Disfigured Bodies and Social Identity: Ancient and Modern Reintegration Rituals

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Abstract: Beginning with a narrative about social reactions to my own temporary disfigurement, I note that an individual's disfigurement can affect others by making them feel unsettled and unsafe. The contemporary approach to disfigurement, exemplified in the practice of cosmetic surgery, focuses on changing the disfigured individual. In contrast, ancient priestly rituals in Israelite culture focus on reintegrating the individual into the community. I compare and contrast the two approaches, noting the value of reintegration rituals, but also recognizing their insufficiency in several contemporary situations.

I arrive at the American Philosophical Association meeting with a bright purple bruise ringing my right eye and a little Frankensteinian gash, neatly sewn with three bright blue stitches, just above it. Perhaps some of the colleagues and acquaintances I've seen since I arrived here have not noticed it, but many have. Nearly all, however, have been too polite to say or ask anything about it, for fear I will confirm their worst suspicions. My face, today, carries what people think is a symptom of a dreaded social disease: domestic violence.

It so happens that I actually hurt myself, by myself, doing a common household task, and that the injury is only a symptom of my own carelessness. But it was not easy convincing the emergency room nurses of the truth. From the first nurse's question, "What did you get hit with?" to the second nurse's look of dismay when my male partner tried to join us in the little booth during our interview, to a poster about domestic violence mysteriously appearing on the wall between my first and second visits to the bathroom, it was clear that the cuts and gashes around my eye had a social meaning that transcended my individual situation.

I can tell that people start when they look at me, and that they don't quite buy my explanation. When they make an inference about what they see, a shudder runs through them. While the injury manifests on my skin, it is not just my skin that has been disrupted. In a sense, the social body or the social fabric has been disrupted. For the person who made the inference is now uncomfortable in their own skin, so to speak. They are reminded that anger can explode irrationally from deep within the most controlled psyche, that relationships between women and men are not just and balanced as they should be, that I might lie to protect a criminal whose target is me. When another person looks at me, they don't feel safe.

My appearance is not just skin deep. It does
not affect just my own psyche, so that I could freely choose what my appearance means to me and, thus empowered, get on with my own personal vision of life. My appearance has a very real effect on other people’s sense of safety, on their ability to feel comfortable within their own bodies and their own relationship. My appearance disrupts them. Thus, they want to distance themselves from me, and I am cut off socially.

Understand that I am not yet aiming to make generalizations about human behavior, but trying to describe my own experience. Nonetheless, I would like to develop my intuitions into an articulate theory of health. On this theory, my individual condition can disrupt the social body and prompt others to want to exclude me. My reintegration into the social body brings about healing for myself and for others. In other words, when the community can accept me as I am, the community grows in vitality, as do I.

In thinking about health as communal vitality, I turn to some ancient material. The Biblical book of Leviticus is thought by scholars to describe the practices of Israelite priests during the First Temple period, approximately 950 BCE through 586 BCE. Underlying the details of sacrificial practice that dominate the book, scholars read a priestly theology.¹ The appeal of this theology, they say, is responsible for the endurance of the Temple cult: a thousand years in practice, another two thousand years in the Jewish imagination.

As we try to understand this theology, we have to put aside some of our now-conventional distinctions. For example, our priestly theology does not distinguish between body and soul. It does not view the body as a container that holds the soul. Rather, the body and the soul are thought to be one living unit. Damage to what we now call the body and to what we now call the soul diminish the life force of the living unit. To understand the next step, we have to put aside our now-conventional distinctions between the individual and the collective. In the priestly theology, damage to the life force of a single person diminishes the life force of the entire nation. When the life force is weak, God cannot dwell among the people. Clearly, this theology has a moral component.² The priests invoke God’s presence by looking after the well being of every single individual.

The book of Leviticus lists specific events that drain the life force. Some of these are regular, natural events such as menstruation, childbirth, nocturnal emissions, or attending the dying at the moment of death. These are understood as liminal events, events of risk, events that carry the taint of death, literally or symbolically.³ Some of the events that drain the life force are irregular, more unusual, such as disfiguring skin diseases or sins by public leaders.⁴ These are events that unsettle the collectivity by breaking down trust in relationships. In each of these cases, regular or irregular, natural or social, a specific Temple ritual was required to restore the life force of the individual and the nation. In the jargon of Leviticus, a diminished life force is called “impurity” and a restored life force is called “purity.” I would like to focus on the example of disfiguring skin disease, and compare an ancient priestly approach to it with a modern medical approach. This comparison will bring out a series of contrasts, between

Illness as a loss of collective vitality as opposed to the more contemporary American view of illness as a loss of individual vitality

Healing as acceptance of the individual by the community as opposed to a more contemporary view of healing as an individual’s increasing ability to meet community standards of productivity

Appearance as expressive of life force as opposed to a contemporary view of appearance as a public veneer

Here is the comparison.

Imagine, for a moment, that you are an Israelite woman living in the year 800 B.C.E. You are stricken with scale disease. Your skin becomes pale and flaky. Although the disease is not life threatening, your living body is starting to look like a corpse. Strangers, even friends, look at you with confusion and dread. “Why does she look like she’s dying?” they wonder. “Should I say something about it?” Out of their discomfort, they begin to distance themselves from you. You do not understand what you have done to bring the disease upon yourself. You know you are upsetting others and you do not understand why you have brought symbols of death into the community.

You learn that the priests have a ritual that can make your anxieties go away. You make a pilgrimage to the Temple. When you arrive, a priest answers your questions about the ritual, drawing on material that later becomes part of the book of Leviticus.

Your question: What conditions can this ritual address? The priestly answer: Discoloration, scabs, or shiny marks on the skin that turn the hair white, and appear deeper than the skin.

Question: Why do I need to address this condition? Answer: It is an impurity, a diminishment of the life force. Impurity is contagious. If you are not purified, it
will spread to others.

**Question:** What will happen during the ritual?

**Answer:** After your scale disease is healed, the priest will order two wild birds, cedar wood, crimson yarn, and hyssop. At the Temple, the priest will sacrifice one of the birds, drain its blood into a clay bowl contained the other red objects and sprinkle some of the blood on your hands using the hyssop. The live bird will be released in the open country. You will launder your clothes, bathe, and spend seven days in quarantine.

**Question:** What will my re-entry into the world be like?

**Answer:** You will bring an animal or vegetable sacrifice to the Temple. In front of everyone present, the priest will anoint you with oil, and you will have completed the purification process.

**Question:** What will the “new me” be like?

**Answer:** Pure, that is, full of vitality.

**Question:** How much will it cost?

**Answer:** Bring whatever sacrifice you can afford.

Note that the priests do not offer a medical cure for scale disease. Their business is a different one: reintegration of the individual into a community. Both phases of the reintegration ceremony are public. By performing them, a priest, who is put temporarily out of work by contact with impurity, testifies publicly to the individual's purity. While the ritual of sacrifice and blood may seem barbaric to us, ancient Israelites would have seen it differently. The sacrifice of the first bird and the mingling of its blood with other red objects would have been seen as symbolic of the diseased person receiving vitality. The flight of the second bird would have been understood as a symbolic flight of the impurity away from the community.

This ritual does not erase physical scars from the disease. It is designed only to effect emotional change, bringing the individual back into the communal fold. The priestly task is to reassure the community that the once-diseased individual is no longer to be regarded with dread. Blocks to relationships have been dissolved, and the life force of the community can once again be strong.

Now, travel forward some 2800 years in time. Imagine that you are a twenty-first century American woman who spent most of her life fully abled, healthy, and beautiful. You have just recovered from a disfiguring skin disease. Helplessly watching your skin change color and texture was an uncanny, frightening experience. None of your usual changes in diet and behavior made a difference. You wondered what was eating you up from the inside out. Due to anxiety, embarrassment, and discomfort, you went out as little as possible. And now that you are supposedly healed, you look in horror at the scars that mark you. They look terrible, and they constantly remind you of your pain and anxiety. You wonder: will you be able to live with disfigurement? Can you handle odd looks from others? Will they feel comfortable enough around you to hire you and befriend you? Can you adjust to the reality of no longer experiencing yourself as having the beauty of your youth? You get a small taste of what it might be like to live with disabilities -- and you don't like it.

You visit the plastic surgeon for a consultation, because you have heard that the surgeon has a procedure that can make your anxieties go away. The procedure is called “laser resurfacing and dermabrasion.” In the waiting room outside the surgeon's office you pick up a brochure prepared by the American Academy of Cosmetic Surgeons. In a question and answer format, the brochure tells you what the Academy thinks you want to know about the procedure.

**Question:** What conditions can the procedure address?

**Answer:** “Laser resurfacing or dermabrasion can enhance your appearance if your complexion is affected by sun damage, aging, wrinkles, acne scarring, or other types of scars. A yellowish or sallow gray color of the skin caused by ultraviolet damage can be restored to a more youthful-appearing fair complexion with a 'rosy glow.'”

**Question:** Why do I need to address this condition?

**Answer:** “However you say it, ‘good looking’ skin is one of the most desirable features in our society, and a foundation for the rest of your appearance. The youthful unblemished skin you had as a child is the ideal.”

**Question:** What will happen during the procedure?

**Answer:** “After you and your skin are numb and comfortable, laser resurfacing uses a precise beam of laser light, most frequently known as carbon dioxide (CO2) or erbium (Erbium-YAG), to vaporize away the various layers of skin. Dermabrasion uses a high speed rotating sanding wheel or brush to peel away the skin.”

**Question:** What will my re-entry into the world be like?

**Answer:** “Ointments or bandage dressings will be applied to keep your skin moist, until the new upper skin layer reforms in 5-7 days. Initially, redness may be very pronounced. Tenderness or a mild sunburn sensation is expected. It may last several weeks or months, but can be often camouflaged with postoperative cosmetics.”

**Question:** What will “the new me” be like?

**Answer:** “You will continue to enjoy your younger looking, smoother, healthier skin for many years to come.”

**Question:** What will the procedure cost?

**Answer:** Your individual surgeon will tell you.
Note that this is not a psychological procedure, but a purely physical intervention. Nowhere in the brochure is psychological counseling recommended. This is also a purely individual procedure. It is performed in private, and is kept between the disfigured individual and the medical staff. Healing takes place in private, under bandages. In many cases, the patient keeps secret the procedure and the healing process. The healing process itself can be camouflaged with cosmetics.

The procedure is designed to erase the disfigurement that caused the patient’s anxieties. Socially, the patient often pretends that nothing has happened: that they had no medical procedure and, gradually, that the discoloration or scars never appeared on their skin in the first place. One condition that caused social distancing, i.e. the fear of opening the well of another person’s pain and thus one’s own, is replaced by another condition that causes social distancing, i.e. lying and the erasure of memory.

For a final contrast, here healing itself is painful. In the priestly theology, these procedures would be considered a mutilation of the body and thus a diminishing, rather than a restoration, of the individual’s life force. Instead, the individual’s reintegration into the community, flaws and all, would restore the community’s vitality.

Obviously the priestly theology is very attractive to me as a definition of individual and communal health, for reasons I have already stated. I also like it because it echoes the voices of some of the feminist critics of the beauty industry. Feminist philosophical critics of the cosmetic and fitness industries, such as Sandra Lee Burley and Susan Bordo, have focused on identifying the web of social forces that push women into unhealthy and self-limiting behaviors. Their aim is to show women that the social forces can be regarded as “skin deep,” so to speak; that women can to some extent separate themselves from the influence of these forces and make more autonomous choices. At the same time, however, these critics acknowledge that radical freedom from social forces is not to be found. These forces shape the very moves we imagine an autonomous self can make.

I agree that social forces are not skin deep. If one buys a relational model of the self at all, social recognition matters deeply to most people. Rather than make fully autonomous choices, many people want to make well-adjusted choices, choices that balance their needs with the needs of others. When a community learns and teaches that it values vital participation over physical beauty, individuals are given permission not to obsess about physical appearance.

I want to acknowledge that the priestly theology is not perfect. It does not translate flawlessly into our historical setting. Communal integration is no doubt easier in a nation that imagines itself to have a single ethnic identity and an official set of rituals (a self-concept ancient Israel had at least from time to time). In a country that prides itself on being a collage of cultures, and, less pridefully, acknowledges the ruptures between those cultures, imagining communal vitality can be challenging.

Living with disfigurement in self and others may also be easier when technology cannot promise release from it. As long as that promise exists in our society, some individuals are likely to hope for its fulfillment. This seems easier than going through a process of social reintegration.

Finally, the priestly concepts of purity and impurity can and have been distorted when it is forgotten that the impurity of persons is meant only to be a transitional state between disease and health, between loss and restoration of vitality, between communal disjunctions and re-integrations. This recognition of the scope of the concepts limits the applicability of the reintegration ritual to contemporary medical problems. The reintegration ritual makes the most sense when an otherwise healthy person experiences a loss of vitality and then returns to the community at least partially healed. Children born with disfigurement, for example, are not considered impure. From birth, their condition is simply part of the way they participate in the community. Any accommodations that need to be made by the children and their communities would go far beyond the scope of this ritual.

Notes


8. Many thanks to Mary Mahowald and Sophia Wong for pointing out some of the limitations to the contemporary applicability of the priestly theology.