Practitioners at the Cutting Edge
Understanding Competence in the Practice of Non-Mainstream Body Modification

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Abstract

Non-mainstream body modification is becoming increasingly popular in the West, and includes practices ranging from the fairly commonplace, such as ear and body piercing and tattooing, to the less common, including skin stretching, dermal punching, scarification and branding, to the ‘extreme’, for example sub-dermal implants and tongue splitting. These procedures are most often achieved with the help of a practitioner, working either in a studio or from home, yet because it is still a new and developing industry official regulation and/or legislation related to many of the these procedures is often limited, patchy, or absent. Body modification practitioners may be highly trained and skilled, or may be relatively untrained and unskilled; and particularly with the newer, experimental, more ‘extreme’ modifications, practitioners must sometimes operate in a grey zone where they potentially run the risk of prosecution for ‘assault’, causing bodily harm, or for ‘practicing medicine without a licence’. This research is an exploratory, qualitative study of practitioners in the Netherlands and England performing a range of modifications, examining how, given such ambiguities, they understand and articulate the issues of professional competence, knowledge, and skills, and how risk – physical, legal, and social – is interpreted and managed in relation to their practice. The non-mainstream body modification industry is a singular one, based on a strongly independent and sub-cultural ethos, and has, thus far, largely relied on practitioners to individually self-regulate and monitor standards within the industry. However, with the rapid influx of new practitioners, and more mainstream providers such as department stores and high street chains offering piercing, the industry is facing serious issues. Regulation is regarded with ambivalence, as necessary and yet problematic. It is deemed necessary to tackle the prevalence of ‘bad’ practice/practitioners who are in the industry for the wrong reasons, and largely motivated by money; yet regulation, particularly that formulated and imposed from outside, is viewed with caution as it is seen to question practitioners’ knowledge and skills, to wrest authority over decisions made for the industry away from the industry itself, and threatens to impose a straightjacket on what practitioners can do to their own and others’ consenting bodies within the law. The issue is a complex one, where competence and risk are not objective, quantifiable, or static, but vague, shifting and contextual; thus notions of ‘best practice’ are hard to define, and the evaluation of regulation – and potential regulation – by practitioners contains mixed feelings, but is generally considered best when done for the industry, by the industry.
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Andrew has been a practicing piercing and body modification practitioner for fifteen years, and currently runs two studios in two cities in England. He performs a full range of modifications, from piercing and dermal anchoring, to tongue splitting, branding, scarification, beading, and subdermal implants. His second and newest studio, though up and running, is still in the process of being built from scratch, and he has worked hard to ensure that he can rightfully claim it to be ‘Britain’s most hygienic studio’. The regulations governing what a piercing or tattoo studio requires in order to register with the council and open its door to the public cover merely the bare minimum, so Andrew’s efforts to ensure such a high standard of clinical cleanliness are entirely self-motivated.

I am shown around the studio which covers three floors. There are individual rooms for three tattooists on the lower level, and a bright, spacious waiting area with tattoo magazines, artist portfolios, and large tattoo designs by resident and guest tattoo artists framed on the wall; a shop carrying piercing accessories, jewellery, and clothing on the ground level; and a piercing and modification studio on the upper level. Other spaces are in the process of being renovated, with the plan to have a room for suspension, and a room to rent out for massage therapists and the like. Just some of the measures taken in the studio to ensure a hygienic environment include each individual studio having a separate three stage sterilisation room (for cold soaking, ultrasonic cleaning, and autoclave sterilisation) to reduce the risk of cross-contamination, using Medi-Vent units which sterilise the air and kill airborne bacteria, air vacuums with bio-filters, and hospital grade wipe-down walls and floors. Unlike the stereotype of a typical tattoo or piercing studio being seedy, untidy, and unfriendly, this studio is welcoming with a bright and airy atmosphere, high ceilings, and artwork on the walls.

We are standing in the shop area talking when a group of people in their late teens come in. They have several piercings between them. One girl comes forward to ask Andrew’s advice. Firstly, she has come to check on a nape piercing which Andrew had done for her some weeks earlier, as it is a little red and sore. Andrew puts on a pair of gloves and examines it, determining that it is indeed irritated, but that it is probably due to the fact that the girl has been regularly wearing a scarf, putting pressure on the piercing and slowing down the healing process. He advises her on how to look after it, and the importance of ensuring it remains as clean and undisturbed as possible. After this consultation, the other members of the group are all talking about their own piercings, and touching them. Each time one of them touches their piercing, Andrew makes them put out their hands, which he sprays with anti-bacterial sanitizer, telling them not to touch their piercings again.

The same girl with the nape piercing has a second thing she wants to check on. Recently she went to another piercer in the area and had two straight bars pierced vertically through the skin of
her chest, just below her collarbones. It had cost her £30. The girl describes the experience, commenting that the piercer had actually snapped one needle as it was going through her skin. Both piercings are now quite sore, and she was not sure what to do. Andrew, with a new set of gloves, inspected the piercings with concern, telling the girl that they were not well done at all, that the jewellery was completely inappropriate for the placement, and they would not heal but would begin to reject in a matter of weeks. If she kept them in much longer, she would not be able to avoid some nasty scarring. Shaking his head, Andrew looked over towards me, and indicating the girl’s piercings he said, “This is why we need legislation”.

Non-mainstream body modification is becoming increasingly popular in the West, covering practices ranging from the fairly commonplace to the ‘extreme’. Such practices include ear and body piercing; micro-dermal implants, a new form of single point piercing where part of the jewellery heals under the skin, anchoring it in place; skin stretching, particularly of the ear lobs; dermal punching, where circular cores of ear cartilage are removed; tattooing; scarification, where designs are cut into the skin, or skin is removed; branding, where designs are made on the skin through burning; sub-dermal implants, also known as 3D body art or artistic implants, where shaped objects are implanted under the skin; tongue splitting; genital beading, where small beads are implanted sub-dermally along the penis shaft; and many more. They are most often achieved with the help of a practitioner, working either in a studio or from home; yet official regulation and/or legislation relating to many of the these procedures is often limited, patchy or absent, and standards are highly variable. With the rising popularity and therefore demand for body modification, what was once a small and self-contained industry has experienced rapid growth and expansion in recent years, and seen an influx of new practitioners who are said to have different motivations and levels of skill and knowledge. Thus in the industry today, there are body modification practitioners who may be highly knowledgeable and skilled, or have little or no training and skills; for a customer, knowing the difference between the two can be crucial for ensuring a positive outcome from a procedure, but this is not always easy
to determine. Furthermore, legally, body modification occupies uncertain terrain, so particularly with many of the newer, experimental, and more ‘extreme’ modifications practitioners must sometimes operate in a grey zone where they potentially run the risk of prosecution for ‘assault’, causing bodily harm, or for ‘practicing medicine without a licence’.

I use the term ‘non-mainstream body modification’ to refer to such practices in order to distinguish them from the vast array of practices which exist along a modification continuum, such as cosmetic surgery, body building, and even certain clothing styles such as high heels and corsets which, though more commonplace, do indeed actively (re)shape the body (Mascia-Lees & Sharpe 1992). By ‘non-mainstream’, I am emphasising the ‘counter/sub-cultural’ element of many of these practices, though I accept that there are limitations to this distinction as some forms of body modification which fall under my analysis – such as certain types of piercings, for example ears, navel, and nostril – are common and widespread. Yet, despite its growing popularity, I would argue that most of the modification practices covered within my definition remain non-normative and therefore outside of the ‘mainstream’. Indeed, they are even considered by some as deviant or mutilative (Favazza 1996; MacCormack 2006; Pitts 1999), and may present problems in finding employment (the Body Modification Ezine – BME).

This research was undertaken in the Netherlands and England between May and July 2007, focusing on practitioners of non-mainstream body modification performing various procedures from the ‘commonplace’ to the ‘extreme’, with the aim of exploring how, in such a vague and undefined industry, such practitioners understand and articulate professional competence and skill, good versus bad practice, and notions of risk. My interest in this particular aspect of body modification stems from research into the phenomenon as a whole, for while there is much social science literature on the motivational aspects of body modification, and analysis of the socio-cultural context of non-mainstream modifications, little is written within the social sciences about how practitioners who offer their services to the general public understand and talk about the practical elements of this new and developing industry in their own words.

The legal status of body modification procedures is vague and uncertain territory. Regulation of ear and body piercing is patchy, and in many countries is often implemented on a regional rather than national level. In England, regulations vary by city or county, and are dependent on the local health authorities’ knowledge of the industry and motivation to monitor and maintain standards. The standard in the Netherlands, up until June 2007, had also been patchy. For the past ten years, practitioners in Amsterdam were regulated and
licensed by the local GGD (health authority) for health and hygiene, but elsewhere in the country there was no standard regulation. As of June 1st 2007, the standards which had applied to Amsterdam were extended across the whole country, requiring all studios and practitioners to apply for new licenses; however, the full implications of these changes were yet to be felt at the time of my research.

Modification practices other than piercing, such as scarification, branding, and subdermal implants, fall into even more uncertain terrain as they are not covered by existing laws. According to articles published in BME, written by practitioners and modification aficionados, a practitioner may potentially run the risk of prosecution for performing certain procedures, even if written informed consent has been obtained. Charges could include assault, bodily harm, or with procedures that involve medical equipment such as anaesthesia and high-grade silicone used for implants – which are, in certain places, restricted solely for medical use – practitioners run the risk of ‘practicing medicine without a licence’.

Though piercing and tattooing are by far the most popular forms of body modification, technological advances and an increasing crossover of knowledge from biomedicine, coupled with use of the Internet, are allowing more experimental, innovative and ‘extreme’ forms of modification to emerge and become internationally widespread. The Internet allows the exchange of ideas and techniques on an unprecedented level, speeding up the pace of innovations and diffusion of knowledge. Practitioners are pushing the boundaries ever further, experimenting with technology and materials, and performing procedures that increasingly resemble the techniques of medical or surgical professions. However, as the range and extent of modifications increase, the terrain in which these procedures are carried out becomes more ambiguous. The Internet is also making piercing and tattoo equipment, and how-to guides, increasingly available to anyone with the money to purchase them. Whereas access to such equipment and knowledge had hitherto been controlled and regulated by practitioners within the industry, now many newcomers are able to start up and begin practicing having little contact with established practitioners, and with little training or skills (Bhana 2006).

The number of practitioners is increasing rapidly with the rising popularity of piercing and body modification. The cross-over of techniques, knowledge, and materials between the medical and body modification fields is also narrowing, yet one requires

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1 As tattooing is a much more longstanding profession and is often regulated somewhat differently from other non-mainstream modification practices, I will not be focusing on tattooists or tattooing for the purposes of this research, though I acknowledge that sometimes tattooists are also piercers, and their professional concerns are not mutually exclusive.
extensive qualifications and certification/surveillance, while the other is, in certain contexts, virtually unregulated. Some practitioners class themselves as responsible professionals who observe high standards of hygiene and are experienced and knowledgeable about up-to-date advancements, and may even affiliate themselves with a professional body such as the Association of Professional Piercers (APP) – a self-regulating piercing organisation founded in the United States which promotes standards of best practice – yet this remains largely voluntary. On the other hand, there are many whom the body modification community speak of as ‘hacks’, who receive general condemnation for working irresponsibly with insufficient consideration for health and safety, age restrictions, or professional knowledge (BME). While there is often agreement that regulation to reduce bad practice – which damages the reputation of body modification in general – would benefit the profession, there are also feelings of caution and ambivalence. Tighter government or legal regulation brought in without industry consultation could lead to inappropriate and unworkable restrictions, and could potentially impose a straightjacket on what non-medical practitioners can voluntarily do with their own and others’ (consenting) bodies within the law. The issue is a complex one, where those seeking out body modifications are advised to conduct their own research to find a ‘reputable’ practitioner, thus placing some of the burden of responsibility on the client, and practitioners are reliant on self-regulation and assertive action in order to claim and maintain competence and best practice.

Most social science research on body modification focuses on the meanings associated with such practices or the motivations for altering the body, and the implications this has on our understanding of the body in general. There is also consideration of the socio-cultural and political aspects of counter-culture movements, and exploration of themes of bodily resistance. However, little is written about how body modification practitioners themselves understand and articulate issues of competence and skill related to their practice. My interest for this research is in practitioners in England and the Netherlands, from piercers to those performing branding, scarification, and dermal implants, to explore how, in an industry in transition, and facing professional and legal uncertainty, they define good and bad practice, how competence is understood and achieved, and how risk – professional, legal, physical – is articulated and managed.
Background

In order to come to an understanding of how body modification practitioners conceptualise and articulate professional competence, there are a number of broad theoretical issues which offer important background insight. As my aim is not to judge practitioner competence as an objectively quantifiable entity, but to examine the discourse of competence as it is constructed by the practitioners themselves, my study will be rooted in an interpretive approach. Further, I intend to situate the topic critically in the broader context by briefly examining existing social science literature on body modification, the use of the mutilation label which pervades body modification discourse, the Internet and online communities, competence, the construction of risk, ownership of and rights over the body, the technological body, and medical technologies and power.

Body Modification in Social Science: In Brief

Body modification has had a long history within anthropological literature, particularly in its non-Western expressions as indicative of the exotic ‘other’ (Schildkrout 2004). Tattoos and body marks in ‘traditional’ societies are often interpreted as having meaning beyond the visual, conferring membership to a group, conveying messages of status, or holding religious or spiritual significance; thus they can be argued to be ‘collective’ in nature and ‘unambiguously’ readable (Turner 2000). Falk states that the “irreversible reshaping of the [primitive] body and its permanent marking manifests the stable and static character of relations in society” (1995:99), where transformation of the ‘body gestalt’ is permanent, has fixed meaning, and can be read easily by society because it has external, rather than internal, signifiers.

In contrast with body marks/modification in ‘traditional’ societies, analysis of such practices in the contemporary setting of ‘high modernity’ or ‘post-modernity’ tend to focus on the individual, looking at the personal as opposed to collective reasons and meaning for altering the body. In the last twenty to thirty years, there has been a considerable increase in the popularity of tattooing and piercing in the West (Sweetman 2000). This began with sub-cultural movements in the 1970s such as the punks in Britain and the Modern Primitives in California, USA, and gradually gained mainstream popularity as it was appropriated by the fashion industry and advertising, and through widespread exposure of alternative music scenes on MTV (Pitts 2003). The Internet has also played a significant role, and Shannon
Larratt, the creator of the Body Modification Ezine (BME) which is arguably the most comprehensive and influential source of online information regarding all forms of body modification, from the commonplace to the ‘extreme’ and highly stigmatised, credits it (and other Internet sites) with the spread of body modification as a sub-cultural movement (Pitts 2003).

Increasing popularity has noticeably reduced some of the stigma and marginalisation associated with body modification, yet it has come at a price. There are those who see its popularity as evidence of commercialisation and exploitation borne out of globalisation, where tattoos – particularly so-called ‘tribal’ designs – are mere ‘narcissistic’ consumer items parasitic on the ‘other’ (Turner 2000). Klesse (2000) presents a strong critique of the Modern Primitive movement and their idealisation of ‘primitives’ and ‘primitivism’. He argues that despite their claimed ideological opposition to the norms of ‘modern society’, the Modern Primitives are in fact guilty of reproducing colonial discourse which exoticises and eroticises the ‘other’ through their uncritical appropriation of non-Western modification practices. Debates abound on BME regarding the ‘fashionability’ of tattoos and piercings, and increasingly other forms of modification and ‘body manipulation’ such as scarification and suspension (where a person is suspended by hooks inserted through the skin). Some question whether the growing popularity of such practices, derived from non-Western rituals which often served spiritual purposes, are mere superficial trends which debase the spiritual or other meaningful aspects of such practices when taken out of their traditional context. Further, the increasing popularity of body modification has made it increasingly profitable, resulting in a rapid growth in the number of tattoo and piercing studios, which has created tension over the influx of practitioners judged as being in the industry to ‘make a quick buck’, in comparison to those who are in it ‘for love’, an issue which I discuss in more depth in the section on entering the industry.

In attempting to account for the rise in body modification practices in the West, and understand individual motivations, theorists have drawn on Shilling’s (2003) notion of ‘body projects’, where the body is conceptualised as increasingly central to individual self-identity and is seen as an entity to be continually worked on in order to give off particular
messages about the self. Radical and visible modifications can represent a personal choice to politicise an already marginalised identity, such as with some lesbian and gay movements (Pitts 2003); or they can be framed by some women in a discourse of bodily reclamation from experiences of sexual abuse, exploitation, and objectification, by contesting standardised ideals of female beauty as a political assertion of self-determination (Pitts 1998). Self-identity, in this framework, is conceptualised as optional and self-defined, though Pitts, Shilling, and other authors are critical of the argument that all members of society have equal access, ability, or desire to work on and (re)create their own identities.

**Representation and Power in Accounts of Body Modification**

Beyond understanding the motivations for and meanings of tattoos and piercings, several theorists have also examined the issue of representation and power in discourse about such practices. Sweetman (2000), for example, rejects the judgement by theorists and critics of tattoos and piercings as mere fashion accessories by claiming that because of the permanence, planning, and pain which are involved in the process of acquiring them, they can actually be seen as ‘corporeal artefacts’ and not superficial markings, for the mark itself cannot be divorced from the physicality of its production. He adds, however, that the (semi-)permanence of many body modifications renders problematic the concept of ‘body project’, for in Shilling’s conceptualisation such projects are seen as an ongoing process, with the ability to redefine a core facet of the postmodern identity. A tattoo, according to Sweetman, permanently fixes a particular meaning onto the body. MacCormack (2006) disagrees with this reading of permanence, arguing that tattoos do not fix a singular meaning, nor in fact do they have singular meanings at all, but have multiple meanings which vary with context and through time; tattoos are affective, she argues, and meaning is constructed situationally and intersubjectively. Thus academic theorising of the tattooed body which attempts to ‘know’ or interpret and fix meaning onto it “is a form of violence” (MacCormack 2006:73) perpetrated against that body which privileges the voice and knowledge of the theorist over the self-knowledge of the tattooed subject.

Pitts (1999) makes a corresponding observation on the power of representation and claims of privileged knowledge through her analysis of media accounts of ‘non-normative body modification’ such as scarification and branding in the USA. Such accounts present these practices as a social problem, with the recurrent theme that “body modifiers may be engaging in self-mutilation and thus may be mentally ill” (Pitts 1999:291). By using authoritative claims made by mental health ‘experts’, the media disseminates an influential
message that body modification is pathological, thus denying agency to those who engage in it. Pitts notes that the issue is seen as particularly problematic when it involves females altering their bodies and deviating from beauty norms, an observation also made by MacCormack (2006).

The charge of ‘mutilation’ is one that is often made against those who modify their bodies in a non-normative fashion – especially women – with it routinely and uncritically equated with self-harm/self-injury\(^2\). It is a recurrent theme for discussion on BME, particularly the issue of when an act stops being modification and starts being self-mutilation or self-harm (see ‘LovleAnjel’ 2007). Armando Favazza’s first edition of *Bodies Under Siege* (1987) looked at ‘self-mutilation’ in its broadest sense, in different cultures, contexts, and epochs, in order to understand the contemporary issue of self-harm or ‘cutting’. His book presents varied examples of ‘mutilation’, from initiation rites to religious devotion, and from eye enucleation to skin cutting, though the issue of ‘body modification’ (such as piercing and tattooing) is not specifically dealt with. The second edition published in 1996, however, makes much more explicit the notion of similarity between self-harm and body modification. He attempts to make both practices more understandable as part of the ‘human condition’ – as both, he argues, represent a search for meaning and healing through powerful symbols enacted on the body. However, I would argue that his use of language, particularly the uncritical notion of ‘mutilation’, his unification under one analytic paradigm of extremely divergent practices, and his privileging of psychiatry to understand such phenomena, nonetheless lead to negative pathologisation. Indeed, this is illustrated perfectly on the back cover of the second edition of Favazza’s book (1996) – which has a new title that includes body modification alongside self-mutilation – where a quote from a reviewer in the Chicago Tribune states that “Some young Americans who go in for body modifications say their motivations are spiritual, or arise from tribal origins. …But Favazza says he thinks there are ‘tremendous parallels’ between body modification and self-injurious behaviour”. This quote encapsulates a particular tendency, as noted above, to privilege certain persons’ knowledge over the self-knowledge of others according to authoritative claims based on social and professional status, such as that of psychiatrist or academic. This tussle between the formally recognised knowledge and subsequent authority of a group on the one hand, and the ‘informally’

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\(^2\) Self-harm, in brief, is the deliberate hurting or injuring of the body, done by oneself, to oneself, in order to deal with intense emotional pain. It is often pathologised within clinical discourse, and is referred to by some as ‘self-mutilation’, though many people who self-harm disagree with the use of the term (see Cresswell 2005; [http://www.siari.co.uk](http://www.siari.co.uk)).
acquired knowledge of another group of people on the other, emerged as a pertinent issue in my study. Debate and disagreement abound over who knows best about how to regulate and control the non-mainstream body modification industry, played out mainly between medical professionals and non-mainstream body modification professionals such as the practitioners in my study.

**Practitioner Competence**

My particular focus is to understand how body modification practitioners understand and articulate professional competence, and I have come to this question through reading articles and discussions on BME which place the issue as a core concern for the profession today. I also take as inspiration DelVecchio-Good’s ethnography *American Medicine: The Quest for Competence* (1998), which is concerned with the meaning of physician competence in medical practice, politics, and education in the United States in the late twentieth century. DelVecchio-Good’s research coincided with a number of ‘crises of competence’ within US medicine, particularly regarding legal action against physicians and subsequent public distrust, accompanied by the difficulties of handling risk, new technologies, the increasing influence of market forces, and a shift from generalist medicine to specialisation. Thus “the issues of professional power, cultural authority, and control over definitions of what constitutes good and competent medicine” (1998:xiii) became salient concerns which DelVecchio-Good noted at all levels, from medical training to specialist experts. ‘Competence’, she observed, as a personal characteristic of a physician, is not something which is objective or quantifiable but is imbued with uncertainty and highly dependent on context. Competence relies on the definition of the problem and the qualities that are valued, framed in respect to claims of experience, particular knowledge, or inherent personal characteristics.

Practitioner competence is also a salient issue at this time within the body modification community. The existence of BME and other such sites on the Internet have helped enable a sense of ‘community’ that spans continents and encompasses geographically disparate members, connected through their modified bodies, and fostering a communal sense of recognition of what they do. BME and the Internet also help facilitate the rapid spread of ideas, ideology, knowledge, techniques, and practices related to body modification. The explosion of use of information and communication technologies such as the Internet has led many to theorise their potential for overcoming the constraints of
physical location, and facilitating the creation of ‘communities’ in a new, metaphorical ‘spaceless place’ (as summarised by Green et al. 2005).

As a site where cutting edge developments in modification technology is discussed, and experiences and opinions are posted and shared, BME offers a rich resource for understanding some of the important issues in the field. However, while the Internet certainly facilitates connections across geographical distance, and provides a valuable resource for my research, it has not done away with other forms of communication or personal/physical interaction. Indeed, as Green (2002) discovered in her research involving women’s electronic virtual networks, far from removing the relevance of place or context, on-line connections always incorporate other kinds of connections, because connections between people (and not computers) must have some context and meaning in order to exist. Thus my research, based in actual piercing and modification studios, with face-to-face interviews and observations, offers a view of the contextual and situated realities of some members of the diverse and widespread body modification ‘community’.

Competence, and the issue of good and bad practice, is a frequently written-about topic on BME. Sometimes it is addressed directly, such as in reader editorials highlighting the widespread problem of bad practice and its associated complications (‘Bennett’ 2005; ‘Hunter’ 2005; ‘Millie’ 2006; ‘Steph’ 2006a; ‘Summers’ 2005); sometimes they document positive experiences or act as guides to what is good practice (‘Anonymous’ 2006; ‘Axiom’ 2005); and there are numerous ‘how to’ guides or discussions of techniques (‘Axiom’ 2006; ‘Cuthalcoven’ 2005a; ‘Toe’ 2006). The physical and health risks associated with modifications documented on BME are addressed in a special section of the website’s encyclopaedia, introduced by the call: “Piercers! Body Modification enthusiasts! A lot of what we do is dangerous, in part because the risks are not well documented. If you have any information to add here, either on existing entries or on new ones, please help out!” (BME Encyclopedia – Risks). Thus the site is both a point of information and discussion, and there is collaborative effort by those in the community – who are either having procedures done or doing them – to define and share their understanding of risks. Editorials further elaborate on risks, and advice is given on when to seek medical attention – although the downsides of seeking medical care for modification-related problems are also well-documented, including issues such as prejudice, hostility, and bad advice relating to ignorance of modification procedures (‘Cuthalcoven’ 2005b; ‘Michelle D’ 2006; ‘Steph’ 2006b). Finally, legal issues are discussed, particularly regarding experimental and ‘extreme’ modifications,
Core Elements of Competence

By analysing how issues related to competence are written about and presented on BME, a number of core factors emerge. Firstly, there is strong and frequent discussion of what constitutes good and bad practice. Examples of incompetent and bad practitioners are presented as antithetical to the tenets of the body modification community, often characterised as just ‘after a quick buck’ and uncaring about their clients or the broader reputation of body modification which they bring into disrepute. Good practice, and what clients should expect as minimum standards of service, are also laid out, notably in the tattoo client bill of rights (Body Adorned) and a similar bill for piercing clients (BME – A Piercee’s Bill of Rights). However, in offering such information on hygiene and good practice, there is in part an emphasis on a certain degree of individual responsibility, both for practitioners providing the service and for clients in researching a reputable, competent piercer, thus minimising individual risk. Given the lack of collective or general regulation, onus shifts to the individual to understand, define, and maintain personal competence.

This mirrors somewhat the current situation in the biomedical field, where patients are increasingly seen as ‘consumers’ who have access to information on the Internet and in the media, such as clinical trials of drugs, health advice, and forums where people can discuss the pros and cons of procedures and clinicians (Thomsen et al. 1998). This is facilitating greater patient ‘choice’ but also placing greater onus on the patient to take responsibility for their health. Patient rights and advocacy movements have helped people to (re)define their ‘problems’ in their own terms and resist the hegemonic constructions of the medical/psychiatric profession (see Cresswell (2005) for a discussion of self-harm ‘activist’ groups), and there has been a major shift in recent times towards ‘self-help’. This can be seen as a process of empowerment and regaining control over one’s body and health from the medical profession, but it also ties in with a shift towards personal culpability and individually-based risk factors for disease, particularly with the labelling of so-called ‘lifestyle diseases’ such as heart attacks and some cancers. This shift has been influenced by epidemiological and clinical studies which focus on the relatively proximal causes of diseases such as diet, cholesterol levels, exercise, and smoking, and not on social conditions and macro-level influences (Link & Phelan 1995). Even within complementary and alternative medicine in the USA, doctors place a significant emphasis on complex lifestyle
adjustments and personal responsibility in order for treatment to be successful and optimal health to be achieved (Salkeld 2005). In my research one of the aspects I have explored is how the apparent emphasis on individual responsibility for ensuring a positive outcome, with piercing or body modification, is actually articulated and understood by body modification practitioners, and how this influences the way they speak of competence and risk.

Risk is an important aspect within the practice of body modification which is dealt with on BME and within the community at large. There are, of course, many physical and health risks involved when piercing or breaking the skin, such as infection, cross-contamination, discomfort or pain, and unwanted scarring, to name but a few. There are also social risks such as stigmatisation, problems finding employment, and pathologisation. The media is often criticised among the modification community for exaggerating and sensationalising risk in their practices, particularly with the use of shock headlines such as “Teen’s Tongue Piercing Causes ‘Suicide Disease’” (Weber 2006). By representing biased views based on unique cases, or highlighting problems caused by incompetent practitioners, the media (and indeed bad practitioners) are accused of furthering prejudice against body modification and their practitioners/aficionados, thus endangering their ability to live and practice as modifiers/modified. Yet it is these accounts in the mass media, and not the voices of the modification community, which are most frequently heard by the public at large and therefore influence public opinion. For the more ‘extreme’ and cutting edge procedures, there are legal risks and implications for practitioners who may be operating outside of the law. The ambiguity of the situation is furthered when distinctions are made between a procedure which is performed for free, in private, or one which is available to the public and for which a fee is charged, reflecting a particular complication caused by the commercialisation of body modification as it moves more into the mainstream.

How the risks involved in body modification are articulated and managed are, as with competence, conceptualised through the notion of the individual. Practitioners may use waivers and releases before piercing or tattooing someone, but it is their individual responsibility to ensure they are legally binding (Kakoulas 2005). Piercing-related problems such as infection can be blamed on a bad practitioner, but these examples are also used to reiterate the importance of conducting thorough research beforehand and following proper aftercare. For many, the benefits of piercings or tattoos, for example as part of the process of creating an individual sense of self-identity, far outweigh the potential risks
On a more general level, accepting the risks associated with body modifications – be they physical, legal, or social – and having a procedure done anyway, or experimenting with new ones, is something which is heartily applauded within BME. BME has a strong DIY (‘Do It Yourself’) and sub-cultural ethic (Pitts 2003), with credit given to individuals who have extreme modifications such as extensive visible tattooing, or who perform modifications on themselves, (though disclaimers and strong discouragement from the editors of BME on not attempting to perform any procedure on oneself or others without proper knowledge or precautions follow all such DIY accounts).

Yet again there emerges a tension between the DIY individualism of body modification and the recognition that the increasing popularity of many practices requires increasing regulation and standardisation. Pitts (2003), analysing BME, observed a similar tension between the individualistic rhetoric surrounding body modification – such as being ‘unique’, or becoming more ‘individual’ – and the underlying sociality involved in the production of many modifications, the desire for a sense of online community, and the recognition of socially imposed norms and values which restrict practice or impose negative evaluations.

Risk is not an inherently negative facet of body modification but is an individually negotiated and articulated concept, one that is sometimes even embraced. Individual body modifiers’ definitions and understanding of risk also clearly differ from biomedicine which views it in a largely ‘rational’, categorical way (Stirm 2003), and the media’s definitions of the risks involved, which tends to sensationalise. Kaufert & O’Neil (1993) observed within a single public debate over risk and childbirth within an Inuit community in Northern Canada three different ways to represent risk: epidemiological, clinical, and lay. Each view represents a particular perspective, relying on access to particular knowledge, recall of personal experience, and the prioritisation of different values in evaluating risk, with no single definition offering the whole ‘objective’ truth. Kaufert & O’Neil demonstrate the particularity of risk evaluation, and present an example of the struggle for power and representation over who can define risk and therefore make decisions that implicate action. Such a debate is also occurring among the modification community, which is struggling to maintain an ethic of DIY individualism and define and manage risk according to their own standards against sensationalist media coverage, ‘rational’ biomedical definitions of risk, and sometimes hostile public opinion. While many criticise the lack of regulation which allows ‘hack’ practitioners to commit bad practice and bring the whole profession into disrepute, there is simultaneous unease about the implications that regulation may have on
the freedoms one has over one’s own body, and simultaneously the freedoms to perform procedures on others’ (consenting) bodies.

Shannon Larratt, BME’s founder and chief editor, devoted an editorial to the question ‘Who Owns My Body?’ (2006), essentially a rebuttal to the backlash against the publication by BME of photos of a scar removal ‘operation’ performed by two body modification practitioners (on another practitioner). The criticism revolved around the idea that these practitioners had over-stepped the line into medical territory and were therefore acting irresponsibly. Larratt’s reaction focused on several key points. He argued that the risk involved with such a procedure was in fact less than other common but extreme modifications, and that the practitioners had stayed with the man for a week afterwards to ensure that he had full aftercare (and therefore were acting with care and responsibility). But the crux of the article questioned the right for the government – the US government in this particular instance – to tell people what they can and cannot do with their bodies. “All human rights,” Larratt argues, “emerge from the belief that ultimately an individual has the right to choose their own destiny, and as such, all human rights and freedoms are built on the statement that we own ourselves” (2006 – original emphasis). Indeed, for Larratt, ‘heavy’, i.e. ‘extreme’, modifications can be seen as political resistance against restrictive, normative laws and values.

Ownership of the Body
This question of ownership over the body, of complete and unimpeded individual self-determination, is an interesting one that has many facets, and particularly comes to bear in issues related to biomedicine and transgressive body practices. Sharp (2000) offers an extensive analysis of the issue of body commodification, and correspondingly body objectification and fragmentation, with a particular focus on the role played in this process by biomedicine and biotechnologies. With a significant increase in the marketability of human body parts, and of the diminishing size of the parts as technologies move further into the realm of genetics, questions are raised as to what extent body parts are constituent of the self, and more importantly, how we even define a body ‘part’. Sharp also highlights crucial limitations of a singular focus on the paradigm of bodily ownership, reliant on Western, capitalist assumptions, for when “issues of property ownership and autonomy take centre stage, they displace competing cultural constructions of the body, other possible reactions to the dilemmas of biotechnologies, and, finally, the shaping of alternative ethical responses” (2000:299).
Inherent in the practice of biomedicine, Sharp asserts, is the objectification, and dehumanisation, of the body which assertively reinforces Cartesian mind-body dualism. In particular, Sharp argues, new technologies in the field of reproduction, organ transplantation and cosmetic and gender reassignment surgery actually encourage self-objectification. Following this argument, I would argue that the pervasive discourse of body modification as mutilation itself represents a form of objectification and therefore commodification by the ‘clinical’ profession; people who modify their bodies in non-normative ways are reduced to troubled minds and (self-)victimised bodies to be pitied and helped. Medicalisation, in this instance, not only pathologises certain transgressive body practices, potentially for the economic and professional gain of the psychiatric establishment, but simultaneously attempts to neutralise the challenges these bodies may pose to norms and standards within society, undermining Larratt’s call for political resistance. Furthermore, “Driven by a highly “technocratic” approach, clinical medicine frequently monopolizes access to the human body, so that competing understandings are devalued and silenced” (Sharp 2000:297); beyond the monopolisation of meaning, access to people other than clinical medical professionals for the purpose of bodily modification is also restricted, as seen by the risk body modification practitioners face of being charged with ‘practicing medicine without a licence’. The appropriation of medical technologies and knowledge for use within non-mainstream body modification overtly challenges the authority of medical experts to define, control, and distribute these technologies, and the resulting modifications subvert bodily norms and aesthetics, but also carry both physical and social risks (Pitts 2003).

The (Post) Cartesian Technological Body
Finally, in brief I will address issues related to the technological body, for high-tech body modifications, notably in the form of sub-dermal implants, utilise, and are part of, a discourse which is ‘denaturing’ the body (Pitts 2003), creating cyborgs where the boundaries between human and machine, or human and non-human, become increasingly ‘leaky’ (Haraway 1991). Pitts (2003) describes how ‘cyberpunk’ body artists, at the cutting edge of modification technology, link high-tech body projects to personal freedom and depict them as individual choice, self-expression and self-customisation. Through this

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3 Cyberpunk is a futuristic ideology which began with the work of science fiction author William Gibson in the 1980s, revolving around the ideas of ‘post-humanism’, and dealing with the issues of “human-machine hybrids and the ontological implications of always being under construction” (Pitts 2003:151-2).
process of denaturalising the body, an ethic of individualism is promoted which is not limited by the body or by existing modification procedures, paving the way ideologically for further experimentation.

This view of the denatured body represents, to an extent, an applied Cartesian dualism that simultaneously sees the body-as-self (for through my modifications I become more individual, more me) and the body-as-object (I own my body, it is something I can manipulate and play with, and I will not be confined by it). As Sharp also noted with biotechnologies, “The breakdown of the body within a medicalized Cartesian framework also exposes the potential fluidity of the body’s boundaries... At times the fluidity of boundaries may threaten the integrity of the body and self; at others it may herald new and celebrated forms of transformation” (2000:290).

**Beyond Theory**

Despite the emphasis on possibility and potential offered by technology, of going beyond the ‘natural’ body, the idiosyncrasies of individual bodies and the physical realities of these procedures are equally present; some bodies, and some body parts, are not suited to certain procedures, and even a ‘competent’ and skilled practitioner may not be able to avert an adverse physical reaction. Technology, and its application by/on/to the body, thus has both possibilities and limitations, simultaneously denying and asserting mind-body dualism, having the potential to dehumanise and control, but also offering possible means for defiance and subversion. Beyond the rhetoric, it is still fleshy – and social – bodies which are being pierced, cut, branded, or implanted, and it is the issue of practitioner competence in negotiating this terrain in the everyday practice of non-mainstream body modification – differentiating between the good and the bad, dealing with risk and also potential – that is the focus of my research.
Methodology

My research addresses the theme of practitioner competence within the field of non-mainstream body modification by focusing on how practitioners themselves define and articulate competence, good and bad practice, and the management of risk. It is a small-scale, qualitative, exploratory study, taking an interpretive approach, aimed at analysing the issues which emerge within broader theoretical discussions. My study was conducted at several different sites in two countries, England and the Netherlands, and whilst it is not comparative, some preliminary points of comparison have emerged, principally regarding different standards of regulation and legislation. For the purposes of this research, I am referring to England, as opposed to Great Britain or the United Kingdom, because legislation for body modification in England differs quite dramatically from Scotland, where it is considered assault and the police have, in theory, full power to arrest and prosecute practitioners, regardless of whether signed consent was obtained.

To my knowledge there has been little research on this topic within the social sciences, and furthermore, as my study was small in scale, conducted over a relatively short period of six weeks, it is exploratory in nature (Hardon et al. 2001). I am not aiming to provide answers, or draw conclusions, but to explore how a small number of practitioners speak of certain issues related to their practice. In order to gain an understanding of this, I have taken an interpretive approach (Green & Thorogood 2006). As DelVecchio-Good (1998) demonstrated for physicians in the US, competence is not something which can be defined or quantified, but is personal, situational, and contextual; thus I aimed to listen to and observe how the practitioners in my study articulated a discourse on competence, and present their words contextualised within their own situation, and within a broader theoretical analysis. Following Geertz, my analysis, based on interpretive principals, is “not an experimental science in search of law but an interpretive one in search of meaning” (1973: 5), where theory is a tool which makes ‘thick description’ possible, privileging not my own answers or interpretations but those of the practitioners kind enough to speak with me. Through my research I encountered more issues than I could possibly do justice to within the space of this thesis, but my hope is that in raising these questions, and beginning to consider them within a broader analytical framework, further interest in this topic may be generated.
To investigate some of the issues related to competence in body modification practice, I combined observation at two piercing and modification studios in two cities in the Netherlands, and two studios in two cities in England, with single, one-time, in-depth, semi-focused interviews with eight body modification practitioners. In the Netherlands, I interviewed two female practitioners, Tina and Jess, working in the same studio – the former is the owner of the studio, and the latter is an employee; and in a different city I interviewed a male practitioner, Rick, working as the sole piercer in a combined piercing and tattoo studio. I had knowledge of Tina’s studio prior to the commencement of my research as I had personally been pierced there, and had observed the piercing of friends, and it was through this personal contact that I asked both Tina and Jess if they would be willing to be interviewed for my study. I was referred to Rick through a friend living in the same city as the studio in which he works, and who had previously discussed with him piercing related issues. While I was spending time in Tina’s studio, I was introduced to David and Kathy, representatives for an international body jewellery distributor who were there on business. David is himself a piercer, and Kathy a tattooist, and both agreed to be interviewed for my study. In England I interviewed three practitioners in one studio; Andrew owns the studio and Matt and Emma are employees. I also had prior knowledge of this studio before I approached them for the study as I had been pierced there in the past (though the piercer whom I had had was no longer working there).

The interviews took place in different locations depending upon the request or convenience of the practitioners, and were all conducted in English. I interviewed Jess and Rick in the studios while they were working, so I was able to combine observation of their day to day activities including piercing, cleaning, and sterilisation with the interviews. Tina and I spoke in a café near the studio, and with David and Kathy the interview took place in their home. In England, I interviewed all three practitioners in the studio over the course of a day, while they were conducting their day to day business. I was also able to spend a day at Andrew’s second studio, in a separate city, where I had the opportunity to speak more with him, observe the goings on, and informally speak with the practitioners working there. Permission was granted to record all the interviews, which were subsequently transcribed and coded. My analysis is based largely on the interview data, and throughout these interviews I was careful in how I phrased questions to be as non-directive as possible, and while remaining focused on my research interests I aimed to keep the interviews fairly open and unstructured in order to allow the practitioners space to speak about the issues important to them (Seidman 1996). Of course, through interviews it is hard to determine
whether what people say is actually what they do or feel in practice, but I do not consider this a limitation as my interest is in the articulation of aspects of competence by practitioners. However, being able to interview several of the practitioners in situ, and observe how they worked in practice as well as in theory, was very illuminating.

Throughout the research period I gathered information from various body modification sites on the Internet, and professional bodies such as the APP. I also looked at available existing materials, such as media reports and aftercare sheets and flyers provided by studios etc., and I observed one day of the Amsterdam Tattoo Convention held in June. I continued to discuss issues related to body modification with modification enthusiasts/aficionados and others who are not themselves practitioners, in order to gain insight and further inspiration along the way.

Body modification, despite its rising popularity, is still subject to stigmatisation and marginalisation, and suffers from the negative reactions generated by bad practitioners and sensationalist media reporting. Furthermore, some of the issues which I address in this research deal with sensitive topics such as personal skill, knowledge, abilities, and competence, as well as legal issues and risk. I have therefore tried to approach the subject with tact and diplomacy, and emphasised that my aim was not to judge the competency of my participants – which would have been a futile effort for, as argued earlier, competence is not measurable or quantifiable but shifting and contextual – but to understand how they speak of the issues related to it. As I am also keen to share my research findings with my participants, I have taken this into consideration in my analysis.

I have made efforts to anonymise as best as I can the participants in my research. I have not included city or place names, studio names, or my participants’ names. All names used in this thesis are therefore pseudonyms. I requested that all of my participants sign a consent form prior to our interview, to confirm that they were willingly speaking to me, and that they understood the purposes and aims of my research. For my observations, when members of the public were in the studio while I was present, consent was only verbally requested if I wanted to observe them getting pierced. Several of the practitioners, upon signing the consent form, stated that they did not mind my using their real names in the thesis. I considered the option of not anonymising my participants, and also debated whether it would even be possible to maintain anonymity considering that some of the practices being done within their studios are quite unique. Ultimately I decided not to use real place or personal names, in accordance with academic convention, for my findings,
though exploratory and small-scale, are intended to reflect wider trends and issues and not necessarily just the particularities of individual people or studios.

Throughout my research, particularly during my observations and interviews, I aimed to be reflexive, in order to be aware of how my presence ‘in the field’ influenced the data I was able to gather, and how my personal opinions and values influenced my position as researcher. I have a personal as well as academic interest in piercing and body modification, and have been pierced at Tina’s studio by Jess, and at Andrew’s studio, prior to the start of my fieldwork. I believe that my personal interest helped in building rapport, and having experienced first hand being pierced in two of the studios was itself good data which I was able to reflect on, and which helped put into perspective and context some of the issues being raised by the practitioners.
Entering the Industry

With the booming popularity of body piercing and modification in recent times has come a rapid rise in the number of people offering such services to the public, yet the body piercing and modification industry is still a relatively new one which has developed in a somewhat ad hoc fashion. Tattooing, which is the oldest professional and commercial form of body modification in the Western context, became popular largely through the influence of increased contact with non-Western tattooing through expanding sea travel at the turn of the twentieth century, though was a noted curiosity from a much earlier time (Burchett 1958). In the beginning, the practice of tattooing was conducted in an irregular and informal way, but as it gained in popularity more tattoo artists began working in studios and learning the craft through apprenticeships; this has now long been the standard model for entry into the industry. This system allowed for self-regulation in terms of practitioners and the transfer of skills, and was generally successful in maintaining a certain standard across the industry (Bhana 2006). The piercing industry has developed in a similarly informal way, starting with early practitioners teaching themselves and working independently, then evolving into a system of piercing in studios and training via apprenticeships. However, in recent times, with the increasing popularity of body piercing and modification, and thus an influx of new practitioners and new studios or venues offering piercing, such a system of individual self-regulation is no longer appropriate. As new people enter the industry via alternative routes, and commercial enterprises separate from the traditional non-mainstream industry – such as department stores and high street jewellery chains – begin to offer piercing services, the various practitioners within the now diverse and disparate industry posses a variety of levels of skill, knowledge, and training, ranging from the very good to the very bad (see BME).

Apprenticeships are generally considered the best, if still imperfect, method for producing competent practitioners. They are favoured for many reasons, particularly because they maintain control over entry and the transmission of knowledge within the industry itself, even though it is acknowledged that the quality of training provided by an apprenticeship varies according to the training practitioner’s own knowledge and skill. However, many current practitioners are not trained in this way, and this inconsistency in training, knowledge, and skills represents, for the practitioners with whom I spoke, a serious issue facing the industry today. Yet interestingly, they themselves entered the profession in a variety of ways – some through apprenticeships, some through self-learning, and one
through a formal class. With the industry still so new, though there is an acknowledged optimal route for entry and learning, in practice it is far from standard. Furthermore, beyond the method or standard of training, the practitioners articulated a range of other factors including motivations for entering the industry, and the degree to which practitioners see their work as a lifestyle or financial venture, which are crucial for determining a good and competent practitioner,

To reflect the varying ways in which one can enter the profession, I will present a description of the practitioners in this study and their particular paths of learning and training, followed by a more general discussion on motivations, learning, training, knowledge and skill as it pertains to the piercing and body modification industry.

The Practitioners
Tina, a Dutch piercer and body modification practitioner, grew up in a jewellery store, so from a young age loved to wear jewellery. She had her ears pierced for the first time when she was six years old, and had her second holes a day later. By the time she was eleven, she had seven earrings. In her mid teens she pierced her nose, but it was not until she was nineteen that she discovered the possibility of piercing other parts of the body. At that time she started dating a piercer, though he would not teach her to pierce, despite her entreaties. Tina began practicing and discovering more by piercing herself; her reason for piercing herself and not having another piercer do it is because she likes to be in control: “I’m usually not easily satisfied, so I can blame myself instead of anyone else”.

Almost twelve years ago Tina moved to the city where she now lives and works, and met an American piercer who agreed to take her on as an apprentice. Her training with the American lasted six or seven months, during which time she learned many things:

He made me read a lot of anatomy books, and books about skin – different types of skin – how they heal. Also how you heal with scars, how to avoid keloids, and how to clean. Also the hygienic part in the shop itself, how to clean the shop, how to sterilise. And then the metals to use for piercing, the shape of the jewellery, the size of the jewellery. Also how to deal with customers.

However, after seven months her teacher returned to the United States, and Tina was told by her boss at the time to start piercing on her own. She did not consider her training complete at that stage – though she acknowledges that her teacher was a serious and thorough one – so she spent the next few years teaching herself the things that she had not been taught, and finding out the techniques that she preferred to use, and that worked best. Realising that there were many ways to pierce, and many opinions out there, she decided to travel to speak
with and learn from other piercers, which took her to the United States, Sweden, and Japan. From these people she learned different ideas about how to pierce, as well as opinions on different jewellery and skin types. She says that even now she is constantly learning and consulting with other piercers and body modification experts, and has attended numerous courses run by the APP in the United States. Currently she performs piercing, earlobe cutting (to enlarge holes for jewellery), microdermal implants, and more recently she has started to offer tongue splitting. She is also in the process of learning various techniques for scarification. She is herself extensively pierced and tattooed, has a split tongue, and recently had a scarification done.

For over four years Tina has owned her own studio offering “professional piercing” in a city in the Netherlands, and has trained two piercers herself, Jess and Marie, who both work for her in her studio. For Tina, training people is a big responsibility:

I think it’s very difficult to train people. First of all, to find someone I can trust, that’s the most difficult part. That I trust to be honest with me, and that I trust to be piercing the way I’m piercing, that I trust them to believe totally in the way I’m working. It doesn’t mean I’m not open-minded about other ways, I like to talk and discuss about everything, but if you don’t have a good excuse or a good reason to change the way, then you have to do it my way, I think. And it’s important also, if you have one shop, that everyone works the same way; they agree with it, also. And also, the persons I trained, for them to say that I trained them they have to work exactly as I work. It’s a big responsibility for me; if I train someone and they don’t work the way I like, still I’m responsible.

She considers herself very ‘serious’ in what she does, and aims to do the best for her customers. Through her constant learning and research, she makes decisions on what are the best techniques and ways to pierce, and expects her two trainees to follow her.

Jess was trained by Tina, and works at her studio two days a week. She first met Tina when visiting the shop to have her earlobes cut; she liked her and the environment, and so approached her about training to become a piercer. It took a year of begging on Jess’s part for Tina to finally agree. Jess has worked constantly since she was fourteen, and has qualifications and diplomas in many things, including hairdressing, make-up, social work, and is currently doing a goldsmith course. She admits that she felt less driven to be a piercer itself, and more drawn to the freedom and variation that the job offers. Part of the freedom she enjoys is being able to look how she wants; she has many piercings and has several large tattoos. However, she also says that she takes her work very seriously, and enjoys piercing.

Jess apprenticed under Tina for one year, and has been piercing for one year since. For the first six months her training consisted of reading piercing magazines and
researching about the history of piercing. She spent a lot of time observing Tina at work while she explained the procedures step by step, and when there were no customers in the shop Tina explained piercing history, anatomy, and techniques. After a while Jess started to learn how to clean everything – from the studio to the equipment to the piercing site on the body – and then began doing the set up for a piercing. After half a year, she began practicing on friends. She started piercing ear lobes, and then once she had pierced several lobes she moved on to bellybuttons, and once she had done that several times she moved onto another area, with Tina observing the whole time. Now she can do a full range of piercings, and works alone in the shop, though there are some very rare or complicated genital piercings which she has yet to do. She is currently learning how to do the microdermal implants and has cut earlobes, but does no other modifications: “I don’t do other things – scarification – but I’m interested in learning some other stuff. First I wanna be a very good piercer, focus on one thing. Maybe after a year, or two years, I don’t know”.

Rick works full time as a body piercer in a combined tattoo and piercing studio in a different city in the Netherlands. He works six days – about sixty hours – per week, and is a self-confessed workaholic. He is currently the sole body piercer in the studio, though he was trained there by another piercer almost nine years ago, and has been there ever since. As well as piercing, Rick does stapling, pocketing, scarification, and helps with the general day to day running of the studio, including selling tattoos, making appointments, answering the telephone, and doing all the sterilisation work. At the time of interview he was also planning to offer microdermal implants in the near future, once he is confident in the procedure.

While Rick was a student at university he became more interested in tattoos and body piercings, though he had wanted tattoos from the age of eight. Currently, he has several piercings and is quite heavily tattooed. However, he did not enjoy university and gave up before completing his degree, which left him in the position of needing to find a job. He came to the decision that he wanted to become a body piercer, and after enquiring at several different shops, he was finally accepted at his current studio, where he found someone willing to train him.

He apprenticed under another body piercer at the studio, and for the first six months he had to be at the studio all hours; of that time, he says, “basically, you are just a slave”. His training began rather unconventionally. On his second day, after having observed only a few piercings being done, a customer came into the shop demanding a discount because he had brought his own jewellery for the piercing. His teacher and boss decided that the man
could have the discount, but that his ‘assistant’ – Rick – would do the piercing. Rick was very nervous, but did successfully pierce the man’s ear cartilage. Apart from this one event, he describes his training as progressive, so that first he just watched and listened; then after a few weeks, if someone came in to have their jewellery changed, he was allowed to do that; then he could mark the body and his teacher would do the piercing; then he could position the clamp; then finally he was allowed to pierce friends and volunteers. Once he had pierced various friends in various places, he began piercing customers; because he was still an apprentice, they would either get the piercing for free or pay a small fee to cover the cost of the tools.

Rick feels that he stopped being an apprentice and became a piercer after one year, though his teacher viewed his training as complete after five months. At this point he was left to pierce on his own. On the first day that he was left by himself, he was nervous and admits that he made some mistakes:

I was just thrown in the deep; I had to work solo the entire day. …And it was a pretty busy day also, I had to do sixteen body piercings, including a clit hood piercing which I only saw once. I really didn’t know exactly what I was doing. Thinking back, I really messed up that body piercing, I did it too high…like half an inch too high. So it’s not a problem, but it’s not that good. Nowadays it doesn’t happen anymore, but back then I only saw it once and I was nervous.

In the first year of training, after his teacher left him to work by himself, he describes feeling insecure, and not always knowing for sure what he was doing. He had to figure out many things on his own, hoping that he had done a good job. Looking back, he can admit that he did not do everything correctly, though none of his mistakes were very serious. Moreover, he has learned from them and does not make such mistakes anymore. Rick says that though his teacher did a good job teaching him everything he knew, he was not wholly serious about the job:

It was just like a hobby for him. An extra job to make a couple extra bucks. He wasn’t really into it – he was good, but he wasn’t really into it like I am. For me, it’s a lifestyle almost. So I just took it further and further to do surface piercings and extreme body piercing, and like now scarification, dermal anchoring, stapling, pocketing, everything.

David and Kathy are an American couple living in the Netherlands who work for an international body jewellery distribution company. Kathy has been a tattoo artist for twenty-five years, David has been piercing for twelve, and they were working on the West Coast of the United States prior to moving to the Netherlands. Both are extensively tattooed and have some piercings. David became interested in piercing after spending time in the tattoo studio
where Kathy worked in the late 1980s and early 1990s, at the time when it was gaining in popularity. Initially he was not sure it was something he would be able to do:

I’m kind of squeamish a little bit about stuff like that sometimes, and I don’t like to hurt people. I didn’t think I was going to be able to do it. There was a guy that was doing piercing at one of the shops that my wife was working at, and I saw him doing it, and I thought, ‘wow, I don’t know, maybe I could do that’.

David found out about a basic piercing training course run by Fakir Musafar – a pioneer and founding father of the modern body modification movement, who is particularly interested in traditional forms of modification and manipulation – and his attendance fee was paid for by the studio. The course was a five day seminar class which covered the history and origins of piercing, safe methods, basic anatomy, jewellery placement, cross-contamination, and the final two days were devoted to hands on practice where the students would pierce each other and volunteers from the public.

After going through that, I was ready to do it. It’s really… the class sets you up to be an apprentice; [but] there wasn’t really anyone around me at the time who I could apprentice, so I just started doing it after that class.

The course covered the basics of how to pierce safely, and so David felt confident to start piercing in the studio, though he acknowledged that his learning was far from complete. Kathy describes him as being very careful and attentive with all his customers, particularly at the beginning, taking extra time to ensure everything was done properly and they fully understood the aftercare, and he always let people know that he was still learning. Since the course, he has continued learning by talking with other piercers, sharing information on techniques, and researching further on aspects such as anatomy. Five years after the original course, he attended Fakir’s advanced piercing class which covered more complicated piercings and techniques. Being trained by Fakir, and introduced at an early stage to the traditional origins and motivations behind piercing and body modification, has given David a vivid appreciation of the spiritual and emotional aspects of what he does, so that he feels strongly about understanding where it all came from, and people’s motivations for getting pierced. As David currently works as the representative in Europe for a body jewellery company, he is not piercing as often as he used to, though occasionally he does special things for friends; for example, shortly before our interview, he had pierced a Dutch friend (also a modification practitioner) in the chest for a suspension.

Kathy has been a tattooist for twenty-five years, and practiced mostly on the West Coast of the United States. She has worked in and run several studios with David, which included tattooing and piercing services, so although she is not a piercer herself (which is
why I have not included an account of her training process) she has a good knowledge of the industry and the issues related to it. She has long and extensive experience with issues related to regulation of the body modification industry, and both she and David were involved with CAPSBA – the Californian Alliance for the Promotion of Safe Body Art – trying to influence the process of implementing appropriate and workable regulation to improve standards.

Andrew is a piercer and body modification practitioner in England. He owns and runs two studios, in two cities, along with his wife Ellen, herself an experienced practitioner. Andrew’s interest in piercing started in his late teens when he started seeing people with them; immediately he was attracted to it and wanted them himself. His first experiences were self-done: using his mother’s sewing needle and a bottle of surgical spirit, he began by piercing his own nipple. Realising that he was not doing it very seriously, he began speaking to people who knew more about it, and as his girlfriend at the time was a medical student, he researched various things in the medical library. “[I] learned a lot about the body, how it works, how it moves, how skin works, that sort of thing. Dead simple things, but really important, and I spent a lot of time researching it.” By the time he was nineteen years old he had practiced extensively on himself, as well as on his friends.

When he decided he was going to pierce for a living, Andrew took what turned out to be a very poor training course, which lasted half a day and was intended to teach how to pierce everything, taught out of a room in an old age home. With everything the trainer said, Andrew already knew better ways to do it. At the end of the course he received some useful equipment and a certificate, but otherwise thought it was a joke. After that experience, he started piercing in a friend’s tattoo studio, and has been constantly studying and researching ever since.

I was confident in what I was doing – everyone makes mistakes along the way, fourteen years ago especially. That sort of timescale, mistakes were made, but I was never unfortunate enough to make a big mistake. Sometimes I didn’t put things in quite right, but I was very, very careful because of the research I’d done; I’d seen a lot of bad work, and vowed never to follow that route. And ever since then I’ve been constantly learning, from various disciplines, but it always comes back here.

Andrew’s interest in modification began at the same time as his interest in piercing, but with this aspect he was more cautious. He saw a number of people experimenting with branding and scarification, and did not think much of the techniques being used or the quality of the work. He waited ten years before he found someone who he trusted, judged according to his own knowledge and research, and had a brand done on each arm – one by strike branding (where pieces of heated metal are applied to the skin) and the other using a
cautery method (where mains electricity is used to heat the tip of a ‘pen’ to a very high temperature). He also has tattoos and various piercings. In terms of performing modifications himself, he has learned a lot through his own research and investigation. He cited the famous book ‘Modern Primitives’ by Vale & Juno (1989[1985]), which includes photographs and interviews with various people involved in the underground modification scene in the mid-1980s in the United States, as an eye opener. Fifteen years ago, when he was first becoming interested in body modification, he says that the book was considered a bible, though since then many people have discredited a lot of what was written in it. However, the book opened him up to imagining new possibilities and experimenting with new ideas.

That book lent itself to opening your mind, and once you could see some of the stuff that was possible, then you just thought about this or figure out this. You spend time figuring things out, what goes where and how it goes there.

He describes the process of learning how to do these things as like “reverse engineering” – seeing something and working backwards to understand how to do it. He learned how to do genital beading that way, and similarly, when he first saw a metal Mohawk on someone (a row of trans-dermal implants lined centrally along the top of the head), neither the procedure nor the equipment was widely available, so he began thinking about what the implants would look like, how they would be inserted and held in place, and investigating the physiological issues to consider in the process.

Throughout his fifteen year career he has continued to experiment and develop his own knowledge and skills, and advance body modification practice generally. In his studio he offers an extensive selection of procedures, including piercing and microdermal implants, dermal punching, genital beading, tongue splitting, scarification, branding, trans-dermal and sub-dermal implants. He is also looking into various implant technologies such as magnetic implants, and implants with LEDs which would flash under the skin, however
he is still searching for an adequate and safe power source for the latter. Of his experiments in body modification technologies and developments, Andrew said:

I’ll always be interested in what’s coming up, what’s happening, things I can do. I’ll always be interested in it. Cos the moment I stop I’ll hang up my gloves, it’s time to stop doing it. I’ll have lost the spark, and what’s the point if you don’t love it?

Matt has worked for Andrew for over three years, though he has been piercing for about five. Like Andrew, Matt was largely self-taught at the beginning and pierced from home and in a friend’s tattoo studio before turning professional. His learning consisted mostly of extensive research – reading books and looking at information on the Internet – and speaking with piercers such as Andrew and Ellen: “I got a lot of good information off them, learned how to do things properly and realised that it wasn’t really something I should be doing anywhere else apart from a studio”.

Once he came to the studio his existing knowledge, combined with the experience and knowledge of Andrew and Ellen, helped him to learn new techniques and better methods. For him, learning has been a constant and ongoing process, involving extensive research in medical texts and online into areas such as anatomy and sterilisation, and speaking with other piercers and exchanging ideas: “The more you talk to the people in the profession the more you end up learning. I think it’s a question of being just really open”. Currently, he only pierces and does cleaning and sterilisation work in the studio, though he assists on some of the modification procedures. He is quite extensively tattooed, has had a number of piercings, and has sub-dermal implants in the back of his hands.

Emma has been an apprentice under Andrew for two years. Though she is trusted on her own in the studio and pierces unsupervised, she is still technically considered an apprentice as there are some very rare piercings which she has not yet performed. Before she began her apprenticeship she says she knew a fair amount about piercing, but learned a great deal more once she started in the studio and was around other piercers, able to discuss and observe various techniques. For Emma, it is important to have a personal interest in piercing, and personal experience with getting pierced, combined with reading and research. She has numerous piercings and tattoos, and has four sub-dermal implants in her arm.

Emma began training alongside another apprentice, and this proved useful as they were able to use each other as piercing guinea pigs. Generally, to learn the techniques, it was a matter of getting volunteers in who agreed to be practiced upon. The studio would also hold training days when they would offer heavily discounted piercings to allow both apprentices to gain experience. Currently, Emma just pierces, though she is learning to do
microdermal implants. Despite the fact that she has some modifications herself, she does not see herself ever going into that area as a practitioner.

Motivations
From the profiles of the participants in my study, it is clear that there are many ways into the industry, and many ways to learn how to become a piercing or body modification practitioner. What drives a person to enter the industry obviously varies according to the individual, but it was noted that there are some motivations which are indicative of a good piercer, and others which indicate a bad one.

The industry is booming, and as more and more people desire to get pierced, so too are a greater number of people entering the profession. Several of the practitioners mentioned this factor of supplying the demand as a motivation for people to become piercers, tied with the perception that piercing is an easy way to make money.

Most owners of [tattoo] shops see people come in, about twenty-five a week, wanting a piercing. And they’re like, ‘I gotta get a piercer in there’. (Kathy)

They’re in there more because the spot that they’re in needs to be filled. …They’re just doing it to make the money. (David)

For the practitioners that I spoke to, the motivation to make money from the industry is not a good reason to become a piercer. Those who are just after money do not really care about piercing itself, the quality of the work, or the satisfaction of the customer. The general feeling is that they want to get the customers in, pierce them, take their money, and get them out again, as quickly as possible. It becomes more about turnover, quantity, and profit as opposed to quality. As David put it:

There are a lot of piercers out there, like I said, doing it for the money, and you can’t care about people, and the way these things turn out, when you’re thinking…when you’re doing this, thinking, ‘alright, I can get this much money for this’. You know, you’re in and you’re out and it’s like a piercing McDonalds.

There are other people who enter the profession because they see it as ‘cool’, or because it gives them social value or status. It is also considered an easy job that one can do with little education or training. As Kathy argued, for people with no musical talent, to become a piercer is to gain status and to become a sort of rock star figure on a local scale.

Most of the practitioners I spoke with acknowledged this perception of the industry.

I think a lot of people – I don’t know everywhere – but a lot of people see it as a cool job to have. There are a lot of people, and a few people in this city, they don’t do it because they like doing it, but they do it because it’s nine to five. …it’s just a job. (Emma)
What I think is that a lot of piercers see piercing as just putting holes in somebody and they make money out of it. Doing tattoos is the main thing, and doing piercing is, ‘ah well’; and I think they are not that much pierced. (Jess)

Things like the Internet is sure making it a lot easier for people to facilitate the idea that they can do it without learning about it. This is known as a job you can get without any high school knowledge or education, where you can go and actually have a living other than working in a fast food restaurant or something. (David)

These people who are entering the industry for reasons of money, status, or because it seems easy, and who treat it merely ‘as a job’, are not generally respected by practitioners who take the work that they do seriously. Yet with more and more people entering the industry, there is a sense that there are fewer people who have genuine or good motivations, and thus only a minority of people performing the work to a high standard.

While going into piercing for the sake of making money is disapproved of, it was noted by several practitioners that being able to work at a job they loved, and earn a living from it, was definitely positive. As Rick said, “I like to have fun while I’m doing my work. That’s the best thing you can have; making money at the thing you love to do”. However, many also downplayed the importance of financial gain in comparison to having a love for the work. They were happy to be earning a living doing something which they truly cared about, but were quick to assert that it was not the money that they enjoyed, but the job itself. Indeed, Emma said that it would be something that she would want to do even if she did not get paid for it, and David stated that he would often pierce people for free, just to be able to do it:

Sure I was doing it and making a living at it, and was happy that I was doing that. But I felt really more happy to be doing it…doing the act itself, and the results I got, from the way people felt after I did it. That made me the most happy, than any kind of money I could make. And often I would do things for no charge, or for less of a charge, just to be able to do it, and make people happier that way.

Many practitioners have found themselves regularly picking up the pieces of other practitioners’ piercing mistakes, as customers come in – who have been pierced by someone else in another studio – with problems relating to their piercing. These problems often arise because the original piercing was not done well, or the customer had not been instructed on good aftercare. This situation is indicative of the state of the industry where people can simply start piercing with little or no training or knowledge, and minimal desire to improve the quality of their work because they are either seeing it as a way to make money, a way to be cool, or as an easy job to do. The practitioners stated that when they see people with piercing-related problems acquired elsewhere, they will always help the person for free, and only charge if tools or new jewellery are required; they will not charge for their time or the
service offered. This way of working is emphasised as being about caring for the customer – and for the wellbeing of their piercing – above and beyond the desire to make money. Indeed, the monetary aspect of the work was a source of ambivalence for all of the practitioners, and though it was acknowledged as an integral part – for without the money they would not be able to do what they love – the increasing commercialisation of the industry was treated with distrust. As Andrew put it:

This is our living, this is what we care about, [but] not everyone cares about it, they think it’s a cash cow. It’s not – unless you’re lucky you’re not going to make millions doing this, and if you are you’re not doing it properly. You’ve got to invest so much – you’ve seen how much equipment and time and effort it takes to maintain the studio, just over the course of a day. I mean, you don’t do it for the money, you do it for the love, and probably everyone you’ve interviewed will have told you the same thing, if they’re in it for the right reasons, if they’re doing it for the love.

An important motivation for entering the industry, that was both implicit and explicit in the accounts of the practitioners, was a personal love for piercing and modifying their own bodies. All of the practitioners had themselves been pierced or tattooed before they began training or doing it for a living, and had a genuine interest in it. This was stated as an important quality for a piercer, as personal experience is key to knowing how to best pierce others; it is the best way to advise on the pain of having a piercing done, and about the issues of aftercare and healing – which vary according to the part of the body being pierced and the type of jewellery used. Moreover, a personal love of piercing and modification is crucial to having a love for the industry, and for caring about what you do. This resonates with Jess’s criticism above of tattooists who see piercing as an easy way to make money, but who personally do not have many piercings.

For some practitioners, the reasons for having piercings and modifications – for themselves and others – are aesthetic, intended to enhance the way the body looks. For Rick, part of what a piercer does is “make the human body more beautiful, more attractive than it already is”. However, while David acknowledges the aesthetic motivations behind many people’s choices to get pierced or modified, he feels it is more important to understand the spiritual and emotional motivations driving people, and this is what he finds most rewarding:

Most people get it done for aesthetic reasons, but yeah, the process of it, it comes from something other than just doing it for aesthetic reasons; it comes from something deeper inside. Some people wanna get a piercing, and they don’t really know why, on a conscious level, they’re doing it. On a subconscious level they’re doing it for some other reason.

From his training with Fakir Musafar where he was introduced to the origins and meanings behind many traditional piercing and modification practices, he believes that having respect
for where these practices come from is very important. It is also the main motivation for him in being a practitioner and in modifying his own body. When he pierces people, he likes to take an interest in why someone is having it done, and while many people will offer reasons of aesthetics, or say they are getting a piercing because they think it is ‘cool’, he believes that often there is a deeper motivation driving a person that they may not be aware of. Such deeper motivations may include dealing with emotional pain or marking a significant moment in their lives, and this is an observation often made in academic literature on the motivations for piercing and modifications (Pitts 1998, 2003; Sweetman 2000). Taking care of and nurturing this aspect in practice is important for David.

The experience of the actual piercing itself can be intense – physiologically and emotionally – and this can in turn convey positive feelings onto the piercer. David admits that many people believe that this ‘rush’ is due simply to endorphins, but for him it is a deeper experience. He feels similarly about the practice of suspension, which is becoming increasingly popular; while many people are doing it for shock, or for performance, it can be an intense and meaningful experience, if done properly. About a month before our interview, David had been part of a group chest pull where hooks were placed on an important chakra point on the chest, “and it was done there because that’s where feelings go in and out of, how we feel in everyday life, like love and hate and all that kind of stuff, and it just opens you up and lets you let things like that go”. It was a powerful experience, and he felt more than just endorphins; piercing, in his opinion, can achieve similar things:

I don’t know if it’s just the endorphins or whatever – but it kind of gets you into kind of an ecstatic state. I noticed the same thing happened a lot of the time when I’m piercing, and you know; it’s probably just endorphins, but I like that. I like when it happens to me, when I do that kind of stuff, and I sure like it when it happens to customers of mine when I do it to them. And sometimes, you get the feeling from them into yourself, you can just kind of feel it, it comes through, like electricity sometimes. I really like that part of it, the piercing where it affects people that way.
Shops which are “doing it in more of a professional, spiritualistic kind of way” are, in David’s view, getting more out of the piercing, as are their customers. But David was not the only practitioner who observed that piercing is often more than merely aesthetics. For Tina, she often finds that her customers have very varied motives for being pierced:

> Sometimes I feel like I’m almost a psychiatrist [laughs]. People get piercings for a lot of different reasons; the easiest ones are just because they like the look of it, but some the reasons go really deep, or spiritual, or to deal with emotions, start a new phase in life, or to end a certain phase. Very different.

Kathy too observed that getting a piercing can play a role as a rite of passage in a contemporary world where “we don’t have access to those sorts of things as a culture”. For example, she observed that many mothers would bring their sixteen year old daughters to their studio to have their bellybutton pierced as a symbol of their new maturity and womanhood.

Part of being a good practitioner is therefore being sensitive to the reasons why people are getting pierced, and the motivation to make the experience a positive one. And while not all practitioners talked of spirituality or the emotional aspects of piercing as a motivation for entering the industry, the sense of caring about the customer, and about making the experience a positive one – and not hoping to see the person in and out as quickly as possible for a quick buck – was stressed by all.

**Knowledge**

The reasons for entering the industry and becoming a practitioner are varied, and some are deemed to signify a good or a bad piercer. However, beyond motivations, what is seen as a crucial issue facing the industry is the fact that there are many practitioners who are piercing and practicing more extreme body modification without sufficient knowledge. With the rapidly growing popularity of piercing, and the upsurge in the number of piercing studios, many people start piercing the general paying public having had little or no training; as there are no minimum required standards for what a practitioner should know, there is great variation within the industry. As demonstrated by the varied learning experiences of the practitioners in my study, ranging from self-taught to apprenticeships to paid classes, there is no fixed method for training new practitioners, or firm ideas about what they should know. This is further complicated by the fact that piercing and body modification – as it is practiced in its contemporary incarnation – is a relatively new industry. The practices themselves are not new, having taken place in many different settings, places, and epochs, but non-mainstream modification has only gained the
popularity it currently enjoys in the West – to the extent that it has become a professional activity that one can make a living from – in approximately the last twenty to thirty years. Traditional practices and implements have taken on a modern flavour, in particular through the appropriation of many things from the medical world such as needles, scalpels, and the use of implant quality metals developed for surgical purposes.

The industry is still developing, and ideas about how to pierce, what techniques or equipment to use, and the risks and complications of some practices, are still relatively undefined and unspecified. What is practiced and regarded as standard also varies between countries depending on what restrictions are in place. For example, many US piercers advocate blade needles for most procedures, but Matt suggests this may be due to the fact that the more commonly used cannula needle in Europe is not available to many in the US because it is restricted as a ‘medical item’\(^4\). The APP is an influential organisation in the US setting standards and guidelines on good practice, and a big issue for them is the use of internally threaded versus externally threaded jewellery\(^5\). Tina believes this is largely due to the fact that most US piercers only use blade needles, therefore the threading on the jewellery can tear as it passes directly through the tissue; as cannula needles have a plastic sheath which protects the tissue during jewellery insertion, jewellery threading is not such an issue. Another example is of restrictions on procedures: in the Netherlands, piercers are prohibited from stitching, as this is classed as ‘medical’, thus they must devise different ways for doing certain things. There are many ways to split a tongue; some practitioners cauterise the freshly cut tongue, others stitch. Tina, however, learned a technique from a fellow practitioner which involves piercing the tongue with a scalpel to a large size, allowing the tongue to heal with jewellery in place, and then splitting the tip. This method, though it takes longer to achieve the desired result, means that she can do the procedure without needing to cauterise (which she does not like because of the smell and taste it produces) or stitch, thus avoiding breaking the law. This situation of varying standards and

\(^4\) A blade needle is a simple, hollow needle used for piercing, and the jewellery is inserted as the needle is removed; a cannula needle is also hollow but has a plastic sheath around it, so that after the needle has pierced the skin it can be removed, and the sheath holds open the hole to allow for jewellery insertion.

\(^5\) Externally threaded jewellery has the threading for where the ball screws onto the jewellery on the stem of the jewellery itself, unlike internally threaded jewellery which has a smooth external finish.
concepts of best practice leads to a general sense of ambiguity about how to define what it means to be skilled, knowledgeable, and competent as a practitioner.

According to the practitioners in my study, one thing is clear: many piercers and body modification practitioners working today lack sufficient knowledge about what they are doing. As there are no formal minimum standards – in England or the Netherlands – for what should be known about anatomy, technique, jewellery type, or placement, there is immense variation in terms of knowledge, ranging from extensive and comprehensive to next to nil. It was with both annoyance and anger that they talked of the ignorance of many piercers today. Furthermore, even though some people might have had ‘training’ to become a piercer, the variations in the quality of the training, the method, and the knowledge of the teacher, also create a situation where people with minimal training or knowledge might think that they know what they are doing, or that they have sufficient knowledge, and this can be problematic both for the customer and for the industry as a whole.

Well, I think that most of the people piercing now don’t have any training, and just start doing it. Some people are in a shop, so-called apprenticing under people that don’t really know much more than they do. (David)

For example, there’s one shop in [the city] in the [department store], you probably know the store. Well, in the cellar, they have a piercing supplier who’s bought a lot of spots all over the country, and they perform piercings down there. Which basically means there are seventeen or eighteen year old girls who do body piercings, and had an apprenticeship for about a week. They just let them out and let them pierce people. And I usually have to clean up the mess they make. (Rick)

Talking about the more extreme modifications, such as sub-dermal implants, Andrew explained that many people think of it as a relatively easy thing to do. But while it may not in fact be that complicated to learn the procedure for putting in an implant, it is the many other factors, such as how to do it hygienically and safely, what materials to use, and not introducing something that the body will immediately reject, that take much longer to learn:

And that’s the problem. People think they know how to put something in, but do they know how to take it out? Do you know how to deal with it if anything happens, do you know how to deal with the person, if something happens with them? All that stuff is what takes the energy and the effort; the procedures themselves don’t take long to learn.

One of the barriers to practitioners gaining sufficient and good knowledge or training is the varying opinions and ideas about best practice, and the difficulty in knowing where to look. As Kathy believes, “a lot of piercers do want to learn more, they just don’t know where to go to find the information”. The Internet has provided a valuable medium to share information – from written sources and forums, to photographs and video recordings of how to do a procedure. This has enabled knowledge and experience to be shared globally, and
has opened up access to medical information and developments which may be relevant to the modification industry. However, there is a lot of information on the Internet that is considered to be either incorrect or outmoded, and distinguishing between the good and the bad can be difficult. This can be a problem not just for practitioners, but also for the general public.

I’ve seen lots of stuff being done on the Internet, but you take everything with a pinch of salt. …it’s a double edged sword. It depends, because you’re never going to get the 100% truth anywhere you look. As long as you take everything with a pinch of salt and you look into it quite well, you generally tend to get… Having said that, there’s been a lot of misinformation around for years. (Emma)

There are a lot of forums on the Internet, from people who are not piercers, who think they know it all. …Actually they were writing some very nice things about the shop on the forum, but sometimes they give each other advice but mostly it’s not the good advice. The Internet is mostly good, but sometimes people can look up the wrong stuff. (Jess)

As indicated by Emma, it is not only the Internet that is responsible for spreading misinformation. Given the newness of the industry, many things are still in their experimental stages, where the long term effects or potential complications of certain procedures are not yet known. Practitioners have different opinions on what works well, and what are the best ways of doing things; given this range of opinions, it is hard to know for sure who or what to believe. Matt stated that:

It’s difficult, because there’s so much stuff out there, on the Internet, and so many different opinions – that’s what it all boils down to, opinions. Surgeons argue like mad over certain things, don’t they, and there are different opinions in that field, with people advancing techniques and doing things differently. I’m sure someone’s going to have a completely different point of view than me.

While acknowledging the many opinions and difficulties in sourcing quality information, the practitioners were critical of people with little training or knowledge, arguing that being knowledgeable, doing research, and having a foundation in basic things such as anatomy, skin, and healing, were crucial to being a competent practitioner. However, knowing how to define or quantify – or regulate – such knowledge was said to be extremely difficult.

The way in which my participants discussed their own learning experiences reflects some of the ideas about how it is best to acquire knowledge in this field. One of the key things that many of them observed was learning from an experienced piercer. A large part of learning how to do something is to see things being done first hand, to have the procedures explained and demonstrated to you. When a practitioner begins his or her training, there are many new things to take in and to learn, and having someone with
experience, who has been piercing for some time and has good knowledge of the many things one has to take into consideration, is very helpful.

While not all of my participants apprenticed in a studio, all noted the importance of communicating with other piercers and sharing techniques, ideas, and knowledge. For Tina, learning new techniques, such as the microdermal implants, meant talking with several practitioners and observing them in order to understand different ways of doing it, before she could identify what she considered the best way.

I had two piercers with me from the States who tried a few [microdormals] before, and they told me how they were doing it, so I tried their way. Then I went to Japan and tried a different way, the way they were doing it there, and now I got it done by this French guy and I tried his way now; and that’s the way I prefer now, it works best.

For other procedures which she is hoping to do, such as tongue splitting and scarification, she follows the same process of speaking to several practitioners and evaluating for herself her preferred method. In order to learn more about new procedures and developments, Tina has attended several of the annual APP conferences in the United States, and attends industry conventions which bring together many people, including the acknowledged ‘experts’, working in the field. Tina also emphasises that the people that she speaks to and learns from are experienced and knowledgeable, therefore she trusts them to be practicing safe and effective methods.

I think it’s the best to learn different ways, to get many different opinions. I know that the people who I talk to are very serious, and I respect them because they are very professional, so if they explain to me how to do it, I want to try.

Talking with other piercers is very important, but practical learning in a safe environment is often cited as most effective. This involves practicing but also experimenting with different techniques. Tina has experimented with many different methods, often on herself, in order to find the best ways of doing things, and she asks the same of her apprentices. Under supervision she made them try piercing themselves, piercing with different needles, with and without clamps, so that they can understand the benefits of certain techniques for certain piercings over others. For Rick, piercing is not something that you can learn by reading, but by actually doing it and getting a feel for the techniques. He learned how to do surface piercings after a regular customer came in requesting it. Rick was interested but was
not sure if it would be possible, so he asked the customer to return after a week to give him a chance to do some research. The customer was willing to be experimented on, and did not mind if it did not go right first time, so it was after a few attempts that Rick finally found something that worked:

So instead of looking I was really feeling the skin. Then I could find the ‘sweet spot’, as I call it, which is basically one spot on your body…like if you want a cleavage piercing I start basically up here [high above the cleavage on the chest] and start moving down feeling like this [pinching and massaging the skin] until I feel the sweet spot, when the skin is very easily lifted, and that’s the sweet spot where you want to get pierced.

Learning how to do surface piercings, for Rick, was not about learning through research – though that was an important first step – but about employing his knowledge and experimenting on a willing person. He has trained three apprentices in the past, and all were very different, but for him, the most important part was for them to learn through practice.

It’s difficult, because it’s not something you can learn out of books, it’s something you really have to do, you have to feel it, and so it’s really hard to explain this to people. It’s like I told you with the surface piercings and the sweet spot, you just have to feel it. You cannot explain it in words. If you can’t feel it, I can’t explain it. The texture of the skin, the looseness of the skin, the feel of it, the colour, that’s all important.

Learning to pierce is also not something that can be done quickly, but takes time, practice, and gaining experience in a safe environment. Many of the practitioners referred disparagingly to piercers who complete short training courses or apprenticeships – lasting a few days or weeks – and who then consider themselves trained and competent. This short training does not sufficiently prepare someone to pierce the public. As Tina put it:

You can only learn by seeing it, and seeing people back and realising what you’ve done, or the best is to be in the same shop for a few months and see what your teacher is doing and seeing all the people coming back, seeing what he’s doing or she’s doing. That’s the only way – you can read about it and talk about it but you have to see it and experience it. That’s why, it takes time; it’s connected to the time. …But if you learn piercing within two weeks you cannot see the result of this piercing in two weeks. So you don’t know what you’re doing.

Piercings can be unpredictable, and something that looks fine after one or two weeks may soon begin to be rejected by the body, or become irritated or inflamed. Only by seeing how things look over time, and seeing a full range of piercings – successful and unsuccessful – can a piercer become competent at understanding what works and what does not work.

Piercing technique is not something which can be applied to all people and places on the body uniformly. Every body is different, and many piercings are anatomy dependent, so that some people are not able to have their desired piercing. A basic knowledge of anatomy, and a consideration for body shape, skin type, and placement, can make the difference
between a piercing which looks right and heals well, and one that does not. However, despite having experience and a good knowledge of how to do things, there are still things that can go wrong.

And everyone’s different as well, so doing a piercing or a technique on somebody is going to be completely different from doing it on somebody else. Sometimes it’s just not going to work because of the anatomy, but there are generally ways round it and things you can do with it. (Matt)

Of course some piercings will come out differently than you expect it to, you never know. Some things can go wrong, even now – well, not completely wrong, but unexpected. (Jess)

Having an awareness of the unpredictability of piercing, and the many considerations involved, comes with time and experience, and is not something that can be easily taught but must also be seen and learned practically.

An important issue highlighted by the practitioners was of other practitioners not being honest about what they do not know. If a piercer has had one week of training prior to piercing the general public, there will be many things that they do not know. But it is rare – so the practitioners told me – for these people to tell their customers that they are newly trained and inexperienced. The practitioners explained that the people that they pierced while they were still learning were all informed, and often received a discounted price. If a customer is not made aware about a piercer’s level of knowledge, then it makes it impossible for them to make an informed decision. Kathy said that many practitioners do not inform their customers that they are learning because it would put off business and they would not be able to charge the full amount for the piercing. Again, placing the consideration of money above the quality of the piercing or the experience of the customer is held in low regard. Matt believes that many piercers, like most people in general, do not like to admit when they do not know something, and will often lie or make something up to save face. This is also seen as bad practice because it can cause confusion for the customer if they hear conflicting opinions from different practitioners, and can lead to problems related to the piercing.

The training period for practitioners is obviously variable, but at some point, after a period of time, it is acknowledged that one stops being an apprentice or a trainee and becomes a practitioner. However, far from being something which is achieved as a final goal, and signifying the completion of learning, all of the practitioners in my study emphasised continued learning as one of the most important elements of the profession. Even an experienced and highly respected practitioner is constantly learning and
researching, both within the industry and beyond, in order to maintain best practice. The practitioners described particular circumstances in which an unusual case or an unexpected complication arose which required further research – either on the Internet, in medical books and journals, or by talking with other practitioners. Especially as new equipment, jewellery, and techniques are introduced within the industry, a practitioner is required to keep up to date in order to provide the most recent styles and modifications, done in the most effective and hygienic way. Thus a piercer or modification practitioner’s knowledge is never static or complete but is constantly being developed and acquired, and that is a core facet of being a serious and competent practitioner.

I think a really good piercer is always learning. I would love to go to another piercing shop as a guest piercer to learn there and do different things and have other people look and my work and say, ‘well you can do this better, or this’. That’s also something: you should never call yourself a good piercer, you know, it’s ‘the rules’, because if you call yourself the best you have already failed cos you think you cannot learn any more. Well, that’s how I look at it – I think you can always learn more. (Jess)

I’ve met a few piercers and tattoo artists who are just so set in their ways they don’t want to know [new ideas], because that’s the way they’ve been shown, so that’s the only way of doing it. As soon as you stop and think you know everything, that’s time to stop doing the job. (Matt)

For Andrew, most of his time and energy goes into what he does, and in order to do it to the best of his ability, he is constantly researching, particularly from medical sources, striving not for the minimum but for the best achievable level of practice. When he takes on apprentices, he also wants to ensure that they appreciate the significance and seriousness of the commitment to their work that being a body piercer or modification practitioner involves:

It’s hard to find someone with the work ethic and the determination to do all of that stuff. It really is difficult. But there are people who are willing to get off their backsides and spend their life learning new stuff. Cos it’s a way of life – it’s not a hobby. To learn all this stuff takes a lot of time. …So you can have a life, but if you’re doing this sort of stuff it takes over your life, and your spare time is spent trying to figure out these things and working out the best ways from all these different angles.

Ultimately, being experienced is the goal, and this takes time, practice, and continued work. But despite this, experience is an elusive quality, and something that is never fully achieved but is constantly being striven for. As Jess puts it:

I said I wanted to be experienced, but you can never be experienced… it’s a big grey area. I consider myself good enough to be a piercer here, but I can always learn loads of things. Even if I’ve been a piercer for ten years something can still go wrong, I can pierce in the wrong direction. The whole piercing business is all very vaguely [defined]…
Andrew, Tina, and Rick all spoke of the fact that they have themselves trained other piercers, and as Tina stated above, it is a big responsibility. It is also a challenge to think about the possibility of an industry standard for training and knowledge which might help to deal with the problems of piercers setting up without the proper skills, but that does not compromise professional autonomy or take control and the ability to self-regulate away from the industry. While some practitioners believe that there should ideally be a minimum standard for the knowledge a piercer should have, the issue of what should be classed as sufficient knowledge, how it should be taught and evaluated, and who should make that decision, is a cause for concern within the industry as a whole. In the next section I will look at several of the key issues facing the industry as it expands and develops to meet the increasing demand for body piercing and modification services, including the notion of risk in the practice, issues of regulation, legislation, and standards, and how many of these factors are posing a challenge to the identity and organisation of the industry itself.
As outlined in the previous section, the body modification industry is a new and diverse one. There are many ways into the industry, and there are minimal formal standards stipulating what a practitioner should know or do. The practitioners with whom I spoke all had opinions on the state of the industry, and ideas about regulation, however these were far from clear; for while many believe that there need to be certain standards to which practitioners should perform – for the safety of their customers as well as for themselves and the industry as a whole – what those standards should be, how they would be controlled, and who would make those decisions, was less clear. Many of the practitioners, both in the Netherlands and in England, described the piercing and body modification industry, and the laws and standards governing it, as ‘vague’, ‘unclear’, and a ‘grey area’, which currently allows a great deal of variation. To a large extent practitioners are individually self-regulating, which is a situation that many find desirable as it allows them to determine their own ways of working; however, self-regulation only produces good and competent practitioners if they are driven to do so, and that – as shown in the previous chapter – is not always the case. External regulation, however, is often criticised, particularly as it is rarely made in consultation with the industry, and is therefore often inappropriate and insensitive to the particularities of the profession. Furthermore, it threatens the professional autonomy that body modification practitioners value and hold as important.

As DelVecchio-Good wrote of doctors in the United States, “Promoting new efforts at professional self-regulation requires a balancing act, one able to disarm doctors’ traditional resistance to regulation, defuse protests against encroachment on clinical autonomy, and distance the moral and judgemental dimensions of critiques of customary practices” (1998:20). A similar balancing act is, to an extent, being performed within the non-mainstream body modification industry, where the need for greater regulation is being recognised, though calls for it are sometimes met with ambivalence or resistance. What external regulation exists is being worked with and around in practice, while greater attempts are being made in some places to assert effective and formalised self-regulation. However, unlike DelVecchio-Good’s assessment of the US medical profession, moral judgement acts as a crucial element – indeed a driving force – in the process, as a tool to distinguish between those for whom regulation is needed – who are in it ‘for a quick buck’,
who do not ‘care’ about the industry, and who are therefore not effectively self-regulating – and those who are practicing for the ‘right’ reasons, who are in it ‘for the love’, and are therefore already acting within best practice.

In this chapter I aim to examine some of the pertinent issues facing this developing industry. These include the state of the industry; the concept of risk in piercing and body modification – for the customers, for practitioners, and for the wider industry – as it is understood, defined and managed; and attitudes towards legislation – as it is now, and how it should be. Running throughout all of these themes is a certain degree of ambiguity and ambivalence, characteristic of a new industry undergoing a process of professionalisation; so although there is a clear recognition of the need for change and improvement, there are few fixed opinions, and no absolute certainties.

The Industry
The practitioners in my study spoke of, or referred to, the piercing and body modification ‘industry’, though the nature of this industry was unclear as it is not a single entity with a central and common sense of identity, but a diverse and varied grouping whose members are, at times, in a state of antagonism. Although, as mentioned earlier, one can speak of a ‘body modification community’ with a common sense of identity and alliance particularly achieved through the medium of the Internet, the participants in my research presented a somewhat different picture. There was definitely a sense of being part of an industry that is based on a love and commitment to body modification, but there was also ambivalence as this motivation was seen to be less prevalent in much contemporary practice. Before the recent rapid increase in popularity of piercing and other modifications the industry was much smaller and less lucrative, existing as a sub-culture within society, which meant that those who were working in it were making lifelong, lifestyle choices rather than those based on financial and business ideals (Bhana 2006). Nowadays, with department stores and high street chains offering piercing, a different type of person is entering and working in the field, causing a degree of identity fragmentation for the industry. In the interviews, the practitioners often demonstrated a need to distinguish between those in it for the right reasons – who are doing it ‘for the love’ – and those who are ‘after a quick buck’, who do not care about the bigger picture.

All of the practitioners in my study have professional and personal relationships with other practitioners, both nationally and internationally, but these tend to be exclusive rather than inclusive. Several stated that they do not have a high opinion of many
practitioners practicing today, and therefore do not associate with the majority of them. Tina said that she knew about ten practitioners very well, whose opinions and practice she respected, but added quickly, “Nobody in Holland!” She does not associate with Dutch piercers on the whole, because she does not feel that they are very ‘serious’ about what they do. There was a particular lack of communication with people piercing in high street chains and department stores, using piercing guns, who are seen as incompetent outsiders. They are sales assistants first, and piercing is a secondary activity which they do merely because it is part of their job. When asked whether they should even be considered part of the industry, Matt was unsure:

That’s really, really hard. I’d like to see them as taken as part of the industry, because then they’re responsible to somebody, especially if legislation comes in; they need to be answerable to something. So yeah, I’d like to. They’re not, in the sense that in the mainstream aspect, people don’t generally see the earlobe as a body piercing. Obviously it is, but it’s so mainstream, so common, that people disregard it – it’s only an ear piercing.

The primary part of the body being pierced in these shops are ear lobes – although ear cartilage is also pierced, and guns designed to pierce nostrils are also available – which, as Matt pointed out, are mainstream and not even considered a proper piercing. With very different attitudes towards piercing, and very different techniques and working conditions – none of the practitioners in my study would ever use a gun because of the risks involved (discussed below) – there is uncertainty as to how this element of commonplace piercings happening in mainstream shops can – or should – be incorporated into the non-mainstream industry.

There was also unease about how the increasing number of practitioners is resulting in the need to compete for customers. This situation was encouraging the general lack of communication between practitioners, based on differing ideas of best practice, and on the avoidance of one’s competition:

I think it’s the same with every business, like with tattooists, people saying ‘I don’t want to be friends with you, because you do this’; that’s in every working scene. They’re not jealous, but are all afraid that you steal each other’s customers, or things like that. Everyone wants to be different, and everyone says, ‘well I’m the best piercer’, so it’s a bit of arrogance among piercers. Well, that’s what I’ve heard, because I don’t know other piercers. Everyone is doing their own thing, and they all think they’re the best. (Jess)

I think it’s like that anywhere. Obviously the person down the road’s in direct competition with us, so within reason [we don’t really communicate]. I think I can see where people come from when they don’t want to be best friends because that sort of eliminates the business sense… (Matt)
The lack of communication and the problems of increasing competition have implications for the quality of the services provided. A studio that is focused on profit may cut corners by buying poorer quality jewellery and invest less in the hygiene and maintenance of their studio, and will therefore be able to charge less and have a higher turnover of clientele. This is making it harder for more ‘serious’ studios, who focus less on profit and turnover and more on quality and satisfaction, to compete. Conversely, the newer, profit-driven studios are also creating a greater burden for the more established and ‘serious’ studios, who must deal with the mistakes that they make. As Andrew put it:

The state of the industry is not wonderful. There are too many people opening up without proper training, without proper knowledge. They’re just seeing dollar signs, thinking ‘I can be cool’, and you’ve screwed somebody else up. The established people, the people that are in it for a long time, are the people who pick up the pieces.

This situation is further complicated by the fact that the public are seen as largely naïve and over-trusting when it comes to choosing a studio or a practitioner, and are not aware of what they should be looking for and what is best practice. Thus a practitioner who is cutting corners and providing a lesser service will still have good business, and will attract customers by their lower prices, because the public generally do not know any better.

Most of the public are naïve, and they’re not going to know what to look for when they’re going into a place to get pierced. They’re just going and knowing that their friends got it done somewhere, and that everybody’s the same; but everybody’s not the same. (David)

A lot of people are out there to make a quick buck, and I think it is an easy thing to do cos people just trust you, people will believe anything they’re told a lot of the time. (Emma)

Another result of the increasing number of studios and practitioners vying for customers is that more ‘serious’ practitioners can become less inclined to train new piercers, or disseminate knowledge throughout the industry. Rick, for example, has decided that he will not take on any more apprentices; he will only train someone for a very high fee, and with strict stipulations on where they can work, to avoid risking his own business.

Now if someone wants to get taught by me, it’s going to take six months and it’s going to cost you €20,000, and that’s the only reason I’m going to teach people now, for money. I’m not going to do it any more, because with apprentices I’m just going to train my own competition. And then they have to sign a contract – it’s probably not legally binding, but in the tattoo world it’s legally binding – that you’re not allowed to work in a circle of 70km around this shop. You know not to start one or work for one.

Competition from other practitioners and studios, particularly those which are not ‘serious’, and are not investing time and money into improving the quality of their work,
was identified as a big problem by several of my participants. Yet there was also acceptance that, however much they may not like these other practitioners, or the increased competition, they exist and are changing the face of the industry. One response to this situation, which is occurring in England, are attempts by some people to strengthen ties and improve communication and a sense of community within the industry, in order for serious practitioners to improve standards of practice amongst themselves. Andrew was passionate about bringing about such change within the industry, and towards this end he runs training courses from his second studio in new techniques, such as the microdermal implants.

We run various seminars. We run dermal anchor or microdermal courses, call them what you will. It’s run for professionals, for people who’ve got a genuine interest in learning more. They come out to the other studio, and it’s more about creating a sense of community than actually creating more people to do the work. Cos from a business point of view I should teach them nothing, and I’ll get all the business. But then you’ll get people trying it and learning through mistakes. That’s a harsh way to learn, especially for the people that are having those mistakes. So rather than that, it’s easier if they come to a nice environment and discuss things.

By training existing, professional practitioners in new techniques, Andrew is aiming for an improved standard across the board, and considers that more important than the increasing competition this may create. He does charge for the courses – what he refers to as a small compensation for the time he misses out on with his children – though he is insistent that his motivation for running them are primarily about bringing together members of the industry, in his studio, in order to create a better sense of community and to hopefully inspire other practitioners to improve the standards and quality of their practice. For Andrew, improvements in standards – brought about for the industry, by the industry – are of crucial importance, but this can only be done if the industry itself communicates and becomes more open.

With the industry in the state that it is in now, with practitioners working with insufficient knowledge or skill, the risks associated with piercing become more pertinent. As piercing and body modification are, to varying extents, invasive procedures that involve breaking the skin and introducing foreign objects into the body, a degree of knowledge of anatomy, hygiene, and cross-contamination issues, among other things, is essential for minimising potential risks. However, as my participants all stated, many practitioners lack such knowledge. But what exactly are the risks associated with piercing and body modification, and how are those risks articulated, understood, and managed by the practitioners themselves?
Risk

The concept of risk, like competence, is not one that is objective or measurable but is defined contextually, and can therefore have different meanings and interpretations in different settings. Moreover, discourse on risk is often imbued with issues of power and authority, based on who defines the risk, and therefore controls and manages it. In Kaufert & O’Neil’s (1993) analysis of the dialogue over the risks of childbirth between the medical profession and an Inuit community in Northern Canada, three representations of risk exist, epidemiological, clinical, and lay. None of these representations convey the whole truth of the situation, and none are divorced for their own contextual construction, for ultimately the authors demonstrate that the debate is embedded within historical and political relations between the Canadian government and the Inuit community. As Kaufert & O’Neil argue, “the conversation is about politics because it is about power. The question is who has the power to define risk and to insist that their view should prevail over those of others” (1993:51). At the time of their analysis, the more prosperous south of Canada was faring better, epidemiologically, than the north, and this was a burning issue for the government to address; clinically, childbirth was seen as inherently risky, and high-tech medicine the most able to manage and minimise those risks, and furthermore, to not do so would be negligent; finally, the Inuit women saw childbirth as natural, something which they had traditionally managed on their own, with the felt risks less dramatic than clinical or epidemiological opinions portrayed. For the same issue, risk is felt and understood in three very different ways, evaluated according to different criteria and values, and the particular evaluations of risk were central to a disagreement over how best to manage and handle that risk.

Within the practice of non-mainstream body modification, as decisions over how and what to regulate are being made, a similar issue of power over the definition and representation of the pertinent issues – including risk – is occurring. Sensationalised media reporting on the problems associated with piercings create a lasting impression on the public (Weber 2006), and clinical evaluations of risk – where the negative outcomes are seen with much more regularity than the positive ones – paint a picture where risks are more inherent or serious (Stirn 2003). On the other hand, the practitioners with whom I spoke presented yet another picture of the risks involved in piercing and modification, indicating their potential rather than their inevitability, arguing that the risks are subject to the influence of a number of variables – some controllable, others not – and where negatives and positives were evaluated more holistically.
When asked about the risks of getting a piercing or modification, and about the nature of what they do in general, the practitioners in my study generally answered, initially, that the risks were minor and rarely very serious because the things they do – particularly piercing – are minor procedures. Rick, for example, stated that “It’s not like major surgery or anything, so it’s not like a major deal or health issue for people. Only thing they can get is a scar. That’s the risk you take.” Tina also portrayed the procedures, and the risks, as minimal, saying that “if you have common sense, then you can always avoid a big risk. No matter what is being done to you, even if it’s bad, you can still fix it”. However, on the other hand, and on further discussion, several of the practitioners argued that some of the things they do, from piercing to scarification to sub-dermal implants, are to an extent actually invasive, sometimes surgical, procedures. Of the work he does in the studio, and its resemblance to clinical procedures, Andrew said:

> It does look surgical; it’s invasive. It should be clean – that’s why it’s clinical, because it’s invasive. From sticking a hole in your tongue, to putting something under your skin – that’s invasive, to one degree or another – and it should be treated with the respect it deserves.

The practitioners sometimes displayed differing evaluations of what they do depending on the context; when initially we discussed the nature of piercing and its risks, both were portrayed as being relatively minor, but on further discussion, and in the context of more specific risk situations or scenarios, they were portrayed as potentially serious or invasive. The evaluation of their practice, and the risks involved, were context specific and not objective and static.

All of the practitioners had knowledge and awareness of various possible risks such as infection and its complications, scarring and keloid scarring, anatomical problems such as hitting nerves or arteries, cross-contamination issues, and complications resulting from medical conditions, but these were not presented as inherent or inevitable in the practice of piercing or modification, but as potential risks resulting from a variety of factors. Risks, according to my participants, were not the standard but were chiefly the result of bad
practice or of negligence or irresponsibility on the part of the piercee. Thus, while there was a general sense that the severity of the risk involved is not very major, this existed alongside a heightened sense of risk which is incurred through bad practice/practitioners, and as a consequence, must be borne by the industry as a whole. Risk within non-mainstream body modification is therefore not a straightforward concept, or one that can be easily categorised and quantified, but is a shifting notion influenced by a number of variables; where responsibility – of the practitioner, the piercee, and the industry – and ideas about good and bad practice, play important roles.

While risk was, on the whole, seen as potential rather than inevitable, it was acknowledged that there are a number of different things that can go wrong – sometimes even serious complications – but that these represent the exception, not the rule.

That’s why I’m saying that body piercing wise, general piercings, if we’re talking about the list of twenty piercings that most people do – with maybe one or two exceptions, and those are maybe genital – piercings are a pretty benign thing. You know, there’s not too much that can go wrong with them. You know, maybe the tongue piercing you could hit a vein – that could be a problem. If you go too deep with some piercings you could disturb a nerve. It could heal badly, it could grow out. But it’s pretty benign things, it’s not really... I suppose you could get an infection and die with piercings if a person has a heart valve issue; you know, like with dentistry if you have a heart valve problem you’re supposed to take antibiotics before you go to the dentist. Because just that small amount of procedure could be a problem. But, you know, I think that there’s potential with a lot of things, that there could be problems. (Kathy)

It’s difficult, it’s really difficult to try and put the dangers... there’s a myriad of things that could go wrong but generally don’t if people are made aware of the correct procedures and the correct way of looking at things, and again, just the simple stuff that if people are worried, they come back and see you. They come back and then you can be as honest as possible with them, and find out what’s causing the problem if there’s a problem; sometimes things take a long time to heal, and they’re a pain, and they do sometimes bleed on and off, if they get banged. And sometimes things do migrate – the body’s capable of doing things sometimes that it’s not really supposed to do. (Matt)

I think that the reason that the Dutch health department accepts piercing is also because, [though] you can traumatisae the skin, you can develop keloids and whatever, you can deform your body, badly, but you’re not going to die from it. It’s not extremely dangerous or risky, and that’s why they accept it, I think. (Tina)

Furthermore, there was the feeling that while there are potential risks with having a piercing or modification, when put into perspective risk is something that is present in many aspects in life, is something we face and encounter on a daily basis. Risk is therefore not exclusive to the modification industry, and a focus on the risks in that domain exaggerates it in comparison with other risks we face more regularly.

Complicating a straightforward analysis of risk is that fact that the medium is the human body, and no matter how carefully you do something, there is always potential for
the body to react in unpredictable ways. This unpredictability makes the evaluation of risk, and therefore the notion of competence in managing risk, tricky. The practitioners emphasised the benign or minimal nature of the risks involved with many of the procedures they do, while also simultaneously acknowledging that because these procedures can have implications for people’s health, there is potential for rare but serious consequences. Competence, in this context, is not something that can be fully achieved or guaranteed, for there is so much that is unpredictable, and potentially a great deal at stake. As Matt put it:

I don’t think anyone can be 100% competent, purely because we’re human, and errors occur, it’s just, unfortunately, when our errors occur it’s a bit more problematic. Generally it’s something you can fix straight away, I’ll hold my hand up and say, ‘actually, that’s not quite right, let’s do that again’, or ‘we’ll do this to make it better’. But it’s difficult to put it into context because everyone’s different; it’s not like you’ve messed up on a spreadsheet where you can just delete the bits you don’t want and just carry on again. It’s a bit different, you’re dealing with an organic item, you’re dealing with something that sometimes… the body just goes, I don’t want that there, or for all the will of the world and all the proper procedure and placement and the proper stuff you’ve done to it, it just doesn’t work.

The practitioners did, however, have firm opinions on the evaluation of certain risks. Infection, for example, was mentioned as a potential complication of a piercing or modification; according to Stirn, writing in The Lancet medical journal on the medical consequences of piercings, “Infection was the most common cause of complication accounting for 78% of all admissions” (2003:1209), based on a survey of family practitioners in the UK. Yet several of my participants stated that the number of infections they had seen, compared with the number of piercings they do, were in fact minimal, and often a piercing problem may be misdiagnosed by a doctor or piercee as an infection, when in fact it is merely irritated or inflamed.

Infections, and things like that, you always get people coming in asking if it’s infected, and nine times out of ten it’s not. I calculated once, and with over sixty-five piercings, I only had one infection, so I think the risks of it, and the likelihood of it, it’s only like a 2% chance. (Emma)

The amount of times that I’ve had people come in and say, ‘can you have a look at this, my GP’s said it’s infected’, and it’s just not. It’s irritated, aggravated. (Matt)

The practitioners see on a regular basis numerous piercings in various stages of healing, thus can observe the many different ways they can react and the potential discomfort they can produce, giving them a good overall understanding of when a piercing is merely aggravated or if it is infected. Doctors, on the other hand, were said to be inexperienced at distinguishing between a problematic piercing and an infected one, and were hasty to prescribe antibiotics. There was further disagreement over how best to deal with a piercing if there is an infection. Some piercers produced accounts of doctors instructing people to
remove the jewellery from an infected piercing, which is a mistake well-known and much written about within the body modification community (see BME), for to do so can trap the infection inside the body causing further complications. Rather, the best course of action is to keep the jewellery in place, allowing the infection to drain and clear.

In the assessment and treatment of infections we see a professional tussle for how to define and manage a problem, contrasting a practitioner’s own experience and knowledge of piercings with a doctor’s perceived inexperience, raising the question of who knows best about piercing, a doctor or a piercer. It is probable to assume that in general practice, doctors are more likely to see a problematic piercing than a healthy one, and are therefore more likely to feel a heightened sense of risk than a practitioner who sees both the negative and the positive outcomes. When it comes to claims for authority over risk definition and evaluation, a doctor’s formally recognised training and knowledge of health and the body places him or her as an expert on such matters, over the knowledge of a piercer who has no formally recognised training or knowledge. Yet several of the practitioners with whom I spoke had researched – some extensively – into medical and health related fields, and have far more direct experience in piercing than a medical professional, thus in their own right could be said to posses the knowledge to recognise and assess particular complications. This struggle to define and manage piercing-related issues is one that comes to the fore particularly with regards to regulation, as discussed further below.

Certain piercings carry with them special risks, for example, if a piercing on the bridge of the nose were to become infected, the infection could potentially travel straight to the brain. This would obviously be a serious consequence, but Tina was clear how she manages such risk:

If you want the Bridge, for me, you have to come back at least three times before I pierce you, so I am sure you want it. And you have to come back for a check up every three weeks. I never had a problem with it, but it’s risky in that way. But then you have to be touching it all the time and not cleaning it. …Well if they want this one then I will tell them that if it becomes infected then the infection goes straight to your brain. So if they still want to do it two times after I tell them that then I know that they really know the risk and they really want it. It’s not a difficult piercing to heal though, it heals fine, if you don’t touch it with dirty fingers, and you clean it. But the negative part of this piercing is that you always see the marks after you take it out, clearly. (Tina)

By informing the customer about the potential gravity of the risk, and asking that they request the piercing on three separate occasions in order to ensure they fully understand the consequences, Tina is transferring some of the responsibility for accepting the risk onto the customer. However, she also asks the customer to come back regularly so that she can
check on how it is healing, thus maintaining and managing some of the responsibility herself. Despite the acknowledgement of the potential serious risk with this piercing – primarily caused by improper aftercare – she states that she has never experienced a problem with it; on the contrary, it is an easy piercing to heal. The most negative aspect of the piercing, for her, is rather the permanent marking. In contrast, the description of the Bridge piercing in Stirn’s medical article reads simply, “Very dangerous because of the many fascicles. HT [healing time]: 8-10 weeks” (2003:1208). While Tina takes the potential risk seriously, and thus takes extra precautions ensuring the customer understands them, her overall evaluation of the risk takes into consideration the fact that she has personally never seen a problem with it, and that it is an unproblematic piercing if good aftercare is heeded. The medical interpretation of the risk is quite different, and is framed solely in terms of danger, though the (short) healing time is mentioned.

With other piercings, particularly surface piercings and specific spots on the body which carry the risk of a high rate of rejection, many of the practitioners said that they will often turn away more clients than they accept. Rick, for example, is quite strict on where, when, and who he will do a surface piercing. After assessing the customer, if he feels there is only a fifty per cent chance of the piercing being successful, he will not do it. He said, “I want at least a seventy-five per cent chance, in my opinion, that it’s going to stay in the body and it’s going to heal. Otherwise I won’t do the body piercing. So I’m pretty strict”. Similarly, Matt stated that the studio will not do certain piercings which are particularly problematic, or if there is too great a risk of rejection or complications:

There are a number of piercings that we won’t do because they’re so problematic. Some of the specialised piercings, certain surface piercings, because with certain body areas you have to have perfect skin tissue. Like with nape piercings, we probably turn more away than we do, because sometimes the body’s just not suitable for it. So for me, there’s no point taking money off someone for something that I know very well’s probably not going to work. It may, but in my best opinion, if I think it won’t I’ll tell somebody, and we can maybe think of something else that will work, because it’s less invasive, and it’s a whole different ball game. There’s generally stuff that you can advise people that it’ll be better for them.

This practice of refusing to perform certain piercings which are not viable, or which pose too many risks, was commonly mentioned as a characteristic distinguishing good
practitioners from bad ones. It was said that many practitioners working today will pierce any spot on the body, regardless of viability, and often using inappropriate jewellery and equipment, in order to make money; they do not care about the outcome, only about making ‘a quick buck’. This is clearly demonstrated by the example of the girl’s chest piercings given in the introduction. Certain piercings do carry greater risks, and for that reason a competent practitioner will either not perform them, or will ensure that they are done in the best possible way, with the customer fully informed about the potential consequences.

In terms of risk, many practitioners mentioned that one of the biggest risks lay in the hands of the customer themselves; this was also a common theme in discussions and articles on Internet piercing sites (see BME). Provided everything is done cleanly and safely in the studio, the most problematic part is healing and aftercare; if a person does not clean their piercing properly, or is constantly playing with it with unclean fingers, or even if they over-clean it, problems can arise.

The biggest risks are probably in the hands of the customers themselves, if they don’t take care of their body piercing. It’s always easier to blame us than blame yourself.

(Rick)

If things are done properly, and they’re really, really safe, then I think it’s the aftercare, because obviously, as soon as a person walks out of the studio I’ve got no control over what they’re doing, how they’re looking after the piercing. People get impatient, and I completely understand it. Changing a piercing too soon causes real, real problems often, purely because they’re disturbing unhealed tissue, disturbing fistula tissue that’s not settled down properly. …Just over-cleaning it makes matters worse because you’re taking off all your skin’s natural defences, you’re removing all the healing tissue and new tissue, so you’re prolonging the healing time, you’re over-irritating the body. (Matt)

Risk is thus something which practitioners must cope with and can manage, but is also, to an extent, partially out of their control. They can ensure that everything that occurs within the studio – such as maintaining a hygienic environment, using clean and appropriate equipment, and giving the customer good aftercare instructions – is done to the best of their ability, but once the customer has left the studio, they have very little control over the outcome. This resonates with the risk discourse articulated by the holistic medical providers in Salkeld’s (2005) study, where environmental toxicity and its consequent risks must be managed by the patients themselves, often through complex dietary changes. The doctor may be able to advise the patient in the clinic but ultimately the responsibility is seen to lie in the hands of the patient to implement the prescribed changes, which is out of the doctor’s control beyond their skills of forceful persuasion.

In both cases, it becomes important for the practitioner or doctor to carefully and thoroughly impart good advice before the customer/patient leaves the studio or practice, yet
in the body modification industry, this attention to aftercare is often said to be inadequate. A practitioner who is not fully knowledgeable, who does not care about what they are doing or the outcome for the customer, can suggest bad aftercare and not offer any follow up. Though there are numerous opinions within the body modification community on what constitutes good aftercare – from salt water to anti-bacterial soap to alcohol, to mention a few – and opinion changes frequently and varies from practitioner to practitioner, general consensus among the practitioners was that the least aggressive method is preferable. Rick, as mentioned earlier, was highly critical of department store piercers with little training, poor technique as well as inappropriate recommendations for aftercare; their standard aftercare instructions involve cleaning with a strong alcohol solution which can cause irritation after prolonged use on a fresh piercing, and increases the risk of problems. Follow up care was also an important aspect of good practice mentioned by the practitioners, which can minimise risk and address potential problems early on. As standard policy, every person that is pierced in Tina’s studio is asked to return after two weeks to have a check up. This will ensure that any problems, if they develop, can be identified and dealt with before they become serious. The other practitioners all mentioned the importance of assuring customers that they should come back to check up on any aspect of their piercing that they were uncertain of. In this way, practitioners can try to maintain some influence over the healing process, and ensure that risk is minimised for the piercee once they have left the studio.

The personal responsibility of the piercee is thus a crucial factor in mitigating risk. One of the most significant things the practitioners in my study mentioned was the importance of a person asking for help and advice early on if a piercing becomes a problem. Several times it was mentioned that people will often experience complications such as discomfort, pain, swelling, redness, and discharge, and yet prolong seeking help from their piercer or doctor until the problem has become acute. An infection can be easily treated with antibiotics if identified early, but if left unattended can have serious consequences: with ear cartilage, the tissue may die after prolonged infection and the ear can collapse; unsightly scar tissue can develop, including keloid scars; and, in the worst case scenario, an infection can lead to a more general internal infection or septicaemia. Avoiding such drastic outcomes is seen largely as an issue of common sense on the part of the piercee, particularly by seeking help early on; but sometimes people do not follow common sense, and these negative outcomes are often held as illustrations which exaggerate the risks of piercings, and in turn have a negative impact on the image of the industry.
In stressing the importance of the piercee taking responsibility for the management of some of the risk, the practitioners in my study did not, however, absolve themselves or other practitioners of responsibility. While they acknowledged the fact that once a customer walks out of the studio they may have little control over the outcome, there remained a strong sense of practitioner accountability. This also brought back the notion of the competent versus incompetent practitioner – the former acting more responsibly, taking more care, and assuming more responsibility for the outcome than the latter. As Rick stated:

I think you should always feel a little bit of responsibility. Not always, because a lot of the responsibility is with the person, but I still think the piercer has to carry some responsibility cos you’re doing it, and people trust you to make a great job on them. And if you take that for granted, then get the hell out of this business.

Potential risks were said to drastically increase as a result of bad practice, when practitioners lack sufficient knowledge and skill, use inferior tools and equipment, and do not follow good standards of hygiene and cross-contamination precautions. The increasing numbers of such practitioners in the industry who will pierce anything regardless of the implications is also having a knock-on effect on the more ‘serious’ ones. For example, Jess also talked about the studio policy for asking customers to return to re-request a piercing which is more risky, or a procedure that produces permanent results (such as dermal punching), yet admitted that it was becoming harder to do because of competition:

We can’t do that that much anymore, because the other piercing shop round the corner will do it, you know? So it’s getting a bit difficult. We try not to say no too much because otherwise they will go anywhere else and do it.

The greatest problem, however, was said not to be that of practitioners performing piercings badly in terms of technique or viability – for the main risks in those instances are of rejection and subsequent scarring, both relatively minor in the greater scheme of things – but of poor hygiene. As Matt put it:

I think that’s the most important thing, without a shadow of a doubt. I mean, there’s no point you being a competent piercer, a good piercer, and you doing something wrong on the base level, which is the sterilisation, hygiene, even washing hands properly.

Hygiene, cross-contamination issues, and sterilisation were identified by the practitioners as the biggest factors leading to problems on the individual level, but also for posing bigger problems for the piercing industry in general. Individually, for the piercer and the customer, the health risks posed by unclean practice have the potential to be highly serious; on a broader scale, a single serious avoidable complication caused by bad practice could cast a
negative light on the industry as a whole, which in turn could lead to the implementation of restrictive regulation.

In Andrew’s studio, where I spoke with him, Matt, and Emma, hygiene and sterilisation were the biggest issues on their agenda. Andrew’s second studio is advertised on their flyer as ‘Britain’s most hygienic studio’, and he built the studio from scratch to adhere to the most recent and highest possible standards. Of the studio, and his relationship with the local health authority, Andrew said:

The Environmental Health in [the second studio]; I have a very good working relationship with them over there. Basically, they came over to the studio and were blown away by how good it was, to the point where they’ve got the health and safety laboratories – and they write a lot of the stuff that then turns into legislation – they came out and used it as a model example of how a studio should be. That’s why we say it’s a clean studio, cos nothing really comes close. We’re recommended by the local council for consultation work, if anyone’s trying to set up a new studio.

The high standards maintained at both studios are, however, self-motivated, and are by no means common within the now expanding industry. Minimum health and safety requirements for setting up a studio in England are indeed that – the bare minimum – but the potential health implications are – though rare – very serious.

Kathy said that many piercers she comes into contact with through her work simply do not know about cross-contamination and hygiene issues, and think that putting on a single pair of gloves means that they are piercing cleanly and safely, despite the fact that they will touch many contaminated surfaces in between putting on the gloves and piercing the customer. This could potentially cause a serious problem, but a piercer with insufficient knowledge or training does not know any better. Matt observed that a lot of people become stuck in their ways regarding hygiene in their practice – they may have been taught one way to do things, which may have been several years ago, and they think that those standards remain static. However, information on the best sterilisation techniques, proper hygiene measures, and even appropriate use of barrier protection such as gloves and aprons, is constantly being updated. Furthermore, while minimum levels of hygiene precautions and sterilisation might be sufficient most of the time, for Matt and Andrew, this is not enough; for just one incident that could have been avoided represents a negative outcome for the customer, for the practitioner, and also risks damaging the reputation of the industry. Of some of the risks of working in a studio where semi-invasive procedures such as piercing, modification, and tattooing are being conducted, Matt said:

Probably very minimum if you look at it in the greater scheme of things, and the risks involved are probably quite low; but there’s always that risk factor, that slight
little thing that could cause something. It might not affect 99% of the population, but it’s that that the public remember.

… All it takes is one person to have an extreme reaction that you could’ve stopped.

New and tougher legislation regarding health and hygiene came into effect in the Netherlands during the time of my fieldwork, which I will discuss below, however its effects had yet to be felt. In England, the standards are minimal and allow a huge variety in quality and hygiene. Given the variety in current practitioners’ appreciation of and competence in safe, hygienic practice, it was iterated that though practitioners should be held accountable, the current environment means that it is a situation of, in Kathy’s words, “buyer beware”. The customer needs to be aware of what the practitioner looks like, what their studio looks like, and to investigate it fully before having a piercing or procedure done.

You know, there’s always going to be that fringe element, no amount of regulating is ever going to change that. It’s always going to be there; it’s a buyer beware situation. … You have to go and seek out these things, in every aspect of your life. You have to do that. And really, anything you do without fully investigating it, to the best of your ability, you’re really doing a disservice to yourself. Ultimately you are responsible for yourself. (Kathy)

That’s also common sense for yourself because you need to check: is that person looking clean, is the shop looking clean, are the needles new, are they packaged, is everything packaged, the jewellery also? The customer himself needs some awareness to get a good result. (Tina)

Given the irregularity in terms of standards – of practitioner training, knowledge, skill, and experience, as well as health and hygiene – the evaluation of risk is not one of certainties but of vagueness and possibility. Risks are not seen as inherent or inevitable as long as certain standards are adhered to, and those standards distinguish between good and bad practitioners. For a good, competent practitioner, the risks are not considered major, and can be managed. However, when a practitioner is operating incompetently, the risks are said to increase significantly, both on an individual and an industry level. Further complicating matters is the fact that the person getting pierced or having a modification procedure done carries a large part of the responsibility with them, in terms of choosing a good studio and adhering to good, common sense aftercare, which can be largely out of the practitioners’ hands. Risk and responsibility are thus grey areas, where individual codes of best practice are set in the absence of industry-wide ones. Regulation of the industry is changing, however, in response to the booming popularity of piercing and body modification, and the implications for this – in the eyes of the practitioners in my study – are both positive and problematic.
Regulation

On the 21st December 2002, a seventeen year old boy called Daniel Anderson, from Sheffield in the UK, died from septicaemia. Eight weeks prior to his death he had his lip pierced at a local studio. Dan had been born with a serious heart condition, making him extremely vulnerable to infection, and this was determined to be the main reason why he could not fight off the blood poisoning that developed as a result of his new piercing. Dan’s family and friends were devastated by their loss, and after looking more in depth into the body piercing industry found themselves astounded at the minimal regulations in place, and the lack of any formal system of accreditation. Determined that Dan’s death could have been avoided had he received proper care from his piercer – including going through a thorough medical form, receiving proper attention and information before and during the procedure, being instructed on comprehensive aftercare, and asked to return for a follow-up appointment – his family set up Dan Aid. This organisation aims to challenge the current state of the industry, raise awareness about the dangers of body piercing, bring about more comprehensive regulation, and ensure that what happened to Dan does not happen again (see Dan Aid website).

The tragedy of Dan’s death highlights the rare, but potentially severe, consequences that can result from body piercing. What happened, however, could have possibly been avoided had he been made aware of the dramatically increased risk he faced due to his heart condition, and if he had been instructed on how to properly care for his new piercing. This event also highlights how risk evaluation can be experientially determined, and how a single tragic event can, as many of the practitioners with whom I spoke observed, influence public opinion and cast bad light on the industry as a whole. Dan Aid does not take a stance against body piercing in general, but is working to expose the problems in the industry and bring about better regulation. Andrew, who has been working as a body piercer and modification practitioner for fifteen years, is also keenly aware of the need to “clean up the industry”, and has been working with Dan’s mother, among others, in order to lobby for change. However, he admits that they do not always see eye to eye, for she has a very different view of the industry as an ‘outsider’, who has lost a son as the result of a piercing, than he does as an ‘insider’ who has devoted his life to it.

The issue of regulation is a difficult one. While all the practitioners in my study believed that stricter regulations controlling hygiene and health would be a positive change, there was unease at the idea of regulation being brought about without consultation with the industry. Moreover, there was intense distrust about the notion of formal qualifications or
mandatory training ‘classes’ to become a piercer. The piercing and modification industry is a singular one, which operates with a strongly independent and sub-cultural ethos (Bhana 2006; BME), and has developed and evolved its own framework of particular techniques, skills, and knowledge about the practices it performs. Training, and the transfer of knowledge from one practitioner to another, has hitherto been largely conducted within studios, on a one-to-one apprenticeship basis; the idea of training becoming commercialised through college-based courses threatens the basic foundations of the trade and raises serious issues over who should be teaching such courses, and what they should teach. While acknowledging the significant increase in the numbers of poorly trained, inexperienced, and profiteering practitioners, many of the practitioners in my study viewed themselves as ‘professionals’, and thought of the industry as a legitimate, if non-mainstream, ‘profession’; the thought of regulations being externally imposed without consideration of the industry itself was viewed as a threat to their professional autonomy, and a challenge to the legitimacy of their particular knowledge and skills.

Being recognised as a professional, and recognition of the industry as a profession, was an issue that several of the practitioners mentioned. Yet there was a feeling that because of the non-mainstream aspect of what they do, and the negative connotations that piercings, tattoos, and more extreme modifications still carry to an extent, many do not accept or approve of it. Andrew felt strongly that the industry should be seen as a profession, but felt that this was not widely recognised:

I do feel I’m a professional, and I do feel I should have the same rights and respect as any other professional, whether it be doctor, dentist, lawyer. …I’m playing around with people’s bodies, I’ve potentially got life-changing things happening in my studio. Surely I deserve some sort of recognition, as a professional for that. Maybe not personal recognition, but as someone who works in this industry, [we] should have some sort of professional recognition. I view myself in that respect, and anyone who’s put the time in, I view them the same way. Whether anyone outside the industry does as well, that’s always going to be a sticky point, isn’t it? What people don’t know about, they’re scared of.

There is still a taboo against some practices and thus a certain discomfort or even fear on the part of the mainstream, and this has implications for regulation for the industry, and may explain some of the current irregularities and inconsistencies.

In some senses, in order to regulate something like that, you have to accept it. And a lot of governments and stuff don’t want to accept piercing and stuff like that as something they want to have. They can’t say it’s not allowed, but they don’t wanna lump it in with other things, cos it’s something they feel is extreme, and they don’t wanna do it. (David)

Governments are perceived as being generally reluctant to address modification because it is not something that is approved of or accepted. Now that it is becoming more widespread and
popular, the need for some form of regulation is being seen as more necessary, but attitudes towards the industry affect how regulators go about this process. Not being accepted or respected as professionals, and having their knowledge devalued against that of ‘educated’ professionals such as medical doctors, is something which was mentioned in several aspects of their practice – demonstrated in the evaluation of risk above, and as a recurrent theme in the issue of regulation, as seen below.

As the regulations governing body modification practitioners differ between the Netherlands and England, I will outline in brief the situation in both locations, primarily as it was articulated by the practitioners in my study; however, as there were many similar concerns and issues expressed in both locations, I will not strictly separate between the two countries but will approach the issue of regulation collectively, as I have the other issues addressed above.

On the 1st June 2007, new rules were introduced in the Netherlands extending health regulations which had applied to piercing establishments in Amsterdam for the past ten years to the whole of the country. The new regulations require a stricter practice of hygiene, sterilisation, and cross-contamination prevention; there are also regulations prohibiting the use of certain equipment or procedures such as blade needles, anaesthetic, and suturing. All studios must now pay to register with the local GGD, and upon inspection and satisfaction of the new criteria, they will be issued with a licence.

The practitioners in my study working and living in the Netherlands generally felt that the new regulations would improve the situation, for they would make it more difficult for profiteering studios and practitioners operating with low standards; with more stringent requirements and tougher licensing, it was hoped that many of the poorer practitioners would be forced out of the industry. As Rick stated:

Well, when the regulations start working and they do everything they promise us to do, people like the department store and other people who do it just for a quick buck, will have to close up because they cannot comply with all the regulations you have to do.

However, there was also criticism of the regulations, and the way in which they had been decided upon and brought about. The GGD did not consult with practitioners within the industry prior to regulation. Furthermore, there was frustration over inconsistency, for the regulations that have existed in Amsterdam for the past ten years have been subject to constant change and revision, making it difficult for a practitioner to keep up to date with what they are, or are not, allowed to do or use. These current guidelines dictate even the smallest things, such as which particular brand names and cleaning products to use. The
highly particular and inconsistent opinions of the health authority, and their unwillingness for discussion, were a source of frustration for Tina:

How to clean the skin, they change their opinion every year; one year I have to use alcohol, another year I’m not allowed to use alcohol. How to clean my bench: one year I have to use special stuff, very expensive, but it kills the germs. I prefer to use it because it kills the germs within thirty seconds. But this year, I cannot use this stuff, I have to use a normal product that you clean the floor with at home. So it doesn’t kill any germs. I don’t know how they came to it but now they are convinced that this is enough. So all these things, they are not consistent in their opinion, and they’re not open for discussion. What loop I need to use for stretching – they change every year. And I get something special made at the pharmacy and they don’t know it because it doesn’t have a label on it, and it’s exactly what they’ve written – the formula – and they don’t recognise the label and they don’t approve. It’s unbelievable. And my favourite products all come from the States but they don’t have an EC stamp on it so it’s not allowed either. So I have to get rid of all my favourite products.

Tina states that the extent of the regulation also means that when health inspectors check on the studio, they even try to instruct her on how to hold the needles while piercing, despite the fact that the inspectors are themselves generally inexperienced with piercing – either personally or in terms of practicing it. They are well-versed from a clinical angle in hygiene and sterilisation, but know little about the industry as a whole. This Tina finds especially problematic, because although she wishes to maintain a positive relationship with the health department, their unwillingness to consult with piercers about the regulation that directly affects their practice, and their attempts to instruct her on how to perform the basic skills of her trade – which she has been involved in for twelve years – are frustrating, patronising, and make her working life harder. The new regulations, for example, prohibit the use of American style blade needles because of the increased risk of a needle stick injury compared to a cannula needle. While this is, in theory, a sensible precaution designed to protect piercers, it is not considerate to the requirements of the practitioners where blade needles are sometimes the more appropriate and effective tool. With the new microdermal implants, Tina has observed and learned many techniques for inserting them, and the most effective and efficient way, in
her opinion, that is best for the piercing and involves the least pain requires a blade needle; while it is possible to use the longer cannula needles, they are less effective. Yet she is no longer legally allowed to use blade needles and must perform the procedure in a less optimal way.

Rick also felt that regulations are only helpful and meaningful if they are enforced, and this is not always the case. For example, he stated that for the past five years, it has been illegal to pierce ear cartilage with a gun because of the risks involved. A gun uses force to pierce with the jewellery itself, which is not at all sharp in comparison to a needle, resulting in what Matt calls “blunt trauma” and potential tissue damage, particularly with cartilage. However, while piercing cartilage with a gun is technically illegal in the Netherlands, Rick found it frustrating that there is no punishment for it, which means that the practice can go on without fear of sanction. Furthermore, it is prohibited for a piercer to inform the health authority of this or any other violation or instance of bad practice, for this is considered elimination of competition. Thus while there may be legislation in place designed to improve standards, without effective enforcement and monitoring it has little effect in practice.

Many of the practitioners were not opposed to regulation if it is effective, appropriate, and helps them work safely and eliminate bad practice, without restricting their own professional independence. However, this was often not the case, and regulations were seen as bureaucratic and punitive rather than constructive. Kathy was particularly outspoken about the problems with regulations, influenced by her experiences in the United States as well as in the Netherlands.

Regulation is a good thing, if it’s done properly. But unfortunately, because it is a bureaucratic thing, most of the time it’s done – typically as most bureaucratic things are done – and it either goes completely off course, and doesn’t do it’s core job of protecting the general public’s health like it should, and it goes more into, ‘we know you’re up to something, and we’re going to catch you doing it’. But then never really looking into something unless you stumble upon it – stumble upon a violation – and then you fine this person a lot of money. Or a parent complains, or a person complains that they have a problem with their piercing. It’s a reactive, rather than proactive, kind of system. And so that’s the main problem, I think, with regulations. It’s a great thing, if it’s done properly, but very rarely is it done properly.

For Kathy, when regulations are not made to be appropriate and effective, or do the job they are supposed to do, but are reactive and punitive against practitioners, then they become highly problematic. In the Netherlands, she recognises the health authorities’ well-meaning attempts to introduce better regulation to promote safer body modification practice, however is critical of the way they have gone about it, particularly in becoming bogged down in the
small details, regulating every minor aspect. This is not constructive, she argues, and restricts dialogue between the health authority and the industry, potentially resulting in some practitioners doing certain procedures, or using certain equipment, in defiance of regulation. Furthermore, she believes that inappropriate and ineffective regulation may drive certain practitioners – particularly those who are trying to cut corners and simply make money – ‘underground’.

So that’s just how it is, and no amount of regulating by the government’s going to change that, cos those people will just go and do it in their house. And when you’re doing it in your house you’re not regulated. It’s not your business, and people will just go underground. The only people that regulating helps are people who are willing to be regulated.

This consequence of inappropriate and restrictive regulation, that does not take into account the viewpoints and requirements of the practitioners within the industry, was also warned of by Andrew, in particular the possibility of regulation from Europe being imposed in England.

I know they’re looking at it in the European Parliament, and it’ll end up with them trying to clamp down on what we’re trying to do. Europe’s like that – Europe’s worse than this country for being nannish. They’ll try, they’ll drive it underground and make it backstreet.

The risk of bad legislation that is restrictive and unworkable, that may have the consequence of driving bad practice underground so that it is even less controlled than at present, was a big concern regarding the nature of regulation. Inappropriate regulation therefore has the potential to reduce bad practice in the legitimate sphere, but also potentially increase poor practice in the illegitimate sphere.

Among the practitioners in the Netherlands there was a general sense of the industry still being fairly unregulated, with many of the practices happening in a ‘grey area’ in terms of the law. However, coupled with this sense of legal and regulatory ambiguity was irritation over the perceived over-regulation of the body modification industry (or attempts to do so), to the point where practitioners had to comply with more restrictive rules and regulations than medical doctors.

I even called the GGD, cos some of my customers are nurses or doctors or something, and apparently we’ve got strieter regulations for our job than a doctor has. … And when I asked them why they basically said it’s because doctors have an education. So I said, ‘what, I’m a moron?’, and they said ‘no, I didn’t mean that’, but I say, ‘no, but you said it’. (Rick)

The problem is you have people who are ‘medical professionals’, I say with quotes, that regulate piercing to a point where it’s more regulated than the hospital is. So if you were to go into a hospital, and you were you go into a piercing parlour, there are more rules for the piercer to follow, because these medical professionals feel very
smug and superior that they have all this knowledge, and they know so much more.
So they tend to over-regulate piercers. (Kathy)

Rick and Kathy both expressed a sense of anger over the idea that piercers are subject to more regulations than doctors, and that this was principally based on their differing levels of ‘education’. As mentioned above, piercing on the whole was generally viewed by the practitioners as a non-major procedure; there are risks involved, but these are only rarely very serious. In contrast, doctors do much more invasive procedures that carry many more risks. Yet Rick and Kathy argued that because piercers are perceived as ignorant and unable to know for themselves how to work safely, they require greater control than doctors who have ‘an education’. Regulation can be seen, therefore, not as constructive but as an affront to the members of the industry, questioning their ability to self-regulate and protect public health. Once again, the question is raised as to who knows best about the industry, with competing authority claims based on formally recognised knowledge and status versus informally gained knowledge and direct experience.

In England, the regulations governing the body modification industry are much more basic than in the Netherlands, and currently there are no centralised standards, but they vary from one place to another depending on what the local health authority has in place. The way things are set up means that anyone with the starting capital and the inclination can set up a piercing studio without any prior knowledge or experience, and begin piercing with minimal regulations to comply with:

At the moment, if you have a spare £10,000 lying about, or whatever it costs, you could rent a shop, fit out one of the back rooms, and start piercing tomorrow. …you’d have to register with the council, but they don’t ask what you know, they just ask what you’re using. They come and make sure you’ve got certain taps, certain flooring. (Andrew)

Anyone can set up and do it, regardless of what sort of knowledge they’ve got. All the health authority is interested in is if you’ve got hot and cold running water, an autoclave, and you seem competent. It’s getting better, but very few EHOs [environmental health officers] have any real inclination about what they really should be looking out for and what they should be seeing. (Matt)

Regulation of the industry is currently a big issue in England, and it is something that Andrew is striving to improve by working with Dan Aid, the local health authority, members of Parliament, and the newly formed Tattooing and Piercing Industry (TPI) Union. The aim is to bring about workable, sensible regulation – covering both safe and hygienic practice, and improving the general knowledge and skills of practitioners – that, most importantly, has been formulated in consultation with the industry.
The TPI was formed in 2004, and is trying to be the first effective, collaborative effort on the part of body modification practitioners in England to bring together the diverse elements within the industry to speak with a united voice about issues directly affecting their livelihoods. It was formed as a direct response to the appointment of HABIA (Hair and Beauty Industries Authority) to oversee the implementation of a standard set of qualifications for the tattooing and piercing industries. The threat of an external body – one that had nothing whatsoever to do with the piercing or tattooing world – imposing standards or regulations was received with hostility; however, at the time no representative body existed to speak on their behalf. Thus the union was established in order to retain some control over decision making and attempt to assure that the much needed regulations happen in a way that is constructive, not restrictive for the industry (see TPI website).

As stated earlier, many of the practitioners in my study believed that regulations ensuring safe, hygienic practice are much needed, and would be generally welcomed by those in the industry who have a genuine concern for their customers’ wellbeing, and for eliminating bad practice across the industry. However, the regulation and standardisation of knowledge is a much more complicated matter, and a serious issue which is currently being debated in England. The inconsistency in practitioner knowledge and skill is seen as a problem, but ideas on the best remedy are ambiguous. One of the main concerns of the TPI were the proposed standardised National Vocational Qualifications (NVQs) for piercing and tattooing, to be devised and run by HABIA, and taught in educational institutions. The main concerns in opposing these NVQs was based on the argument that such a scheme was being devised by an outside body whose motives were rooted in profiteering, and that such a money-driven, external system of training would damage the quality and integrity of the industry. As Naresh Bhana (2006), the president of the TPI, put it in a speech delivered at an EHO conference on regulation of body piercing and tattooing:

The people pushing these ideas forward are the same that look at our industry purely from a profit perspective, they see there is little profit in running a studio in an increasingly saturated market unless it is really something you are truly passionate about, so instead of running or owning multiple studios they are now moving into supply and education where they see the potential for big profits.

Andrew was similarly committed to the opposition of national qualifications in favour of keeping training within the industry, in the form of apprenticeships.

That’s part of what we’re trying to do, we’re trying to sort something out so that the training is adequate and therefore the quality of the piercing will be better. …But, by introducing some form of – not a national qualification, cos as soon as you start mentioning qualification you’re talking about money. And when it becomes about money it becomes a business, and as soon as it becomes a business corners are cut.
So you can’t do it like that. You have to do it in such a way that it’s regulated via apprenticeships, so people in the business can train other people. It doesn’t mean the training’s going to be better, but it does mean it’ll be less like a business, and it means there’s going to be less corners cut.

The emphasis on self-regulation for training, and keeping knowledge and the transfer of knowledge within the industry, was one professed by all of my participants, and this emerged as a concept central to the identity of the industry. The practice of body modification is a non-mainstream activity which, the practitioners say, should be entered into by individuals with a passion and lifelong commitment to what they do, be it tattooing, piercing, or more extreme modification. It encompasses a great deal of diversity in terms of practitioners, styles, techniques, ideas, and therefore standardisation, though desirable for some things such as protecting public health, is seen as a threat to the independent and individualistic nature of the industry as a whole. As Andrew acknowledges, while apprenticeships may not necessarily improve training, it will serve as a better introduction to the industry than a standardised training course. Further, the unease about business considerations and money-making coming before quality and a genuine love for the industry reappears. In Emma’s opinion, attempts to standardise, or make the industry more homogenous, will always be difficult because of the very nature of the industry itself, which is inherently individualistic:

> It’s one of those types of businesses where, I don’t know, you’re never going to have a whole… unlike hairdressing, where you have Toni & Guy branches, you’re never going to have that to that extent. It’s never going to be that capitalised, that branded. Just because of the nature of it, you’re never going to have that bog standard. Everyone wants something different.

Regulation of the piercing and body modification industry is currently vague. Even in the Netherlands where now there are national standards and licensing for health and hygiene, a practitioner may still lack sufficient knowledge about piercing technique and procedure as there are no regulations governing the quality or skill of the practitioner. However, the practitioners in my study, in England and the Netherlands, were ambivalent about the whether such regulations would be possible, or even desirable. Not practicing safely or hygienically poses some of the major risks for modification procedures; ensuring that practitioners operate to a safe minimum standard was felt to be the best possible way of reducing risks and cleaning up the industry. It was argued that incompetent and bad practitioners – lacking the necessary skills and knowledge, and in the industry in order to make a quick buck – would not be prepared to invest the extra money in order to meet improved health standards and would therefore be forced out of practice. Those practitioners
who are in the industry for the right reasons – who are doing it for the love, and a genuine interest in practicing well – would be less affected by stricter regulation because firstly, good practitioners probably already operate safely and hygienically, and secondly, they would be prepared to meet higher standards to ensure best practice.

By regulating to ensure a safe standard for all studios in terms of hygiene, the need for nationalised, standardised training is reduced. Instead, it would be possible to maintain training through apprenticeships. In England, the TPI is arguing for the completion of an apprenticeship and a minimum period of work experience to become a requirement before a practitioner is allowed to open a studio (Bhana 2006), thus ensuring that practitioners receive training and experience within the industry to a certain level before they can practice independently. Furthermore, certain key things, such as first aid training, or a course in blood-borne pathogens and cross-contamination, were suggested by the practitioners as essential basic requirements which could be made compulsory for all practitioners. Far from a general opposition to regulatory measures to improve practitioner knowledge and skill, there was rather hesitancy as it was seen as something best decided upon by the industry, for the industry, and kept largely within the industry.
Conclusion

During this small-scale, exploratory study many different and fascinating aspects of the practice of contemporary non-mainstream body modification emerged, several of which extended far beyond the scope of this thesis. I was also often surprised by the way in which the practitioners whom I interviewed framed certain issues differently than I had, and placed emphasis in areas other than how I had envisaged. In particular, I had entered ‘the field’ thinking that knowledge and skill were the biggest issues, that the way in which practitioners do the techniques of the trade would be at the fore in comparing the good and the bad, the competent versus incompetent. While ignorant and unskilled practitioners were a core complaint regarding the current state of the industry, there was a notably stronger emphasis on clean, safe, and hygienic practice as the most important aspect of acting competently. As Matt insisted to me, there is absolutely no point in being the best, most skilled and technically accomplished piercer if the basics of hygiene and sterilisation are not adhered to; all the good work is cancelled out. Piercings which are performed badly in terms of technique, placement, and jewellery type may present problems for the piercee such as excessive discomfort, rejection, or scarring, but these problems were generally evaluated as not highly serious in comparison with the health risks from unclean practice. However, these evaluations of risk, and of what makes a good or bad piercer, are not straightforward, static, or categorical, but are shifting and contextual, and the evaluation of the risk of bad technique in comparison with poor hygiene is heavily influenced by ideas on how to remedy both problems, which is in turn influenced by the nature of the industry itself.

When one speaks of the ‘body modification industry’ this can be misleading, for it is not a collective, unified professional body but a diverse grouping of varied practices, styles, and practitioners, fundamentally founded on a non-mainstream and individualistic ethos which has traditionally relied on self-regulation. The situation is changing in England with the formation of the TPI union, which hopes to unify and collectivise the diverse elements of the community in order to bring about self-directed change, but largely this is because of the threat of legislation being formulated and imposed externally. To a great extent, in both
England and the Netherlands, proposed or actual regulation is largely externally devised and implemented; in many instances, practitioners’ knowledge, skill, and competence is seen to be called into question by external regulators and medical professionals, resulting in irritation and sometimes anger. This has an impact on how practitioners respond to regulation, and what they perceive as good and bad remedies to problems within the industry today.

Regulation or controls which ensure a minimum standard of clean and safe practice for all modification practitioners, such as using proper barrier protection like gloves and aprons, implementing cross-contamination prevention measures and effective sterilisation procedures, are generally seen as positive. As good, competent practitioners are expected to already be adhering to such standards, the regulation would have the greatest impact on the bad and the incompetent, either driving them out of practice or forcing them to improve, both of which would help ‘clean up the industry’. Further, it would not impose restrictions on what practitioners could do, but would ensure that what they do is clean and safe. Regulations to control and monitor practitioner knowledge and skill were seen as much more difficult and problematic. As seen in England, the idea of outsiders devising and running standardised courses, motivated by profit, was seen as a serious affront to the industry, threatening further commercialisation – already a source of discomfort for many practitioners – and wresting control over knowledge and its transmission away from the industry itself.

Practitioner knowledge, skill, and training was said to be in need of serious attention – in the Netherlands and England – for the influx of new, inadequately trained people into the industry as a response to, and taking advantage of, the increasing popularity of body modification is leading to problems, particularly an increase in bad practice. However, the solutions were said to lie within the industry, not outside. Apprenticeships may not guarantee that all practitioners are equal in terms of the breadth and quality of what they know, but it would be the best way to ensure that entry into the industry remains in the control of its existing members, and that all new practitioners gain experience of the workings of the industry from established practitioners. As with most things, practitioner skill and quality will vary no matter how standardised training becomes – Kathy argued that this is very much the case even for doctors or plastic surgeons – therefore the feeling remained that part of the responsibility for ensuring positive outcomes lies with the customer, who should always exercise good judgement before having a piercing or modification done. Greater regulation, better training, more hygienic practice, they would
all improve the industry and raise overall standards, but would not eliminate bad practice/practitioners. Ultimately, competence is an individual and self-motivated quality, based on good motivations, a love for the industry, caring for the customer, working responsibly and conscientiously, and the continued pursuit of knowledge. No amount of regulation can ensure that all practitioners fit the bill, though it can make it harder and less attractive for those who are in the business with the wrong motivations, who do not care, who are not interested in their customers or the good of the industry as a whole, and who are merely after a quick buck.

Competence, as it was articulated by the practitioners, covered many things, and its evaluation was coloured by many different factors. It was both a personal, inherent quality and something which is constantly striven for and achieved through hard work, research, and constant learning. Maintaining contact, and exchanging knowledge and ideas, with other ‘serious’ members of the industry is important, something which many of the newer practitioners do not do. The industry at the moment is said to be in a difficult state, where there are far too many bad practitioners working outside of the influence of effectively self-regulating practitioners and studios. And with department stores and high street chains increasingly offering piercing services, the identity of the non-mainstream industry is being challenged. In the face of such challenges, and patchy, vague, or minimal regulation, achieving competence in knowledge and practice is something which is an individual responsibility; a successful outcome for piercings and modifications is also largely seen as the individual responsibility of the customer, in choosing a practitioner and adhering to good aftercare. Yet, despite the most conscientious customer and the most experienced practitioner, there is always an element of chance and uncertainty, for some piercings do not work, and unexpected complications or reactions can always occur. Thus ‘competence’ does not mean perfection, but is about working to the best achievable standard while also being able to recognise and manage risk, uncertainty, and vagueness.

Post Script: Future Research – The Medical Relationship

As mentioned early on in the thesis, the body modification industry has been experimenting and expanding into new territories, pushing the envelope of what is possible or imaginable in terms of altering the human body in ways that both hail to the past and look resolutely forward to the future. Within the last thirty years, many practices of a non-Western origin such as scarification, suspension, and ear stretching have been adopted by Western body
modifiers and are gaining in popularity. Though they remain outside of mainstream norms of body ideals, they are being increasingly practiced by diverse groups of people, driven by various motives, and occurring in a variety of settings. However, technological advances and the increasing cross-over of knowledge from biomedicine are making newer and more invasive body modification practices possible. Though the number of people who are themselves experimenting and pushing technology forward are small, the developments trickle down, and new procedures and techniques are constantly appearing. Microdermal implants, for example, are among one of the newest developments that is now being widely practiced internationally. The practitioners with whom I spoke were either offering them, or in the process of learning how to do them, and they were being praised for making many more placements on the body possible where previous jewellery design had been a limitation. The tools of the trade are not static but are constantly being revised and updated as time and experience with many of these tools and procedures sheds new light. Staying up to date, and keeping abreast with the latest developments, is crucial for best practice.

Medical technology and knowledge has played a very important role in shaping how the body modification industry looks and operates today. Many studios are equipped with hospital grade equipment and may even resemble a clinical environment, to the extent that several of the practitioners noted that customers have commented with surprise that the studio looks cleaner than many doctors’ or dentists’ practices. Medical equipment such as needles, scalpels, dermal punches, gloves, are all sourced from medical suppliers, and form the basic tools of the piercing trade. Research into inert, bio-compatible metals to use for surgical pins and joint replacements has influenced the jewellery used for piercing, thus improving the quality and decreasing the risk of negative reactions. However, the comparison or similarities between the medical and body modification professions is an uneasy one. All the practitioners spoke of the medical world during our interviews, and it was a frequently raised topic, though how they spoke of it varied. They mentioned disagreements with doctors, made analogies between what they do and medicine or surgery, or strongly denied the medical nature of their practice. There was a minimising of the invasive – thus potentially clinical – quality of what they do, but also sometimes an assessment of procedures, from piercing to more serious modifications, as surgical, invasive, and therefore clinical. On the one hand the relationship is antagonistic, with differing opinions over how best to perform certain procedures, recognise and treat problems, and define and manage risk. This antagonism is particularly prominent in the issue of regulation or potential regulation. But on the other hand there is a complimentary, if
one way, flow of knowledge, equipment, and anatomical and physiological knowledge from biomedicine and surgery to the body modification industry. Andrew summed up his view of the relationship between body modification practice and medicine/surgery thus (where I am Z):

A: I don’t want to be a plastic surgeon who pierces people; I want to be a bloody piercer who puts implants in people. It’s different. But yeah, plastic surgeons interest me, cos a lot of their techniques eventually filter down into what we’re doing. A lot of their materials come to what we’re doing. It’s not really vice versa. We steal a lot from the medical world, and develop it like we invented it; [but] it tends to come from the medical.
Z: Is that especially with the implants?
A: The implants, yes. But also with piercing jewellery: a lot of the piercing jewellery comes from materials that were developed for surgical uses. Titanium pins and things like that. Not many people admit it, but it’s true. It’s there in black and white if you look hard enough.

There is crossover of knowledge and a drive to perform more invasive procedures as the technology becomes available, but the connexion is often not explicit or acknowledged. Andrew was also insistent that what he does is not medical, and should not be seen as such, because he does not claim to heal people. However, as regulation is discussed and formulated and brought into place, the question could be raised as to what exactly body modification practitioners are doing, and how we define such practices. By classing – implicitly or explicitly – such practices as clinical, or even surgical, potentially places them under the authority of the medical profession, allowing it in theory to dictate how to do them, monopolise the discourse on risk, and also restrict who can perform such practices. There are varying degrees of invasiveness of modification procedures, from piercing to scarification to implants, so in their definition as ‘clinical’ or otherwise, where might lines be drawn? Who has the power or authority to define, and thus control, such practices? What rights do non-medical practitioners have to ‘play around with people’s bodies’?

Many of the issues raised by these questions appeared, in various ways, during my interviews with the practitioners. However, their analysis lay beyond the scope of this thesis. Future social science research could find fruitful the investigation into the complexity of the relationship between the contemporary practice and development of non-mainstream body modification and medical technology and knowledge, offering a richer understanding of the implications of the appropriation and dissemination of biotechnologies and knowledge beyond classical medical borders.
References


Association of Professional Piercers (APP), http://www.safepiercing.org/index.html (last updated 30.03.07)


Body Adorned Tattoo Client Bill of Rights, http://www.bodyadorned.com/content/120/0/ (accessed 05.06.07)

Body Modification Ezine (BME) http://www.bmezine.com (site updated regularly)


Dan Aid http://www.danaid.com/main.html (accessed 27.07.07)


GGD (2007) Piercing Regulation Information (in Dutch)


‘Hunter’ (2005) A Piercing Snob – Is it Such a Bad Thing? BME Reader’s Editorial,

Kakoulas, M. (2005) Waivers and Releases for Tattoo and Piercing Studios,


‘Michelle D’ (2006) Participating in a Research Study on Body Piercing, BME Reader’s Editorial,


Murdough, P. (2004) Failure to Comply, BME Reader’s Editorial,


1. Scarification: Cutting and skin removal

2. Body Modification Ezine

3. Trans-dermal implants along the head – a ‘metal Mohawk’

4. ‘Resurrection’ suspension
   http://www.bmezine.com/ritual/A70704/high/bmepb547319.jpg

5. Split tongue

6. Surface piercing: cleavage

7. Sub-dermal implant

8. Bridge piercing with measurement markings
   http://www.bmezine.com/pierce/04-eyebrow/A70621/high/bmepb543834.jpg

9. (From top to bottom): Industrial piercing or ‘scaffold’ bar, plug through the conch of the ear, a stretched lobe, and seen through that is a microdermal implant and a tattoo
   http://modblog.bmezine.com/category/tattoos/

10. Tongue piercing
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