as well as to skin-cutting, carving, burning, needle sticking, bone breaking, and interference with wound healing, which comprise the episodic and repetitive subtypes. Skin-cutting and burning that occur episodically are the most common of all self-mutilative behaviors and are a symptom or associated feature in a number of mental disorders such as borderline, histrionic, and antisocial personality disorders (Favazza, 1998: x).

Favazza, like many other contemporary writers on self-mutilation in its non-commercial form, is careful to distinguish these practices from suicide and to identify them as varieties of 'self-help', 'because they provide rapid but tempo-

rary relief from distressing symptoms such as mounting anxiety, depersonalization, racing thoughts, and rapidly fluctuating emotions' (Favazza, 1998: x).

Favazza and other commentators who have followed his lead, assert confidently that self-mutilation is not connected with suicide, but is a form of therapy that enables the mutilator to avoid committing suicide. This is despite his recognition that 'self-mutilators are at increased risk for suicide', with 59 percent of female habitual self-mutilators having overdosed on drugs, half of whom had overdosed four times or more, and one-third being expected to be dead in five years. 'Suicide', he says, 'is an exit to death, but self-mutilation is a reentrance into a state of normality' (Favazza, 1996: 271).

This view is not supported by the feminist psychologists who studied female self-mutilators at the Ashworth Special Hospital, a secure facility in the UK. They say that 65 percent of the mutilators they studied stated their intention to kill themselves when they self-harmed. Indeed, they say that patients 'have stated that their suicidal intent when self-harming was rarely recognized' (Liebling et al., 1997: 435). It may be that feminist therapists and commentators such as Bonnie Burstow, who are keen to see self-mutilation as serving a useful function for women, are caught up in a contemporary postmodern determination to attribute agency to women even in the most inappropriate situations (Burstow, 1992; also see discussion of this problem in Jeffreys, 1997a).

According to Favazza, the behaviours usually continue for 10–15 years and are interspersed with eating disorders, alcohol and substance misuse, and kleptomania. He estimates the numbers involved in self-mutilation in the USA alone as 'hundreds of thousands, perhaps several million' (Favazza, 1998: xiii). Marilee Strong (1998), in her feminist account of self-mutilation, gives the number of cutters in the USA as two million.

EXPLAINING SELF-MUTILATION

Favazza's account of self-mutilation in *Bodies Under Siege* is determinedly free of any explanation that might connect the practice with the experience of women and girls under male domination. He rejects all evidence that suggests that self-mutilation is overwhelmingly a female problem, saying, 'That the behavior seems to be more common in females may be an artifact of sampling techniques' (Favazza, 1996: 240). Most varieties of self-mutilation he discusses, however, are far more prevalent in females. The SAFE (Self-Abuse Finally Ends) programme in the USA, which treats self-mutilators, for instance, sees an overwhelming majority of women (Strong, 1998: 187).

Feminist psychologists have linked self-mutilation with childhood sexual abuse. Favazza is determined to disavow such a connection. He says, 'We must always keep in mind that not all self-mutilators are the victims of childhood abuse. For example, in Favazza and Conterio's study, 38% of female habitual self-mutilators did not admit to childhood abuse' (Favazza, 1996: 268). His

downplaying of the significance of child sexual abuse is further demonstrated in his belief that women make false accusations of child sexual abuse against innocent fathers.

In most of the cases with which I am familiar, the patient's accusations usually resulted in the fragmentation of a family already under duress in dealing with the patient's self-mutilation. Fathers who often were very supportive of their daughters were newly perceived as enemies (Favazza, 1996: 268).

None the less, many of his examples and evidence point rather clearly to the importance of child sexual abuse in the histories of his patients. Some, both male and female, 'have patterns of childhood and adolescent hypersexuality and promiscuity' (Favazza, 1996: 269). In research seeking to understand high-risk behaviour for HIV transmission, such behaviour has been linked with sexual abuse (Heise, 1995).

Feminist psychologists criticize the approach to problems such as self-mutilation that is taken by traditional psychologists on the grounds that it individualizes problems that in fact have political explanations (Kitzinger and Perkins, 1994). Lucy Johnstone, for instance, explains that seeing the problem of self-mutilation as 'residing within one person' made it 'easy to lose sight of the relevance of their network of relationships past and present, the culture they come from and their socio-economic circumstances' (Johnstone, 1997: 423). She comments that individualizing approaches also prevent understanding of the ways in which 'self-harm' is 'part of our whole culture'. Psychological theories, she says, tend to emphasize physical treatments, as in the prescription of drugs to change serotonin levels. But she points out that biological explanations, such as 'a sudden surge of serotonin in the female population', do not really make sense of the increase in self-injury that seems to be taking place.

Diane Harrison, an ex-self-mutilator who was instrumental in setting up the Bristol Crisis Service (UK) to help female self-mutilators, explains the practice politically, in terms of the way that women in western culture are trained to distort their bodies to fit into expectations of beauty. She sees beauty practices as but one form of mutilation which she reacted against by engaging in an alternative:

A woman who injures her body is condemned because her behaviour mutilates society's expectations of passivity and beauty. In hospital a charge nurse, male, told me I'd look prettier if I plucked my eyebrows and put on makeup. Is it any wonder that I went on to slice up my face? I was visibly saying 'fuck off' to my abusive keepers (Harrison, 1997: 438).

Male supremacist culture, she explains, creates the hostile relationships women are expected to have with their bodies. The media, she says,

have instructed us to rid ourselves of unwanted body parts by 'zapping cellulite', or 'fighting flab' or 'destroying unwanted hair'. The principle of 'no pain, no gain' asks that we alter or modify our bodies through cosmetic surgery, dieting or liposuction (Harrison, 1997: 438).

Although female beauty practices in general can be seen as lying on a continuum with more severe forms of self-mutilation, extra pressures may be needed to induce women to carve their own flesh with knives. Feminist researchers who have worked with or interviewed self-mutilators have found one explanation in a particular aspect of male dominance, men's sexual abuse of children.

Marilee Strong found a clear connection among the self-injurers she interviewed for her landmark feminist approach to the issue, *A Bright Red Scream*. She explains:

One of the many disturbing aspects of cutting is the strong link it appears to have with childhood sexual abuse. . . . Of the more than fifty self-injurers I interviewed for this book, nearly all of whom had suffered some form of child abuse or neglect, only one case of incest and one teenage rape was reported to authorities (Strong, 1998: xvii).

She devotes a chapter to this connection in her book and states 'There are many roots to cutting, but the single, most common causal factor is childhood sexual abuse. . . . As nearly every study of chronic self-injurers indicates, 50–90% of those studied report being sexually victimized as children' (Strong, 1998: 64). Cutting is explained as a way of dealing with the dissociation that is frequently a consequence of childhood sexual abuse. Strong quotes psychologist Dusty Miller's book *Women Who Hurt Themselves*, in which the compulsive harm women do to their bodies through behaviours such as 'self-mutilation, eating disorders, substance abuse, excessive dieting, and unnecessary plastic surgeries' is termed trauma re-enactment syndrome and seen as a way in which women re-enact childhood trauma (Strong, 1998: 101).

The study of women who are patients in special hospitals gives strong evidence of the links between mutilation and childhood abuse, not all of it sexual. Ninety-two percent of patients said their self-harming was linked to previous life experiences including in rank order: (1) sexual abuse; (2) family stress, rejection or blame; (3) physical, emotional and psychological abuse; (4) illness of a family member or close friend; and, (5) bullying at school and leaving school (Liebling et al., 1997: 429). One woman self-injurer reported being bullied by a group of boys at school who, she says, 'pulled my eyebrows off' (Liebling et al., 1997: 430).

Strong recognizes that women in male supremacist western society generally experience negative feelings towards their bodies, but, 'the level of shame and disgust self-injurers feel is in another dimension entirely' (Strong, 1998: 122), as illustrated by the situation of one of her interviewees:

'I hate my body and I hate being female,' says Roxanne, a thirty-two-year-old cutter, burner, and bulimic who was sexually abused by her father. 'I feel if I was male the abuse wouldn't have happened to me. I've fantasized about cutting off some body parts' (Strong, 1998: 123).

Another of Strong's interviewees, who 'would often claw at her genitals until she bled' during flashbacks, described her experience thus:

'I could always feel my grandfather in me', she says. 'He would penetrate me with himself and with objects. A year ago the doctor told me that I have so much scar tissue I probably won't be able to have children, and I really want to have children' (Strong, 1998: 207).

Fakir Musafar is the most well-known US promoter and practitioner of 'body modification'. He is keen to promote piercing as a spiritual experience but none the less gives examples of women using it to try to recover from sexual abuse. He quotes the words of a piercee whose sentiments were 'common especially among women who had been raped': 'I'm getting pierced to reclaim my body. I've been used and abused. My body was taken by another without my consent. Now, by this ritual of piercing, I claim my body back as my own. I heal my wounds' (Musafar, 1996: 329).

SELF-MUTILATION BY PROXY

When referring to practices of mutilation that, though often pursued by the mutilated, are carried out by another, I shall use the term self-mutilation by proxy. I think that it is a useful term to apply to a range of practices in which another person is employed – such as a top in sadomasochism, a cosmetic surgeon or a piercing practitioner – to perform the mutilation desired by the victim.

Although the cutting in these contexts is carried out under the aegis of medicine or beauty, or even sexual liberation, it often replicates quite precisely the techniques used by solitary self-mutilators. Self-mutilation by proxy is linked to self-mutilation in private by the fact that it is practised overwhelmingly by groups in society with unequal access to power or influence as a result of their sex, their sexuality or their disability. The proxies, generally for profit, though in the case of sadomasochism it may be simply for personal gratification, re-enact on the bodies of the oppressed the violence that many of them suffered in childhood or adulthood from men. One good example of self-mutilation by proxy is transsexual surgery.

TRANSSEXUALISM

Transsexual surgery is given social sanction by medicine, and is given ideological respectability through queer and postmodern body politics (Halberstam, 1994). The medical profession profits from transsexual surgery financially and also by the opportunity to experiment and to play god with the recreation of sexual plumbing (Raymond, 1994). In the literature of self-mutilation it is striking that many male and female self-mutilators attack their secondary sexual

characteristics to the point of amputation. One of the two reasons Favazza gives for major self-mutilatory behaviour is 'desire to be a female'. He says that a recurrent finding among male self-mutilators is long-standing confusion about their sexual identity, as manifested by envy of females, desire to be a female, repudiation of their penises, bisexuality, cross-dressing, and concerns about homosexuality (Favazza, 1996: 269). 'Men who perceive themselves to be women may regard self-castration as a surgical remedy to correct a flaw in their anatomy' (Favazza, 1996: 276).

The explanations that such patients give for their behaviour relate, most frequently, to sexual abuse. Favazza, for instance, describes a patient of his who had been sexually abused by her father. Favazza, who constantly plays down the significance of sexual abuse, chooses words that make the father's behaviour sound quite benign and says her father 'romanced her':

The sexualized aspect of her love for father, however, created enormous conflicts for Janet that were central to her self-mutilation. She cut herself as a punishment for her incestuous guilt and for her hateful feelings toward her mother and sister. The hatred she had for the female aspects of her body resulted from the recognition that had she been a boy, she would not have to endure so many tribulations (Favazza, 1996: 320).

For some self-mutilators, it seems that the need to escape the possibility of abuse or to change the sexed body that is seen to have provoked the abuse, does lead to the desire to 'change' sex. Penectomies are a recognized part of the body modification movement's show and tell sessions. The medical profession has created an industry of 'sex reassignment'. Both industries can be seen as exploiting abuse and oppression for profit. Transsexual surgery has been normalized by the medical profession and queer theory to the point where any connection with straightforward major self-mutilation seems to have been obscured (Jeffreys, 1997b).

THE BODY MODIFICATION INDUSTRY

In the past 10–15 years body modification has been developed into a profitable and burgeoning industry. Several factors have coalesced to stimulate this development. One is gay sadomasochism. According to the gay sociologist Martin Levine, gay men in the 1970s who had absorbed the message of a gay-hating culture, that homosexuality was associated with femininity and therefore subordinated them into the second-class status of women, invented the 'clone' – a gay version of working-class masculinity. As Levine puts it, they

enacted a hypermasculine sexuality as a way to challenge their stigmatization as failed men, as 'sissies', and . . . many of the institutions that developed in the gay male world of the 1970s and early 1980s catered to and supported this

hypermasculine sexual code – from clothing stores and sexual boutiques, to bars, bathhouses, and the ubiquitous gyms (Levine, 1998: 5).

The masculinity they espoused was working-class masculinity, because middle-class masculinity was seen as insufficiently butch. Tattoos and piercings were part of this image for men in the fashionable gay bars and clubs of the time. They ‘cropped their hair closely, right to the scalp, and wore mirrored aviator sunglasses. Some pierced their nipples with gold rings or studs. Others tattooed their arms or buttocks’ (Levine, 1998: 61). Clones engaged in sadomasochistic practices to ‘butch sex up’ (Levine, 1998: 95). Receiving piercings and other attacks on the body as a ‘bottom’ or passive partner in sadomasochism was seen as ‘highly masculine’. The ability to be a ‘superb bottom’ contributed to masculinity by proving that the victim had the ability ‘to take an enormous amount of sexual activity and pain’ (Levine, 1998: 98). The words of a self-mutilator in a collection on punk culture support this interpretation. He expresses his decision to undergo chest scarification without anaesthetic: ‘It’s a rite of manhood. I figured it was about time I became a man’ (Wocjik, 1995: 32).

Levine considers that ‘many of these gay fads and fashions of the 1970s have become institutionalized in a more generalized, sexually fluid, youth culture. What gay men wore in the late 1970s is today’s trendiest haute couture’ (Levine, 1998: 5). Gay fashion designers have promoted gay sadomasochist practices to an audience of young heterosexual women by using pierced women on catwalks in the early 1990s. As Marilee Strong puts it: ‘Jean-Paul Gaultier, the late Gianni Versace, and other designers have built entire collections around tattoo designs, piercings, tribal decorations, and bondage wear’ (Strong, 1998: 137). Piercing is just one of the practices relayed through gay fashion designers that have become de rigueur for women, although they were designed originally to enhance the femininity or masculinity of gay men.

The creation of an industry of body piercing did not please all those who had seen piercing as a central practice of gay sadomasochism. The popularizing of piercing by studios to the point where any fashionable teenage heterosexual student was likely to have one, was seen to have cheapened the currency of piercing. Pat Califia, who is one of the founders of lesbian sadomasochism as a practice, has a whole chapter in her book *Public Sex* devoted to bemoaning the popularizing of what had once been an exciting sadomasochistic practice. She trained on and practised sadomasochism with gay men. She remarks about fist-fucking, for instance, ‘I’ve lost track of exactly how many men I’ve put my hand(s) into, and it still puts me in a trance’ (Califia, 1993: 184). She explains her anger and despair at commercial self-mutilation thus: ‘I am deeply disturbed by men and women who wear leather or latex, tattoos, and body piercings, who are ignorant about or even hostile toward the S/M community that created this look’ (Califia, 1993: 237).

Another influential factor was punk culture. As Daniel Wocjik explains in his celebration of punk in the 1970s and its contemporary forms, the debut of punk

rock in 1976 with the Sex Pistols included self-mutilation from the beginning: 'Much of the attention focused on their style of body adornment, their loud and "obnoxious" music, their "self-mutilation" (burning their arms with lighted cigarettes and scratching their faces with needles)' (Wocjik, 1995: 7). The reasons Wocjik offers for punk self-mutilation resonate through the apologist literature of the body modification movement today. He sees these attacks on the body as rebellion:

Having little access to dominant means of discourse, punks displayed their disaffiliation through such adornment, which was for them an accessible and direct channel of communication. By manipulating the standard codes of adornment in socially objectionable ways, punks challenged the accepted categories of everyday dress and disrupted the codes and conventions of daily life (Wocjik, 1995: 11).

Although public degradation may have been new or unusual for the men involved, the punk code for women was quite traditional, relying on the symbols of prostitution and harmful and constraining beauty practices:

One popular style of adornment among punk women was referred to as the 'bad girl look,' which consisted of wearing S&M gear, miniskirts (or long skirts slit to the hip), tight and revealing blouses, leather brassieres or corsets, garters, fishnet stockings, black lace gloves, stiletto-heeled shoes, and plenty of makeup (Wocjik, 1995: 15).

This adoption of sexist clothing restrictions is interpreted as a form of resistance by Wocjik, who says that such punk women 'rejected established notions of feminine beauty, mocking sexist stereotypes through exaggeration, inversion, and parody'. The determination to use self-mutilation as rebellion apparently stretched not just to the use of tattoos but to a wariness about established tattooists, with the result that 'many punks tattooed themselves or were tattooed by friends. Some started to use tribal designs' (Wocjik, 1995: 17). They also engaged in piercing.

The connection between punk culture and the 'body modification' movement is clear from the fact that Vale and Juno, authors of the book *Modern Primitives* which is credited with being the movement's inspiration and is full of the philosophy of Fakir Musafar, had previously published a punk fanzine, *Search and Destroy*, in 1977-78. Wocjik explains that modern primitives have a more spiritual turn of mind than punks and get their piercings done in professional studios. Wocjik is as positive about the post-punk 'neo-tribalists' as he is about punk, again stressing their rebelliousness, expressed through self-mutilation. He ends the text portion of his photo-essay on punk with a paean to the politics of mutilation:

Pierced, scarred, and tattooed, the bodies of new-tribalists become sites of symbolic control inscribed with primordial power, at a time in which the human body appears increasingly vulnerable . . . the body is a site of symbolic resist-

ance, a source of personal empowerment, and the basis for the creation of a sense of self-identity. By adorning and altering their bodies in symbolically powerful ways, both punks and neo-tribalists may proclaim their discontent, challenge dominant ideologies, and ultimately express the yearning for a more meaningful existence (Wocjik, 1995: 36).

From the two major routes of gay sadomasochism and punk adornment developed the cottage industry of self-mutilation, in which practitioners carry out piercings, cuttings, brandings and tattoos in studios internationally which are advertised on the Internet. The studio sites linked to the website of the *Body Modification Ezine* (<http://www.BME.freeq.com/news/edit/identity.html>) all provide photographs of their work, which includes the carving of wings on to the full extent of women's backs or other pictures into arms, stomachs and calves, and an extraordinary array of piercings into all parts of the body. Some of these web pages have rainbow flags and the slogan 'Out and proud' at the bottom of the page. The customer base is potentially very large indeed as it includes not just a generation of young people who have been taught that piercing is chic, but also the millions of serious cutters who have previously cut up in secret and in shame, and now have access to public approbation.

An indication of the success of the industry is ModCon '99. This body modification festival, described as the 'world's first large-scale gathering of heavily modified bodies', was held in May 1999 in Toronto. It was hosted by the magazine *Body Modification Ezine*. The *Body Modification Ezine* website explains: 'Never before has a body art convention been geared toward eunuchs, subincision, genital surgery, genital implants, and other atypical surgeries.' It does say that 'Castrations and other modifications of questionable legality will NOT be performed at ModCon this year', which suggests that they may have been performed before. To qualify to attend, participants must have 'heavy modifications'. A list of practitioners who will attend with photos of their work includes men and women who engage in headsplitting of penises and urethral rerouteing, subincisions with implants into genitalia, and finger amputations. Ricki, we are told, 'is self-castrated with hormonally induced lactating breasts' while 'H has heavy-duty implant work, piercing, a subincision, and a split tongue' (*Body Modification Ezine*: <http://www.BME.freeq.com/news/edit/identity.html>).

These varieties of 'body modification' would probably seem too extreme to those interested only in pursuing navel or nipple rings as fashion accessories. But on the *Body Modification Ezine* site both minor piercings and much more severe mutilations exist side by side. Some of the studios seem prepared to provide a range of services. Although the motivations and understandings of those who pursue different degrees of mutilation doubtless differ, it is useful to be aware of the similar origins of all of these practices. It would be unfortunate if the normalization of some parts of the industry in high-street piercing studios had the effect of anaesthetizing the serious concern that needs to be directed at the more severe forms.

DAMAGE

Since the mutilation industry's stock in trade is physical harm, and often serious physical harm, it seems almost tautologous to comment on 'damage' that piercers and cutters can do. But there is much damage that can be done that the piercees have not paid for. Piercers are not regulated or licensed in Australia or the UK. Whereas tattooing studios in the UK are not legally allowed to tattoo those under 18, there is no such age limit for those seeking to have piercings in their clitorises or studs in their tongues. The piercers require no special training, despite the risk of HIV or other infection or a misplaced scalpel. An Australian piercer explains, in the part of the Victorian Prostitutes Collective publication devoted to men, *Worker Boy*, the difficulties created by the fact that piercees are often not in good mental or physical shape when seeking to be cut. 'I have had people on smack come in and freak out, or have convulsions, or have been so off their face they have no idea what's going on. So they are asked to leave and come back later when they are straight' (The Piercing Urge, interview). Haemophiliacs can present a problem, and he advises, 'First of all find out if the person is a haemophiliac, if they are don't do the piercing'. There is also, he says, 'an increased risk of HIV and Hep transmission when people have new piercings because the flesh hasn't healed yet'. There are some limits, though, to what this piercer is prepared to do for his money. The mutilation of animals is off limits, 'Some guy wanted his dog's nipples pierced and another wanted their cat's ears pierced. I said no.'

Keith Alexander is the owner and senior piercer at Modern American Body Arts, Inc. in New York City. In a promotional piece on the *Body Modification Ezine* site which tells young people to reclaim their bodies through piercings, he pooh-poohs the idea that nipple piercings will create problems for nursing mothers: 'A nipple piercing will interfere with a few milk ducts. But there are many more ducts that will continue to function' (Alexander: 2).

Musafar explains that he exercises a professional code of ethics that causes him to ask people who want him to spear them straight through the chest, for instance, to think carefully and maybe wait awhile. He made one woman who wanted 'to take the Spear Kavadi of the Hindus' (Musafar, 1996: 332) wait for two years. Exercising such ethics can be a problem, he explains, when his fame as a piercer and trainer of piercers 'brought me hundreds of young people eager to modify their own and other's [sic] bodies . . . Others were so overwhelmed with passion and the urge that they were prone to ignore caution, physical safety, and tradition' (Musafar, 1996: 330). The famous female cutter Raelyn Gallina has these problems too, he says, and was 'recently asked by a protégé body piercer, trained in my courses, to make a series of slashes across his face. The requested modification was radical; the decision to do it was somewhat impulsive' (Musafar, 1996: 330). Gallina delayed this impetuous self-harmer by making him wear red marker for seven days to show what the cuttings would look like, before she carved on his face.

BODY ART IDEOLOGY

The ways in which those who self-mutilate in private and those who attend piercing studios describe their feelings about their mutilatory practices differ considerably. Whereas private self-mutilators experience guilt and anguish (Strong, 1998), piercing clients speak of self-empowerment, spiritual growth and the excitement of transgression. Although many piercing clients acquire minor alterations that they may outgrow or remove when they are no longer fashionable, the consequences for those who have a history of self-mutilation in private may be more longlasting. Private self-mutilators are offered a justification for their practice through the group ideology provided by the industry practitioners, and a sense of community with others who injure themselves. With feelings of guilt alleviated and the approbation of others for engaging in more and more extreme forms of mutilation, they may be less likely to cease these harmful practices. It is important, therefore, to critically analyse the ideology that gives legitimacy to mutilation.

Those involved in constructing the commercial industry of mutilation, as well as some of the mutilated, have developed an ideology to justify and ennoble what might otherwise seem dangerous and ethically dubious practices. Fakir Musafar is the figure most frequently cited as the father of the 'body modification movement'. Favazza, in recognition of Musafar's importance, asked him to write the epilogue to the new edition of his book *Bodies Under Siege*. He describes Musafar as 'the guru philosopher of the "modern primitives" movement' who has 'exceptional knowledge about body modification' (Favazza, 1996: xvii).

In conversation his intellect and spirituality are prominent. His esthetic sensibility is evident in the artistry of the journal that he founded in 1992, *Body Play* and *Modern Primitives Quarterly*. In fact, it is difficult to categorize Fakir. Among the words that come to mind are visionary, teacher, philosopher, artist. However, there are some persons who would dismiss him at a distance as weirdly exhibitionistic, the personification of masochism, bonkers, or even insane. He refers to himself as a shaman. At this point in his life, I suspect that his self-assessment is accurate (Favazza, 1996: xviii).

The high esteem in which Favazza holds Musafar is puzzling considering what is actually in Musafar's journal *Body Play*. The content, as judged by the front covers available on the net, is reminiscent of 1950s sadomasochist pornography. It is composed largely of women terribly contorted for the delight of male readers. The women are crippled in the old-fashioned ways that emerge from earlier periods of male supremacy. They have broken feet to imitate the foot-bound women of imperial China, as in Nancy Luna who 'fulfills her childhood fantasy by compressing her feet to Lotus Hooks. Nancy also tells us how she trained her feet to dance in 6 inch high heels' (*Body Play*, Issue 17). Another issue focuses on the use of 'foot benders' which 'train feet for the wearing of ultra high heel shoes' (Issue 12). Some women in the magazine wear corsets to achieve 18-

inch waists, which requires moving ribs and internal organs. One issue promises 'Cat Scans of a 14 inch waist. Never before seen placement of internal organs inside the torso. World's smallest waisted woman Cathy J Queen of Hearts' (Issue 12). Women are shown contorting the shape and size of their breasts, as in 'Making Breasts, a how-to photo feature on the art and science of breast clamping and vacuum pumping to increase breast size and/or reshape breasts, includes profile of transsexual Aradea' (Issue 11). 'Genetic' women in the magazine also have pumped and distorted breasts, including 'Becky's Breast Cuttings' which features the 'deep and severe cutting and recutting experience of a young woman who found reclaiming in this intense body modification' (Issue 15). Musafar deals in the torture of women and girls that has traditionally excited 'gentleman' pornographers. But the language and presentation seem designed to present this material as superior to run-of-the-mill pornography.

Musafar, who was originally an advertising executive, has developed a personal religion to justify his business, based on bits of spiritual practice picked up from a variety of other cultures. He purports to be replicating the rites of other cultures in piercings. He explains that when attending a 'Hindu Thaipusam' piercing ceremony:

I began to feel the utter reality of the deities whom they were invoking. Murugan was there. Lord Siva was there. Goddess Kali was there . . . I had felt this before in my own rituals and in the ones I had conducted for others in California. But never of this magnitude. What I felt in Penang was not sickness, but rather a state of grace (Musafar, 1996: 334).

He backs up the pseudoreligion with biological essentialism: 'Where does the "urge" come from? The more I look, the more convinced I am that the phenomenon wells up from some deep inner source – perhaps a behavioral archetype that may be encoded in our genes' (Musafar, 1996: 333). According to Musafar:

to not have encumberments, to not have holes in your body, to not have tattoos may be debilitating – this is something people have to consider. They may not be getting the most out of life because they don't do these things – that's the point. People may be missing beautiful, rich experiences because of cultural bias and conceit (Musafar, 1996: 321–2).

Musafar also uses the argument that piercing and cutting enable the victims to reclaim their bodies. As he couches it: 'we had all rejected the Western cultural biases about ownership and use of the body. We believed that our body belonged to us' (Musafar, 1996: 326). Keith Alexander, an American commercial piercer, describes the body modification movement as, 'A trend towards experimentation with the one thing you truly own. Your body' (Alexander, *Body Modification Ezine*). The argument that physical damage to the body allows it to be reclaimed is supported, in the essays on the website of the *Body Modification Ezine*, by reference to the works of such postmodern feminist theorists as Judith Butler and Elizabeth Grosz.

THE POSTMODERN TURN IN WRITING ABOUT THE BODY

Over the past 10 years an increasing body of work has been published by post-modern theorists defending the notion that the body should be seen as just a text (Butler, 1993; Grosz, 1994). That text, they explain, can be written and rewritten in powerful, even revolutionary, ways through the processes of transsexualism, cosmetic surgery (Halberstam, 1994), body art and even prostitution (Bell, 1994). Grosz explains it thus:

In many recent texts, the body has figured as a writing surface on which messages, a text, are inscribed . . . the blank page on which engraving, graffiti, tattooing, or inscription can take place. . . . This analogy between the body and the text remains a close one: the tools of body engraving – social, surgical, epistemic, disciplinary – all mark, indeed constitute, bodies in culturally specific ways (Grosz, 1994: 117).

Grosz's writings about the body have been used to support the idea that body modification represents a form of resistance or social and personal change in and of itself, rather than simply the re-enactment of trauma. Her remarks, such as the following, have been seen, by some, as a defence of cutting:

These cuts on the body's surface create a kind of 'landscape' of that surface, that is, they provide it with 'regions,' 'zones,' capable of erotic significance; they serve as a kind of gridding, an uneven distribution of intensities, of erotic investments in the body (Grosz, 1994: 36).

Postmodern writings about the body are mysterious and difficult to understand and it is hard to identify in them any real, material body at all. Judith Butler writes in a convoluted way that may be fascinating to those interested in high theory but provides little aid to those who seek to help a friend who is slashing her arms:

The body posited as prior to the sign, is always posited or signified as prior. This signification produces an effect of its own procedure the very body that it nevertheless and simultaneously claims to discover as that which precedes its own action. . . . This is not to say that the materiality of bodies is simply and only a linguistic effect, which is reducible to a set of signifiers. Such a distinction overlooks the materiality of the signifier itself (Butler, 1993: 30).

The postmodern approach to the body has been criticized by radical feminist theorists such as Renate Klein and myself for trivializing or ignoring the way in which the power relationship between men and women constructs women's feelings and actions towards their bodies (Jeffreys, 1994; Klein, 1996). Klein points out the absence of real flesh and blood bodies in these writings, in which the body becomes an object, exterior to the self, on which to carve: 'The bodies I have been reading about in post-modern feminist writings do not breathe, do not laugh, and have no heart. They are constructed and refigured. They are written about in the third person' (Klein, 1996: 349). Postmodern writing, while concentrating on the

flexibility of the body, neglects to pay attention to the political relationship that members of socially despised groups have to their bodies and to the lack of flexibility that the constraints of inferior social status impose. The postmodern approach has been used to justify the public practice of self-mutilation, even of the severely disabled, as art.

BODY DECORATION AS ART

Both self-mutilation and self-mutilation by proxy have gained some acceptance on the fashionable art circuit as 'performance' art. The title of a recent book on the subject by Amelia Jones, *Body Art/Performing the Subject* demonstrates this approach. The book looks at the 'particular moment in which the body emerged into the visual artwork in a particularly charged and dramatically sexualized and gendered way' (Jones, 1998: 13). This moment seems to have started in the 1960s and 1970s and seems to have consisted of women 'artists' using their own naked bodies in artwork, and frequently involves mutilation. One example is the performance artist Orlan:

In the notorious *Omnipresence* (1993), Orlan has plastic surgeons slice into her flesh, literally lifting it from the muscles of her face to reconfigure its contours according to Western ideals of feminine beauty. Through such acts, performed in carefully staged operating rooms while she is completely awake but numbed by a local anaesthetic and projected by video around the world through satellite relay, Orlan produces a body of suffering, as Parveen Adams has argued. . . . Enacting herself (and literally rearranging her body/self) through technologies of representation as well as medical technology, Orlan produces herself as posthuman: her body/self is experienced (both by herself and by her audience) in and through technology (Jones, 1998: 226).

In this book, body art acquires a well-nigh impenetrable postmodern facade. Jones says that body art practices: 'enact subjects in "passionate and convulsive" relationships (often explicitly sexual) and thus exacerbate, perform, and/or negotiate the dislocating effects of social and private experience in the late capitalist, postcolonialist Western world' (Jones, 1998: 1). By having her skin peeled away from her 'body', 'Orlan strips away the ideological assumptions underpinning the notion of the Cartesian subject' (Jones, 1998: 226). In the midst of this obfuscation it can be difficult to articulate a simple outrage at the celebration of violence.

DISABILITY AND BODY ART

One reason for the acquisition of 'body art' by men is the pain of experiencing disability, particularly in a society that is unfriendly to the disabled. The intellectualizing postmodern determination to avoid recognition of real pain and oppression enables Jones to celebrate even the mutilation of the disabled on the

stage as art. One man who chose the path of self-mutilation to deal with the effects of chronic degenerative disease was Bob Flanagan. Before he died of cystic fibrosis he had a career as a 'performance' artist in which he mutilated himself or was mutilated by a dominatrix on stage. In one masochistic performance he:

chatted casually with the audience about his illness and his desire for physical pain while nailing his penis to a stool, then pinning it to a board. . . . Intertwining acts of piercing, laceration, and mutilation of the flesh with direct, personal narratives describing his close relationship with bodily pain, Flanagan breaks down resistance to the brutality of S/M practices through an amenably amateurish presentational style, approaching the audience intimately and congenially and drawing us in as collaborators in his masochism (Jones, 1998: 231).

Through a postmodern lens, this admittedly 'amateurish' performance, in which a disabled man who suffered terrible pain from his illness was seen to 'externalize' it and 'project' it on to his observers, is treated as if it is art rather than an exploitative freak show. Rather than recognizing their complicity in brutality, art audiences are encouraged to intellectualize it into something grand. Jones says that his 'masochistic strategy constructed him as both acting subject and receptive object of violence, merging subjectivity into objectivity for both Flanagan and his audience and thus confusing the security of either identification' (Jones, 1998: 231). This sounds better than saying that pretentious art critics enjoyed the excitement of seeing a seriously disabled man's pain and blood.

Another disabled man who explains his motivations for self-mutilation in terms of his disability, is Adam Cline. He suffers from muscular dystrophy. On the *Body Modification Ezine* Internet site he explains that body art allows him to 'reclaim' his body by turning the discriminatory stares of observers away from his condition and on to his body as art:

I have reclaimed my body through physical adornment because, for me, this coincides with my mentality. I have pierced and tattooed myself, my body, to complement my disability. Body art gives me a new way of looking at myself. Anyway, I figure if people are gonna stare because of the chair – I might as well give them something interesting to look at. A chair by itself is pretty boring (Cline: 1).

Cline considers that his 'body art', which consists of 12 tattoos acquired from the age of 20 years onwards and five facial piercings (although he has had 20), enables him to show observers who see him as mentally retarded that he can think for himself. His disability makes him dependent on others but 'with piercing and tattooing I make the choice of what happens to my body. This way I reclaim my body as my own.'

SELF-MUTILATION AS A HARMFUL CULTURAL PRACTICE

A feminist political understanding of self-mutilation needs to be developed which rejects both the individualist explanations of self-mutilation offered by psychology and the liberal intellectualizing of postmodernists. One way to do this is to incorporate self-mutilation into the developing concern among human rights theorists with harmful cultural practices. There is a feminist literature on the 'beauty practices' engaged in by women in the West which have negative effects on women's health and self-esteem (Brownmiller, 1994; Wolf, 1992). Feminist commentators have explained the origins of such practices in women's second-class citizenship, their necessity for male approval to survive and avoid male violence, and the blandishments of the fashion industry (Bordo, 1994; Graham et al., 1994). Beauty practices in the West have rarely been incorporated into political discussions about citizenship and rights. Human rights scholars, for instance, including feminist ones, have addressed swingeing critiques at the 'harmful traditional practices' of non-western cultures, while avoiding mention of equivalent practices in the West. The 1995 UN pamphlet on 'Harmful Traditional Practices' analyses female genital mutilation, son preference, forced feeding and other non-western practices as violations of human rights while including only one, violence, which transcends cultures (United Nations, 1995). Practices specific to the West, such as cosmetic surgery, are not included.

I suspect that the main reason for this omission is that the 'beauty practices' of the West are seen as matters of individual choice. Feminist human rights theorists tend to make careful, but I consider false, distinctions between 'forced' and 'free' practices in their definitions of human rights violations (Jeffreys, 1997a). Many human rights activists and theorists seek determinedly to distinguish between forced and free prostitution even where this is obviously difficult. Although harmful beauty practices do not, from a liberal individualist perspective, fit into the norms of human rights – which, as feminist theorists have shown, are biased towards recognizing the injuries suffered by men and not women – the beauty practices of the West do in many respects fit the UN guidelines. UN understandings of harmful traditional practices offer some useful approaches. Harmful traditional practices are 'consequences of the value placed on women and the girl child by society. They persist in an environment where women and the girl child have unequal access to education, wealth, health and employment' (United Nations, 1995: 5). Such practices 'persist because they are not questioned and take on an aura of morality in the eyes of those practicing them' (United Nations, 1995: 3).

The practices recognized in the UN document are ones with very long histories, although they can, as it points out, change quite considerably in their form. The practices of cutting and piercing in the contemporary West could seem to be an exception since the 'body modification' movement is of recent invention. However, they can be seen as simply the latest forms of practices of modification of female bodies that have constrained, minimized and contorted women's bodies in the interests of men's approval in previous periods.

Mary Daly's concept of the 'sado-ritual syndrome' provides a way of understanding beauty practices that are seen as 'chosen' by women (Daly, 1979). Daly identifies several sado-ritual syndromes that she sees as being imposed on women in male dominant sado-societies which laud cruelty and the torture of women and find it sexy. She lists the components of sado-rituals that may be recognized cross-culturally wherever such brutal practices are taking place. These are as follows: (1) an obsession with purity; (2) the erasure of male responsibility; (3) the tendency of the practices to spread, particularly from the elite downwards; (4) the use of women as token torturers; (5) compulsive orderliness, obsessive repetitiveness, and fixation on minute details, which divert attention from the horror; (6) behaviour that at other times and places is unacceptable becomes acceptable and even normative as a consequence of conditioning through the ritual atrocity; and, (7) legitimization of the ritual by the rituals of 'objective' scholarship – despite appearances of disapproval. Body art, as commercialized by the sex and fashion industries, demonstrates these components rather well.

The erasure of male responsibility is clear inasmuch as young women visiting piercing studios are represented as simply following their own bent. Male dominance is not recognized as entering this picture. The practices have certainly spread, though not necessarily from the elite downwards in this case. Women are used as token torturers since women are frequently the cutters and piercers in studios or in sadomasochism. However, it is men in studios, it needs to be remembered, who are most commonly those mutilating the genitals of women clients. Behaviour that would at other times and places seem unacceptable is certainly normalized in the commercial body art industry, and body modification can certainly be interpreted as normalized to the status of 'ritual atrocity'. Postmodern scholarship has been used to give a spurious legitimacy to the projects of the mutilators.

Rhoda Howard has sought to include women's beauty practices in the West in discussion of human rights. In her chapter 'Health Costs of Social Degradation and Female Self-Mutilation in North America', in a major collection on human rights, she criticizes the human rights literature for failing to acknowledge the cultural practices of what she defines as social degradation and their adverse effects on subordinate groups. 'Social degradation' she sees as 'the treatment of categories of people as inferiors, deserving of lesser respect than others or indeed of no respect at all' (Howard, 1993: 503). She explains that 'degraded people' 'adopt measures to ameliorate their physical "deformities" and dirtiness, by, for example, attempting to lighten their skin colour, change the shape of their noses or alter bodily weight and shape' (Howard, 1993: 506). Within her definition of mutilation as 'a change in one's physical makeup or a way of adorning or clothing one's body that has detrimental health consequences' (Howard, 1993: 506) she includes cosmetic surgery, high heels and dieting. She does not mention self-mutilation or self-mutilation by proxy in the form of cutting, piercing and tattooing, but they fit very well into her 'three aspects' of female self-mutilation, which includes 'mutilations that women perform directly upon themselves, voluntary

submission to others for mutilatory purposes, and socialization practices by which older women either mutilate young girls directly or train them to mutilate themselves' (Howard, 1993: 506).

Howard's approach to the more traditional beauty practices of the West as being the results and symbols of social degradation is helpful because it de-individualizes them. It is also an approach that enables us to understand why some groups of men are also involved in self-mutilatory practices. As she explains:

Inequalities between the two sexes are not simply a matter of anachronistic customs surviving into the modern era. They are deeply rooted in women's symbolic meaning and in the almost universal tendency to degrade them, even in the liberal Western world. Like other degraded social categories such as homosexuals, blacks and Jews . . . women experience inferiorization in everyday life (Howard, 1993: 514).

Gay men are a socially degraded group by any standards, and have been immensely influential in disseminating the practices of self-mutilation. Men's involvement in self-mutilation can also be explained through understanding the effects of child sexual abuse. Although there is considerable evidence for the links between childhood sexual abuse and self-mutilation in women, such evidence is harder to come by for men. There is anecdotal evidence, however, in the stories that gay sadomasochists, pornographers and transsexuals tell about their lives (Preston, 1993). It seems likely that where membership of a despised group such as that of women, lesbians or gay men is combined with the experience of child sexual abuse, some of the more extreme forms of self-mutilation that threaten actual self-annihilation may be embarked on.

This article does not set out to offer legislative solutions for the body modification industry, but a more holistic and feminist approach to understanding the practices involved. Feminist and lesbian and gay politics of the future need to have an understanding of the way in which oppression causes such attacks on the body so that their commercialization and celebration can be resisted. It is a tragedy that torn flesh should have become a symbol of lesbian and gay culture. Reclaiming women's and lesbian and gay bodies needs to be based, as it was in the early days of feminist revolution in the 1970s, on a tender recognition that our bodies are not the problem. It is the violence that men have inflicted on them, the hatred of them in the culture and the discrimination that women, lesbians and gays have suffered as a result, that have caused us to despise them. It is the hatred and discrimination that need to be attacked and not our bodies/ourselves.

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