

Article

Cosmetic Surgery and the Christian Body: Comparative Ethical Reflections from Orthodox and Catholic Traditions

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Abstract: This article explores the ethical dimensions of cosmetic surgery, offering a comparative analysis of perspectives from both the Orthodox and the Catholic moral theologies. Both traditions uphold the sanctity of the human body as a creation of God, emphasizing the importance of maintaining its integrity and dignity. However, their approaches to the ethical implications of cosmetic surgery might reveal distinct theological nuances that reflect their unique doctrinal and cultural contexts. By examining the theological foundations, doctrinal teachings, and contemporary ethical debates within both traditions, this study seeks to illuminate how Orthodox and Catholic ethics address the complexities of bodily modification. The analysis highlights the ways in which each tradition navigates concerns related to vanity, identity, and the pursuit of physical perfection, offering insights into their shared values as well as their distinct perspectives. This interdenominational study aims to contribute to ecumenical and intercultural dialogue, fostering greater understanding and respect between the two original Christian traditions. By engaging with the ethical considerations surrounding cosmetic surgery, this article provides a platform for deeper reflection on the role of the body in Christian spirituality and the ongoing relevance of these issues in a diverse and interconnected world.

Keywords: cosmetic surgery; body modification; Christian ethics; bioethics; comparative theology; Catholicism; Orthodoxy



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1. Introduction

Body modification is defined as ‘the (semi-) permanent, deliberate alteration of the human body’ (Wohlrab et al. 2007, p. 87) and modern body modification practices are typically distinct from conventional medical procedures in that, despite being performed for a variety of reasons, they are usually not aimed at restoring or preserving an individual’s health (Tarquin Foulkes Roberts 2019, p. 310). The term encompasses a broad and diverse range of practices, spanning from everyday, innocuous activities like applying makeup, to less common and more contentious procedures, such as gender reassignment surgeries. One of these practices is plastic surgery, which dates back thousands of years, with some of the earliest known procedures performed in ancient India well before the birth of Christ (for a comprehensive presentation of the history of plastic surgery, see Santoni-Rugiu and Sykes 2007). Plastic surgery is a broad medical specialty concerned with the restoration, reconstruction, and enhancement of the human body and the discipline encompasses reconstructive surgery, which aims to restore functionality and natural appearance in cases such as burn injuries, cleft palate repair, or post-mastectomy breast reconstruction. The primary goal of reconstructive surgery, therefore, is functional and esthetic restoration, rather than enhancement, although the two are frequently intertwined.

Although plastic surgery and cosmetic surgery are often conflated in popular discourse, the latter is another subspecialty within the former and emerged during World War I (1914–1918) (DeMello 2007, p. 84). The discipline focuses exclusively on elective procedures designed to enhance an individual's appearance and, unlike reconstructive surgery, it is performed on healthy individuals who seek to improve or alter their external appearance according to personal preferences. Thus, cosmetic or esthetic surgery can be defined as a 'specialized surgery that focuses on improved appearance for its own sake' (Atiyeh et al. 2008, p. 829). Common procedures include rhinoplasty, liposuction, facelifts, and breast augmentation, and the defining characteristic of cosmetic surgery is its emphasis on esthetic improvement rather than medical necessity or function and form restoration. Hence, one can say that, while all cosmetic surgery falls under the umbrella of plastic surgery, not all plastic surgery is cosmetic.

In the words of Sander Gilman, 'To become someone else or to become a better version of ourselves in the eyes of the world is something we all want. Whether we do it with ornaments such as jewelry or through the wide range of physical alterations... we respond to the demand of seeing and being seen' (Gilman 1999, p. 3). Hence, as society increasingly places value on physical appearance, the pursuit of esthetic enhancement has become a daily concern for many, evolving into both a necessity and a symbol of success. Consequently, cosmetic surgeries are becoming more widespread and accepted in modern life, while, even more, as Lunceford put it, 'cosmetic surgery not only reflects but creates our conceptions of what it means to be beautiful' (Lunceford 2008, p. 320). In the United States alone, around 18 million cosmetic procedures are conducted annually, while in South Korea, nearly 20% of the population undergoes some form of cosmetic surgery each year. Other nations, such as Brazil, Italy, and Germany, are also on par with these two countries when it comes to the popularity of the practice, while not only is this trend widespread, but it continues to rise, with global cosmetic surgery rates increasing by over 20% between 2015 and 2019 (Bonell et al. 2021, p. 231). Moreover, recent research indicates a sharp uptick in the demand for cosmetic procedures since the onset of the COVID-19 pandemic, likely driven by the increased use of videoconferencing (see Padley and Di Pace 2021, pp. 3078–80).

Despite its popularity, however, most forms of cosmetic surgery still carry significant medical risks and potential complications, with infections being among the most common, which, as Schwartzman and Khachemoune write, 'have important consequences including impairment of wound healing, suboptimal cosmetic outcome, hospitalization, increased healthcare costs, and rarely, systemic infection' (Schwartzman and Khachemoune 2021, p. 503). The likelihood of these complications varies based on several factors and differs depending on the specific procedure (Kaoutzanis et al. 2019, p. 1118), while certain types of esthetic surgery can result in even more severe adverse effects and, in some cases, even death (see Grazer and de Jong 2000, pp. 436–446). Finally, in addition to the physical risks, cosmetic procedures can also reinforce and accelerate psychological issues that vary in severity. These range from feelings of dissatisfaction and heightened self-consciousness to more serious conditions such as major depressive disorders, psychotic episodes, and post-traumatic stress disorder (PTSD) (Bradbury 2009, p. 227).

2. The Ethical Challenges

These risks to the physical and mental healths of the individual raise obvious moral concerns. And since cosmetic surgeries are not medically 'necessary', in contrast to reconstructive procedures aimed at restoring function or form, their associated bioethical concerns are heightened. In other words, due to the fact that cosmetic surgery is performed solely for esthetic enhancement, the ethical considerations are greater, as, if the

procedure were necessary, the risks and complications involved would be more justifiable as acceptable side effects. As Alice M. Laneader and Paul Root Wolpe put it, although ‘altering human physical appearance is as old as recorded history. . . our unprecedented ability to manipulate human physiognomy raises new questions about the nature and limits of altering the body for purposes other than curing disease’ (Laneader and Wolpe 2006, p. 301). In this case, the bioethical discussions regarding cosmetic surgery revolve around the implications of changing the human body for purposes that straddle the line between enhancement and therapy.

In addition to medical objections, cosmetic surgery is often viewed as morally problematic on social and cultural grounds, as it is believed to reinforce societal ideals of beauty and perfection, contributing to messages of injustice, inadequacy, and the pressure to conform (see Dubious 2003). On the one side, critics view the desire for esthetic enhancement as either a manifestation of narcissism and vanity or a submission to a society that overemphasizes appearance. This critique is further complicated by the documented advantages often afforded to those deemed attractive (‘pretty privilege’) and the fact that societal beauty standards are frequently intertwined with systemic issues, including racism, where features aligned with dominant cultural norms are valorized, marginalizing others. Moreover, cosmetic surgery remains predominantly accessible to the wealthy, exacerbating existing social inequalities by creating a divide in who can afford to conform to these beauty standards and reap their associated benefits (For example, see Hunter 2011, pp. 142–65). On the other side, proponents argue that cosmetic procedures serve as a valid way to enhance physical beauty and address the emotional, psychological, and social distress associated with feeling unattractive, whether that perception is based on reality or not (Miller et al. 2000, pp. 357–60).

Before the theological examination of these ethical challenges, we will briefly explore them through the lens of the four principles of secular bioethics, as defined by Tom L. Beauchamp and James F. Childress. According to the two ethicists, in their extremely influential work, *Principles of Biomedical Ethics*, these four principles are autonomy, non-maleficence, beneficence, and justice. In short, beneficence refers to the ethical obligation to act in the best interests of others by promoting their well-being, especially in healthcare, where professionals must prioritize patient welfare. Non-maleficence, which is closely related to beneficence, serves as a boundary to it by ensuring that no action causes harm to the patient, making harmful interventions both clinically and ethically unacceptable. The principle of justice calls for fairness and equality in the allocation of healthcare resources, ensuring that such resources are distributed equitably without discrimination based on race, gender, socioeconomic status, or other unrelated factors. Finally, autonomy grants individuals the right to make informed decisions about their own health and body, free from external coercion or interference (Beauchamp and Childress 2001, pp. 257–82).

Regarding the first two complementary principles, on the one hand, performing surgery on an otherwise healthy person for solely esthetic reasons may seem to violate beneficence and non-maleficence, especially given the aforementioned inherent risks associated with the procedures. On the other hand, cosmetic surgery often serves broader goals of enhancing a patient’s social and mental well-being. This is why, for some, cosmetic surgery is not only the surgery of the body, but ‘may also be regarded as “the surgery of the soul”’ (Barone et al. 2017, p. 90). In these cases, the procedure could be seen as promoting overall well-being, which aligns with beneficence, provided that the patient is fully informed and consents. Applying beneficence in an esthetic surgery population, however, is particularly challenging, as measuring benefits—such as improved quality of life or psychological satisfaction—is subjective and difficult to quantify, while there is a

limited number of studies on the long-term positive effects of cosmetic surgery (Sterodimas et al. 2011, p. 263). Thus, the answer is far from easy.

As for autonomy, the situation appears more straightforward. If the decision to undergo a procedure stems from the free, deliberate, conscious, and informed choice of the individual, there should, in principle, be no ethical barrier. However, two significant ethical challenges arise. First, there is the issue of how genuinely free and autonomous a decision can be when it is influenced by cultural and societal norms, such as the pressure to undergo cosmetic surgery. For example, as Swami, Taylor, and Carvalho indicated, there is indeed a strong link between mass media pressure, celebrity worship, and positive attitudes toward the practice (see Swami et al. 2009, pp. 869–72). Second, the question of whether, and to what extent, autonomy is absolute must be addressed: does the physician have an obligation to honor the patient's wishes, even when those wishes may result in harm to the latter? The question has become even more challenging in recent times due to the increasing emphasis on autonomy in modern bioethics which 'is said to limit what physicians, nurses, and other professionals can justifiably do to patients' (Mappes and Zembaty 1991, p. 242).¹ Finally, when viewed through the lens of justice, cosmetic surgery raises concerns about the fair distribution of healthcare resources and access based on socioeconomic status. In general, the following view is held:

Where cosmetic surgery for enhancement alone can be clearly defined—for example, in a woman wanting to increase her otherwise normal breasts—society has clearly decided that it has no obligation to compensate the person desiring the change. However, there is a larger gray area. What kinds of appearance—buck teeth, protruding ears, mild cleft lip, port-wine stains—reach the threshold that would demand a just society help pay for amelioration? The question will only become more difficult as new enhancement pharmaceuticals and procedures are developed. (Laneader and Wolpe, p. 311)²

However, for moral theology, the ethical evaluation of any body modification practice, including cosmetic surgery, extends beyond assessing the violation or adherence to the four principles of secular biomedical ethics. While Christian ethics deeply respects the right of individuals to make decisions about their own bodies, the obligation to do good and avoid harm, and the notions of fairness, equity, and the distribution of resources, it ultimately transcends these principles by grounding them in a theological understanding of the human person and creation. While, therefore, the four principles of secular bioethics—autonomy, beneficence, non-maleficence, and justice—provide a valuable framework for ethical decision making, Christian ethics offers a distinctive perspective that complements and critiques them. For example, autonomy is respected but understood in relation to divine will and communal responsibility, while justice incorporates not only fairness but also mercy and a preferential option for the vulnerable. In the words of Jason Reimer Greig, 'Cosmetic surgery's growing acceptance and "democratization" within contemporary culture speak to a politics of autonomy and control. In contrast, the church offers an alternative politics of gentleness and dependence, understanding the human as a vulnerable creature, inherently reliant on God and others for its existence, and called to receive and accept the givenness of life and the body' (Reimer Greig 2017, p. 408).

Central to this perspective are fundamental Christian teachings, such as the belief that humans are created in the image and likeness of God (Gen 1:26–27), which endows every person, as one psychosomatic unity, with an inherent dignity, worth, and integrity that must not be violated and informs all ethical considerations. Moreover, the concepts of the human body being a member of Christ (1 Cor 6:15) and a temple of the Holy Spirit (1 Cor 6:19–20), which imply the stewardship, rather than the ownership, of one's body and life, acknowledge that human existence has immense value but ultimately belongs to

the Creator and is dependent on Him. Additionally, the affirmation that human beings, and ergo their bodies as well, were created ‘very good’ (Gen 1:31) implies that individuals are not completely free to treat their bodies as they please, let alone distort them.

Given such biblical teachings, one might argue that cosmetic surgery is theologically impermissible. The Bible does not directly address the practice of cosmetic surgery, nor does it provide explicit laws for or against it. However, it does offer teachings on bodily beauty, adornment, and modification that can serve as valuable guides for our exploration of this topic. Before addressing the moral evaluation of the practice by Catholic and Orthodox Christian ethics, it is essential to first briefly examine how the Scriptures speak to these matters.

3. The Bible on Bodily Beauty, Adornment, and Change

Regarding body modification, several passages in Scripture provide clear prohibitions. In Leviticus, for example, the priesthood is instructed not to ‘make bald spots on their heads, shave the edges of their beards, or make cuts in their flesh’ (Lev 21:5), as any form of bodily incision is forbidden for priests, given that these practices were often linked to Greek pagan customs (Giannakopoulos 1986, p. 147). Additionally, Deuteronomy broadened this prohibition to include the general population, instructing them not to make cuts on their bodies or shave the front of their heads in mourning for the dead (Deut 14:1). According to the Roman Catholic priest and biblical scholar, Leslie Hoppe, this commandment was given to highlight the uniqueness of the God of Israel, as, since this God is unlike other deities, ‘those who serve Him cannot imitate the practices tied to the worship of foreign gods. Israel is called to be holy—that is, set apart—just as its God is holy’ (Hoppe 1985, p. 48; For more on these biblical prohibitions of shaving and cutting the body, see Olyan 2020, pp. 181–91). However, this suggests that modification practices per se are not evil, but are forbidden because of their connection to paganism and idolatry. Maintaining Israel’s distinctiveness and avoiding the customs associated with the worship of other gods is the primary focus, rather than condemning alteration practices themselves.

As for bodily beauty, numerous Old Testament passages portray it positively, with some of the most notable examples found in the Song of Songs, which celebrates various parts of the human body—such as the eyes, lips, breasts, and neck—by comparing them to objects of beauty like jewels, fawns, birds, and scarlet ribbons (e.g., Songs 1:15, 4:1–5, and 7:1–5). Nevertheless, Genesis describes the forbidden fruit as ‘delight to the eyes’ (Gen 3:6), highlighting how external beauty can be misleading and how an obsession with it may lead to internal ‘ugliness’, vanity, and pride. Moreover, as Alicia J. Baten remarks, in the Old Testament, often adornments were associated with adultery, which also became a metaphor for Israel’s worship of foreign gods (Batten 2010, p. 150). For the God of the Hebrew Bible, external beauty is frivolous and insignificant, since, as is written in the first book of Samuel, ‘the Lord does not see as mortals see; they look on the outward appearance, but the Lord looks on the heart’ (1 Sam 16:7).

In the New Testament, several passages address outward embellishment, with many of them expressing disapproval of it in favor of inward beauty. In the Sermon on the Mount, Christ encouraged people to trust in God rather than worry about clothing and external embellishments, pointing to the lilies of the valley and wildflowers, which grow solely through God’s providence and are more beautiful than anything King Solomon could adorn himself with (Mt 6:27–30; Lk 12:27–30). Similarly, Jesus criticized the Pharisees for their hypocritical focus on outward appearance (Mt 23:25–28), highlighting the contrast between external and internal purity and underscoring the significance of the latter. Humans, therefore, should place their trust in God’s providence, which can reveal beauty without the need for anxious striving.

Following the teachings of Jesus, St. Paul rejected excessive external beautification, urging that ‘I desire. . . that the women should dress themselves in modest apparel, with propriety and moderation, not with braided hair or gold or pearls or costly clothing, but with good works, which is proper for women professing godliness’ (1 Tim 2:8–10). Additionally, in his epistle, St. James advises against judging others based on their physical appearance or attire (Jas 2:1–5), noting that while gold and silver may appear dazzling to the eye, they are subject to corrosion, and this corrosion will ultimately devour the flesh of the wealthy ‘like fire’ (Jas 5:1–3). Likewise, St. Peter’s counsel to women aligns with this biblical approach:

Do not adorn yourselves outwardly by braiding your hair and by wearing gold ornaments or fine clothing; rather, let your adornment be the inner self with the lasting beauty of a gentle and quiet spirit, which is very precious in God’s sight. It was in this way long ago that the holy women who hoped in God used to adorn themselves by being subject to their husbands (1 Pet 3:3–5).

According to the Bible, therefore, what humans find attractive does not necessarily align with what God finds beautiful, and vice versa. For God, true beauty is intertwined with goodness and morality, while that which is corrupted can never be truly appealing, regardless of how delightful or stunning it may appear to human eyes. This perspective explains why early Christians often linked evil with seductive attractiveness, depicting the Devil as a charming and alluring figure, while emphasizing the value of inner beauty instead (Navone 1996, p. 31), and why many Church Fathers and thinkers from both Western and Eastern traditions expressed skepticism, or even hostility, toward an emphasis on bodily beauty, connecting it with vanity and pride (for example, see Mavropoulos 2023, pp. 171–83).

On the other hand, the Bible also provides examples where bodily beautification is portrayed in a positive or neutral light, particularly when used appropriately and with good intentions. One notable example is found in the story of Esther, who underwent extensive beauty treatments before being presented to King Xerxes (Es 2:12). Esther’s beautification was not condemned but seen as part of her preparation for her royal duties, highlighting that such practices, when aligned with one’s responsibilities, can be acceptable. Similarly, the imagery used in Ezekiel 16 portrays adornment as a metaphor for God’s care and blessings. The passage reads, ‘I clothed you with embroidered cloth and put sandals of porpoise skin on your feet; I wrapped you with fine linen and covered you with silk. I adorned you with ornaments, put bracelets on your wrists, and a necklace around your neck’ (Ez 16:10–11). These descriptions of adornment are used to symbolize God’s love and grace, showing that beautification can have symbolic and positive associations.

Moreover, even in religious contexts, beautification and adornment were not dismissed. The sacred garments of the priests, as described in Exodus, were crafted with great care and adorned to reflect dignity and honor: ‘Make sacred garments for your brother Aaron to give him dignity and honor’ (Ex 28:2). These garments, detailed with embroidery and precious materials, indicate that beautification can enhance the sense of reverence and respect in worship and service. Finally, the use of oils and perfumes, both for anointing and beautification, appears throughout Scripture. Jesus himself acknowledged the significance of a woman anointing him with expensive perfume, saying, ‘She poured perfume on my body beforehand to prepare for my burial’ (Mk 14:8). This act, while symbolic, reflects the cultural acceptance of beautification practices for purposes beyond mere vanity, such as honor and reverence.

In summary, the Bible holds a profound respect for the inherent value, integrity, and beauty of the human body as God’s creation, which often results in a skeptical, if not negative, view of bodily beautification and modification. Nevertheless, it does not condemn

all such practices outright but evaluates them based on their intentions and alignment with spiritual values. When approached thoughtfully and under appropriate conditions, acts of enhancement and adornment can even reflect humanity's role as 'coworkers with God' (1 Cor 3:9), participating in His creative work. The real concern lies not in the acts of beautification or modification themselves but in an excessive focus on external appearance, often accompanied by disregard for the soul. Physical enhancement, while not inherently wrong, becomes problematic when it leads to the idolization of outward beauty at the expense of inner growth. This dynamic is poignantly illustrated by the fall of Lucifer, whose obsessive and narcissistic admiration of his own beauty ultimately led to his self-deification and downfall (Stamoulis 2022, pp. 191–92). But what do all these mean for the moral assessment of cosmetic surgery in Orthodox and Catholic ethics? Let's begin with the latter.

4. Perspectives from Catholic Theology

The Roman Catholic Church has not expressed official positions on cosmetic surgery, while the few popes who have addressed the topic have done it only marginally, without going into detailed analysis. In general, based on the doctrines of totality and double effect, and recognizing the direct connection between physical, mental, and social well-being, they favored operations aimed at correcting and restoring disfigurements but urged caution regarding procedures focused solely on esthetic enhancement (see, for instance, Pius XII 1958; John Paul II 1989; Francis 2015).³ In other words, based on the aforementioned distinctions and definitions, the popes who touched upon the issue ethically accept reconstructive surgeries and raise moral concerns and objections when it comes to purely cosmetic procedures.

Are, however, cosmetic surgeries always morally bad for Catholic moral theology? In order to answer this question, we have to identify whether they are considered inherently or intrinsically evil acts, and therefore, absolutely rejected. Although cosmetic surgery is not explicitly included in the list of inherently evil acts of the Catholic Church, the mutilation of the body is. As Pope John Paul II wrote the following:

Reason attests that there are objects of the human act which are by their nature "incapable of being ordered" to God, because they radically contradict the good of the person made in his image. These are the acts which, in the Church's moral tradition, have been termed "intrinsically evil" (*intrinsece malum*). . . Whatever is hostile to life itself, such as any kind of homicide, genocide, abortion, euthanasia and voluntary suicide; whatever violates the integrity of the human person, such as mutilation, physical and mental torture and attempts to coerce the spirit. . . all these and the like are a disgrace, and so long as they infect human civilization they contaminate those who inflict them more than those who suffer injustice, and they are a negation of the honour due to the Creator. (John Paul II 1993)

Inferentially, if cosmetic procedures were regarded as mutilations, they would be considered inherently evil and absolutely rejected.

However, determining whether cosmetic surgery falls under this category is challenging, as there is no clear theological definition of mutilation. In his important article from 1956, 'The Morality of Mutilation: Towards a Revision of the Treatise', the Catholic theologian and priest, Gerald Kelly, argued that cosmetic surgeries 'may be called mutilations in the sense that they temporarily impair the use of the higher faculties' (Kelly 1956, p. 336). Nevertheless, the lack of a precise definition of mutilation in papal documents, along with Kelly's observation that the traditional definition found in Catholic manuals is 'defective' (Kelly 1956, p. 327) makes the theological examination of the link between mutilation and modification challenging. Later, in his book *Medico-Moral Problems*, Kelly will include cosmetic surgery in mutilations, offering his own definition of mutilation given as follows:

any procedure which interferes, even temporarily, with the complete integrity of the human body. This general description refers to surgery, irradiation, or any other treatment, such as the use of drugs and chemicals. It includes serious things like the excision of a kidney, as well as minor procedures such as blood transfusions and skin grafts. It is not limited to the removal of organs or the suppression of functions; it extends also to such things as circumcision, exploratory operations, cosmetic surgery, and so forth. (Kelly 1958, p. 8)

According to Kelly, therefore, cosmetic procedures indeed qualify as mutilations. However, as he adds, mutilation can be either justifiable or unjustifiable, based on whether it is ‘in accordance with sound principles’ (Kelly 1958, p. 8). In this case, the word ‘mutilation’, as Kelly uses it, when referring to justifiable acts, does not refer to the inherently evil acts that Catholic teaching absolutely condemns. This suggests that the possible physical, mental, and social benefits of cosmetic surgery would likely exclude them from being seen as unjustifiable mutilations. Decades later, bioethicist David Albert Jones echoed this view, noting that the Catholic Church uses ‘mutilation’ in a strict sense, excluding procedures like cosmetic surgery. However, as he adds, ‘This is not to say that such modifications of the body are always morally justifiable but rather that the justification requires consideration of the particular circumstances, risks, burdens, and benefits. In contrast, mutilation in the strict sense is harmful per se and is condemned independently of circumstances’ (Jones 2018, p. 55). Hence, the Catholic Church would likely adopt a narrower definition of mutilation, excluding minor procedures like cosmetic surgeries from being inherently evil, which means that the ethical evaluation of these practices should consider not only the act itself but also the specific intentions and circumstances of each individual case.

As already mentioned, the Catholic Church views deliberate bodily torture and mutilation as violations of human integrity and inherently evil acts. Moreover, intentional harm is always deemed unreasonable, based on the principle that ‘evil may not be done for the sake of good’ (Finnis 1991, pp. 54–55).⁴ Nevertheless, the distinction between self-mutilation and medical amputation is significant. When cutting the flesh is performed for therapeutic purposes, it is not only morally permissible but often encouraged if it benefits the body as a whole. This aligns with the Catholic ‘principle of totality,’ which holds that, although we are stewards rather than owners of our bodies, we can permit the removal or destruction of a body part if it is necessary for the well-being of the entire body. While ‘tampering’ with bodily organs or their natural functions is generally seen as ethically wrong, as Janet Smith notes, not all forms of tampering are immoral: ‘For instance, there is little controversy about the moral permissibility of medical procedures necessary for the health of an individual that may result in blindness or sterility’ (Smith 2010, p. 82).

The principle of totality, which considers not only physical but also psychological and social aspects of human life, extends beyond medical amputation to allow for ‘reasonable’ cosmetic surgeries (Ashley 1985, p. 421). While Catholic ethics emphasizes the greater importance of inner beauty over outward appearance, it also acknowledges that external appearance plays a significant role in modern life. Thus, body alterations for medical purposes are accepted, and even purely cosmetic procedures may be morally justified under certain circumstances. Germain Grisez, perhaps the only Catholic thinker to examine the issue of cosmetic procedures in significant detail, holds the following view:

it is not morally problematic to trim nails or hair in accord with prevailing styles. . . Acts intended to improve appearance that do not detract from any capacity also are morally acceptable in themselves, for example, removing excess fat.⁵ Even a materially disfiguring procedure which does not affect a function is morally acceptable if it enhances appearance according to the standards of one’s culture, for example, stretching the lips or ear lobes. . . a man whose ears are unusually

large but functional may have them cosmetically remodeled even at some small sacrifice of function and a young woman may choose to have healthy tissue removed from her unusually large breasts. (Grisez 1983, pp. 542–43)

Thus, for Grisez, body alterations are morally acceptable as long as they do not heavily detract from the function or well-being of the individual. However, in his work, *The Way of the Lord Jesus*, Grisez examines specifically the morality of facelifts, concluding that, although they are not inherently wrong, they should be ethically dismissed if there is no strong moral justification for them, and that they must always be justified by compelling moral reasons, such as the psychological well-being of the individual. He argues that aging is a natural process that cannot be halted, and Christian self-esteem should not rely on external appearances, especially in a culture that excessively values youth, beauty, and sexual appeal. Grisez urges individuals to reflect on their motivations, emphasizing the importance of authenticity and cautioning against results that may appear unnatural or grotesque. He also considers health risks, such as loss of facial sensitivity, and the significant financial cost, suggesting that such funds could serve more meaningful and charitable purposes, like providing reconstructive surgery for children in need (Grisez 1997, pp. 262–66).

All these lead to the key question of under what specific circumstances does a cosmetic procedure, even a seemingly minor one, move from being morally acceptable to morally problematic. One crucial factor is the magnitude of the psychological or social issue being addressed. A procedure that alleviates significant psychological distress, such as reconstructive surgery following trauma, may be ethically justified. In contrast, procedures primarily driven by societal beauty standards or sexual appeal raise concerns about the underlying motivations. Catholic ethics emphasizes the dignity of the person and warn against conforming to a society that places excessive value on external appearance, which can lead to vanity and objectification. While Grisez's examples of ear reshaping and fat removal may be morally permissible in some contexts, a key distinction must be made between enhancements that genuinely improve the person's well-being and those that are driven by superficial standards of beauty. Cosmetic surgeries motivated by cultural pressures to conform—such as those aimed solely at enhancing sexual appeal—are more ethically contentious. Such procedures may not only reflect personal dissatisfaction but also perpetuate harmful societal norms that prioritize appearance over the intrinsic value of the person. Thus, for Catholic ethics, while some cosmetic procedures may be ethically justifiable, they must meet clear ethical criteria: they should address substantial psychological, medical, or social issues, and not merely cater to esthetic desires shaped by societal pressures. On the one hand, when cosmetic surgery addresses a substantial medical, psychological, or social issue, it can be ethically justified, while, on the other, if the procedure is solely for enhancing appearance or sexual appeal, it cannot, as 'Certainly it is unjust for a society to devote so much of its resources to vanity when the poor lack necessities' (Ashley et al. 2006, pp. 108–9).

In Catholic theology, therefore, cosmetic procedures are ethically permissible not only for restoring physical deformities but also for promoting the individual's bodily, mental, or social well-being. This is also supported by the principle of 'double effect', where the primary intention is the healing or preservation of body and soul, while any alteration or even destruction of the body is seen as a proportionate side effect.⁶ On the contrary, unnecessary, voluntary cosmetic interventions are considered inherently evil, as they undermine the integrity of the human person and can be associated with pride and vanity. Ultimately, if strong justifications for their moral permissibility are lacking, cosmetic surgeries, and body modifications in general, should be rejected.

5. Perspectives from Orthodox Theology

Similarly to the Catholic Church, the Orthodox Church has not issued any formal statement on cosmetic surgery, while there is little controversy regarding reconstructive plastic surgeries, as they are typically seen as ‘not contrary to nature. . . acts of mercy that involve the restoration of the body to its normal healthy state’ (Bradshaw 2023, p. 69). Nevertheless, one major difference between the two traditions is that Orthodox moral theology has not adopted the notions of moral absolutes and inherently evil acts. Instead, every situation must be evaluated separately, with all relevant factors considered. As Stanley Harakas explains, ‘The commandments of God, in fact, have to do with the purpose, intent, and overall direction of the Christian life and not with a mere concern for conformity to external standards’ (Harakas 1979, p. 113). For Eastern Orthodox theology, therefore, God’s commandments are to be observed, yet His will cannot be confined to simple moral laws and obligations, while the Orthodox Church emphasizes divine economy, valuing personal discernment and flexibility in moral decision making.

In Eastern Christian writings, intentional self-mutilation, where individuals deliberately remove a body part or impair a bodily function, is the most frequently condemned form of body modification. Contrarily, when it comes to the amputation of a body part that threatens a person’s health, Eastern Christian thought considers it not only morally acceptable but also necessary and recommended for the preservation of life. This distinction between the two types of mutilation is reflected in several Eastern sacred ecclesiastical canons, which condemn actions that go against human nature while approving those performed to save a life. These canons include the 21st, 22nd, 23rd, and 24th canons of the Holy Apostles,⁷ along with the 8th canon of the Protodeutera Council of Constantinople. All these canons denounce mutilation for non-medical purposes, viewing it as an affront to God and as a form of self-destruction that endangers the health and life of the individual. Therefore, non-curative bodily mutilations have generally been regarded as blasphemous, as any attempt to alter divine creation is merely a display of human arrogance.⁸ Such acts oppose God’s will, align with the pursuit of self-deification, and lead to pride and vanity, mirroring the original sin (Keselopoulos 2003, p. 239). On the other hand, amputations performed to preserve life are not only approved but encouraged, as there are no ethical objections to bodily interventions performed for necessary therapeutic or restorative reasons.

In relation to these, St. Basil the Great distinguished between two types of evil: the evil inherent in nature, which is sin, and the evil that, while unpleasant, comes from God for the benefit of humanity. He placed self-mutilation and castration in the first category and amputation in the second. According to Basil, removing a limb, though painful and undesirable, can often prevent disease from spreading and ultimately save the patient. In fact, the patient benefits so much from the procedure that they not only compensate the doctor for their services but also regard the doctor as their savior (Basil the Great 2005), ‘Homily Explaining that God Is Not the Cause of Evil’, 3, translated by Harrison 2005). Basil emphasized that such medical interventions are strongly approved, even considered obligatory, and argued that it is essential to make use of medical treatments when necessary, even if they involve painful measures such as cutting, burning, or taking unpleasant medications. Enduring these difficult procedures and following a strict regimen were crucial for healing and preserving the health of one’s body (Basil the Great 1999), ‘The Long Rules’, 55, translated by Wagner 1999).

Furthermore, Orthodox bioethics, recognizing the link between physical, mental, and sociological well-being, as well as the undeniable importance of bodily beauty, especially in modern society,⁹ may approve a purely esthetic procedure if it is intended to address a psychological or sociological issue and is not performed merely to enhance external appearance. After all, health care does not deal only with the bodily but also with the

psychological and sociological aspects of human life. In the words of Tristram Engelhardt, health care is defined as follows:

includes not only the treatment of coronary artery disease, cancer, pneumonia, and tuberculosis, but arthritis, headaches, athlete's foot, and acne. Health care includes as well the psychiatric treatment of neuroses and the general support given by physicians to the worried well and vexed ill. It encompasses genetic counseling and the provision of contraceptives. Cosmetic surgery to raise sagging breasts and buttocks and to make noses better conform to prevailing cultural and aesthetic norms also falls within its purview. (Engelhardt 2023, p. 388)

Therefore, all aspects of health care, including psychological and sociological well-being, deserve attention, as it is not limited to life-threatening conditions but extends to the treatment of less severe physical ailments, psychological conditions, and even concerns related to one's appearance, aimed at aligning individuals with societal and esthetic norms.

However, as Engelhardt continues, 'To decide which of these health care undertakings is more or less worthy of urgent support, one must decide which count as true needs, and which are mere desires. One must fashion a hierarchy of needs and desires to rank the claims made by different areas of health care for support' (Engelhardt 2023, p. 388). Determining which procedures address legitimate needs versus those that fulfil mere desires is a critical ethical challenge in health care and calls for a thoughtful hierarchy, where the urgency of medical, psychological, and sociological interventions must be carefully weighed. Thus, one could say that it remains essential to prioritize interventions that preserve or restore bodily health, especially given that esthetic surgeries, though occasionally justified for psychological or social reasons, often carry, as already examined, significant medical risks and complications. This distinction between needs and desires is particularly relevant in cosmetic surgery, where motivations may blur between therapeutic necessity and personal preference, while Orthodox bioethics, with its emphasis on holistic well-being, requires a careful evaluation of these factors to ensure that health care prioritizes interventions that genuinely enhance the individual's overall health rather than simply catering to superficial desires.

In general, any medical intervention aimed at therapeutic, restorative, or protective purposes for an individual's physical, mental, or social well-being—while honoring their identity as a human—should not encounter ethical objections. For example, Orthodox ethicist Apostolos Nikolaidis, in his book *From Genesis to Genetics*, advocates for the Church's recognition of the necessity to reconstruct the breast of a woman who has undergone a mastectomy due to breast cancer, supporting such excisions for this purpose (Nikolaidis 2006, p. 147). Conversely, interventions that are solely cosmetic and undermine the inherent goodness and integrity of the human body would not be considered ethically acceptable within Eastern Orthodox theology. Engelhardt argues the following:

The boundaries for proper plastic surgery are set by the Christian ascetic concern not to pursue luxury or to be overly concerned about one's physical attractiveness. Breast augmentation to enhance a career as a nude dancer, for example, would violate a number of traditional Christian norms. Because the governing goal for humans is to turn the heart to God, there will be many gray areas in plastic surgery that will require spiritual guidance. For instance, cosmetic surgery in the attempt to maintain an every youthful appearance should give grounds for pause. In other areas of surgery, there may be less grounds for hesitation. . . the crucial issue within a traditional Christian bioethical framework is the therapeutic intent and the surgery's lack of any impact on one's normative identity as a human, as a man or a woman. (Engelhardt 2000, p. 272)

Ultimately, esthetic interventions can be ethically accepted when they are not driven by vanity and instead contribute positively to an individual's physical, psychological, or social well-being. However, if such procedures do not provide any tangible benefit, they are ethically rejected—this stance also considers the potential complications associated with these practices. The Orthodox Church emphasizes the duty to safeguard one's health and condemns any unnecessary risk-taking that could cause harm, even equating it to indirect forms of suicide. As Øivind Ekeberg and Nils Retterstøl write, 'Morally speaking, there is also the case of indirect suicide, in which people harm their health through abusive practices such as excessive smoking, excessive drinking of alcoholic beverages, and unnecessary risk-taking. The Orthodox Church teaches that we are obligated to care for our health, so these kinds of practices are looked upon as immoral' (Ekeberg and Retterstøl 2021, p. 64). Therefore, given their potential medical complications, these procedures pose health risks, and when not deemed essential or beneficial, they become morally questionable. For Orthodoxy, individuals are called to respect their bodies and health, avoiding actions that could compromise their integrity and wholeness 'without good cause' (Harakas 1982, p. 177).

Determining what constitutes a 'good cause' often involves considering the physical, psychological, and social dimensions of human well-being. An action may be justified if it addresses significant needs in these areas—such as medical interventions that preserve life, restore function, alleviate profound suffering, or enable the individual to better integrate into their community and fulfill social roles. Conversely, actions driven solely by vanity or excessive conformity to superficial societal standards are considered problematic. Based on the previously established definitions and categorizations, where plastic reconstructive surgery is recognized for its role in restoring health and/or natural form, while cosmetic surgery is primarily focused on esthetic enhancement, it follows that the latter, although it can be accepted under certain circumstances, raises significant ethical concerns.

6. Conclusions

This article has provided a comprehensive analysis of cosmetic surgery through Christian ethics, structured across theological and non-theological perspectives. Beginning with an overview of cosmetic surgery, its increasing popularity, and associated medical risks, this study highlighted the ethical complexity surrounding bodily enhancement. Using the four principles of biomedical ethics by Childress and Beauchamp—autonomy, beneficence, nonmaleficence, and justice—this article examined ethical challenges that cosmetic surgery poses within secular ethics frameworks. A biblical exploration followed, addressing the themes of beauty, beautification, and modification, drawing connections to scriptural teachings that underscore the Christian view of the body as sacred. Subsequent chapters focused on the distinctive ethical perspectives of the Catholic and Orthodox traditions, revealing both shared principles and unique doctrinal nuances.

While both traditions emphasize bodily sanctity and integrity as divinely ordained, their specific ethical approaches diverge based on theological and cultural foundations. However, despite differences in terminology and methodology, both traditions ultimately converge in their moral acceptance of reconstructive surgery, recognizing its role in restoring bodily integrity. Both are skeptical, if not opposed, to purely esthetic procedures that do not enhance bodily, mental, or social well-being. Each tradition acknowledges the importance of beauty and respects the human inclination toward self-beautification when it contributes positively to overall health. However, when cosmetic surgery is solely motivated by vanity or pride and neglects God-given bodily integrity, both traditions find it morally objectionable.

In summary, this study fosters interdenominational dialogue by emphasizing this shared ethical ground, highlighting how the Catholic and Orthodox traditions can advance mutual respect and understanding. This alignment offers a constructive platform for interchurch reflection on dignity, identity, and the pursuit of physical perfection, underscoring the body's enduring significance in Christian spirituality within today's interconnected world.

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Notes

- ¹ This discussion intersects with recent debates surrounding surgical responses to body integrity identity disorder (BIID), where patients request procedures that may result in significant harm. These cases highlight the complex balance between respecting autonomy and the ethical obligation to prevent harm. For further exploration, see (Song 2013, pp. 487–503).
- ² The term ‘normal’, as used here, reflects the societal constructs of appearance that vary across cultures and contexts and its use can unintentionally reinforce narrow or exclusionary standards of physical acceptability.
- ³ All papal documents are taken from the official website of The Holy see <https://www.vatican.va/content/vatican/en.html> (accessed on 2 September 2024).
- ⁴ This principle applies universally in Catholic ethics, even in cases such as self-defense and just war. In self-defense, the harm caused to the aggressor is an unintended side effect of the legitimate act of protecting one's own life or others'. Similarly, just war theory imposes strict conditions to ensure that the use of harmful means, such as force in war, aims at restoring justice and peace without violating moral principles. For an in-depth discussion on the moral limits of intentional harm, see (Finnis 1991, pp. 45–76).
- ⁵ However, it must also be considered that such ideas, including Grisez's allowance for procedures like ‘removing excess fat’ might raise concerns about reinforcing societal biases, including fatphobia, which equates thinness with beauty and can contribute to stigma and discrimination.
- ⁶ The principle of double effect originates from (Aquinas 2010), specifically in his discussion of intentional homicide in cases of self-defense. Thomas Aquinas, *ST II-II*, q. 64, a. 7. English translations of *Summa Theologiae* are taken from Loughlin 2010. For more on the doctrine, see (Scarnecchia 2010, pp. 73–84; Kaczor 2000).
- ⁷ These canons were officially ratified by the Quinisext Council, which is not recognized by the Roman Catholic Church. As a result, the Apostolic Canons are accepted only by the Eastern Orthodox Church. See (Chadwick 2003, pp. 64–70).
- ⁸ While divine economy emphasizes discernment and pastoral care, it operates within the boundaries of core Orthodox moral principles, such as the sanctity of the body. Non-curative bodily mutilations are considered blasphemous because they violate this principle, although this does not mean that the act is inherently evil, as Catholic theology might interpret it.
- ⁹ Nevertheless, beauty remains a subjective concept, and modern psychology has yet to establish a definitive standard for attractiveness, as beauty ideals evolve with cultural changes. For example, during the 19th century, curvier bodies were considered the epitome of beauty, whereas this ideal has shifted in the 21st century. Furthermore, it is important to acknowledge that the pressure to conform to these beauty standards can cause societal harm, leading to superficial judgments and contributing to mental health issues. See (Frederick et al. 2015, pp. 1–5).

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