

Clare Chambers, *Intact: A Defence of the Unmodified Body* (London: Allen Lane, 2022), 413 pages. ISBN: 9780241439043. Hardback: £20.

In 2021 the International Chess Federation announced that it had found a new corporate sponsor for women's chess events. For a game in which women have historically been hugely under-represented, this might ordinarily have been good news. Yet the sponsor in question was Establishment Labs, a company that sells breast implants under the brand name Motiva. For women, it would seem, there is no escaping the pressure to modify their bodies to conform with prevailing standards of beauty – even in this most intellectual of pursuits (Michael Levenson, “Breast Implant Company’s Sponsorship of Women’s Chess Draws Backlash” in *The New York Times* on 03/10/21).

In her engaging new book *Intact: A Defence of the Unmodified Body*, Clare Chambers contends that ‘the dominant message of many contemporary cultures, especially Westernized, capitalist cultures, is: *your body is not good enough*’ (p. 5). It is not just that women are told their bodies are insufficiently beautiful, though that is certainly central to Chambers’s story. It is also that disabled people are told their bodies do not function well enough, fat people that their bodies are not healthy enough, and so on. The implication is always that people ought to modify their bodies in some way to conform with the relevant norm. Chambers gives two sets of arguments for thinking that such pressures to modify are morally insidious. A first set appeals to the value of well-being. Chambers argues that ‘[m]any of the modification practices that have become standard are detrimental to physical health’ (p. 8). For instance, breast implants often give rise to chronic pain and to difficulty breast-feeding. (This is also a theme in Chambers’s first book *Sex, Culture, and Justice: The Limits of Choice* (University Park, PA: University of Pennsylvania Press, 2008), pp. 187-191.) Likewise, ‘pressures to modify our bodies have contributed to poor mental health: low body image, appearance anxiety, shame’ (p. 165). A second set of arguments appeals to the value of equality. For one thing, pressures to modify are inequalitarian in form: they fall harder on women than on men, on disabled people than on able-bodied people. For another, they are inequalitarian in content: the ‘ideal body’ at which we are supposed to aim is not ‘normatively neutral’ but rather ‘plugs into hierarchies of race, sex, disability, class, age, gender and sexuality’ (p. 9). In both these ways, pressures to modify express a denial of equal moral worth.

In response, Chambers proposes what she calls ‘the unmodified body as a political principle’ (p. 5): the idea that the unmodified body ‘should be *presumed to have value*’ (p. 6). This value is not ‘overriding’; the idea is that the unmodified body ought to be treated as a ‘default’ (p. 6). Chambers acknowledges that the key notion of an unmodified body cannot be taken ‘literally’, since every action we take has some effect or other on the shape of our bodies (p. 9). Here a tempting thought might be that the intention with which an action is carried out determines whether or not the action constitutes a modification in the relevant sense. This would capture the intuition that dieting in order to lose weight ought to count as a modification, whereas eating ‘purely for sustenance or taste’ ought not to count (p. 10). Yet in practice this thought will not get us very far, since we ‘cannot always tell whether eating is an intentional act of body modification because most eating is explained by a complex mix of factors’ (p. 10). Hence ‘the unmodified body cannot be unambiguously defined at the outset’ (p. 10). In place of a definition, Chambers offers us three ‘proxy concepts’ for the unmodified body (p. 22): the *natural body*, the *normal body*, and the *whole body*. Exploring each of these proxy concepts in turn helps to put some flesh on the bones of the proposed principle and gives a neat tripartite structure to the book.

As Chambers herself acknowledges, the proposed principle is a ‘modest’ one (p. 6). Seemingly all it requires of us is that before modifying our bodies in some way we ‘reflect’ on whether we have sufficient reason to do so (p. 251), and if in doubt decide in favour of leaving our bodies unmodified. Despite noting that ‘[i]f no one modified their bodies then the norm of modification would collapse’ (p. 5), Chambers is wary of assigning us all a duty to refuse to modify. Her primary reason is that ‘[t]he costs of resistance are distributed unequally, and not everyone is able to bear them’ (p. 5) – a feminist twist on ought-implies-can reminiscent of some of Judith Butler’s work (*Undoing Gender* (London: Routledge, 2004), p. 8). With this in mind, some consideration of what our responsibilities are in this area, as distinct from what our duties are (Iris Marion Young, *Responsibility for Justice* (Oxford: Oxford University Press, 2011), p. 143), would have been of interest – but perhaps that is asking too much of a book aimed first and foremost at a general audience.

The sheer variety of modification practices considered means that every reader is likely to learn something from *Intact*. Speaking personally, I was surprised to discover how many artificial supplements a so-called “natural bodybuilder” is allowed to take and was struck by Chambers’s argument that the reason their body is nevertheless considered “natural” is because ‘it epitomizes an image of authentic masculinity’ (p. 53). My main concern is that Chambers’s thesis applies much less plausibly to some of the modification practices she considers than it does to others. Take the case of a trans person seeking access to gender-affirming healthcare (facial hair removal, hormone replacement therapy, genital reconstruction surgeries, etc.) from the UK’s National Health Service (NHS), the subject of *Intact*’s eighth chapter. Doing so will require them to have appointments with two different doctors several months apart, for which they will likely have to wait several years (Ruth Pearce, *Understanding Trans Health: Discourse, power, and possibility* (Bristol: Policy Press, 2018), p. 64). Doctors justify the many delays built into this process by appealing to ‘the importance of their role in reducing the risk of an inappropriate transition’ (Pearce, op. cit., p. 66; emphasis in original). In other words, the unmodified body is here treated very much as a default – just as Chambers would wish. Arguably, though, doctors working in this area ought *not* to ascribe this value to the unmodified body. First, the above-mentioned delays are correlated with increases in suicidal ideation among those subjected to them (Pearce, op. cit., p. 152). Second, it is much more difficult for trans people to access gender-affirming healthcare than it is for cis people to access similar procedures. For instance, it is much easier for a cis man to get an orchiectomy to relieve his chronic scrotal pain than it is for a trans woman to get an orchiectomy to relieve her dysphoria (Pearce, op. cit., p. 68). Finally, in paying much more attention to the risk of an inappropriate transition than to its converse, doctors reveal the unmodified body they value so highly to be a cisnormative ideal. Thus in this case it is the *barriers* to modification which in fact run afoul of Chambers’s favoured values, well-being and equality. Arguably, then, these values turn out not to support ascribing greater value to the unmodified body across the board after all. On the contrary, they arguably support radically overhauling the way in which the NHS provides gender-affirming healthcare – a not-so-modest conclusion.

I have a number of other concerns about this chapter. Chambers holds that only if ‘trans identity is a clinical or psychological condition’ are trans people entitled to gender-affirming healthcare ‘paid for by health insurance or socialized medicine’ (p. 274). Yet in general it is not the case that only diagnosis with a clinical condition can ground an entitlement to healthcare. For instance, women need not be diagnosed with a clinical condition in order to be entitled to an abortion (Shon Faye, *The Transgender Issue: An Argument for Justice* (London: Allen Lane, 2021), pp. 71-4). Chambers describes giving puberty blockers to trans youth as ‘a treatment protocol that [UK-based charity] Mermaids defends’ (p. 274). This risks misleading, given that this protocol is in fact the object of widespread medical consensus (Florence Ashley,

“Adolescent Transition is Ethical: An Analogy with Reproductive Health” in *Kennedy Institute of Ethics Journal* Vol.32 no.2 (2022), p. 129). And in a later chapter, Chambers contends that puberty blockers ‘themselves cause irreversible changes’ on the grounds that ‘a high percentage of children who receive puberty blockers go on to receive cross-sex hormones’ (p. 303). Yet this is to confuse correlation with causation: the small minority of trans children who receive puberty blockers are highly likely to go on to receive cross-sex hormones regardless (Faye, *op cit.*, p. 102). In sum, *Intact* has much of interest to say about a timely subject matter; but it would have benefitted greatly from considering the case of gender-affirming healthcare much more carefully than it does.

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