

MAKING THE BODY BEAUTIFUL:
AN INTERVIEW WITH SANDER L. GILMAN

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The Body in Cultural Context

In your work, you've written about the ways in which our sense of our bodies is shaped by our culture. Could you say more about this?

It's impossible to talk about bodies unless you talk about the cultural construction of those bodies. Now, culture for me is the overriding force through which the collective limits our individual understanding of ourselves and the world. It is what Freud called the super-ego. *Culture* is expressed in the way that groups talk about and imagine aspects of the world as a means of controlling individuals. Now, these groups can be very small. You can talk about family culture, national culture, class culture, or group culture. All of us function in multiple

cultures simultaneously, especially in relation to the body. On the one hand, we live in a very puritan society in the United States. On the other hand, we are obsessively attracted to and interested in specific kinds of bodies, as every kind of media from advertising, magazines, newspapers, television, and movies shows us. That tension is a real one, and we live within this tension. We make our own bodies out of those tensions. It is not that we don't have individual bodies with individual differences, but that we constantly re-read our bodies in term of the culture(s) in which we are the most heavily invested.

The working title of your current project is *Fat Boys*. What is it about?

It's about obesity. One of the interesting questions across history and cultures is that there has always been a category called obesity, but it changes from culture to culture, from time to time, from nation to nation. Does it mean that there aren't fat people? Sure there are fat people. But what does "fat" really mean in that context? Do we "know fat when we see it?" Of course we do, but how we know it is determined by the multiple worlds of meaning in which the very notion of "fat" is shaped.

My obesity project is the other side of the coin from the notion that fat is a feminist issue. That problem has been addressed and addressed very well. What has not been addressed well is the question of what happens when fat becomes a man's issue. I'm very interested in what happens when our society imagines the fat man. It ranges across the horizon from questions like why is it that Santa Claus in the late nineteenth century becomes fat to what happens when we imagine fat singers or fat actors in roles. The original Saint Nicholas was never fat. In fact, if anything, he was very, very thin. He was supposed to be thin as a sign of his religious devotion. Male singers "became" fat only with the castrati in the seventeenth century.

What is interesting to me about the notion of fat today is that it seems to be the last category of the body that is acceptably comic. One of the things that happens in the last 100 to 120 years is that the fat man continues his history of being also the funny man. The explosion of fat movies over the last ten years is fascinating because it has to do with

very complicated questions of whether fat men are real men. What happens is that the fat man is emasculated, and in movies such as “Big Mama’s House,” literally—I mean, literally—becomes a fat woman. In this film the question becomes part of a discourse on race and class (at least crime) that becomes a heterosexual love story.

What sorts of cultural changes have taken place in the last few decades that have affected the way we view our bodies and the way bodies are represented?

One of the things that I truly believe is that, in culture, all body images are present simultaneously as both positive and negative images: fat people, thin people, extremely fat people, extremely thin people, men, women. What is interesting to me is: why at any given time does one image seem to dominate? The other images don’t disappear. For example, the big-breasted woman doesn’t suddenly vanish from the horizon of the sexually attractive when Kate Moss becomes the idealized female model type. What is interesting to me is why things seem to shift. If you look back over the last 300 to 400 years (as I’m doing with the obesity project and have done with most of my books) or the last 1,000 years, one of the things that you see is that the changes in terms of what becomes the dominant model of the body changes at an ever quicker rate. Part of that has to do simply with the ability to communicate images more quickly today than a 1,000 years ago, and that’s something that I think is very modern: the speed of the shift of stereotypes.

Do you mean the shift in what’s idealized and what’s denigrated in terms of body types?

Absolutely. In other words, what is seen as being the ideal type, as well as what is seen as being the negative type, shifts very, very quickly over time, and shifts in ways that are sometimes very surprising. The woman’s body with a very fulsome figure, large breasts, large buttocks, for example, which ten years ago was still an idealized type, is now giving way to much smaller, leaner bodies. The tendency begins with the creation of the androgynous “New Woman” at the beginning of the twentieth century that competed with the full-breasted “Gibson Girl”

of the time. You see this today just by watching MTV, which is quite fascinating.

Do you think we're more obsessed with the body now than we were, say, 100 years ago?

No, we've always been obsessed with the body from the ancient Greeks and from the ancient Chinese to the present. It's one of the very few things that is a universal experience: We all own a body, but none of us has an operating manual. The one thing you know about the body is that over time it is going to slow down, fall apart, and then stop. Decay and death are the shared experiences that every human being has, so the notion that we are in a society that's suddenly obsessive about the body is nonsense. All human beings have always been obsessed by their bodies.

Do you think we are more obsessed with the aging process and with trying to resist it? Or is it just that we have more ways of resisting it now?

Well, if the life expectancy is 40 years, what you find, of course, is that people set their expectations around those 40 years. They're just as upset about the aging process, which begins in the 20s and 30s as we are now with an aging process that begins in the 50s and 60s, but now clearly we have more time to be obsessed. What happens now is that very, very early on—I mean very early on—the cult of youth kicks in. By the time you're 30, you're thinking about having botox injections; you're having hair implants and liposuction. This is something that is new only because we've been able to extend life and, again, because we can communicate images more quickly, more thoroughly. Does this mean that we are more obsessed than people were 300 years ago? Of course not, but they had a shorter span of time to be obsessed about it, and they had a slower pace of communicating the images through which they imagined their bodies. They also had fewer means of intervening and less time to do this. This is true today if we compare life expectancy and life styles in developing and developed nations—in spite of globalization.

This connects with one of your arguments in *Making the Body Beautiful*—that aesthetic surgery is not a modern phenomenon, that it’s actually something we’ve been involved in throughout time.

Absolutely. Aesthetic surgery is modern only in the sense that the techniques to stop infection, to stop pain, and to decrease shock become more effective once we have anesthesia, antiseptics, and the ability to do transfusions. People are doing what we can think about as aesthetic surgery from the time we have written records, I mean, literally from ancient Egypt on and probably before that. I think a lot of the discussion, for example, about aesthetic surgery has a kind of a quirky new age modern phenomenon. It just underestimates its long history. Again, it is more frequent now. We can communicate images more easily now. It is more accessible and affordable now, so that it has a greater visibility. There doesn’t seem to be a day that goes by that I don’t clip some article out of the daily newspaper in the USA or Europe. And today this is not just a reflex of the developed world; in developing countries the desire for self-improvement through surgery is also present. There it is often limited to those who can afford such procedures, but, for example, in Argentina there are a few “free” clinics that do face lifts and tuck-tucks for free!

Commodification and the Body

Human bodies have been bought and sold for centuries, temporarily as in prostitution or for generations as in slavery, but there are new forms the commodification of the body has taken recently. You can buy human organs; you can buy eggs and sperm from the donors who have the characteristics that you desire for your future children. What do you think these developments tell us about our current understandings of the body?

The commodification of the body is, as you’ve pointed out, one of infinite history. We’ve always sold bodies and bought bodies, whether you’re talking about buying slaves or giving dowries for girl children. We’ve always had some of kind of value placed on bodies. When the British hired Hessian mercenaries during the Revolutionary War, they

paid the King of Prussia so much per head. They bought bodies and people died. One of the things that is quite extraordinary is the fact that slavery, which seems to us such an impossible concept in the twenty-first century, still exists. This exists as the increased trade in children and women for sexual and economic exploitation or the literal buying and selling of slaves.

In addition, in the developed world you're also talking about buying bits and pieces of bodies. That is, of course, a modern question because we're able with transplants over the last 50 years to exploit not only whole bodies, integral bodies for economic and sexual purposes, but bits and pieces of bodies. In this latter case the rule of thumb has been, in most cultures, that only replaceable body parts can be sold. We're very comfortable in the United States with buying blood. Blood banks do it all the time.

Sperm and eggs, while they may be finite are also seen as replaceable. Of course, with eggs it's simply not true, but they seem to fall into the same category as blood. And so again, most Western societies have said, "okay, you can commodify those." We're much less comfortable with that. For some reason, we're much more comfortable with going to a sperm bank where people have donated sperm, in order to access sperm or to the equivalent egg bank. As you say, we buy because we want certain qualities. That has to do with a popular notion of inheritance of specific qualities, which is also very questionable. To choose a sperm and egg to produce a specific quality of child, or to alter the genetic makeup to remove or enhance the child's potential, seems to most of us unacceptable. Yet to alter pathologies by changing the genetic makeup or to eliminate inherited diseases by selective preimplantation testing, is more acceptable. Here a door is open to a wide range of potential "abuses" because of the desire of the individual. The culture is now deciding what will be the limits (in stem-cell research, for example), but because we live simultaneously in multiple cultures the claims of each will and must be heard. These too will change over time and will produce conflicts.

The next stage in selling bits of the body, which has gotten much more play over the last few years, is what happens when you've got the ability

to sell a body part. You've got two kidneys; you can live with a 50% kidney production so you can give up one kidney. Should you be permitted to sell it? Well, in the United States, it's not permitted, but in certain other cultures, that has been seen as much like the egg question is in the United States—something that's marginally acceptable but acceptable. When one nation-state decides to abandon or ban certain modes of manipulating the body, other spaces become available. In India the sale of organs, such as kidneys, has now become more common place and clinics, such as private ones in Israel, are quite prepared to undertake transplants with such organs. The irony is that while Germany has banned embryonic stem-cell research from embryos, there is a loophole in the existing law that enables scientists to import such cells once they are removed from the embryos. And the German scientists are importing them from Israel!

Then you go to the next stage of commodification, which is evidently happening in the People's Republic of China today. They seem to believe that: "since we're going to kill a lot of people through the judicial system, let's kill them in such a way that we can harvest their organs so that they provide some kind of benefit to the society in general." If you kill somebody "correctly," you've got both kidneys and a heart and skin and both corneas, and those are useful in hospitals in China, but even more useful as commodities to sell abroad.

There we are confronted with really interesting problems of globalization. Can we create health care systems that are universal in their rejection of any type of trade in body parts—where you don't use kidneys or skin or corneas, unless they're donated? Questions like this are now just percolating to the surface, and will be discussed in terms that are as radical as the discussions about stem cells and embryos. In our present world of privatization, which seems to define how many people define the global, there's always going to be a black market. There are always going to be doctors and hospitals willing to break the law or custom, but do we want to have universal laws, meaning international conventions, which control this? And how would the definition of the body part be limited? This is now being discussed within the World Health Organization and within the world health community, but it's very interesting how many competing voices you hear.

We seem to need international conventions. What's been very interesting to me is that those countries which you imagine would be the first to say "we must have international conventions," like the United States, like the European community, have been the ones least willing to get involved on an international basis under the rubric "we see this as a local problem" that can be resolved locally. Thus the possibility arises that the research, therapy, and harvesting of "body parts" from stem cells to kidneys may well come to be a trade of specific places in the world that are willing or able to exploit their expertise and their humane "resources." Hong Kong as a transplant center? Why not?

Advertising is increasingly displaying increasingly young bodies and more of them. Where are we going with this commodification of the body and the cult of youth it suggests?

It's very clear that since the late nineteenth century, we have developed a kind of fascination with youth, which has to do with the growing ability for us to live longer and with the decrease in infant morbidity and mortality. It used to be that children were a risk because they died, and they died very young. Identifying with youth was not easily possible. They died before they came of age, and now that's very much an exception—I'm thinking of Western European, North American, and Australian cultures. With the ability to live longer came also the ability to have more children. I think there is a kind of a cult of youth that has to do with an anxiety about the aging process, which is longer. It is perceived as being longer and longer and, again, reinforced by a culture which makes it possible to have a kind of protracted sense of youthfulness, cosmetic surgery being one important part of that.

Making the Body Beautiful

In *Making the Body Beautiful*, you argue that individuals pursue aesthetic surgery in order to "pass." You talk about the desire to be invisible and to avoid fitting negative stereotypes. Could you say a little more about this motivation for aesthetic surgery?

I think it's a fact that we all identify with groups that exist in the world. What groups we identify with, of course, is very much up to the individual and why we identify with any given group differs from person to person, but let's go back to the youth culture. To say for example that a number of people identify with a sense of what youth culture is means that when they undertake procedures, they want to enter into that youth culture, even if it means looking just ten years younger, in such a way as to be invisible. This is true of people with big noses who want to have small noses, and people with small noses who want to have big noses. They represent symbolically the group in which they want to function. Big-breasted women want to have smaller breasts; smaller breasted women want to have larger breasts. On the one hand, this is an individual decision. We choose consciously or unconsciously (but most often unconsciously) the group with which we identify for very complicated personal reasons and also because of which competing cultural norms we internalize. This idea of passing is one that I think explains why some people have procedures that seem to make them disappear into the mob, and some people have procedures that make them seem more visible in the world. It has to do with which aspect of the world we need to identify.

The desire to be invisible does make sense in terms of those who are trying to fit in and fit a certain cultural norm, but when you're trying to make yourself more visible or your desire is the desire to be an object of desire, to attract more notice, how does that square with this idea of passing?

With very few exceptions, the aesthetic procedures that we're talking about do not create people who are unique. No one that I know of—there may be some artists who do this, but no one that I know of—has wanted to have a second nose in the middle of his or her forehead. That's technically completely possible, but it's not something that you can imagine a person wanting unless, again, he or she is an artist who is remaking his or her body as a surreal work of art. ("Face by Dali"!)

The notion of becoming an object of desire means that you enter into that category of the desirable, and you are invisible in that category. You become part of that category. You pass.

You write about the desire for transforming one's body through aesthetic surgery as a means of trying to gain control. But you also talk about the extent to which cultural norms shape our self-perceptions and give us categories, so that aesthetic surgery also reveals the ways we are controlled by our culture. Could you say a little bit more about the issue of control in relation to aesthetic surgery?

This has to do with the problems of autonomy. We are all in our imagination, at least since the Enlightenment, autonomous beings. We think and therefore we are. We are human beings who make choices for ourselves, but we know very well that all those choices are limited by the money we have, the place and time in which we live, how tall we are, how short we are, what the society thinks of us, how we relate to the society, and so forth and so on. That is, every claim on autonomy is simultaneously a statement about the limitations on autonomy. And that's basically all I was saying in the cosmetic surgery book: we make choices, but those choices are limited in complicated ways.

One of the ways they're limited, for example, is the absolute facility of the surgeon. Over the last 100 years surgeons have learned how to do things that they couldn't do before (such as how to give us a second nose). We have autonomy to choose the doctor who's going to do something to us, but we are then bound by the fact that that doctor has limited skills. That's what the dilemma is of the world since the Enlightenment.

We now have increased possibilities for smoothing out what we see as the rough edges, our physical bumps and lumps, with aesthetic surgery and with pharmacology. We can smooth out the rough edges in our moods with Prozac or those in our children with Ritalin. Are we in danger of losing anything important about being human with these smoothing-out technologies, or is this really freeing us up to pursue other things?

This again is one of those slippery slope problems, and I recognize this. I'm not someone who believes that every improvement in point of fact is a real improvement. But there are people who are so unhappy with who they are, who can make their lives better through psychotropic

drugs, through cosmetic surgery, through body building, etc., and the end result is that they feel more in control of their bodies and of their psyches. (Whether they are or not is another question.) My sense is that there's nothing intrinsically harmful in this if we follow John Stuart Mills' admonition that we can do what we want as long as we do not harm others.

There are polysurgically obsessed people who go every six months and have something else done. They're people who are never going to be happy with the end results. Are there people, for example, who rely on psychotropic drugs as a way of not coping with the world, rather than as a means of helping them cope with the world? Of course there are because people become addicted to all sorts of things psychologically as well as physically. Do we throw out every possibility because there's a danger to it? No. That's silly. We've got to come to a point where we realize that individuals make choices. They have limits on their choices, and we have to respect their ability to make those choices, facilitate them where they are for them positive, and help them recognize when they're negative. This is as true of stem-cell research as it is of nose jobs!

Biotechnologies and the Body

We're seeing that humans need less and less of their own bodies to survive otherwise deadly afflictions or accidents because technologies can supplement or complement or replace parts of their bodies or bodily functions. Artificial intelligence is supposedly becoming more and more human-like. There is a mimicking and blurring of boundaries between humans and machines, between the natural and the artificial. How do you see that affecting our understandings of human embodiment?

Well, again, this is something that has changed over time, but it's not been at all an invention of the modern period. We have had to replace limbs with prostheses, going back to the earliest period of human history. Over time those prostheses become more and more complicated. Once we could open the body and imagine that we could create prosthetic replacements for parts of the body, things such as heart valve

replacements using mechanical or non-mechanical devices, we became able to do more and more. Does this mean, for example, that if we use a pig heart valve to replace a human valve that the person has become more pig-like? That's silly. It is just as silly to imagine that we are becoming a machine because we can now implant a mechanical heart.

If you've got a metal valve replacement, you're not a cyborg. I think the fantasy of the cyborg is that we somehow or another merge with the machine, rather than that the machine becomes part of us, and at least up to now, the mechanical technology is simply replacement. What will happen over the future, when we can, for example, as with the new artificial heart, use more and more sophisticated computer-driven parts, is that those will be seen also simply as mechanical. The idea of what a machine is becomes more complicated, but there's always a line that we need to draw between the human and the machine. No, we will not become "Borgs."

The genetic question is a more complicated one. The more we've learned about our bodies the more comfortable over time we've become with the knowledge. Before the Renaissance, with very few exceptions, you didn't open bodies, so we didn't know very much about what was going on inside our bodies. With [William] Harvey, we had the introduction of the notion of the circulation of blood. New ideas become commonplaces amazingly quickly. Within a 100 years no one could imagine that blood does not circulate. In other words, what we see, of course, is that over time—and again, the time periods shorten as information processing increases—the more knowledge we have, the more knowledge becomes absorbed and the more it becomes part of the way we imagine our bodies. In other words, it isn't all of a sudden a startling thing. At any given moment—and here I am a Kuhnian—you build up information, and there's a kind of a revolution in the way the body is seen, but that revolution becomes very, very quickly the way the body is.

Do you see any limits that need to be placed on our explorations of the body and its extension with biotechnologies or gene therapy?

This is the big discussion both in the U.S. and Germany. (I just came back from a year in Germany.) I'll use the pre-implantation testing of

embryos as an example. I can see both the moral and the ethical problems. For example, you have a recessive genetically-transmitted illness, and you want to make sure that that illness is not passed on, so you test a number of embryos until you find an embryo that does not have that recessive gene. It sounds like a good thing until you find a recessive gene, for example, for congenital deafness, and people who are in deaf culture say: “If you get rid of people with congenital deafness, this is genocide. You in point of fact are condemning us to vanish as a species.” I think these are the kind of public discussions we have to have around these issues. There is no easy solution. To ban all testing or to advocate unlimited testing without public consensus is impossible. Yet it is also clear that various groups in various settings will come up with differing views. There will never be a universal answer to these questions and that is a positive result. We have to have public discussions about what is permitted in any given culture given the culture’s history. But we also have to recognize that our solution may differ when we cross a border or a boundary between cultures.

Germany, with a horrible history of euthanasia and eugenics, may be in a very different situation in terms of what it demands of its science and what we as citizens then demand of the science, than, let us say, Australia or China or the United States. I think these are local questions. Modern science has always been universal but it is always worked out locally.

But certainly the events in Germany during the Holocaust provide a danger limit for all cultures, not just Germany?

Well, again, I think that the bottom line is that the discussions have to be carried out and they have to be debated in a democratic society, not in a totalitarian society. I think the problem of moral limits is a real problem, but I don’t think that one can set moral limits for other people. This is the claim of medical ethicists and why they have begun to fall into disrepute. We need to contextualize all of these discussions in as complicated a means as possible and *not* look for any universal resolution. I’m very anxious when people say to me one cannot do X because it must have necessarily bad results. Certainly scientific technology can and has produced horrible results, but what happened in

Germany between 1933 and 1945 had very little to do with scientific technology. It had to do with the politics of genocide. It seems to me that that is part of our collective Western history. One responds to that as part of what we bring to the table when we debate whether there should be a ban, for example, on pre-implantation testing because it may end up in selecting all blue-eyed, blonde-haired children—or all short, dumpy children, if that's the social ideal. The answer is no; I think that you cannot ban things in science, because it never stays banned—there's always an underground.

The most obvious reproduction technology that has for me a ghastly, ghastly result has been the use of the ability to tell the sex of a fetus through ultrasound monitoring. There are now ultrasound monitoring stations evidently in every small town in India, and women who are carrying girl children have been aborting these girl children to the point where the Indian population now has a dominance of males and an absence of females. That's a very bad result in terms of what one could think of as a genocide of women in this society, using a technology which in the United States is seen as a beneficent, positive technology. The irony in the Indian case is that the fact that women have now become in a sense a scarcer commodity may actually change the social valence in India, so that even there one can't make easy moral claims over time. Could this improve the status of women? Is this a "good" or a "bad" result?

I want to push you a little bit on this: During the Holocaust, the scientific establishment played a large part in what went on. Scientific practices and theories and research contributed to a mentality and program of genocide. It wasn't just the political climate. I would think that if you were able to go back in history, there would be a point at which you would want to say to scientists: "These experiments are unacceptable" or "Euthanasia is unacceptable."

What one has to understand is that the nineteenth-century idea of the human sciences was based on race. That is the first time you have truly international science that is seen as, can we say, objective. And the question is: How does this work out? It works out very differently, for example, in Britain than it does in Germany. Britain had a much stronger

eugenics movement than Germany did at the end of the nineteenth century, but the way that it was politically instrumentalized in Britain was very, very different than it was in Germany after 1933. Eugenics is based on models such as crop breeding, which had very good, positive, real scientific value, and also, by the way, very good and important results in terms of making better crops. Many British scientists were more interested in improving the social environment of people rather than in improving selective breeding. The question is not whether or not the science is bad, but rather whether the politics that uses it for its own ends is bad or good. There's a big difference in that.

The United States, by the way, was in between Great Britain and Germany on this in terms of the politics. We had massive sterilization in this country. We did not have the murder of the mentally ill, but we sterilized them. It is not the fact that scientists get involved in politics—of course they do—but whether or not science is a neutral field that can be used for good or bad. That's my argument. I would not say that any science is inherently bad.

Pre-implantation testing, for example, I would imagine in some cases can be very, very good for the people who are involved. People, for example, who believe that destroying embryos is by definition killing life would disagree with me, even though you might be able to eliminate, for example, some inherited disease that everybody would agree is negative. Let's say something like Tay-Sachs disease, where children die rather horribly before their fifth birthday.

Aren't there points at which you would want to place limits on what sort of research goes on? The most obvious example would be the experiments done on people during the Holocaust in the concentration camps.

The example from the Nazi camps that I use is the hypothermia testing, where they would take people and submerge them to see how long it took them to die in ice water. It was a terrible thing. There was no informed consent, and people were murdered. It was simply a form of murder. After the war, after 1945, American science was confronted with the fact that there was good data there about what would happen,

for example, to American pilots who had to parachute into the ocean, which is why it was done by the Germans.

The experiments were terrible. This was not science. This was murder, but what do you do with the data? And, by the way, that's not been answered yet. Every week in some histology collection in Germany, they turn up slides that were taken from dead bodies in the camps that have been used to teach medical students good medicine for the last 50 years.

I'm not advocating that you should murder people, but there are always these open questions about where you draw the line, and the answer is that we have lots of controls since the Holocaust. We have things such as informed consent. We have protocols that scientists have to work with when they're dealing with human beings. There is public discussion. It's a wonderful thing. We have enormously engaged public discussions around these issues in the media.

The stem-cell debate is a clear example. Anti-abortion forces have been speaking for decades about the murder of the innocents, a Holocaust of the unborn. Today people who have been traditionally very conservative on the abortion issue like Orrin Hatch suddenly are saying, "Hey, wait a minute, maybe as long as we're going to destroy all these embryos anyhow, we should have them help the people who need eventual treatment for Alzheimer's, for Parkinson's, and so forth and so on." That is the sort of thing that I think takes place in a democracy with real controls on science. But to say in advance that we will ban some type of experiments because we view them as potentially dangerous, I think that is not going to happen because then the science will be done some place else. Public debates are good; simply banning science is impossible. The human genome project linked public discussion with its science at every step. Perhaps this should be the model for more scientific research on our commodified, culturally defined, as well as real bodies!