

Bruchim Podcast – SEASON 2 EPISODE 11

Episode 11- The Unmodified Body with Clare Chambers

Show Notes

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Your body is good enough just as it is — or so Prof. Clare Chambers (Cambridge University) argues in her book *Intact: A Defence of the Unmodified Body*. She joins Eli and Max to explain her Principle of the Unmodified Body, which is a political principle for resisting pressure to engage in body modification. We discuss the different kinds of reasons for body modification and the fuzzy boundaries between cultural, cosmetic, and clinical alterations. We also discuss whether religious practices merit ethical or legal exemptions, plus other ethical principles at play in evaluating circumcision, and how feminism relates to circumcision.

Clare Chambers, [Intact: A Defence of the Unmodified Body](#)

ELI UNGAR-SARGON:

This is The Bruchim Podcast, the only podcast in the world dedicated to Jews who think differently about circumcision.

♪ (THEME MUSIC PLAYS) ♪

ELI UNGAR-SARGON:

Previously on The Bruchim Podcast...

♪ (ELEVATOR MUSIC PLAYS) ♪

EU-S:

Tell me then why a person couldn't make a good argument for hatafat dam brit being part of a religious duty of care.

MAX DUBOFF:

Well, so unfortunately, I think they can, right?

MAX BUCKLER:

I also agree they can. That's the question.

MD:

Yeah. So then combating that sort of argument or disagreeing with that sort of argument would then really have to engage with why that sort of religious duty of care is not as important as some kind of other duty of care or not valid or something like that. And this is a big problem, I think.

EU-S:

Welcome back to the Bruchin Podcast. I'm your host, Eli Ungar-Sargon. And joining me today from New Haven, Connecticut, is Bruchim's Director of Education, Max Duboff. Max, how's it going today?

MD:

Going well, yeah. I'm really happy to be here as always and especially honored to be chatting with our guest today.

EU-S:

And joining us today from Cambridge, England, is our special guest, Dr. Clare Chambers. Dr. Chambers is a professor of political philosophy and a fellow at Jesus College at the University of Cambridge. She is the author of the book, "Intact: A Defense of the Unmodified Body." Dr. Chambers, welcome to The Bruchin Podcast. It's really an honor to have you here.

CLARE CHAMBERS:

Thank you so much for inviting me. It's a pleasure to be here.

EU-S:

So before we get started, I just want to say, I know that your argument in your book, "Intact," is rather subtle, but it's also radical. And I just want to say part of the radical nature of what you're doing here is its subtlety because in today's day and age, the idea of articulating a subtle argument seems, to me, to be a kind of endangered species of thinking. And I...I just, this book was so eye-opening and it's such an ambitious project that I wanted to start by expressing some gratitude to you for doing this incredible work.

CC:

Thank you so much, that's really kind and I'm really kind of honored to hear that because one of the things I really did try to do with this work was precisely to create a nuanced and careful argument. It is very broad. I discuss a huge range of different kinds of body modification practices. As I say in "Intact," some of them I have experience of personally, some of them I don't.

And so a big part of the journey of researching and thinking about this work was to really try to get a careful understanding of a variety of different perspectives on all these different modification practices. So thank you. It is a great pleasure to hear you say that you appreciated the nuance that I tried to achieve.

MD:

Yeah, no, definitely. I think that there's something really valuable about being able to look at this sort of issue of body modification from such a broad perspective. And even though we'll focus on circumcision today, I want to commend to our listeners to read the whole book and really see this breadth of discussion.

EU-S:

Why don't we start at the beginning? You introduce in your book the principle of the unmodified body and you talk about it as a political principle. So if you could explain to us what is the principle of the unmodified body and maybe talk a little bit about what are some of its limits?

CC:

Yes. So the word "unmodified body" is a deliberately, kind of, unfamiliar phrase that I use in the book. And you're right to say it's a political principle. It's not supposed to be a literal thing. Right? We couldn't possibly have literally unmodified bodies in the sense that, you know, we could...couldn't possibly never do anything that changes our bodies. Everything we eat, you know, the exercise we do or don't do, whether we spend time, you know, talking or reading or running...all these things change our bodies and affect our bodies.

So it's not a literal idea in that respect. It is a political principle. And the political principle of the unmodified body is very, very simple. It is the idea of a body that is allowed to be good enough just as it is. That's a very simple principle. Notice that I don't say "the body that is perfect." That is, that we love just as it is, the body that is allowed to be the ideal body, just a body that is allowed to be good enough. It's very simple, but it is very radical, I think, and I argue in "Intact."

The reason it's a radical principle is because we are surrounded in every domain, around pretty much every part of our bodies and our embodied life with the message that our bodies are not good enough as they are. Right? They should be slimmer or more muscly. They should be less aging, less wrinkled, our hair should be a different color or a different texture or a different style. We should be less visibly disabled or affected by impairment, we should be differently gendered, either we should conform more strongly to the gender that we have or to a different gender or we should be less gendered.

In every, sort of, atmosphere and every aspect of our lives, we are constantly given this message that our bodies should change and we should put work into them changing. And they should be better. So allowing our bodies just to be good enough as they are is difficult, it's radical, but it's also political, I argue. It's not just it's a, kind of, personal project, it's a political project because so many of the

structures and aspects along which we are supposed to modify our bodies are structures that reflect political identities and patterns of inequality and identity.

So it becomes a political movement, then, to say, well, let's think about whether those requirements or pressures to modify are things that help us to flourish or things that hold us back, things that help us to be equal, flourishing free individuals or things that constrain us. And when they constrain us, let's try to counter that critically.

MD:

Yeah, and I was particularly interested by, and kept thinking a lot about, the ways that the principle of the unmodified body, as you articulate it in this book, is really about being able to resist the social pressures to modify. And so am I correct in thinking that a lot of the reason that you articulate this principle is to give not only individuals, but also, kind of, communities and groups the resources to resist these kinds of social pressures to modify?

CC:

That's right. So the real target is the pressure to modify, not the modification itself. So throughout the book, I talk about the ways in which particular practices of modification could, for some people at sometimes, genuinely contribute to flourishing. I have a whole chapter where I talk about modification practices that people pursue as, perhaps, a form of creativity. So I talk about tattoos and piercing in this context. I talk about how sometimes people modify their bodies as a way of reclaiming them. So, I talk in this context about women who have a mastectomy because of breast cancer and then might seek something like a post-mastectomy tattoo to reclaim their chest from that surgery.

So modification can be a form of great creativity. It can simply be fun, right? Engaging and modifying our hair or our appearance and so on can be just a form of fun and identity and so on. So I talk a lot in the book about how modification, in itself, need not be problematic. The question is why do we do it? What do we hope to achieve from it? And what are the consequences of not doing it? And that's where the pressure comes in.

And so, often within a community, which might be a religious community, or it might be a broader cultural community, or a subcultural community, various kinds of communities, we can get ourselves locked into practices of modification, which are necessary for us to do in order to be accepted either by others or to feel acceptable to ourselves. And when we're in that situation, then we don't have a situation of choice. We have a situation of constraint. And that's where the critique comes in.

EU-S:

It occurs to me that you can also find yourself in a situation where a body modification is itself a form of protest against a social constraint or something like that. So, you know, there's certain taboos in the Jewish tradition against tattooing, for example, so a Jewish person getting a tattoo would be an example of this. Or I could think, also in the Sikh tradition, Sikhism is very, very against body modifications, up to and including removal of hair. So like, you know, a Sikh woman shaving her legs, for example, might be a kind of act of resistance against the social pressures.

I'm wondering if it's even possible to untangle some of the, kind of, just pure aesthetic preferences that you were referencing from the social pressures that play on them.

CC:

That's a great comment. And when you're speaking, two thoughts came to my mind. So one is that example of tattoos in a, kind of, non-religious setting, right? So tattoos were originally countercultural, right? The only people that had tattoos were, I think the phrase I use in the book is "goths, punks and sailors," like have tattoos and piercings. And it's a countercultural resistance.

You know, in contemporary Britain and the US, you know, tattooing is pretty mainstream, so is piercing. It doesn't quite have that same countercultural flavor anymore, so it changes over time.

The other example that came to mind as you were speaking there, was one I talk about in the book, which is makeup, right? And whether makeup for women is

cultural or countercultural. And, you know, in many settings, the thought is that in order to fit in or to look beautiful or attractive or even acceptable, professional women should wear makeup. You know, think about women working in, you know, very professional places like, I don't know, in law or in places where they're much on display, like if they're an airline steward or on a makeup counter or whatever, right?

But in the context of academic philosophy, which is the one I live in, work in, most women don't wear makeup. And in fact, there's a sort of implication, unspoken implication, that wearing makeup in that setting might reveal you to be unserious, right? Not really sufficiently focused on work.

And this is something that a wonderful feminist philosopher, Heather Widdows, points out in her book, "Perfect Me." She says, "look, you know, wearing makeup as a woman in philosophy actually sets you out to be, sort of, denigrated," whereas wearing makeup or not wearing makeup in another context would have the same impact.

So we can't, kind of, straightforwardly read from a practice, you know, is this good for a person, bad for a person? Is this a practice of resistance or practice of conformity? No, we have to look at the context and we have to understand it in that place.

MD:

Yeah, well, maybe that's a good transition for jumping into some of these aspects of different ways of thinking of surgery, body modifications in particular, that you discuss. So you discuss these categories of cultural, cosmetic and clinical, or medical, surgeries that exist in British law. And I think that exists in the, sort of, understanding of different practices for a lot of folks in the US as well. And you really problematize the distinctions between cultural, cosmetic and medical surgeries. Can you talk a little about that? And then maybe we can discuss how circumcision relates to this kind of distinction as well.

CC:

Absolutely. So there's this very strange and very important distinction between cultural surgery...not permitted, cosmetic surgery is permitted and clinical surgery, which is permitted. But the argument that I make, and this has been pointed out by a variety of commentators, is that of course these distinctions just do not hold water because firstly, the question of what counts as cultural or cosmetic just depends on what your culture is, right?

So cosmetic surgery, surgery which is cosmetic from a westernized perspective, is another way of saying that it's cultural surgery from a westernized perspective. It's to create genitals that fit in with a westernized cultural norm about how genitals look. And you could make that same description about FGM, which is the non-westernized version of the practice. It makes genitals which look more attractive and more appealing from the perspective of that culture.

And then the distinction between these practices and the clinical surgery is something that I really explore by looking at male circumcision. And so this is the transition that you mentioned. In the UK, secular male circumcision is not considered a clinical practice. It is not considered a clinical practice as a routine practice to be performed on newborn boys because the National Health Service doesn't consider there are any clinical grounds to perform that practice.

And the NHS has also shifted based on an evidence-based perspective on its recommendation as to whether circumcision is a clinical practice for treatment of phimosis, tight foreskin, which is, I think, NHS practice has shifted over the recent decades with changing evidence on this. And it now describes that as a practice which is rarely clinically indicated and that other treatments, other less invasive treatments are usually preferred.

So in the UK context, male circumcision is very rarely a clinical practice...only in some very restrictive circumstances where there is a particular clinical need that cannot be met another way.

In the US, the discourse is very different. You will know this, your listeners will know this. The American Academy of Pediatrics say that on balance, they recommend circumcision as being, on balance, better than not circumcising. But they said that the evidence isn't quite strong enough to say that really all baby

boys should be circumcised, but on balance, they think the benefits outweigh the risk.

So what's going on? Does the American Academy of Pediatrics have access to information that the National Health Service doesn't have or vice versa, right? Or is it that whether these activities are considered clinically indicated is premised on their cultural acceptability? And that's the argument that I make.

If you think a practice exists in your culture, then you're motivated to consider whether, on balance, there are health benefits and health risks and to find in that way, as the American Academy of Pediatrics does. If the practice doesn't exist routinely in your culture, as it doesn't in the UK...again we're talking about mainstream, routine, secular circumcision here. Then, the NHS does not engage in discussion as to whether it's clinically indicated any more than it would consider whether it's a clinically good idea to have a tattoo or a clinically good idea to have a, you know, any other kind of activity. It's not a clinical practice. And we don't need to investigate the clinical findings for it and, insofar as the evidence is considered, then it is routinely not a good practice in response to particularly existing clinical conditions. So that was a very long answer, but that's the way I sketch out these differences.

EU-S:

No, that's fantastic. Thank you for that summary. In your book, you talk about three different values that motivate body modifications. You talk about identity, appearance, and health. And these are all things that we're familiar with from a conversation around male circumcision.

One of the things that's super interesting to me is when I first read that, I said "identity, oh, that's like religious identity." But then I was like, no, actually, you know, there's a weird way in which, in circumcising cultures like the United States, it's not just religious identity. That, like, being a circumcised male is, like, part of American identity in a, kind of, strange way.

But I guess I'm wondering if we could drill down a little bit into some of the ethical conversation around male circumcision, and how do we weigh these different values that motivate it, especially as it relates to circumcising infants or

circumcising minors? Like, what weight do we give to a cultural or a religious rationale versus an aesthetic rationale versus a parental preference? Like, how do we weigh these things?

CC:

This, I think, is the really important and difficult question. And I have thought a lot about male circumcision in various parts of my work and I have thought and written quite a bit about religious practices in other books, not so much in "Intact." So in "Intact" I focus on secular practice, but I have thought and written a lot about religious practices and the weight we give to those in other work.

It's a very difficult and complicated question. So let's think about these different things. So firstly, you talked about these cultural and religious values, aesthetic values, parental values. These all come together in these practices. So let's start with the aesthetic. You are right that circumcising can be thought of as an identity practice in the US generally, not just as a religious practice. And often, when we...again, when we're thinking about it in that broader context, aesthetics are often brought into play. The thought of, you know, having a penis, which is attractive, which looks nice, which is attractive to the man himself, or to his sexual partners, be they women or other men, that is something that comes in a lot.

And of course, whether a particular body part is seen as attractive or not, there's a kind of vicious or virtuous, depending on your point of view, circle there, right? If body parts are generally shaped in one way and that's how we expect them to be, then we will tend to find body parts that are not in that way unattractive or less attractive than ones that are. That's again something we can find generally.

Think about norms about, you know, whether we remove our body hair. You know, you mentioned in Sikhism, or but "in norms" about aesthetic removal of body hair. You know, should women shave their legs? Should women shave their armpits? Should men shave their faces? You know, are beards in? Is being clean shaven in?

These aesthetic judgments are things that depend on what other people are doing to a large extent. So then we have this issue of, what we do to our bodies

and to the bodies of our children, if we're their parents and responsible for that...both responds to and shapes that aesthetic environment for others.

And when I started working on this question of body modification, one thing that I was really, sort of, surprised to realise was quite how much cosmetic surgery we allow parents to do on their children. Sounds like, you know, cosmetic surgery on children...No, we don't allow that. In fact, we allow lots of forms of cosmetic surgery on children, ranging from removal of extra fingers and toes, pinning back ears which are protruding, removal of birthmarks. So we allow parents to license all kinds of cosmetic procedures on children which are not clinically necessary, which could be left until children are of an age to choose them for themselves.

But generally speaking we do allow parents to authorize a lot of this and I think we probably allowed parents to authorize too much of this. It's highly understandable, though, why parents want to perform these forms of surgery on their children because parents want the best for their children. They want their children to fit in, to be accepted, not to be bullied. And one of the major forms of bullying of children is based on children's appearance.

But that's not to say that surgery is an evidence-based treatment or solution for appearance-based bullying, because children tend to be bullied for their appearance, no matter what their appearance is. It's not that children with this sort of appearance are bullied and children without are not. It's that when children engage in teasing and bullying, appearance of any kind tends to be the focus.

Okay, so that's the aesthetic. Parents want their children to look good, they want their children to fit in, they want the best for their children, so they might want to authorise cosmetic procedures on children for fear of them not fitting in. That's understandable but it makes the problem worse, on balance.

What about cultural and religious values? Well, these are similarly very weighty for parents. Religious values, by their nature, are not within people's sense of, sort of, control and choice. Right? You don't choose what your religion says. If you choose what your religion says, it's not your religion, it's you. You have a choice as to whether to follow what your religion says and you have a choice about

which part of your religion and which aspects of religious teachings, sort of, speaks to you or you wish to maintain. But you don't have a choice about what the teachings are of the religion that you follow.

And very often, we don't have a choice about the religion we are in, too. Most of us are brought up within a religion from childhood, rather than converting in adulthood. So religious identity is something that is normally unchosen. Religions usually want their teachings to be transmitted to children in an unchosen way, right? Mostly, religions want to bring children up within their religion. So we have with religions, then, this situation where both the teachings of the religion and the membership of the religion are usually unchosen and that's kind of how it's meant to be.

So then you have an interplay of a lack of chosen identity about the religion and the fact that if parents are making choices about religious observance for their children, then there's another layer of unchosenness going on here. So all of this leads me to say that the fact that some practice is part of a religious culture does give an explanation as to why individuals might find it particularly difficult to resist. It does give an indication as to why we have to be really, sort of, careful and mindful when thinking about how we engage with religious practices, but doesn't give an ethical reason to consider those religious practices, sort of, sacrosanct or immune from critique.

In fact, in a way, quite the opposite, because it gives us reason to realise that people conform to and uphold and maintain religious practices to a very large extent for reasons outside their control.

MD:

So in various places in your work, you've shown some willingness to allow state intervention into various kinds of religious and cultural practices. And I think this brings together some of what we were discussing about different ways of categorising practices and ways of thinking about people's reasons for doing various things. But there might be, kinds of, limits that we hit, either in what we might call a "liberal society" or just in general in terms of our ethical obligations to protecting minors. Could you say maybe a little bit about how to think about state intervention into various kinds of practices?

CC:

Yeah, absolutely. So there are all kinds of questions when we think about state intervention. And when I'm talking about this in my work, I'm thinking about it from a philosophical point of view. And very mindful that in any given time or place, any particular form of state intervention might be worse rather than better. And so thinking about a philosophical justification is different from thinking about a, kind of, all things considered justification at any particular time and place.

I'll give you an example of what I mean by that. One of my books is called "Against Marriage" and it is a critique of the state recognition of marriage on equality grounds. But I say very clearly that there could be a time and a place where the state refusing to recognise marriage might make things worse rather than better because of that particular cultural context. And the example I give is, you know, those states in the US who would rather not recognise marriage at all or threaten not to recognise marriage at all rather than have to recognise same-sex marriage.

I said that's clearly a moment where a withdrawal of the state recognition of marriage is a kind of move for inequality rather than equality. And so that might not be something we would license in that context. And I think that really matters and it really matters in the case of male circumcision, very clearly.

Because there are, very clearly, times and places where acting in law against any particular religion, particularly we might think against Judaism in the current moment, right, in the context of historical and ongoing antisemitism, right? It may well be that in a particular moment, time, place, it simply isn't best, all things considered, to act in a state sanctified interventionist way against some particular religion.

So I just want to have that very clearly on the table, that when we're talking about what is justified for a state to do, I'm thinking about a kind of ideal position of intervention and we have to take into account a particular political, historical moment that might apply against that.

Okay. Why might the state be justified in intervening in a religion? Well, it would be justified in intervening in a religion if it was justified in intervening, in general. If the principle on which it intervenes is a principle that is generally accepted as being an appropriate one for the state.

So an easy example here, in general, we have in the UK and in the US and in many countries, we have laws against sex discrimination in employment, right? It's not permissible to employ somebody or to refuse to employ somebody because they're a woman or because they're a man. That's a general principle we have accepted and so certain religions come up against that.

Obvious example here, the Catholic Church wants to employ only men to be priests, right? My argument is, if we have a general accepted principle against that, on what grounds would the state give an exemption to a religion and say, "no, you are allowed to make this discriminatory practice whereas others are not." And I think in most cases there will not be adequate grounds for allowing an exemption to religion on that grounds.

Similarly, if there is a generally defensible ground for intervening in a practice and saying some practice is not permitted for citizens generally...it is against citizens' rights, it's a violation of people's autonomy, it's in some way sufficiently serious that the state should be able to intervene, then that intervention is going to apply to religions as well. And the burden of proof really is very strongly on those who argue for an exemption or an exception to that law. And I think in most cases that will not be justified.

EU-S:

Circling back to the conversation about ethics and weighing up cultural religious preferences against the principle of the unmodified body, I'm wondering...you bring up a lot of cases, different kinds of cases in your book, and it seems to me like some of them are much more difficult than male circumcision, which I really appreciate because what comes to my mind is the example of the cochlear implant for a deaf child. That is, in a very interesting way, a much more difficult case, I think, than male circumcision. And what's interesting is that they're both irreversible. Right?

Both of these cases, the cochlear implant and infant male circumcision, are irreversible body modifications, but it seems to me that the cochlear implant is much more difficult in a way that's illuminating as to why one might argue that infant male circumcision is clearly unethical.

CC:

Yes, so I have a chapter where I talk about bodily integrity. And in that chapter, I frame it around a number, I think it's about nine hard cases. And that's because there's all kinds of easy cases that are often discussed in the bodily integrity literature. You know, what about if somebody has had a car accident and they need life-saving surgery and you can't ask them? You know, sure, these are easy cases. No matter what we understand bodily integrity to be, we can justify these kinds of easy cases.

The question is, can we have an understanding of bodily integrity that deals with hard cases? And if we can't deal with hard cases, the principle is not useful. Now, cochlear implants are really difficult hard cases because it's an irreversible decision and it is irreversible either way. Because if we do do the implant now, the implant can't be taken away in a way that restores residual hearing, it's done. And if we don't do the implant now, then we miss the window of opportunity for the child to have the best outcome. So it's a very, very hard case because autonomy for the child cannot be respected. Identity is decided either way. Whether the cochlear implant will increase or improve functioning is not certain. It may or may not.

And there are also social impacts of having an implant, or not, which determine really often how others relate to the child and how parents relate to the child. If the parents are hearing parents and their child has an implant, they will be likely to talk to their child in oral language rather than sign because that's their own language. And if the child has an implant, that's how they will likely relate to the child. And that can be...have disbenefits for the child because it can mean the child doesn't get proficiency in sign, which would help them in some cases. So it's a very, very complicated case.

I think most of us would think that the cochlear implant is a straightforward benefit, and often it is. But it's not straightforward and it's not predictable, but it's

irreversible either way. So in that case, we can't, I think, just rely on saying, well, obviously just don't do anything that's irreversible because it's an irreversible decision either way.

Now, how does that help with circumcision? Circumcision is irreversible, but it is not irreversible either way. Because if the child is not circumcised and grows up to dislike that situation, he can reverse his parents' decision by choosing circumcision for himself later. Whereas if he was circumcised as a child and grows up wishing that were not the case, he cannot reverse that. Now, the counter argument to my position might be to say, but he can't turn back time and have grown up as a child who has been circumcised. That's clearly true. None of us can do that with any aspect of our upbringing. Right? We can't turn back time and have our parents bring us up to be, I don't know, virtuosic piano players at the age of two or ballet dancers, all these things our parents didn't do. I wish my parents had brought me up to be this virtuosic piano player. Well, they didn't. Well, we can't. That's life.

But with our bodies, there is a special sort of status of those, I think, which is that being able to make the choices about our bodies for ourselves is of deep value to us.

MD:

Yeah, and I think a lot of, at least in the Jewish community, defenders of routine neonatal male circumcision try to make an argument, something like, well, circumcision is so much more difficult later than it would be in infancy. And so even if it's not, even if, sort of, not doing it in infancy is reversible in a way, it's sort of irreversible. I'm not swayed by those sorts of arguments. But I mean, I think that what you're saying here, you know, sort of helps explain some of the sorts of arguments that people are making that they want to have a, sort of, quasi irreversibility of not circumcising in infancy. But then someone who wants to then oppose routine infant male circumcision can appeal to the ways that actually not circumcising is reversible, etc.

CC:

That's right. And I think it's clearly true, right? It's clearly true that it's easier to have been circumcised as a baby than to make that decision as an adult. I mean, that's true for almost anything. And it is, you know, anything to do with surgery and bodies...if it's happened in the past, it's better! Right? If we've undergone the procedure already, it's much better.

And so clearly, if as adults, there is a procedure we would like done to our bodies, it would have been nicer for us had it been done in the past, in that respect. But that's not the same thing as saying that it is justified to take that decision away. And it's also not the same thing as saying that it actually would have been better for us not to have had the choice about it.

So when, as adults, we, sort of, say "I wish my parents had done this thing to me," whichever it might be...whether it's circumcision, whether it's removing our extra fingers, whether it's pinning back our ears, any of these practices we've talked about that children...that parents might choose for their children...the adult may grow up being pleased that the procedure was done to them or the adult may grow up being deeply distressed that the procedure was done to them.

And what makes the difference here as to whether a procedure is justified isn't whether the adult is pleased or unhappy with the fact that it was done to them, because we cannot predict that and it will be different for different people. Some people will be delighted that it was done, some people will be distressed that it was done. We can't rely on that question. We have to rely on the question of whether there is a possibility for the person to choose the procedure for themselves. And in my view, it is much better to make an error of not modifying when the person wished we had, than to make an error of modifying and have the person wish we hadn't, when we are talking about these procedures where choice can be made later. Yeah, and that's not the case with the implants. There we just are in a very different position.

EU-S:

I'm wondering if you could talk a little bit about the relationship between the principle of the unmodified body, and just the right to bodily integrity, which is a, sort of, right that's often evoked in conversations around genital cutting practices. So how do they relate to each other? What's the difference?

CC:

So the principle of the unmodified body, I mentioned earlier, is this kind of deliberately unfamiliar term. In “Intact,” I talk about three proxy concepts, more familiar ways of thinking about this, none of which are quite what I mean but they’re all relevant. One of them is the natural body. One of them is the normal body. The normal body is often talked about in clinical contexts and often comes into the secular circumcision debates. But the third is the whole body, or bodily integrity. Right? And this is a very familiar way of talking about it. But it turns out to be another one of these concepts which is incredibly confused.

You know, what does it mean to have bodily integrity? What is this? And, you know, as a starting point we might say, “well bodily integrity, it’s about autonomy, it’s about choice.” We’ve talked quite a bit about choice so far. You know, bodily integrity means I should have the choice about what happens to my body. And that is really important and valuable for most of us. But children, we generally, do not think have autonomy. Certainly babies don’t have autonomy. They lack the capacity to have autonomy over their bodies or anything else. Parents have to make decisions about their children’s bodies all the time, and good parenting means choosing for your children in ways that promote their health and flourishing.

We have to do this. It’s neglect if we don’t do this. So bodily integrity can’t be violated simply if we do something to our child which they don’t autonomously choose because then we couldn’t brush our children’s teeth, we couldn’t do anything for them. So autonomy is important, but it’s not what the concept is about. So then I prefer a version of autonomy, which is something Joel Feinberg talks about, the right to an open future. The idea that our bodily integrity should be protected insofar as we should only have things done to our body against our autonomous consent as children, if that secures a right to an open future. It gives us as many choices available as possible in the future.

And that kind of idea will, generally speaking, legitimate things like brushing your children’s teeth. Right, so if you brush your children’s teeth, then they have the strongest chance of having healthy teeth and then making decisions for themselves when they’re adults about whether to clean their teeth in future.

Right? It'll leave that option open. Whereas if the teeth have rotted or fallen out, they lack that option.

Similarly, other choices about things such as vaccinations, you know, we can justify that with the right to an open future. Protecting our children against serious childhood diseases with a vaccination. It's a very small intervention, it protects the right to an open future, we can justify that.

But the right to the open future isn't, again, doesn't fully capture this idea of bodily integrity because there are many people for whom the open future argument doesn't apply. We can think of, for example, people who have dementia, who are not going to develop autonomous futures. We could think about people with end-of-life care, where they might be somebody who is towards the end of their life, who is unable to give autonomous consent because perhaps they are in a condition of lack of consciousness or lack of adequate ability to give consent, but we might wish to administer, let's say, pain relief to them. That's not justified by their open future because we don't believe they have an open future. It's not justified by autonomy because they're not able to give consent. We want to do something to their bodies which they can't consent to. And in that context we will generally reach for this idea of best interests, right? That if an intervention is in the person's best interests then it is authorized.

And again, I think there are some easy cases where this, this totally works. Yes it is in a person, who is near the end of life, is in a position of great pain, lacks the ability to consent, it is in their best interest to administer pain relief to them. It's in the person who has dementia, it's in that person's best interests to give them assistance with hygiene and toileting functions, even if they cannot consent, and we can do that. But in all of these difficult cases, circumcision, cochlear implants, all the cases I discuss in the book, the best interest justification doesn't do any more work. It simply just returns us to the debate we had in the first place. Because the debate is, are these practices in the person's best interests? Right? That's the debate, that's the question.

So the idea of bodily integrity, then I conclude, does have to use an idea of best interests in these easy cases, but it doesn't revert to that, it doesn't reduce to that. So bodily integrity, I argue then, is something which protects us against unchosen bodily intervention. So it says that bodily intervention or bodily

integrity is protected by not having anybody do anything to us that we have not been able to give autonomous consent to, or that is not part of securing our right to an open future and that is not very clearly and with overwhelming evidence in our best interests.

And if some modification does not fit those, it's not, we haven't autonomously chosen it, it's not part of securing our right to an open future and it's not sort of, you know, very clearly in our best interests, then that procedure is a violation of bodily integrity. That's the way I formulate it.

MD:

Yeah, and I take it that one of the big advantages of the principle of the unmodified body, as opposed to mainly relying on a principle of bodily integrity, is the way that the principle of the unmodified body allows us to take account of the various social forces that are pressuring us to modify in ways that bodily integrity might have trouble doing. Is that right?

CC:

Yes. So the reason that I want to, kind of, describe bodily integrity in that way is that it has the conclusion that there might be some such situations where a violation of bodily integrity might be, in some circumstances, on balance, the best thing to do. But I want to retain the idea that it is still a violation of bodily integrity. And the reason I want to retain that idea is because retaining that idea enables us to see the, kind of, contingent nature of some justifications.

So what do I mean by that? Well, there might be a situation...and the cochlear implants might be one of those things...where we might say, well, cochlear implants aren't very clearly, overwhelmingly clearly in somebody's best interests. We don't know. It's a difficult decision. The child cannot autonomously consent. Does it secure their right to an open future? Well, to some extent, but not, you know, it's difficult. Again, we can't say. It's very difficult to say. We have to take our best guess here. And I've said that I think in general, we should err on the side of caution, right? If we're not sure, we should not do a modification. But we might think, well, the cochlear implants, you know, it's so finely balanced.

And we might think that the contingent facts about the fact that very few contexts and people are equipped to deal with sign language in a way that can enable the person who relies on sign language to be fully integrated. We might think there's a socially contingent reason to say that on balance, cochlear implants are the best. Because if a person grows up only being able to use sign language, given the state of society, given the lack of ubiquity of sign language, their social functioning will be much more difficult if they don't have spoken language. So we might want to make that decision.

And I think that saying that, on balance it's justifiable to violate the child's bodily integrity in that situation, enables us to see that that situation could change. And it could change in a number of different ways. It could change because the technology for cochlear implants becomes so much better, that it then very clearly becomes in somebody's best interest to have the implant. So it could become just not a violation of integrity at all because it's a very clear best interest judgment. It's an easy case. That could happen.

Or it could be that society changes such that the difficulty of operating with only sign shifts. It could become harder or it could become easier. We can have that awareness of that contingency.

MD:

Yeah, good. So I think that we're getting into issues now about understanding how to operate in the society that we have now while also working towards a better one. So I want to transition to this question of the feminist implications of male circumcision. So one thing which I've said in print before is that Jewish feminism mostly ignored male circumcision as an issue. I'm not going to comment here on the reasons for that. It's complicated. Not criticizing.

But...And we haven't had a ton of, sort of, public feminist discussion of circumcision as a practice. So I would love to hear a bit about how you think about some of your feminist...feminist political commitments in relation to circumcision and how some of those might relate, as well, to some of the not so good, especially kind of harmful right wing sentiment that we see in a lot of intactivist communities.

CC:

Yeah, absolutely. So I think there are various reasons why feminism or feminists have perhaps not engaged with male circumcision. So one is a belief that female genital mutilation, as this perspective would describe it, is, sort of, a very clear and profound moral wrong. That it is part of a general pattern of the subordination of women and girls and that it, you know, reflects and maintains that idea that women and girls should be not only subordinate to men but should also be, sort of, subservient and sexually submissive and that it forms part of that really broad feminist understanding of the way that, sort of, male supremacy and patriarchy has worked in many different cultures.

And it's a kind of example of that, a paradigmatic example of that, that many feminists would see. And they would say, well, male circumcision doesn't have these aspects. It's not part of a broad process by which boys and men are kept down, subordinated, their sexuality suppressed. That, I think, would be the way that feminists would often say, you know, male circumcision should not be compared with female genital mutilation for these reasons.

To an extent, I agree. I agree to the extent that I think they are very different. The practice of functioning differently in systems of gender and identity. They are functioning differently. But that isn't the same thing as saying they don't raise some of the same ethical questions. And it's also, I think, really important to be aware, and I know that you've spoken to Brian Earp, a friend and collaborator of mine, you know, who's done some amazingly important and just wonderful work, really highlighting the different physical forms of male circumcision, female genital cutting, that, you know, we simply cannot say straightforwardly that one form is always physically more impactful than another and it would just depend on the particular culture and way that these things are promoted and the way they're performed.

And I also do think that, actually, the rise in popularity of cosmetic surgery on the female genitals, labiaplasty, has just made this comparison with male circumcision really essential, right? Because no longer can we say, can feminists say, what they, I think, were saying in the, kind of, 1990s, early two-thousands, you know, "FGM is this barbaric practice, it's this practice that other cultures do,"

you know I'm using scare quotes here, you know this "bad wrong practice," we can all agree it's a terrible thing, who would do that, right?

Because, yes, of course, who would do it to children? Who would do it in conditions that are not clinically safe? Who would do it without anesthetics? You know, yes, we have these aspects of traditionally practiced FGM that retain that distinctive character, but who would think that the genitals should be modified so as to conform to a particularly acceptable standard? Well that is something that is increasingly thought of across Western societies, as well, as we talked about. And so then the question is, okay, is it okay to do it to boys? Is it okay to do it to girls? Does it matter what the reason is? Does it matter what the procedure is? And I think feminists have to engage with all of this.

EU-S:

So we've spent quite a bit of time this season talking about an obscure religious Jewish practice called hatafat dam brit. I'm gonna describe this practice to you and I'm very, very curious what you have to say about it from the perspective of the unmodified body and the principle of the unmodified body.

So, hatafat dam brit is a religious Jewish practice that is done when there is no foreskin available to circumcise. So, it could be from...someone's born without a foreskin, or it could be that they were circumcised and for whatever reason, they're going through some kind of conversion process. And the procedure is you prick the scar of the circumcision and draw a single drop of blood. That's the whole thing. That's what it is. I'm wondering what you think about this and what do you think about the ethics of this procedure on a minor?

CC:

So to be clear, are you saying the ethics of this procedure as a replacement for circumcision? Are you imagining that it could become a new alternative or are you saying no in the circumstances that you describe?

EU-S:

Well, there are, so there are...Sorry, this is so in the weeds now, but I'm gonna do my best to explain it. There are weird situations in which a woman has a boy, and then after she has had the boy and he has been circumcised in the hospital, she decides to convert to Judaism. And because when she converts to Judaism, she'd already had the boy, so the boy is then considered not Jewish. And so then they will, this is one situation. There are other kinds of situations like this. Like I mentioned, that if a boy is born, for whatever reason, without a foreskin, congenital defect or whatever, they will do this in lieu of circumcision. But sometimes this is actually being performed on minors who have already been circumcised for ritual reasons.

MD:

Part of the question is, this isn't really a body modification, but it's something that's done to the body. And so does the principle of the unmodified body and some of the ways you've thought about it give us resources to talk about this sort of case as well?

CC:

Understood. Thank you so much. Yes. So it doesn't seem to me that this is a procedure which intersects with the principle of the unmodified body specifically, because I take it that the idea of drawing a drop of blood isn't because the penis with its drop of blood not withdrawn is not good enough, right? It's...Or it needs to be changed. It's not that same kind of motivation. It's not about creating a changed body for some reason.

I think it just straightforwardly brings in some of these questions about bodily integrity that we've talked about already, so I don't think that my response in that respect would be particularly different than a non-unmodified body response, right? I would say this, I would say it is an unnecessary, and to that extent, unwarranted intervention on a child's body.

The level of its severity, the wrong, right? We would have to calculate that based on, firstly, how harmful is it physically? It's a drop of blood, so not particularly harmful, right? I mean, you know, you might have a vaccination, it might be a drop of blood, so that's not a very serious wrong, in itself.

But we might say that it's made worse by the fact it's on an intimate area of the body, which generally speaking, we think is very, very important to be kept private and not to be touched, particularly for adults to touch children's genitals. Again, unless there's a very clear medical need. So we might say that makes it significantly worse.

But, you know, the reason I asked you, is this the practice that is proposed as an alternative to circumcision...is that I could see a situation where, you know, if the thought was, well, we could maybe try to use this as a transition period. We could try to use this practice as a way of transitioning a community away from full circumcision, then it might be one of those practices that is, you know, in that time and place, sort of, justified as an interim measure, as a way of reducing the form of intervention and modification. But I wouldn't think that this practice would be, as it were, all things considered in an ideal world, something we would justify. But that would be for pretty straightforward reasons about non-clinically necessarily body interventions on an intimate part of the body. Yeah.

MD:

Now, and one thing I'll be super curious to see is if more folks do try to think about using hatafat dam brit as some kind of transition away from circumcision. Much more to say about that, but Professor Clare Chambers, thank you so much for talking with us for The Bruchim Podcast.

CC:

Thank you so much.

♪ (GENTLE MUSIC PLAYS) ♪

EU-S:

Next time on The Bruchim Podcast.

♪ (UPBEAT MUSIC PLAYS) ♪

EU-S:

I need to jump in here about Michelangelo's David because this is something that has driven me bananas for a very, very long time. Like you have to deny the evidence of your eyes to come to the conclusion that this statue is in any way circumcised, it's clearly intact.

JONATHAN ALLAN:

Oh, absolutely.

EU-S:

And then you get into these weird conversations about, well, maybe it was the earlier form of circumcision. And then, these people don't know the history very well or biblical scholarship very well and they end up being off in their judgments by about 500 years about when things happen. But, like, no, it's clearly, he's clearly intact. For the record, Michelangelo's David is clearly intact and it's obvious that Michelangelo was not a Bible scholar. He did it because he thought it was beautiful. End of story. This debate is stupid. End of story.

JA:

No, I completely agree. I mean if you look at the David closely, that's not just a foreskin. That's a...like a lengthy foreskin in a sense, right? It hangs over the glans.

EU-S:

Yeah, one that the Greeks would have liked.

JA:

Yeah, I mean, it's not, it, there...It takes a lot of, like, squint to get to a circumcised penis there.

MD:

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