Body Enhancement

BODY ENHANCEMENT

Body Images, Vulnerability and Moral Responsibility

ENHANCEMENT VAN HET LICHAAM

Lichaamsbeelden, kwetsbaarheid en morele verantwoordelijkheid

(met een samenvatting in het Nederlands)

PROEFSCHRIFT

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ANNIGJE DEN DIKKEN

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Preface

Throughout the process of writing this study I was frequently asked about my motivation to write on body images. Many wondered whether personal experiences prompted me to do so. Therefore I start with a brief explanation of the background that led me to the study of this topic.

Around the time that I was 18 years old I decided that I wanted to study medicine. In the months before the academic year started, however, I realized that biological courses, expounding on the physical parts and processes of the human body, were not what I was after. At the time I was not able to express that it was not the physical entity of the body, but rather the *experienced* body that intrigued me. It took me years to discover that there are other ways to think and speak about the human body and to put those into my own words. I started to study theology. Theology offered me the opportunity to think about human beings in the broadest sense. How are we related to the world, to each other and to God? Theologians reflect upon the past, the present and the future. It is about human beings in their fullest sense, including their being embodied. Feminist theology showed me the different ways in which we can think about human bodies. It struck me to see that within some specific debates of health care ethics these various perspectives on human bodies were only rarely introduced.

Those who asked for my personal motivations, however, were mostly interested in a deeper personal level. They realized that someone who writes about body images cannot abstract herself from her own bodily experiences. Certainly, this is true. Although I have no exceptional bodily experiences, I have always been aware of my body. All my life people noticed how tall I was. Luckily, their comments were hardly negative. Still, my bodily presence was continually made explicit. Besides the fact that I was rather content with my bodily appearance and capacities, through longer periods of illness I learned which effects bodily discomforts can have on one's daily life. When a body feels well and does not raise concerns, we normally tend not to think about it too much, because it is just there. Undoubtedly, my bodily history has made me more aware of the complexity of human bodies and their social dimensions. This is a major reason why I started to be concerned about the ways in which bodies are approached in modern society. The way in which we approach bodies is the way in which we approach persons.

This book would not have existed without all the people that surround me. Some people have had an impact on my work in very direct ways, by commenting on my texts at an academic level. Others have influenced me by causing me joy in life, through music or by love. None of them can be missed in the process of creation. I wish to thank all who supported and inspired me while writing this text. To some of those I wish to addres some words showing my appreciation.

Very grateful am I to my supervisors, Anne-Marie Korte and Marcus Düwell. Both have stimulated me to grow beyond myself. Already during my undergraduate studies Anne-Marie evoked my interest to approach life from new perspectives, to critically question the supposedly self-evident. More than that, in the course of several years she has encouraged me to grow, both as academic scholar and on a personal level. When we spoke together, I felt understood. Time and again Anne-Marie managed to turn my questions and worries into challenges I was happy to tacle. She knows how to inspire people and I am thankful that I had the opportunity to work with her for so many years.

Marcus has been a supervisor of a very different type, for which I also wish to thank him. He constantly helped me not to be satisfied with my work. When we discussed my texts, I most of the time did *not* feel understood. This caused me to work harder and challenged me to clarify my points of view. Still, I have always experienced that he supported my work. Marcus creates the space for a student to deliver a work that is truly hers, while constantly reminding her to enhance her argumentation.

Being so carefully supported by two supervisors has been of great value for me. Not often does one hear that two supervisors, working in different disciplines, can both offer their insights to their student without conflict. It was a blessing that these two people, whose work I greatly admire, guided me through this project.

Furthermore, I wish to thank the Department of Religious Studies and Theology and the Ethics Institute, both at Utrecht University, for giving me the chance to work on this project. It was a pleasure to work in this environment. At my actual working space in the Ethics Institute I experienced a pleasant and very supportive atmosphere. The other PhD students were not only great colleagues but also good sparring partners. I wish to thank my roommate Tatjana Visak, whose quiet and steady presence always made me feel comfortable. During those years of sharing our room we had many pleasant conversations. Annemarie Kalis and I regularly spoke about our work. We shared our thoughts about interdisciplinary academic work and how important it is that the social relevance of academic thinking is made explicit. At the same time we were able to offer each other critical perspectives. Our talks were very inspiring for me.

For several years I have enjoyed to participate in the PhD seminar Religion, Gender and Multidisciplinarity led by Professor Anne-Marie Korte. The exchange between theologians with different disciplinary backgrounds gave many valuable insights into the various ways of developing and practising academic research.

The participation in the European project Challenges of Biomedicine (2004-2007) was for similar reasons enriching. The international and multidisciplinary project taught me much about the benefits and constraints of multidisciplinary research. I wish to thank the colleagues of this project, especially Silke Schicktanz and Mark Schweda, for their feedback on my thoughts and texts.

Contents

1.1   Introduction of the Topic

Cultural body images receive a lot of attention. Many people habitually compare their own bodies to culturally shaped ideas of the ideal body. They diet and sport to control their weight. They make decisions on how to live a healthy life. Women rub creams on their skin to prevent wrinkles. Body images are a constant feature in the media. Commercials would have us buy all kinds of products to improve our health, enhance our beauty and render us more attractive. Besides that, think of music clips; makeover programs and women talk shows.

Cultural body images play an important role in current Western societies. And they proceed apace with the expansive growth of the range of technologies enabling intervention in the human body. These technologies bring cultural ideals within reach of individuals who wish to alter their bodies. Formerly inconceivable alterations of human bodies can now be realized.

Technologies to alter the human body are discussed in the enhancement debate in bioethics. With the notion 'enhancement debate' I refer to the existing ethical debate concerning technological interventions that are 'designed to improve human form or functioning beyond what is necessary to sustain or restore good health' (Juengst 1998, 29). This debate began in the 1990s and nowadays represents a significant part of the bioethical discourse. The scale of enhancement interventions that are actually practiced has rapidly grown.[1] Cosmetic surgery comes readily to mind. But besides that we can for example think of growth hormones, genetic enhancements, performance drugs and psychopharmaceuticals. With these technologies people try to make their bodies younger, longer lasting, taller, quicker, stronger and smarter.

Interestingly, the enhancement debate pays scant attention to cultural body images. On the one hand that is surprising. The relationship between cultural body images and enhancement technologies is so obvious that it seems impossible to overlook them in ethical deliberations concerning enhancement. On the other hand it is understandable that body images have hardly received attention. Ethics, like any other discipline, makes use of particular tools and

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1   Sheila and David Rothman, for example, introduce a broad range of enhancement technologies in their book (Rothman & Rothman 2003).

methods to give shape to its research. Body images are a social-cultural phenomenon, with specific characteristics. Their possible connection to the ethical discipline has not yet been explicated and is not self-evident. The central question of this study, therefore, is whether body images are relevant for the moral debate on enhancement. To answer that question, I must begin by showing how body images can be relevant for ethical reflection in general and for the enhancement debate in particular.

To introduce the subject of this study I start with three concrete cases, focusing on different possible positions of the parties involved (practitioners, users and decision-makers). These perspectives show a broad variety of issues that come to the fore in the context of body images and the enhancement debate. I came across all of the examples mentioned below during the period of the research for this book – while reading experience stories, interviews and newspapers, while watching television and meeting people in daily life. The cases as described below are reconstructions of single examples and no result of empirical studies. Nevertheless, I think they do point up some important and even paradoxical issues concerning body images and enhancement. Here I will not yet treat them in a systematic way. A systematic approach will follow in the remainder of the book.

1.1.1   *Practitioners*

'A masculine body shows a firm shoulder width and a modest hip measurement. You are broad-hipped, so it is advisable to remove some fat here.' The physician draws a rapid sketch. Sam listens. He agrees with all the comments the doctor makes about his body. He is part of a television program about body makeovers. A few minutes later we see him in surgery. In the end of the program he does not only have new, narrower hips, but a fully new appearance: a handsome young face and a well-shaped body.

Robert is a plastic surgeon. He operates people with completely different backgrounds. Some have clear medical indications, others do not. 'I want to help people. If there is no medical indication, I carefully try to find out why such persons wish to alter their appearance. Sometimes it becomes clear that a psychological disorder is the source of their body dissatisfaction. In those cases I do not operate. I also never treat people under the age of 18. But I do operate many people, because I think I can offer an alternative to their social suffering.'

Here we see two rather opposite positions. Two practitioners of plastic surgery approach their patients quite differently.

The first surgeon enumerates all places where Sam's appearance deviates from the normal or ideal masculine body. That implies that there is some general idea about what a masculine body should look like. We can raise many questions concerning such an idea. How did this idea of the masculine appearance become general? How did it come into being? And why would Sam wish to adapt his body to this general idea of masculinity?

We all know examples of shared ideals of human bodies in relation to beauty and health. As we will see in the next example, the perfection of performance is another ideal people strive for. But how do we become aware of such existing shared ideals? How are they communicated to us? A further question could be how we as individuals respond to such general ideas. Not all individuals seem to ask themselves why they wish to adapt themselves to the general ideas of beauty. Why does Sam, seemingly without further reflection, agree to a complete makeover? Why does he believe it is the best option to change his appearance? Did he have alternatives?

Makeover programs on television find their foundation in cultural body images. They attract viewers because people sympathize with the wishes of those who undergo the treatments. Or people find it interesting to see that the surgeries indeed make a person more beautiful. Another ugly duckling changing into a beautiful swan! We could question whether makeover programs also have the possibility of propagating specific body ideals. Television provides information. If a physician, an authority, on television shows what a masculine body should look like he or she is likely to influence people's images of their own bodies. One could start to compare one's own body to the picture Sam's doctor sketched. Am I satisfied with my appearance? But then, why would beauty propaganda on television influence me? Why would I become dissatisfied with my own body? Are we not boss over our own body? An important question in relation to cultural body images, then, concerns the role of the media. Are there any other sources or institutions that transfer cultural ideas to individuals? Can we speak of social pressure in relation to body images?

Robert, the second physician, approaches his patients quite differently. He is cautious regarding demands that are unlikely to improve the well-being of the patient. His caution implies that adaptation to some cultural beauty ideal is not always best for everyone. Robert emphasizes that wishes to change people's appearances have a psychological basis. They can also be caused by a disorder. Anorexia nervosa is an example of a disordered relation to a thinness ideal.

It seems that Robert has shaped himself a kind of moral framework to decide which demands he can grant. There are cases he finds unacceptable to treat. His requirement, for example, that patients need to be older than 18 years rules out practices as we can see them in Brazil. Parents there give their daughters breast augmentations as a gift for their sixteenth birthday. Basically, it is a symbol of social status when parents are able to offer their child this opportunity. One could ask, though, whether it serves the well-being of the child. Robert's decision not to treat persons under the age of 18 implies that he finds it important that his patients are able to make autonomous choices. But when is a decision fully autonomous? Robert also emphasizes that he wishes to offer help in cases of social suffering. But how can a social context make people suffer from their appearance? And if it does, are they still really free to decide over their own bodies?

1.1.2   Users

> Ilona is a soprano in an amateur choir. The conductor has asked her and four other singers each to sing a couple of solos. Ilona knows she will be very nervous during the concert. Because of that there is the risk that her voice will break during the solos. She decides to use beta blockers that suppress her nerves. During the concert she is able to sing freely, without worrying about her voice. Her solos are beautiful. Ilona is glad she took the drug, the next time she will surely use it again to stay calm.
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> Herbert plays the trumpet in an amateur orchestra. He also decided once to use beta blockers to suppress his nerves for a solo performance. He knew that his nervousness would cause his heart to run wild and would lose control over his breath. Herbert's story: 'It was such a strange experience. Normally, when a solo piece came near during a concert, my heart would rage and now, nothing happened. I did not feel anything. The solo went well, but there was no pleasure of achievement. I never used that stuff again. Now I have learned to control my body and feel proud when a solo was beautiful.'

Beta blockers are a type of drugs that were originally used for heart rhythm disorders and high blood pressure. Many musicians, both professional and amateur, also use the drug because it saves them from performance anxiety. The drug inhibits physical reactions to the impulse to flee. The user for example experiences no pulsing heart beat, no trembling hands or breaking voice.

A lot can be said about the use of beta blockers by musicians. We can expect that being at concert pitch, as the saying goes, adds to the quality of a musical performance.[2] We may pose other questions as well. In the professional sphere, where the competition is tough, we could wonder whether the use of beta blockers offers to some a privileged position in comparison to those who do not use them. Is it fair that some pass the audition because their performance shows no signs of nerves? Does that not shape the expectations of the auditing committee? If many musicians do their audition under the influence of beta blockers, the committee might become surprised if a musician shows signs of nervousness. That would mean that the use of beta blockers could change social expectations and norms within the music world.

Let us go back to both cases. We could wonder what they have to do with body images. Both Ilona and Herbert take the enhancement drug in response to their earlier body experiences. The experiences they once had caused them to seek ways to avoid similar experiences. Cultural ideas of performance seem to be of importance as well. Why do both musicians find it problematic when the audience notices that they are nervous? That may be related to social expectations.

In the examples we read that both Herbert and Ilona experience that their bodies stay calm while performing their solos. Nevertheless, they experience their performance in a

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2   In her dissertation Jacqueline Nubé shows that the use of beta blockers might negatively influence the quality of the music performance (Nubé 1995).

completely different way. For Ilona, her calmness was a relief. But for Herbert his solo lacked all musical excitement. The music no longer seemed to be a fulfilling part of him. The final effects of the use of enhancement drugs, then, seem to differ for various individuals. So, how could we give shape to enhancement policy if people have totally different experiences from the same interventions?

Herbert decides no longer to make use of beta blockers. He can enjoy a solo performance better when he is able to control his body without the aid of a drug. Why is that so? Does he not see his performance as his own accomplishment when he takes a drug? Does he experience his fight against the nerves as a process of personal growth? Then, does Ilona not attribute the same value to personal growth? Or is she maybe so insecure that she thinks she would never be able to control her nerves by herself? What values and experiences play a role in deciding whether to use enhancement technologies?

1.1.3   *Decision-makers*

'The world's first ban on overly thin models at a top-level fashion show in Madrid has caused outrage among modeling agencies and raised the prospect of restrictions at other venues. Madrid's fashion week has turned away underweight models after protests that girls and young women were trying to copy their rail-thin looks and developing eating disorders. Organizers say they want to project an image of beauty and health, rather than a waif-like or heroin-chic look.'[3]

In April 2006, the French parliament adopted a bill that outlaws Internet sites that promote extreme thinness of others. This bill was the first attempt worldwide to form a body image law. In 2008 the Senate however advised against the law, recommending early screening programs by schools and physicians.

These are two examples of decision-making in relation to thinness concerns. Both are a reaction to contexts in which people are strongly influenced to be extremely thin. The model world is known for the strict regime for models to stay thin. And on pro-ana websites anorexic persons give each other advice how to become or stay as thin as possible.

We see two attempts to restrain the stimulation of others to be extremely thin. This implies that those decision-makers (the fashion show organizers and the politicians) are convinced that people can be stimulated to starve their bodies. They acknowledge it is not just their personal wish to be that thin. For example their wish is evoked by the modeling world. In both cases the attempts to shape policy meet with strong opposition. This is not surprising, because a lot of questions can be posed in relation to body image policy-making. A first question is: is it wrong to be thin? And if it is, why? Do both examples rather refer to the problem of thinness (and beauty) as being a problem of health? But then all models who live unhealthy should be turned away. And all Internet sites that stimulate an unhealthy life

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3   'Skinny Models Banned from Catwalk', CNN.com, published on 13-09-2006, http://edition.cnn.com/2006/ WORLD/europe/09/13/spain.models/index.html (07-04-2010).

should be banned. Or is there something else to it?

Another obvious question is why people would not be free to decide about their own bodies. Am I not free to determine how much food I wish to digest? So why would I not be admitted to a model show if I weigh too little? Isn't that a form of discrimination?

The French attempt to provide a law against pro-ana sites raises all kinds of other issues. The motivation of writing such a law must have been to safeguard the health of those who are vulnerable for the information provided by pro-ana sites. But if one is concerned with the health of people, why start with banning particular websites? Wouldn't it be more realistic and helpful to introduce health programs, screening programs (as the Senate has also suggested) and to give shape to new cultural awareness of beauty?

1.2   Absence of Body Images in the Enhancement Debate

At this point I only dipped into the range of questions that appear concerning body images in the context of enhancement. In the next chapter I will inquire why body images are absent in the enhancement debate. An overview of present arguments in the debate suggests that the typical approach to enhancement in the ethical debate runs the risk that other approaches are excluded. Too often the debate seems to be ruled by some implicit understanding of what an ethical inquiry of enhancement technologies should consist of.

Moral philosopher Marcus Düwell does present a list of elements that should be part of an ethical inquiry into enhancement technologies (Düwell 2008:26). In summary they are these:

1. There is a normative question: Is it morally allowed to develop and offer enhancement technologies?
2. The aim of this question is to form a moral judgment on the matter which tells us whether it is allowed, forbidden or prescribed to develop and offer enhancement technologies.
3. To come to such a moral judgment, we need to differentiate various sub-questions that are necessary to answer the main question.
4. To give them shape we need a list of research questions.
5. This list should be tested for its comprehensiveness and relevance.
6. After that, different disciplines can answer those questions to arrive at a) descriptive judgments (what can we do with these technologies and which consequences follow from their use?),
7. and b) prognostic judgments (which technologies will be developed and what will be the consequences of existing techniques for the future?).

8. Some questions are aimed at getting insights in policies and the possibilities to shape policy concerning enhancement technologies.
9. Düwell adds the more anthropological question as to what relevance the technologies have for our understanding of illness and health.
10. Finally, moral judgment is only possible by weighing the results of the mentioned inquiries against the background of moral criteria that would have to be justified within a normative theory.

Interestingly, Düwell refers to the human body a few times in his list. However, in all cases his questions are formed in terms of the effects of the enhancement technologies on our *Körperwahrnehmung* (body perception). What does the use of those technologies bring about for our experiences of the body? In fact, in general the questions Düwell mentions are focused on what will happen if we use enhancement technologies.

Would it not be possible, interesting and even necessary to pose another type of research questions concerning the use of enhancement technologies? Should we not ask first to what problem do we think these technologies to be an answer? That would mean that on level 6 to 9 other questions would need to be answered as well. Examples of relevant questions are: why do people wish to make use of enhancement technologies? How are their motivations given form? How do body images, personal and cultural, shape people's opinions about enhancement technologies? Is the use of enhancement technologies effective in relation to people's wishes to alter themselves? Will people want to use enhancement technologies even more and with the same objectives in future?

I think it is no coincidence that these questions are absent in Düwell's list. It supports my idea that such approaches are absent in the enhancement debate. In the next chapter I will give an overview of different arguments and perspectives various authors take in the enhancement debate. Doing so, I will inquire whether my suspicions were appropriate. Fortunately, Düwell does not claim that the list is comprehensive and in fact expects that it will be expanded. In the course of this study many research questions will arise that should be added to the list. The inquiry into the relevance of body images for the enhancement debate will make clear that the reflection on body images should form a substantive part of the ethical enhancement debate.

1.3   Method

In this study I aim to demonstrate the relevance of body images for ethical reflection. In order to guarantee the connectedness with concrete moral decision-making, I start my inquiry in the *context of a concrete ethical debate*.[4] This approach has a few advantages. First,

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4   Gail Weiss and Moira Gatens have also tried to do show the relevance of body images for ethical reflection (Weiss

an overview of different kinds of argumentation in the enhancement debate will show that body images indeed receive no attention in the concrete debate. Second, my explanation of what body images are is primary focused on its connections to the enhancement debate. The findings, then, are directly applicable in the debate. Third, this approach avoids the risk of becoming too abstract. The context leads to specification. The enhancement debate demands that I speak of *body images,* rather than of more abstract notions such as 'body concepts', 'embodiedness' or 'bodies'.

In the second place, this study has a *heuristic character*. In a searching manner and through the combination of different disciplines a sketch is made about the diversity of relevant elements concerning body images for the ethical debate on technological interventions in human bodies.

Such an explorative approach makes it possible to introduce a new topic to the ethical discipline. It enables me to touch upon a variety of aspects that are of importance for ethical deliberation, without pretending to give a full ethical account concerning body images. The latter would risk to pass over the complexities that go with the topic. My reflection on body images for example led me to use the notion of vulnerability as a central moral notion in this study. That does not mean that I exclude the possibility that other approaches are relevant.

The explorative character of this study also shows itself in the way I refer to existing literature.[5] If one does research on a topic that is part of an ongoing debate, the relevant literature is relatively well-defined. Introducing a new topic to a discipline demands more deliberation. In my case, within the ethical discipline there was hardly any literature that discussed the topic of body images explicitly. And it was not a surprise to find that the literature on the topic within other disciplines did not discuss the topic under an ethical perspective. In such a case, every choice for literature becomes disputable, because it is never clear-cut why this literature is relevant. Therefore I opted for a strongly demand-driven approach. All the literature needs to support the inquiry into the central question how body images may be relevant to the enhancement debate. When using literature from non-ethical disciplines I focus on those approaches that include aspects that may show the *ethical relevance* of body images. Likewise, when I use ethical studies, they need to include elements that are supportive to relate to the topic of *body images*.

The explorative character of this study also implies that I do not present a full account of the

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1999; Gatens 1996). They start with a theoretical reflection on body images. They, then, both show why body images would be of ethical relevance. In section 5.2, however, I show why their approaches are hardly applicable in concrete ethical deliberation.

5   This study mainly refers to academic discourses on enhancement and embodiment in Anglo-Saxon settings. The reason to do so is that we here find some mainstream discourses that are taken up in different Western countries. It should be noted that interesting studies on enhancement or embodiment in Western cultures may be found as well in other languages, such as German and French.

role of body images in ethical deliberation. This study gathers building blocks toward a new topic within ethical research. It therefore places less emphasis on possible counter arguments. I offer a first introduction to a debate and acknowledge that many opportunities to reflect on the issue are left open. I see this study as an invitation to others to respond and give shape to counter arguments and further theorizing.

This study has an *interdisciplinary character*. The complexity of the theme 'body images' and its introduction to the ethical debate urges an approach from different disciplines in which body images and related topics are already further reflected upon. In its basis, this work is an ethical study. But in my search for the connections between the cultural phenomenon of body images and ethics I make use of both the social sciences and feminist theory.

The social sciences, as they are descriptive disciplines, study how human beings act, feel, behave and experience life. The social sciences therefore contribute to the understanding of human action, which is of importance for ethics since ethicists reflect on human action. The social sciences discuss body images extensively, mostly in the form of empirical studies. To a large extent they study body images to understand how body dissatisfaction or body disorders are shaped.

Feminist studies have appeared within a large variety of disciplines, such as philosophy, theology, anthropology and sociology. A feminist approach is characterized by its critical analysis of differentiations between men and women that cause inequality between both sexes. Its primary focus was to reflect on social contexts that offer men advantages that are not available to women. Feminist reflections aimed at providing alternative approaches to sexual difference. In recent years, many schools or departments of feminist studies turn into schools or departments of gender studies. Gender studies stands for the interdisciplinary field that critically analyses social and cultural constructions of sex in relation to issues of race, ethnicity, class, age etc. In this study I mainly make use of studies that present themselves as 'feminist', and this is the term I will use. In the final chapter, where suggestions for future reflections are presented, I will also speak of gender studies. The field of gender studies could take up many issues that are revealed in this study.

Feminist scholars theorize on human bodies for different reasons. Their main emphasis is on unraveling sexual difference. In their attempts to do so, they reveal that the marginalization of women is closely connected to the objectification of the human body (see 3.3.4). They point at problematic parallels between hierarchical relationships of men over women on the one hand and of the human mind over the human body on the other hand. Feminist authors stress that our thinking and experiencing of the human body is troubled by existing power relationships. The issues of marginalization, power, and domination they discuss obviously include aspects of normativity and morality. Therefore, it is necessary to discuss feminist theorizing on body images in this ethical study.

Primarily, this study is an *ethical analysis*. It aims to show the ethical relevance of a new topic, namely body images. The focus of the whole study is to inquire how the cultural phenomenon of body images could be connected to ethical reflection. But, then, what do I understand to be ethical reflection?

The term 'ethics' refers to the academic discipline that systematically reflects on morality. Morality concerns the evaluation of human action, decision-making, dispositions, or institutions as moral or immoral (Düwell 2008:32). Ethical reflection, then, aims to inquire whether moral claims or demands in relation to human action or decision-making are justifiable and how they can be founded (34). In situations without present moral claims or moral demands, for example in relation to newly emerging technologies or ethical questions, ethical reflection aims to critically assess and justify moral frameworks. On the basis of these moral frameworks, moral claims and demands can be formulated for the newly occurring situation.

Ethical reflection can take place at several levels. In general one distinguishes four fields of ethical reflection.

1. *Meta-ethics* forms a non-normative reflection on the basic concepts of ethics. It poses questions like: What is morality? What makes human beings moral beings? What is an act? How can we found moral demands? It is a meta-reflection that is not aimed at giving shape to moral judgments.
2. *Descriptive ethics* is concerned with the description and reconstruction of moral convictions, moral positions and moral systems. This is mainly a task of the social sciences, done with the aid of empirical research methods. Descriptive ethics, like meta-ethics is not aimed at shaping moral judgments.
3. *Normative ethics* forms the study of the criteria of morally right action. It is concerned with founding normative ethical theories. Part of the task of normative ethics is to reflect upon normative criteria such as principles, rights, virtues etc. Normative ethics is prescriptive.
4. *Applied ethics* is concerned with specific ethical questions. It forms the evaluation whether specific actions are morally justified. This type of ethics applies normative theories in specific contexts. Some examples of applied ethics are business ethics, health care ethics, food ethics and animal ethics. The objective of applied ethics is to form moral judgments in a concrete context.

The question can be posed how the ethical reflection in this study can be characterized within the general context of ethical research. Obviously, my work has strong connections with applied ethics, because I write about the enhancement debate. Nevertheless, my study does not aim at a systematic assessment of enhancement with the aim to come to concrete moral judgments concerning enhancement. Since the topic of body images is largely absent

in the current ethical literature, it seems to be impossible to move straight on to such an ethical assessment. First of all, it seems to be necessary to show in some detail in which way a reflection on body images can be important for the ethical debate. One could say that the study has therefore a heuristic character with an ethical perspective. The objective is to show the relevance of body images in relation to central notions of ethical reflection, like vulnerability and responsibility. If this ethical relevance of body images can be demonstrated successfully, this would be of great importance for a variety of ethical debates. The scope of this study, therefore, goes far beyond the enhancement debate and the context of bioethics.

Human beings act as bodily existent beings. To understand the way we see and perceive our own body seems to be of central importance for an appropriate understanding of our bodily existence and a discipline that reflects on human action and human practice should have a systematic understanding of this bodily existence. This requirement gains urgency apace with the increasing possibilities to make our bodily existence an object of technological change. By doing so we not only broaden the scope of responsible action but we see ourselves confronted with the question how we should think about our body as topic in ethics, a pressure that wasn't felt so much before. What is true for ethics in general is also valid for the ethical debate in the context of theology. For theology it is the more important to take this dimension into account since in the theological tradition the relationship to the human body was at least ambivalent if not difficult. To understand the relevance of body images in ethics will therefore be important to theological reflection on bioethics.

1.4   Outline

This study offers an inquiry into body images to see whether they may be relevant for the ethical debate on enhancement. To do so, it first must become clear what the enhancement debate is about and why no attention is given to body images. Then, we need a concept of body images to be able to articulate the aspects of body images that might be of relevance for the ethical debate. This conceptual clarification will be done on the basis of the debates in social sciences and feminist theory. Based on the insights into body images it is important to inquire whether body images meet the prerequisites of being of ethical relevance. Why should the ethical debate take body images into account, and in which ways? I will show that it is important and necessary for the ethical debate to reflect on body images that can be relevant for ethical reflection. Because of their body images people can become vulnerable in various ways. Finally, then, it is important to discuss whether body images evoke issues of moral responsibility.

The chapters of this study relate to the central question on different levels. The first chapter has a slightly different character than those that follow. Chapters 3 to 6 are divided in pairs as well. To give a brief characterization of the different chapters: chapter 2 offers an overview

over the present ethical enhancement debate, leading to the central research question of this book. Chapters 3 and 4 display an exploration of the social phenomenon of body images. Chapters 5 and 6 offer an exploration of the relationship between body images and ethics.

Chapter 2 on enhancement offers an overview over the present ethical enhancement debate. It displays different ethical approaches and their consequences. The chapter serves two goals. First, I inquire what the meaning of enhancement could be. There is still no consensus about what enhancement is. Why is enhancement presented as a moral issue in the debate? What, then, is the central moral issue concerning enhancement? The second goal of this chapter is to argue that the debate only includes certain approaches of improvement by means of technology. It fails to reflect on the social contexts that make people wish to improve themselves. That is the reason why I wish to inquire whether body images can be relevant for the enhancement debate.

The following two chapters are closely connected to each other. In these chapters I explore what we can understand body images to be. In chapter 3 I explore phenomenological, social scientific and feminist studies and their perspectives on body, body image and embodiment. Each discipline offers specific insights about body images. Based on them and informed by a definition of culture, I arrive at a comprehensive definition of body images. Finally, I will make explicit which insights about body images are most relevant for ethical reflection and for the enhancement debate in particular.

In chapter 4 I further zoom in on one particular aspect of body images that came to the fore in chapter 3. Body images to a large extent are part of cultural production. Further inquiry into the working of cultural production is necessary in order to understand which issues need reflection in order to see whether body images can be relevant for ethical reflection.

Chapters 5 and 6 display ethical issues that are directly related to the cultural production of body images. In these chapters I want to show more directly that reflection on body images can be of importance for the ethical debate on enhancement. In chapter 5 I seek to spell out the conditions for a possible ethical relevance of body images. As a necessary condition body images need to be connected to human action in some sense. If such a relationship to action cannot be demonstrated, it is not obvious how body images could be relevant for ethical decision-making at all. Besides that, in view of the earlier chapters I will find body image related vulnerability to form a sufficient condition for body images to be of ethical relevance.

In chapter 6 follows the final question: Can body images be related to moral responsibility? If we conclude that body images can cause moral issues (chapter 5), a next question is whether one should respond to those moral issues in some sense. In an inquiry into the notion of moral responsibility I reflect on this question. I will pose questions like: What could one be responsible for? And who could be responsible?

Finally, in chapter 7 I take new vantage points to reflect on the issues that arose throughout this study. Another perspective will show new light on the central question. The objective of this book is to show that body images could be of ethical relevance for the enhancement debate. But why is this question so important? Is it mainly important to alter the present enhancement debate? Or is the core of this study to show that cultural body images are of ethical relevance? Further reflection on these issues will show that body images and enhancement are more closely connected to each other than the earlier chapters revealed.

The Enchantments of Enhancement

2.1   Introduction

In general, new technologies are developed in order to make life easier or better for people. Technology enables us to provide ourselves with food, to make comfortable houses to live in, to commute, to communicate, to live healthier – in short, to increase our well-being. As such, technology has gained a central role in people's lives.

While most technologies do not raise direct moral questions (can openers, bicycles, hoisting cranes), some of them do.[6] Often it is also unclear or contested whether technologies raise moral questions. The nuclear bomb is probably the most referred to example of a technology that does. Should we use or even develop such technologies? Is it morally justifiable to do so?

Since the 1990s ethicists have asked questions concerning the moral dimensions of a new category of technologies. Enhancement technologies are understood as possibilities to improve the lives of human beings in new ways. The question if these improvements are morally justifiable entered the ethical domain. Ethicists ask how far we should go in changing human nature, the human body or the human mind. An ethical discourse has grown that tries to tackle the moral concerns surrounding the so-called enhancement technologies.

The interesting thing about the enhancement debate is that it groups together several divergent technologies that have no further shared characteristics. The term enhancement is used for pharmaceuticals, surgical interventions, prostheses and genetic modifications. It is practiced concerning interventions in human bodies, minds, social behavior or emotions. Enhancement includes existing and non-existing or future technologies.

The broad range of technologies that are subject of the enhancement debate might be the reason why ethicists have trouble formulating what is (are) the central moral issue(s) concerning enhancement. What is the core of what 'enhancement' means? The reference to 'enhancement' is still ambiguous. Ethicists refer to enhancement in different ways and approach the related ethical questions variously as we will see in section 2.3.
At the same time, there must be reason why this group of technologies raises moral

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6   Indirectly, the development of such technologies in general could for example raise sustainability concerns.

questions. To some extent what people aim for by using these technologies or what these technologies accomplish is different from the role technology previously had in people's lives. It seems as if the impact of enhancement technologies is more drastic, more far-reaching than the technologies we already know. Meanwhile, some ethicists wonder whether that is true. Why would these technologies be more radical than many medical treatments, for example? Why debate about enhancement technologies at all? Are we not wasting our time?

This chapter concentrates on the following questions: What is enhancement? Why do I think it is important to speak about body images in this context? Two lines of argumentation form the basis of this chapter. First, I seek to determine the core meaning of 'enhancement'. To do so I consider some main arguments that are put forward in the present enhancement debate. I inquire whether these arguments can demonstrate convincingly that enhancement is a topic for ethical debate.

Based on the exploration of the enhancement debate I reflect upon the question whether a moral debate on enhancement is necessary. If so, what should it be about? I show that in the current enhancement debate two interpretations of enhancement seem to be intertwined. On the one hand enhancement can be understood as the result of the use of enhancement technologies. On the other hand enhancement can be interpreted as the pursuit of perfection. My suggestion is that only one of them does identify the central moral issues of enhancement while the other does so to a far lesser extent.

The second line of argumentation is to show that the debate only includes certain approaches of technological improvement. A look at the different types of approaches reveals that the debate has shortcomings in reflecting on the social context that makes people wish to improve themselves. Would the enhancement debate gain by including reflections on people's motivations to make use of these technologies? Throughout the rest of this book I will reflect upon body images with this question in mind, because they can be understood as important motivations for people to make use of enhancement technologies.

2.2   The Enchantments of Enhancement[7]

Enhancement technologies make it possible to modify those aspects of our bodies, minds and emotions we dislike. They can improve our appearance and performance. As a result we can be more satisfied about ourselves and become more confident within our social contexts. Isn't that wonderful? Surely there are times that most of us would be delighted if we could improve ourselves in some way, whether that be better performance, a more attractive

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7 The word 'enchantment' in the title of this chapter stems from the Latin 'in-cantare', which means to 'sing'. The term has developed two paradoxical connotations. On the one hand it means to fill someone with great delight. On the other it has the meaning of putting someone under a spell.

appearance or a more sociable life. Enhancement technologies can fulfill many of our wishes. Reproductive technologies can give us children that otherwise would not have been born. Cosmetic treatments take away our objects of shame or complement our lack of bodily appearance. During sport matches, concerts and examinations we can function better thanks to performance drugs. Psychopharmacological enhancements make it possible to have better cognitive skills, to have better memory, to diminish the effects of traumatic experiences or to be more sociable in general. Genetic enhancements can bring about life-lasting effects or even inter-generational benefits.

Some concrete cases might make the delights of enhancement even clearer. Let us take the example of Billy and Johnny as presented in *From Chance to Choice* (Buchanan 2000:115). Both boys are 11 years old and are predicted to be very short at an adult age. A growth hormone treatment would help both of them to become slightly taller. Johnny's shortness, however, is due to a growth hormone deficiency resulting from a brain tumor. No medical diagnosis is found for Billy. His parents are also very short. In his case administering growth hormones would count as an enhancement, because there is no medical indication. In their social life Billy and Johnny are expected to meet the same disadvantages. Would it not be wonderful if Billy could receive the same treatment as Johnny, regardless whether it is termed enhancement treatment rather than therapy?

DeGrazia presents another case story (DeGrazia 2000). He describes Marina as a woman with a history of childhood neglect and a troubled adolescence. Although people consider her rather successful, she suffers from certain obsessive tendencies. She finds herself pensive, overly tentative and unsure. In her social life she worries too much about her conversations with others and is attracted to the wrong kind of men. Psychiatric consultation showed no diagnosable disorder. Marina's wish is to be more outgoing, confident and sociable. She has heard that Prozac can bring about these transformations when people without a specific disorder use them. Therefore she asks her physician for a prescription. We need not be surprised at Marina's delight with her greater confidence and outgoing personality.

Many cases can be thought of in which enhancement technologies bring delight to people. Human beings strive for growth, development, and progress. We can recognize this tendency on many levels of human life. For example the wide range of educational systems in Western societies shows clearly how these cultures appreciate growth and development.

At the same time, enhancement technologies raise all kinds of moral concerns. We could question whether the changes invoked by enhancement are for the better. Are we sufficiently aware of the possible consequences of these technologies? The alterations might bring about negative effects we did not anticipate. People might be pressed, or at least feel pressed to undergo physical changes because these are widely accepted and stimulated in society. We could ask ourselves in what world we live if people like the two boys and Marina cannot just

be who they are. Why should they need some sort of enhancement to feel at home in society? In their recent volume on enhancement, ethicists Julian Savalescu and Nick Bostrom state that on a biopolitic level the participants of the enhancement debate to some extent are grouped in two polar approaches:

> Already one can detect a biopolitical fault line developing between pro-enhancement and anti-enhancement groupings: transhumanists on one side, who believe that a wide range of enhancements should be developed and that people should be free to use them to transform themselves in quite radical ways; and bioconservatives on the other, who believe that we should not substantially alter human biology or the human condition. (Savulescu & Bostrom 2009:1)

The authors admit that other groups try to take positions in between these poles. Nevertheless, they urge academic bioethicists 'to influence the shape and direction of this debate before it settles into a fixedly linear ideological tug-of-war' (2).

Indeed, ethicists in the debate try to carefully formulate arguments in relation to enhancement technologies. One could say that they systematically reflect on the enchantments of enhancement[8] and seek to stake out the basis on which the use of enhancement technologies can or cannot be justified morally.

Although ethicists do not necessarily take opposite positions in the debate, within applied ethics moral debate easily tends to focus on the enchantments of a technology. Two reasons for that can be mentioned. First, the question whether a technology is morally acceptable invites polarization, at best mitigated into 'yes…if' or 'no…unless'. Second, in general, moral debates on technologies arise when there are moral concerns. In practice the first contributions to a developing debate, therefore, commonly express contra arguments. It can be expected that the reactions oppose those contra arguments. After that first period of debate in which arguments are still presenting rather opposite positions, the debate is likely to become more and more nuanced. But however nuanced the debate may become the initial opposition between pro and contra positions – often framed as the distinction between transhumanists vs. bioconservatives – continues to dominate and, as I will demonstrate, stands in the way of genuine advancement.

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8   Some examples of studies that make the enchantments explicit: Rothman and Rothman focus strongly on the enchantments of enhancement as becomes clear from the subtitle of their book (Rothman & Rothman 2003). They mainly describe the broad spectrum of enhancement technologies. Therefore their work is not so much ethical, but the study is important in the enhancement debate. Another example can be found in Schermer (2007). In *From Chance to Choice* the authors as well speak about the promises and the dark side of genomic research and genetic intervention, for example in chapter 2 and chapter 7 (Buchanan 2000).

2.3   Introducing Comments to the Debate

Speaking about 'the' enhancement debate suggests that there is a single and undisputable set of data that forms one body of literature or discourse. Although it is common to speak about 'the' enhancement debate, one could question whether it is appropriate to do so. It implies that the debate is about one central issue. But this central issue does not become clear from the current enhancement debate. We can recognize some differentiations in relation to the interpretations and approaches of enhancement between the various actors in the debate. Those differentiations are worth mentioning before exploring the various topics and arguments that are present in the enhancement debate.

A first differentiation concerns the definitions of enhancement. A common definition of enhancement in the academic debate understands enhancement as those interventions that are 'designed to improve human form or functioning beyond what is necessary to sustain or restore good health' (Juengst 1998:29). Some authors, however, use rather different notions of enhancement. For example Rothman and Rothman understand enhancement as the pursuit of biological perfection (Rothman & Rothman 2003). Here we can distinguish three aspects of difference between the two definitions: 1) the first is about improvement, while the second speaks of perfection; 2) the first is about interventions, while the second is about 'the pursuit'; 3) the first definition relates enhancement to medicine, while the second does not. In this chapter I start out from Juengst's definition of enhancement. The reference to improvement is more modest than striving for perfection. Likely, then, it includes a broader range of interventions or practices. The inclusion of the term interventions seems appropriate because the present debate relates itself strongly to specific types of technological interventions. Furthermore, the inclusion of the relationship to medicine is appropriate as a starting point, also because it reflects the present debate. As Juengst's definition is often used as point of departure, it serves well as a basis to describe the present debate. Once I start to analyze the debate, in later sections, we shall see that it is necessary to come to a new definition of enhancement.

Although the term enhancement seems to imply that authors have specific interventions in mind, they actually refer to different types of practices. Some tend to focus on far-reaching practices of technological improvement of human beings – far-reaching either in the sense that these technologies are highly invasive, for example because they interfere in the genetic makeup of whole or future generations (stem cell therapy), or in the sense that it concerns technologies that are only thought of as future possibilities of which is not at all certain that they will ever become reality (e.g. uploading of an artificial mind).[9] Other authors rather relate to already existing technologies that solely interfere in individuals, such as cosmetic surgery or reproduction technologies. In this study the emphasis will be on already existing

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9   Here I refer to the idea that, according to some, it might be possible in future for people to have an artificial brain downloaded from the body and uploaded in another body. That would be a way to become immortal.

technologies that are used to alter individual bodies. This choice is not necessarily connected to the topic of body images. After all, stem cell therapy and issues of the artificial mind are definitely body related. However, to make clear what body images are about and how they function in society it is more useful to concentrate on technologies that are within the reach of common citizens. Including the more 'far-reaching' technologies would also introduce a whole set of specific moral questions concerning future implications that are less pertinent to showing the relevance of body images.

Various approaches of enhancement can be distinguished with regard to the research focus. Some studies explicitly investigate enhancement on a general level. Others reflect on the ethical considerations concerning specific enhancement technologies. On the whole these studies all discuss similar issues. Yet, there are differences in approach. General studies on enhancement try to summarize important issues concerning the technological improvement of human bodies and minds. Studies on specific technologies often encompass issues other than enhancement. They include themes that are not directly relevant for the general enhancement debate, but that are related to the specific technology. Still, they may include important argumentation for the enhancement debate. In this study I mainly focus on studies that concern the general enhancement debate. This is on the one hand because I try to give an overview of the enhancement debate as a separate discourse. On the other hand, the amount of studies focusing on specific technologies is immense, as is the growing number of possible technologies one would need to study.

In the enhancement debate a further differentiation can be recognized between the reflection on enhancement of the human body and on enhancement of mental capacities. The debate on the enhancement of mental capacities, mostly accomplished by the use of psychopharmaceuticals, often takes place in separate studies addressing a specific set of ethical topics and arguments (such as authenticity, personal identity, happiness) (DeGrazia 2000; Elliott 2000; Elliott & Chambers 2004; Bolt 2007; Jongh, Bolt et al. 2008). In this chapter I include them to give an overview of ethical arguments concerning enhancement in general. In the rest of the book mental enhancements will not receive much attention. The reason for this is that body enhancements fit more readily in a study about body images. This seems to state the obvious, but one could argue that mental enhancements also concern body images. Mental interventions, after all, take place through the body, for example through the ingestion of pharmaceuticals. To endorse consuming medical drugs, one needs a perceptive on the body that permits swallowing such chemicals. People who believe one should not take non-natural goods, for example, have an alternative notion of the human body. Such views on the human body, therefore, influence our thoughts about mental enhancements.

Finally, it should be noted that the discourse takes place on different levels. There is the level of philosophical reflection. But there also is the level of political advising and some contributions to the debate are introduced by an ideological movement. In the present

debate these different levels of reflection on enhancement co-exist. In my elaboration I refer to the various levels insofar as those views on enhancement have received some status in the enhancement debate.

2.4   Outline of Disputed Themes

Below I present the main lines of argumentation in the enhancement debate. The different sections bring together topics as they are discussed in the debate. The overview I present is not meant to give a full account of the enhancement debate. I aim to offer an insight in the main topics and lines of argumentation. The first objective is to inquire whether these argumentations justify speaking about enhancement as a moral issue. Further reflection on them will show that some arguments are rather weak or not tenable against counterarguments. Other arguments merely touch upon important issues concerning enhancement; deeper reflection would be needed in order to determine the relevance of those arguments.

Below I order the main arguments of the debate into different categories or combinations of categories. Covering those categories I discriminate three fields of topics in which arguments concerning enhancement are formulated: technology centered, human condition centered and social context centered topics. *Technology centered arguments* focus on the direct functions, the working or effects of the technologies themselves. *Human condition centered arguments* emphasize the effects of the technologies on the human condition. They will ask how human beings and their lives change through the use of enhancement technologies. *Social context centered arguments* focus on how technologies affect social life or, conversely, how the social world influences our use of technology.

2.4.1   *Technology Centered Arguments*

Safety/Risks

A recurring topic when new technologies are developed, also in relation to enhancement, are the potential risks attending these technologies (Savulescu & Bostrom 2009; Parens 1998; President's Council on Bioethics 2003). Risks refer to the probability that unwanted events may or may not occur. People are concerned that the new technologies may not be safe and wonder what the consequences are if used.

Certain risks are already known when a technology is taken into use or when it is in use. For example the breast implants used for cosmetic surgery include risks that are known by the surgeons who use them. The surgeons can inform about the risks connected to the intervention. Breast implants, for example, can start to leak, causing the breast to become

disfigured. In those cases additional surgery is necessary and often full reconstruction of the breast is no longer possible.

In general, when the risks of specific technologies are known research and further development of the technologies will aim at reducing the risks as far as possible. The risk of breast implant leakage has been reduced due to the application of better materials. [10]

Often, however, it is uncertain whether new technologies cause risks. In such cases the negative effects of the technology are unexpected and only appear after the technology is taken into practice. Sometimes only after a long period of time it appears that a technology brought about unwanted events. An example is the Des-daughters, whose mothers used *diëthylbestrol* during their pregnancies to prevent miscarriages. The medicine appeared not effective and use for this purpose was stopped after a few years. Only years later it became known that it had negatively affected the reproductive organs and fertility of the daughters and (to some extent the sons as well).

Unexpected risks can follow from new technologies. Short term consequences of technologies can be tested reasonably well. Long term consequences are far more difficult to test. When they affect the human body they may be drastic. The effects on human bodies in general are difficult to predict also because our knowledge about the human body is still limited. Do we really know all the effects of modifications of human DNA? Is it possible to alter the genetic code exactly as intended, or might the genetic code function in more complex ways than we know at the present time?

Risks can be reversible or irreversible. A risk is commonly understood to be higher when the unwanted effects are irreversible. A genetic modification, for example, is not easy to reverse. The consequences can be immense, especially when the modification is inheritable, in other words, when the offspring is altered as well.

Here we touch upon a further issue. The consequences of enhancement are not always restricted to the individual. In certain cases the wanted and unwanted effects can be inherited by the next generation. Some futuristic imaginations of enhancement aim to improve whole generations, groups of people or even humanity as a whole.

But the consequences of interventions do not only occur in this direct way, through inheritance. The improvement of human form and functioning can also socially affect the lives of other people. We will meet instances of this in the sections on fairness and equality.

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10   Even so, in 2010 a French company used old and illegal types of silicones to produce new breast implants, which caused leakage of many breast implants. See for example http://www.radio1.nl/contents/15045-igz-waarschuwt-voor-lekkende-borstimplantaten (01-20-11).

In most cases however we possess insufficient knowledge to make a prediction or an assessment of the risks of the application of enhancement technologies. In those cases we speak about uncertainty concerning the consequences of the new technologies. The borderline between acting under risk and acting under uncertainty is not fixed.

Risks, safety and uncertainty are important ethical topics in the reflection on new technologies. It is, however, deeply contested to what extent risk arguments or references to uncertainties can justify judgments about the moral acceptability of enhancement. Known risks may make it morally unacceptable to make use of a specific technology at present. Nonetheless, that does not mean that risks form a fundamental argument against the use of this technology. Research and further development of the technology may, after all, reduce the risks to an acceptable minimum level. About the moral evaluation of risk there is, however, ongoing discussion and disagreement.

Enhancement Versus Medical Therapy

One of the most extensive discussions surrounding enhancement is the debate about the distinction between enhancement and medical therapy. There are three reasons why I will pay somewhat more attention to the enhancement–therapy distinction than to other arguments in the enhancement debate. The first is simply that the distinction receives lots of attention in the enhancement debate. Time and again the issue returns. The second reason is that the distinction immediately touches upon the question why enhancement technologies can and should be treated as a moral issue. The third reason is that the debates concerning the enhancement–therapy distinction include some approaches and arguments that are closely related to the topic of body images as presented later in this book.

Emphasizing on the distinction between medicine and enhancement serves several goals in the debate (Parens 1998:4). In the first place it is done as an attempt to find moral boundaries for the use of technology. The implication is that medical treatments are the morally acceptable use, while the enhancement practices are not. Another goal is to search for a fair share of goods. In a world where we are limited in our use of goods, for economic or environmental reasons, we need distinctions that tell us which usages of goods are justified and which are not. Furthermore, the wish to make a distinction between medical therapy and enhancement is aimed at setting the boundaries of the medical practice. Is it the task of a physician to perform breast surgeries for cosmetic reasons? Or should physicians restrict themselves to preventing illnesses and restoring health? The growing desire by people to enhance themselves evokes the question what responsibilities medical practitioners have in this connection.

The wish to distinguish between medical therapy and enhancement also appears to be close

to people's (present) primary intuitions. Often when the topic of enhancement is discussed in groups where people lack knowledge of the debate, people tend to morally justify medical treatments and pose moral questions about therapies for purposes other than medical. Ethicists tend to take note of moral intuitions because they may reflect some important ethical issues. In this case, however, we can wonder if that is so. Although distinguishing between enhancement and therapy intuitively may seem appropriate, those who try to do so encounter serious problems. Instead of clear-cut boundaries between the different applications of technology, we could better speak of a 'gray area' in which the differences are not that apparent (Jongh, Bolt et al. 2008:772; Dikken 2005).

We should notice that the interventions, whether they are called enhancement or medical therapy, might use exactly the same technology. The case of Billy and Johnny shows that clearly. Both boys would receive the same kind of growth hormones. For Johnny it would be a medical treatment, because he is medically diagnosed. For Billy it would be an enhancement treatment. That means that *if* we use the enhancement–therapy distinction as a ground for moral boundaries, the object of moral deliberation is not really the technological intervention as such. Rather, moral concern is with the goals or motivations that lie behind the intervention. In the enhancement debate it is therefore important to seriously consider the contextual aspects. They might be far more influential than the concrete actions and their consequences. After all, the same actions and their consequences may be perceived as morally unproblematic as long as they take place in a medical context.

Some objections can be raised against making a distinction between medical therapy and enhancement interventions. In the current debate moral consequences are drawn from the distinction between enhancement and medical therapy. First, however, we should determine whether conceptually this distinction can be made. Only when it is possible to conceptually make this distinction can we move on to ask about the moral implications of the distinction.

A first difficulty concerning the therapy–enhancement distinction lies in the definition of enhancement. As we saw in the former chapter, enhancement can be described as '[characterizing] interventions designed to improve human form or functioning beyond what is necessary to sustain or restore good health' (Juengst 1998:29). This definition of enhancement is often used in the scholarly debate. That means that enhancement is initially presented as opposed to medicine. The extensive debate on the distinction shows, however, that the opposition is hardly useful, and not tenable. The observation that one should not understand enhancement and medical therapy as oppositions would ask for a reformulation of the enhancement definition. Erik Parens agrees with that, but argues that the use of any other term would nevertheless cause similar problems. Therefore he continues using the term, while at the same time being conscious of the inherent erroneous assumptions (Parens 1998:3). For the moment I will follow his example, but toward the end of this chapter I will suggest another use of the 'enhancement' that might at least take away the clear opposition

between medical therapy and enhancement in the definition given by Juengst.

Juengst points to additional difficulties. He elaborates on three types of accounts on which the therapy–enhancement distinction has been based. The three are strongly related to each other, but the distinction between them can highlight why they are all problematic. The first set of accounts Juengst mentions are disease-based accounts. Approaching the question through the notion of disease would clarify that medical treatments are those interventions aimed at problems that are caused by diseases. In contrast, enhancement interventions aim at altering healthy systems (Juengst 1998:32). This view corresponds with the example of Johnny and Billy that was mentioned above. Johnny's growth hormone deficiency is the result of a medical disease. Offering him artificial growth hormones would be a medical treatment. Treating Billy, however, would imply intervention in a normal and healthy system. It would therefore count as an enhancement treatment.

Such disease–based accounts encounter some serious problems. The first is that medical treatments do not only directly concern disease, but also include prevention (33).[11] Many situations are part of the medical practice, but are not clearly related to disease or disability. Think of contraception medicines that have preventive purposes; contraception has become a common concern for medical practitioners as if pregnancy were a disease. Similarly, different elements of women's lives, such as menstruation, pregnancy and menopause have been medicalized (Rothman & Rothman 2003:xviii-xix; Sherwin 1992:179-180).

A second problem is that 'disease' is no static notion. Disease and health are cultural phenomena. In certain cases, phenomena that we nowadays interpret as signs of a disease in history were not understood as a disease. Intercultural approaches of health show that different cultures have completely different appreciations of certain phenomena. A good example is given in Anne Fadiman's book *The Spirit Catches You and You Fall Down* (Fadiman 1997). The author relates how American physicians encounter a young Hmong girl, who in their eyes suffers from epilepsy. Her parents, who come from Laos, do not think their daughter is ill, however. They believe her spirit has been taken by another spirit, which causes her to fall. Among the Hmong the people whose spirits have been taken receive a higher, even sacred, status than others. That means that if we use the notion of disease as a moral descriptor we strongly bind ourselves to a specific cultural 'denomination'. In fact Western medicine could count as such a cultural denomination. At the same time the choice to relate oneself to such a cultural denomination is always contestable. Especially in an intercultural setting it offers problems. Furthermore, treatments that are regarded as enhancement alter synchronically with those that are accepted as medical. That means that what once was regarded as a medical treatment can later become an enhancement treatment and vice versa.

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11 Of course, one can argue that prevention is aimed at precluding disease. Still, that expands the assumed direct relationship between medical practice and disease. In the case of prevention the disease is not (yet) existing, and might never occur even if no preventive measures were taken.

Juengst mentions ideological accounts as a second type of accounts on which the enhancement–therapy distinction can be based. These can be best understood as social constructions reflecting the medical profession's current values and willingness to perform interventions across different cases (Juengst 1998:34). Although such accounts can be helpful in allowing professionals to include more treatments they judge best for their patients with regard to their well-being, they do not articulate fundamental boundaries of medicine. Therefore it is useless for a defense of the therapy–enhancement distinction.

Normalcy accounts are the third type of accounts Juengst mentions (35). They can be seen as the most provocative. Normalcy accounts have been part of an extensive debate. They mainly serve as a policy tool to distinguish between those interventions that are medically needed and those that mainly represent luxury goods. Norman Daniels is a well-known and often cited defender of such an account. In his book *Just Health Care* Daniels constructs a biomedical model to give an account of distributive justice of health care. Central to Daniels's theory is the notion of species-typical functioning. He refers to the 'normal state' of human beings as the 'species-typical' state (Daniels 1985). The norm for defining what species-typical functioning is, is the normal opportunity range. 'The normal opportunity range for a given society is the array of life plans reasonable persons in it are likely to construct for themselves' (33). This means in practice that biomedicine delivers 'standards' of 'normal' human functioning in a certain society. Those who need support to regain this state of normalcy or to keep it can rely on the medical system. Those who are 'normal' and wish to alter their functioning through technological means cannot.

Daniels claims that this model does not serve as an ethical tool, but rather as a policy tool. The account does not divide between those interventions that are morally acceptable and those that are not. It rather aims to distinguish which interventions should be part of a social security system. It is a practical solution to questions concerning distributive justice of health care that is close to the common practice of health care. Nevertheless, opponents of his account emphasize the problematic implicit normative content inhabiting normalcy accounts (Silvers 1998; Scully & Rehmann-Sutter 2001).

Jackie Scully and Christoph Rehmann-Sutter claim that three things are achieved when a standard of normalcy is used to locate the boundary between therapy and enhancement. They argue that when a normalcy account is used to justify the distinction 'determining the boundary between the two procedures will have a feedback effect on the socially implemented definitions of what counts as normal for being an embodied human being' (Scully & Rehmann-Sutter 2001:92).

First, it causes a moral distinction between two types of technology applications that is justified by rooting it in nature (see also Silvers 1998:103). Scully and Rehmann-Sutter argue that even if authors avoid the sensitive term 'normal' and speak of species-typical functioning

they meet problems. Species include extreme variations. 'Since extremes of variation do occur spontaneously, then it is clearly species-typical for at least some members of the species to embody these variations' (Scully & Rehmann-Sutter 2001:92). According to Scully and Rehmann-Sutter the normal state of a species is to vary, including various individual impairments.[12]

Second, using the standard of normality 'excludes the experience of variation and need as it is lived by a substantial number of people' (92). Scully and Rehmann-Sutter point out that creating this boundary is 'a heuristic move that works only if the terrain is viewed from the single standpoint of the genotypically canonical, nonvariant (nondisabled) person' (93). We could imagine that for many people their own experiences are more important than the standard of normalcy (see also 3.3.5). For example, questions arose about pre-implantation diagnostics and disability. If we could genetically manipulate embryos so that a child of two deaf parents will be able to hear, should we do so? Daniels's biomedical model suggests we should, because it is 'normal' for a human being to hear. However, many deaf people might not be in favor of such diagnostics. They consider themselves as having normal lives. And a deaf child would be just as normal for them. In their 'Deaf culture' a deaf child might function better than a hearing child.[13]

Third, the distinction between enhancement and therapy causes a dichotomization of two groups of people, the normal and the not-normal. In this respect philosopher Anita Silvers notices that 'normalizing is sometimes privileging rather than equalizing' (Silvers 1998:104). In Daniels's biomedical model it is hardly possible to see those who do not fit the normal species-typical functioning as equally joining the opportunity range of people in a given society. They might, however, through different abilities equally contribute to a well-ordered society (111).

As a conclusion of their account, Scully and Rehmann-Sutter argue for a direct evaluation of the consequences of certain interventions without using some universalizing standard. They have shown that the distinction between enhancement and therapy based on normalcy accounts should not form the boundary between permissible and non-permissible interventions (Scully & Rehmann-Sutter 2001:94).

The wish to distinguish between enhancement and medical therapy has another effect that has not yet been mentioned above. Economic consequences are drawn from this distinction. Based on definitions of disease, some treatments are paid by health insurances while others are not. The development of medical pharmaceuticals is economically interesting. The

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12   In relation to the enhancement debate arguments based on nature are often debated. It is generally concluded that nature cannot offer fundamental arguments to set moral boundaries. From an 'is' does not automatically follow an 'ought'.
13   I do not deny that there are also many deaf people who do consider themselves as physically impaired and/or who would rather wish their children could hear. Buchanan argues against the arguments raised by deaf people, see (Buchanan 2000:281-283). About 'Deaf culture' and identity see also Elliott 2003:244-245.

effect is that developers of enhancement pharmaceuticals prefer 'selling' their product as a medicine. This implies a so-called 'disease mongering' that transforms as many as possible conditions into diseases (Jongh, Bolt et al. 2008:772). Disease mongering could be defined as 'the selling of sickness that widens the boundaries of illness and grows the markets for those who sell and deliver treatments' (Moynihan & Henry 2006:425). Bluntly said, disease mongering tells healthy people that they are ill. Those who do so can earn a lot of money with it (Moynihan, Heath et al. 2002:886). This development makes it the more important to question whether a distinction between enhancement and medical therapy is helpful.

We can conclude that the grounds to uphold a distinction between enhancement and medical therapy are not solid or derive from problematic normative assumptions. The distinction may be close to people's primary intuitions, but further reflection offers no clear reasons to hold on to it. As a result, approaching enhancement as distinct from medical therapy does not offer good arguments to express why enhancement technologies would bring about specific moral concerns.

Moral philosopher John Harris also argues against a distinction between therapy and enhancement. His claim is rather contrary to what we saw above. Harris argues that just as medical treatments are good for people, so are enhancement interventions. Therefore, he argues, enhancement interventions would not only be morally permissible, they would in some cases even be morally obligatory (Harris 2007;2009). To claim such a thing one would need a profound argumentation why it would be better for people to live longer, to be healthier, and to have better memory, concentration or reasoning. Harris tries to give such an account in his book, but keeps relating his arguments to specific technologies, without giving a well-grounded account why being healthy, having a long life or having certain capacities should be so valuable. Nevertheless, in chapter 6 I raise questions that are rather similar to his perspective. Could it be a form of 'care' to make use of enhancement technologies?

2.4.2   *Human Condition Centered Arguments*

Human Nature

Moral concerns have been raised that enhancement technologies would intervene in human nature (Parens 1998; Buchanan 2009; Daniels 2009). Human nature can be understood as the set of inherent characteristics of human beings, including physical forms and functioning, but also ways of thinking, feeling and acting. The question then arises: what would be the moral problem of altering human nature? References to human nature have to make the assumption that some of those features are essential for human beings. Most scholars assess arguments against altering human nature as rather weak and in the present debate this perspective is hardly defended. That is also the reason why I will not treat them extensively.

In general, human nature accounts are refuted by the argument that the natural situation as it is given to us (the '*is*') cannot at the same time have a normative function (an '*ought*'). The descriptive explanation of what human nature is, can never yield moral judgments. There needs to be some moral theorizing which elaborates on the relationships between human nature as it is and possible moral conclusions we can derive from that.

Moral philosopher Allen Buchanan also argues that altering human nature should not be understood as something wrong per se, because human nature 'contains bad as well as good characteristics and there is no reason to believe that in every case eliminating some of the bad characteristics would so imperil the good ones as to make the elimination of the bad impermissible.' (Buchanan, 2009;142)

Philosopher Nick Bostrom offers another counterperspective to the thought that human beings should not interfere with nature or creation. He argues that human agency has always been interfering with the natural order in many ways that are universally accepted. 'Society and technology have always been changing and often for the better' (Bostrom & Sandberg 2009:327). Human nature accounts, then, should therefore give a clear account of when exactly specific moral boundaries are crossed. And why these are crossed when it concerns *human* nature. Otherwise they have no substantive value for the enhancement debate.

Without assessing this debate in detail we can doubt whether there are strong reasons to criticize enhancement technologies because of their presumed impact on human nature.

Authenticity and Personal Identity

Another ethical topic in relation to enhancement is authenticity. Are we still *ourselves* when we enhance ourselves? This topic has been raised especially within the context of mood enhancers (DeGrazia 2000; Elliott 2000; Elliott & Chambers 2004; Bolt 2007; Elliott 1998; Elliott 2003; Parens 2005) and cognitive enhancements (Bostrom & Sandberg 2009). Still, authenticity can be discussed in relation to physical enhancement as well. For example, one can ask if a sportsman who uses performance drugs delivers an authentic achievement.

In line with Charles Taylor, Erik Parens describes the ethic of authenticity as *being true to oneself* (Parens 2005:35). Central is the question whether our lives are still truly ours when 'who we are' is determined by elements that come from outside of ourselves. The ethic of authenticity suggests that our authenticity comes from within. Carl Elliott suggests that the use of Prozac as a mood enhancer defies the ethic of authenticity. 'It would be worrying if Prozac altered my personality, even if it gave me a better personality, simply because it isn't *my* personality,' he writes (Elliott 1998:182). In his article 'Prozac, Enhancement and Self-Creation' David DeGrazia argues against Elliott that authenticity is not so much a moral

problem in the case of mood enhancement. DeGrazia introduces the earlier mentioned case of Marina to exemplify his point. Why would Marina lead an inauthentic life when she uses Prozac to enhance her personality? Elliott's statement would imply that if Prozac has the effect of changing her personality, Marina's personality would no longer be genuinely hers. DeGrazia, however, suggests that this idea appears to be based on an image of the self as 'given', as a static notion. He claims that 'one can be true to oneself even as one deliberately transforms and to some extent creates oneself' (DeGrazia 2000:35). He would therefore prefer to speak of self-creation, which does not defy authenticity. Many forms of self-creation such as education, training and exercise are generally valued positively. Not all of them come from within oneself, but make use of means that are offered from outside. Transformation of the self as such, therefore, should not be seen as inauthentic per se.

Directly related to authenticity is the theme of personal identity. How do we understand that what we call the 'self'? Different approaches are possible. DeGrazia elaborates on numerical and narrative identity in his book *Human Identity and Bioethics* (DeGrazia 2005, chapters 2 & 3). Numerical identity over time means that 'a thing at one time is numerically identical with something at another time if and only if they are one and the same object, even if that object undergoes qualitative change' (DeGrazia 2000:36). This sense of identity needs to exemplify the conditions under which a person continues to be the same person over time. According to DeGrazia numerical identity of human beings is based in human biological organisms. Philosopher Janet Malek argues that continuity of personhood is more likely attached to the continuing capacity to have a first-person perspective (Malek 2006:84).[14] For the time being I accept these conceptions as two different possibilities, without playing them off against each other.

Central to the concepts of authenticity and self-creation is the other sense of personal identity that DeGrazia mentions. Narrative identity is deeply connected with our self-conceptions (DeGrazia 2000:36). Our narrative identity is formed by our self-told stories of who we are.[15] According to DeGrazia the most important aspect of narrative identities is the capacity of individuals to change these identities. The discomfort with cosmetic psychopharmacology, he argues, could be the feeling that a self might undergo too much change (36). But to what extent would transformations of a self be justified? In the first place we do not have the capacities and are not likely to ever reach them that we can transform our selves at any time into whatever we like. We are always bound to the circumstances and to our capacities. In the second place, Elliott's reflections on the issue suggest that Prozac could transform personality aspects so drastically that for example Marina is no longer the Marina we knew before. DeGrazia argues in line with the narrative identity concept that it

14   In the second chapter of his book, DeGrazia elaborates on cases in which we could wonder if numerical identity of human beings is continued or exists at all. Examples are cases of the presentient fetus, severely demented people, and various science fiction situations in which brains and bodies are interchanged (DeGrazia 2005:11-76).
15   See also Malek 2006:85-88.

completely depends on Marina's perception of self whether she is genuinely the same person. He claims that Prozac can be an authentic part of a project of self-creation because Marina's values and self-conception should be authoritative for determining what constitutes her life. It would be paternalistic to judge that they could not be authoritative for her life (38).

Although DeGrazia is not very explicit about it, his words imply that he finds transformations of the self morally acceptable as long as the enhanced persons after the transformation still see themselves as the same person. That, however, raises some important questions. First, the problem will be that the effect of the transformation will only be known when it has taken place. It would be problematic to be able to morally judge interventions only in retrospect. One could argue that a consequentialist approach always bases it judgments on the expected consequences of an action. But it is questionable whether the expected consequences for individuals who wish to enhance themselves can be predicted. For example persons could react completely different when they receive an outgoing character. One person may be happy and finally experience 'who she really is', while the other might come to the conclusion that such an outgoing attitude does not fit her personality.

Second, DeGrazia strongly relies on the motivation, wishes and capacities of an individual to choose for enhancement interventions. He suggests that people's motivations to become more truly themselves are also likely to have the longed-for effect. Besides that it implies that those motivations are genuinely theirs. That however is often questionable, as will be discussed later. DeGrazia admits that suspect social norms, like competition, could influence people to enhance themselves, but leaves it at mentioning that people would be reasonable enough to disagree with such cultural values and that the responsibility for such issues should be carried not by individuals but by society in a broader sense (39). The idea that people would be reasonable enough to disagree with social norms implies some sort of autonomy that might be doubtful in the context of enhancement. Is it true that we can trust that people make autonomous decisions in relation to the cultural values they experience? Through the course of this book it will be contested that people can always make reasonable decisions in spite of cultural norms. I will show that especially in relation to social norms we may question people's freedom to act and to form independent choices.

Third, as ethicist Ineke Bolt argues, narrative identities can alter so much that other persons no longer recognize a person as the same person he used to be. She gives an example of a man who underwent so many character changing treatments that his family and friends considered him to be a different person (Bolt 2007:292). For that reason he even lost some friends. According to Bolt, it is evident that narrative identities at least matter a lot for people's social lives.

The identity argument is a difficult issue. On the one hand it seems clear that enhancement technologies influence people's identities. Questions can be raised whether it is still the same

person we deal with. On the other hand the argument is rather similar to the human nature argument. It starts from the situation a person is in before the treatment, as if that is the person's *real* identity. At the same time that original situation is taken to be the *right* situation to be in. The same is true for the authenticity argument. Why would our original personality that is not changed through enhancement be the right or true personality? To argue that it is not really me who is acting I should have an account of identity and personality which shows what is the real me.

Several further objections can be made against the identity argument. There are all kind of situations in which narrative identities can change drastically. Chronic illnesses, brain tumors, or accidents causing serious impairment are some obvious examples. These are not seen as morally problematic. Identity change, then, is no moral issue per se. So one would need argumentation why identity change through the use of enhancement technologies would be a fundamental moral issue.

Furthermore, we should recognize that an adult narrative identity is largely formed by experiences. How could we in general insist that those experiences formed an identity that must not be changed? We could just as easily argue that these experiences of the past were morally unjust and that enhancement would be the right thing to correct the injustice done. We need a foundation to argue which changes of personal identity are morally justifiable and which are not. Furthermore, psychological treatment also aims to change identities. Why would enhancement be different? If we make the comparison between psychological treatment and enhancement we return to the medical therapy–enhancement distinction of which we already concluded that it is problematic. The argument that other people should still recognize the person as the same person is also problematic. Take the example of a woman who had a troublesome youth, who became very insecure, full of fears and rather dependent. It may be so that this person gathered people around her who appreciate her because of this dependency, because they can take care of her and are valued in their role as strong care-givers. If this woman uses enhancement drugs to become more secure and outgoing, they might no longer recognize her as the same person. The relationships these people had are drastically changed, because the caring situation is no longer necessary. Those who cared for her might not want this change, because the relationship no longer supports their own self-image. But why would their opinion be relevant to the claim that it is morally problematic to change this insecure personality?

I do not argue that authenticity and personal identity change are no moral issue in relation to enhancement. They may be, but the arguments so far are weak. The arguments could become stronger by reflecting on authenticity and identity in a more general perspective. When are authenticity and identity issues morally relevant at all? If we can answer that question, we can also say if these issues play a role in relation to enhancement. Note that I use the same method in this book in relation to body images. I first try to find answers to

the question as to at what point body images become morally relevant. Only after I give arguments supporting the moral relevance of body images I relate the issue to the context of enhancement. One of the advantages of this approach is that it becomes clearer what moral arguments are proper to the enhancement debate and which are general arguments. The present arguments on authenticity do not show why the context of enhancement would raise specific moral concerns. Besides that the arguments that are brought forward are still rather weak.

Interesting to notice is that a focus on the notion of authenticity brings along a moral reflection on the *means* of enhancement rather than the goals (DeGrazia 2000:36). The goal of self-creation is not generally considered as morally questionable. After all, self-creation is accepted in many other situations. It is, however, questioned when enhancement technologies are used to reach it. In the section on the distinction between enhancement and medical therapy I came to exactly the opposite conclusion. There, the actual intervention is not so much questioned, because it can be widely accepted for medical purposes, but the purpose of enhancement is seen as morally questionable. These sections taken together show us that both the means and the goals of enhancement can be morally questioned. They each bring along specific moral issues.

Happiness / Human Flourishing / Human Dignity

Other perspectives on the enhancement debate do not so much focus on the means or purposes of enhancement interventions, but rather look at their consequences or side-effects. A central question in the debate is what enhancement will bring human beings. What do we wish to reach with our 'pursuit of happiness' (President's Council on Bioethics 2003)? [16] According to the President's Council this pursuit of happiness might threaten true happiness and human flourishing. The council connects human flourishing to the concept of human dignity. Will enhancement harm human dignity? According to the President's Council the dream of perfection and happiness is common to human beings and well-known throughout history. People aim to perfect their talents, through exercise and investments. So why not through technology? Performance enhancements might enhance people's capabilities and make them happier. Other people do not strive for perfection but aim to become more 'normal'. They wish no longer to be seen as 'different'. They become happy when they no longer draw the attention in public.
The President's Council worries that these developments tend to neglect what real human flourishing is about. The authors of *Beyond Therapy* are of the opinion that those who make use of mood enhancers in their pursuit of happiness will only encounter a shallow extract from real happiness.

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16 The scientific character of *Beyond Therapy* can be discussed, because it in the first place is a governmental study. Nevertheless, it is often referred to in the enhancement debate and as such it influences the debate.

> What is to be particularly feared about the increasingly common and casual use of mind-altering drugs, then, is not that they will induce us to dwell on happiness at the expense of other human goods, but that they will seduce us into resting content with a shallow and factitious happiness (269).

Here, mainly a fear or warning is expressed, not so much a clear argument. It appears to be difficult to express exactly why human flourishing could be at stake. Nevertheless, this remark appears to come close to intuitions that many people have. When I speak with non-ethicists about enhancement, many people wonder why we would become happier when using enhancement technologies. Some argue that life would be less interesting when we get rid of our struggles, pain and suffering. Those aspects of life make people grow and flourish. Still, such idealization of suffering is problematic as well (Hauerwas 1990:ix-x). It does not do justice to the many shapes of suffering, nor to those who suffer. Many people who suffer would argue that their lives would become far more interesting if the suffering would vanish. People experience various kinds of suffering in even more different ways. There are no standards of how to respond to suffering. Some can deal with it and learn to live with pains or struggles. Others cannot for various reasons. We could wonder if it is not proper to suffering that we wish to improve our circumstances. Suffering, then, is different from pains and struggles. On the moment we accept our situation, we can still experience pain, struggles or poverty, but we no longer suffer. The idea that imperfection is needed for true human flourishing implies an evaluation of suffering and imperfection that needs far more reflection.

Human dignity has become a very important topic in bioethical debates, both in secular and religious contexts (Beyleveld & Brownsword 2001). In relation to human enhancement it still appears in the margins however. Human dignity is a more central topic in studies on cloning and embryonic research. In his article 'In Defense of Posthuman Dignity' Bostrom does elaborate on the idea of human dignity in relation to enhancement (Bostrom 2005). He argues for a concept of dignity that even includes many sorts of posthuman dignity. He defends that such a broad concept of dignity would not necessarily harm human dignity. To make this sort of claim, though, one should have a very clear understanding of what human dignity is. To make clear why human dignity would be harmed by using enhancement technologies one would also need a clear concept of human dignity. A large body of literature exists on the concept of human dignity and its possible meaning in the context of ethics (Beyleveld & Brownsword 2001; Bayertz 1996; Kuhse 2000; Kass 2002; Macklin 2003; Nordenfelt 2004; Ashcroft 2005; Graaf & Delden 2009). One would need to apply such elaborated concepts of human dignity to the context of enhancement in order to be able to evaluate whether enhancement could harm human dignity.

Desire for Mastery or Gift?

Closely related to the issues mentioned in the section above is the perspective of Michael Sandel. His objection against enhancement targets the desire to mastery that is intrinsically involved. He argues against the use of enhancement technologies because the wish to enhance human life does not appreciate life as gift (Sandel 2007; Sandel 2009). Sandel admits that his perspective evokes associations with religious approaches, but argues that also from secular perspectives one could so understand human life. In his perspective the appreciation of life as a gift implies humility and solidarity. It saves us from seeing everything as our own responsibility. After all, if we can create our life as we want it to be we can also be held responsible for our incapacities.

Frances Kamm carefully unravels Sandels arguments and concludes that they are problematic. To say that the desire to mastery is generally bad needs further reflection. She argues that we need to 'focus on whether outcomes are valuable and can help justify acts or practices, whether means are permissible, and whether disposition to mastery as a means to goods is inconsistent with being good people' (Kamm 2009). Such a perception includes the possibility that the desire to mastery can be out of place, but at the same time acknowledges that mastery might even be morally obligatory in certain cases. The argument that enhancement implies the desire to mastery is not very strong. In fact all our means to control human life imply this desire. That is true for all technologies, but certainly for education and training, where we see no moral problem in the mastery of human life.

The giftedness of life argument shows similarities to arguments that are against interfering in human nature. Whether God, fortune or nature is the instance who 'gives' life, it is supposed that life as given is good. Immediately we enter the medical therapy–enhancement discussion again. We practice medicine because we don't think that life as it is given to us is good in all cases.

Playing God or Co-creators?

Related to discussions on mastery and giftedness is the discourse on playing God. The notion of 'playing God' has become an important point of discussion among both theologians and non-theologians (Schroten 1992; Drees 2002; Coady 2009). The notion expresses a scruple to accept leadership over human life. That leadership is assigned to God or some 'natural force' but not to human beings themselves. The metaphor 'playing God' might be understood as expressing moral insecurities rather than obvious ethical issues that arise from technological developments (Drees 2002;651). The elusive is then referred to as God. These insecurities appear when technologies shift the boundaries of our capacities and change how the world appears to us. Based on the ideas of Dworkin, Willem Drees shows that the fear of 'playing God' does not so much express the fear of doing what is wrong, but rather a fear of losing a grip on reality, which is caused by the groundbreaking interventions in our existing

worldviews (651). One could say that if the metaphor of playing God is prompted by fear of losing grip, there is little reason to take this fear too seriously. Throughout history people have always searched untracked ground. We would need sturdier arguments to show why in the specific case of enhancement technologies the fear of 'playing God' would be more profound than in other cases.

Several theologians have elaborated on the expression that human beings are the co-creators of God. This idea expresses that people do not take God's place, but rather that they co-operate with God. Philip Hefner formulates this as follows:

> Human beings are God's created co-creators whose purpose is to be the agency, acting in freedom, to birth the future that is most wholesome for the nature that has birthed us – the nature that is not only our own genetic heritage, but also the entire human community and the evolutionary and ecological reality in which and to which we belong. Exercising this agency is said to be God's will for humans. (Hefner 1993:27)

With the idea that human beings are the co-creators of God, Hefner makes two claims. First, that human beings *can* be co-creators and second, that they also *should* be (Irons 2004:774). In relation to the first claim one must pose some serious questions. The use of the term 'co-creator' assumes a rather strong analogy between the creative capacities of God and human beings. From a scientific perspective William Irons questions whether human beings are capable at all to 'birth the future that is most wholesome for the nature that has birthed us'. Can humans be motivated at all to create such a wholesome future (777). I will not speculate on this. Supposedly, it is most realistic to say human capabilities in this respect are at least ambiguous. Although history shows great progress in human capacities, it also gives us every reason to be humble and to question the human desire and ability to create a wholesome future.

More interesting in an ethical setting is to question whether speaking of co-creatorship can have the moral implications that Hefner implies. Irons rightly notes that Hefner draws on a tradition of Christian theology in this respect. Although his conclusions are still disputable from the perspectives of systematic theology, it means that in a secular context his normative claims that human beings should be co-creators do not serve as a justification. It is therefore questionable what their added value might be in the enhancement debate that for the most part is pursued in a secular context.

2.4.3   *Social Context Centered Arguments*

Fairness and Equality

The issue of fairness in relation to enhancement is discussed in two different ways. First, because enhancement technologies are likely to be relatively expensive, the poor will have less access to them than the rich. This is an important concern in relation to global justice.

It expresses the fear that the poor will become even poorer and the rich richer through their access to 'luxury' technologies.[17] Bostrom emphasizes that this, however, is not so much a fundamental ethical issue, but rather a matter of policy making. He mentions that public policy and regulations can either contribute to inequality by driving up prices and limiting access, or they can reduce inequality by supporting development, understanding and subsidized access for disadvantaged groups (Bostrom & Sandberg 2009:329). I would like to nuance this statement and say that it is a fundamental ethical issue when goods are not shared in just ways. But this argument is not fundamentally related to the use of enhancement technologies only. It is true for medical therapy as well, and for the division of other goods such as money, food, and so forth. For reflection on the future of enhancement technologies, the topic of fair distribution and global justice is highly important. We could ask ourselves why Western societies spend so much money on developing technology for so-called 'luxury' purposes, which are accessible only to the elite. But the fairness argument does not show us the central moral issues of enhancement. Enhancement technologies (or the money that would be used to develop them) are just one of the many goods that should be distributed fairly.

The second concern about fairness is of a different character. This concern expresses the fear that enhancement evokes forms of competition in which different participants do not have equal chances. In sports, especially cycle-racing, the use of illicit doping is a constant issue. Sport ethicists wonder whether the use of doping is morally inappropriate or not (Murray 2008). Similar questions we could raise about other forms of competition, for example school exams or music competitions. Would it be unfair when some of the students or musicians use performance enhancers? The issue of fairness and cheating mainly relates to the rules we develop for the given social activities (Bostrom & Sandberg 2009:328). If we see the purposes of education as a form of competition between those who need to prove themselves, enhancers are not likely to be accepted. However, if the educational system is meant to encourage the acquisition of information and learning, it might even be worth considering to stimulate the use of cognitive enhancers. The same can be said about the musicians. Is the performance of music about competition or about striving for the best possible expression of music? In the latter case it is not a matter of fairness whether musicians use beta-blockers or not.

Furthermore, enhancements might increase fairness in specific situations. Would it not be fair when a sportsman from a Third World country could at least use doping that increases the oxygen level in his blood, when all his competitors from Western countries are able to make use of expensive training camps and facilities that increase the oxygen level in their blood as well? Or what about the student who uses Ritalin to increase his concentration level

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17   One could argue that specific types of enhancement are not per definition 'luxury' goods, but rather expressions of good care. See also chapter 6 and (Davis 1995; Dikken 2009). Then the issue of global justice might drastically change, because it could be understood as 'just' to care for those who 'need to be enhanced'.

during an exam, because the continuous care for his seriously ailing mother hampers his concentration?

It does not become clear why fairness issues would raise fundamental moral issues concerning enhancement. It may be true that enhancement technologies create situations of unfairness, but they need not do so. To be able to show that fairness issues present a central moral issue of enhancement, one would need an elaborated concept of fairness which tells us when the use of enhancement is no longer fair and morally problematic

Social Pressure

In the course of the enhancement debate several participants have expressed a concern for social pressure. These concerns relate to all types of enhancement. Social pressure and deception are one of the main concerns of political scientist and philosopher Sunny Bergman's documentary *Beperkt houdbaar*.[18] In this documentary she denounces the public media that digitally manipulate the pictures of human bodies that they present. Her main concern is that young people (mainly women) see these pictures as role models while they cannot reach the presented body shapes in 'natural' ways. This raises a further concern whether beauty ideals (and, I would add, ideals of health and performance) current in our society, imply some form of social pressure. The following chapters of this book will closely relate to this topic.

In relation to cognitive or performance enhancers we can think of employers who require their employees to perform better through the use of enhancers. Another example mentions soldiers who should use them to enhance their strength on the one hand and on the other hand wipe out traumatic experiences. Many more examples can be thought of (see also (Jongh, Bolt et al. 2008:771)). In the case of mood enhancers we could imagine that when they become more commonly used in society, it is no longer accepted when people do not use them and stay insecure or pessimistic. A similar movement we see with regard to prenatal diagnosis of Down syndrome.[19] The possibility of prenatal screening has made it very common to check whether an embryo has this genetic 'defect'. When the results are positive, the screening is commonly followed up with an abortion. It is hardly accepted when people receive a child with this syndrome when it could have been prevented. That however leads to a further social stigmatization of people with Down syndrome and their parents who chose to love this specific child regardless of the genetic arrangement.

Concerns of social pressure may be very important for the ethical debate on enhancement. Nonetheless, they have hardly been articulated very profoundly. It is still the question to

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18   See the documentary at www.beperkthoudbaar.info (02-15-10).
19   Priscilla Alderson offers insights into the literature on the ethical implications of prenatal screening for Down's Syndrome (Alderson 2001).

what extent they touch upon the core issues concerning enhancement. Further reflection on these matters is therefore needed. It will become clear that the subject of this study is strongly related to issues of social pressure.

2.5   What are the Central Moral Issues Concerning Enhancement?

Based on the inquiry above, one could claim that none of the mentioned arguments obviously show us what the central moral issues concerning enhancement are. Is there one argument that shows that there is something wrong with enhancement as such? At the same time one could say that my reflections were too global to come to such conclusions. Did I do justice to all arguments, outlining them together in one chapter? I probably did not. I only described them globally and more precise arguments have been brought to the fore in the debate. Nevertheless, I believe it is possible to conclude that these arguments do not display the core of the moral issues that are important in relation to enhancement. In some cases it became clear that arguments would not hold against counterarguments. In other cases I merely argued that the approach of the arguments does not present a strong case to show that enhancement is a special moral issue. There I argued that more fundamental research is necessary on the topic itself (authenticity, flourishing etc.) in order to formulate convincingly that they involve moral issues.

But then, should the conclusion be that it is not necessary to have an ethical debate on enhancement? Contrary to the claim that none of the mentioned arguments show the necessity of ethical reflection on enhancement, one could claim that the enhancement debate is important because it provides a context in which these various topics and arguments are brought together. If so, one might ask: what value is this collection? In this section I will pursue this, assuming it not accidental that these topics come together in the enhancement debate.

Let us start from the modest (but perhaps provoking) suggestion that the enhancement debate merely represents moral intuitions. The development of new technologies raised all kind of moral intuitions and although the debate is underway for some years now, no common view has been established of what we are talking about in the debate. Definitions of enhancement diverge and untenable arguments appear time and again, because they seem to give expression to moral intuitions. Reflection on the debate, then, shows that there is a moral intuition and it shows that several topics are not elaborated enough to give answers to these moral intuitions. In other words, the debate expresses an appeal to dig deeper into some issues.

Why does the enhancement debate hardly exceed the level of referring to moral intuitions? In the course of this chapter I have mentioned several aspects that contribute to the character

of the debate. First, in 2.2 I already showed why the arguments of a moral debate risk to be formulated in terms of opposition. As long as we take the question whether enhancement technologies should be used or not as a starting point, we risk to make use of polarizing arguments beforehand. Second, 2.3 showed that the content of the debate is diverse. It is hardly possible to speak about 'the' enhancement debate. It takes place at several levels and has all kinds of different contents. Even the definitions of enhancement that are used vary greatly. The existence of such variety in the debate does not contribute to its profundity. Third, in section 2.4 I showed why the different arguments that are brought forward in the debate are either not tenable or do not express fundamental arguments as to what would be the central issues concerning enhancement. That means that the arguments do not show us clearly why we should discuss enhancement as moral issue.

Nevertheless, most authors in the debate are convinced that enhancement *is* a moral issue. I am convinced of the same, although I think that some issues need to be made far more explicit. Here I wish to offer some suggestions how to give form to the debate.

A leading question to understand what enhancement is fundamentally about is: what is so special about enhancement technologies? Authors have used notions as improvement beyond health or the normal, the strife for perfection and the like. But most technologies have such an aim to some extent. If we look at section 2.4 it may attract notice that the majority of arguments are human condition centered approaches. What does that imply? While most technologies we know influenced human life by improving our surroundings, enhancement technologies aim to improve ourselves. Juengst already includes that in his definition by referring to 'human form and functioning'. But the reference to form and functioning is still rather abstract or vague. The debate shows that people are concerned about people's authenticity, about their identities, about happiness, human flourishing and human dignity. Moral questions no longer only express concerns about the world we live in and what the consequences will be for humans to live in this world. The moral questions concern our being, our whole identity. At the same time the issue of enhancement implies that our present being or identity could be enhanced. A pressing question, then, is: What is wrong with who or what we are now? Why would we wish to enhance ourselves? What would be improvements rather than changes?

These are fundamental questions that seem to form the center of the enhancement debate. They are touched upon in the present debate, but as I showed above, they are not fundamentally reflected upon. In relation to most arguments I claimed that it would be necessary to formulate clear conceptions of authenticity, identity, human flourishing or human dignity, before relating them to the context of enhancement. First we would need to have a clear idea when these issues become morally relevant or problematic. Only then we can see if enhancement meets the conditions to become morally problematic. The same is true for other (technological) interventions in human beings.

I would therefore suggest that it is important two distinguish two types of ethical reflection in the enhancement debate that until now mostly intertwined. First, one could distinguish ethical reflection focusing on specific technologies that improve human bodies (including mental and behavioral changes), questioning the purposes, means and effects of these technologies. Second, one could distinguish ethical reflection focused on the mere *pursuit of body improvement*. In that case the focus is not so much on specific technological improvements, but rather on enhancement as a desire, goal or practice. It focuses on the context of the desired technological improvement. The first kind of ethical reflection is practice directed. The second involves abstract reflections on enhancement issues. The first type of ethical reflection is rather similar to moral evaluations of other new technologies. It easily fails to offer fundamental contributions to an understanding what enhancement is about. *The second type of ethical reflections tries to find the core of what enhancement could mean. Why does the mere pursuit of human improvement give rise to moral questions?* Although these two types of ethical reflection can be distinguished, it must be noted that both include aspects of the other type. The main difference is their focus, which determines which are central questions and what are side issues.

2.6   A Deficiency in the Debate

Before moving on to my own approach I wish to show that the present debate fails to pay attention to a highly important issue.

In the current debate, the ethical concerns that arise in relation to enhancement emerge from different vantage points from which enhancement technologies are approached. Each approach has a particular focus on the place of enhancement technologies in ethical reflection. Earlier in this chapter I noticed that the enhancement–therapy dichotomy focuses on the *purposes* of both types of interventions. Reflection on the notion of authenticity rather looks at enhancement interventions as *means* toward self-creation. Similarly, the other ethical concerns bring along their own perspectives. The issue of risks and safety focuses on the *consequences and side-effects* of specific interventions. The same is true for the topic of human nature, human flourishing and dignity. How will enhancement interventions affect humankind in general? The concerns about mastery and 'playing God' on the one hand focus on people's purposes with enhancement. What exactly do we wish to accomplish with transforming human beings? On the other hand these are deontological approaches. Are these interventions valuable as such or are they morally undesirable? The issues of fairness, justice and equality rather focus on the social interactions that follow from enhancement. That means that they are also aimed at the consequences, be it other ones than in the case of safety concerns.

The category of 'social pressure' is more difficult to locate. One the one hand, here also we

could say that social pressure is seen as a consequence of enhancement interventions. The idea here is that when a large group of people in society is technologically enhanced this would prompt or force others to follow this example. However, we could also say that social pressure precedes the development of technology. In a highly competitive society it is far more likely that performance enhancers are developed than in a society where competition is not highly valued. The interrelationship between social pressure and the development or use of enhancement technologies seems to include effects in both directions.

In this chapter I have given an overview of the common ethical concerns that are raised in the enhancement debate. It is striking to notice that most of them relate to the actual practices of enhancement or their consequences and goals. Another type of questions is hardly touched upon. Should we not ask first: To what problem do we think these technologies are an answer? It would make sense to ask why we at all wish to transform ourselves, before questioning whether these transformations are morally acceptable. Furthermore it would be interesting to inquire whether the social context that motivates people to enhance themselves carries in itself moral aspects we should be concerned about.

People's motivations to alter themselves seem to me a highly important issue in the ethical reflection on enhancement. What brings people to use enhancement technologies? Professor in religious studies Gerald McKenny also stresses that motivations are 'almost never subjected to an ethical evaluation' (McKenny 1998:223).[20] But people's motivations show us what makes enhancement technologies desirable. Motivations relate the desired object (enhancement) to the context in which it is desired. The motivation to change tells us something about the goal that is desired (beauty, health, better performance) and how the present situation is experienced or evaluated. The mere fact *that* someone is motivated is hardly interesting; in general, the question follows: Why is one motivated?

Especially in ethical reflections on the pursuit of improvement a focus on motivations should not be lacking. If we inquire why there is a desire for enhancement, people's motivations and the context of these motivations must be studied. How could we otherwise understand

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20   McKenny points out that it is important to acknowledge that people are motivated to enhance themselves because of the vulnerabilities and resistances of their bodies. These prevent people to realize their aims and ideals. McKenny argues that it is understandable that people wish to overcome their vulnerabilities, but shows that the vulnerabilities of the body contribute to our self-formation. He concludes that when we try to overcome bodily vulnerabilities through enhancement, we 'fore-close the kinds of self-formation that our awareness of vulnerability makes possible' (McKenny 1998:235). Therefore, according to McKenny, a first target would be to reflect upon the kind of self-formation we pursue through technological interventions.
McKenny's approach is slightly different from mine. Interestingly enough, we both arrive at the topics of human bodies and vulnerability when we start to reflect upon people's motivations to use enhancement technologies. Just like McKenny, I wish to argue that people's beliefs about their bodies lead them to consider to enhance their bodies. Unlike McKenny I do not confine these beliefs to experiences of vulnerability and resistence. All kind of beliefs and experiences concerning the body can lead people to wish to use enhancement technology. I call these beliefs, emotions and experiences 'body images'. The notion of 'vulnerability' I will introduce in a different manner than McKenny. In my study vulnerabilities come to the fore as a consequence of cultural body ideals. McKenny approaches vulnerability as a fundamental aspect of human bodies that leads to the wish for enhancement. These two understandings of vulnerability do not exclude each other, but it is important to notice that my focus differs from that of McKenny.

what is desired? Meanwhile, ethical reflection on these motivations might show that present motivations are based on faulty assumptions or should invoke moral concerns.

2.7   Toward Research Questions

In this chapter I have shown that those who write about enhancement need to be specific about what they mean when speaking about enhancement. In this section, therefore I explain my position and point of departure.

My focus is on enhancement as the pursuit of improvement of human beings. In other words, the emphasis will be on enhancement as a desire, goal or practice rather than on the specific enhancement technologies. This is the second type of ethical reflection which I described in section 2.5.

To be more specific, my main concern will be body enhancement. In section 2.4.1 I described why a distinction between medical therapy and enhancement is hardly tenable and even morally problematic. I therefore recommend that this distinction be abandoned. Above I concluded that the specific property of enhancement is the pursuit of improvement of human beings. Medical treatments also have the objective to improve human well-being by changing human bodies or minds. Including medical treatments in the enhancement definition makes us aware that on the one hand medical treatments can evoke the same questions as non-medical interventions. On the other hand it summons us not to take for granted that medical treatments would be morally acceptable; we also should reflect on these technologies in relation to the fundamental issues raised, such as human flourishing and human dignity. In the course of this book some examples appear that touch upon these issues (in 3.3.5 for example).

The emphasis on body enhancement directly explains the focus on perceptions and experiences of the body that are related to enhancement. The main focus is the pursuit of body improvement. In this my approach distinguishes itself from other approaches of enhancement of human beings. For example, I do not focus on issues of transhumanism. To be clear, I do not object to the generally used term 'human enhancement' (which I also use), but prefer the term 'body enhancement' because it immediately focuses on the core of this study. The term, in my opinion, does not exclude cognitive or mood enhancements, because they usually are performed through the body as well. Nevertheless, when I refer to enhancement technologies in this study I generally refer to technologies that try to improve bodily forms and functioning.

Throughout the outline of disputed themes I have repeatedly pressed the importance of fundamental ethical research on a topic before inquiring whether this topic is at all relevant

in the context of enhancement. Furthermore I have concluded that an important topic is missing in the present debate. These two findings I wish to combine in this study.

I have emphasized that people's motivations should be reflected upon in the enhancement debate. Why do people want to make use of enhancement technologies? My claim is that body images can be the motivations behind people's desires to improve their bodies. As I said before, motivations connect what is desired to the present situation. That means that if we are motivated to improve our bodies, it tells us something about how we think of our present bodies. These body images, then, need to be reflected upon. At the same time, it is not so clear why body images should be a topic within ethical reflection at all. We would need to understand better 1) what body images are and 2) if they should influence the moral debate on enhancement in any sense. The latter question is the central research question of this study. In the next chapter I will answer the first question.

Toward a Comprehensive Concept
of Body Images

3.1   Introduction

People's motivations to enhance themselves have received little attention in the current enhancement debate. As we saw in the former chapter, the ethical focus is mostly on the purposes, means, consequences and side-effects of enhancement interventions. Body dissatisfaction and the wish to improve the body seem to be important factors that incite people to make use of enhancement technologies.

As we saw in the Introduction (1.2) moral philosopher Marcus Düwell urged that issues of *Körperwahrnehmung* should be part of the ethical enhancement debate. He stressed the importance of knowing how the use of enhancement technologies influences people's perceptions of the body. We have now seen that the reverse question is no less relevant. How do people's perceptions of the body influence their making use of enhancement technologies?

Phenomenological and feminist studies have reflected upon the perception of the body, including the feelings, experiences and desires people can have in relation to their body. Different terms are used in these discourses, such as embodiment (see also 3.2.3), body images or imaginary bodies. A returning notion is the 'body image', and this is the term I will use, rather than the notion of *Körperwahrnehmung* or body perception as used by Düwell (see 1.2). On the one hand 'body image' covers a broader range of attitudes toward the human body; it includes both perceptions and for example feelings and experiences. On the other hand the notion is also used in the social sciences. That enables me to reflect on the issue from an interdisciplinary perspective.

The central question of this chapter is: What do we mean by 'body images'? I will approach this question from an interdisciplinary perspective. The perspectives brought to the fore by different discourses might be valuable to develop a comprehensive concept of what body images are. Comprehensive in the sense that it shows that body images are a multidimensional phenomenon. The objective is to arrive at a philosophical concept of body images that is practicable in ethical reflection. In this way this chapter will present a first step toward understanding how body images may be of relevance in the enhancement debate.

3.2   Preliminary Philosophical Questions Concerning Body Images

In this study I begin from a working definition of body images as *all attitudes toward human bodies*, including perceptions, beliefs, experiences, and emotions. This notion of body images includes how we perceive our bodies. Do we see our bodies as beautiful or attractive? What ideas do we have about the body? What do we believe bodies are or how do we expect them to be? In short: what do we imagine our body to be? But also: What is the impression our body makes on other people? The definition also should include the symbolic meanings of a body. What, for instance, does 'a female body' represent?

The term 'body image' refers to people's experiences with their body in their life. Can we give form to a philosophical concept of body images, which rather seem to be social phenomena? Philosophical remarks on the biological body as we meet them in Aristotle's work can hardly be understood as body images. Nor would empirical studies of the natural sciences fit in the notion of body images. The natural sciences merely pose descriptive statements about the human body that do not express people's experiences with the body. Of course, body images may relate to conceptual views on the body or to descriptive understandings of the natural body. In the course of this chapter such relationships will occur now and again. But to understand how people relate to their own body and to other bodies, e.g. in relation to their making use of technology, it makes sense to speak about body images as a separate notion.

Before we take a closer view on the discourses on body images, it is worthwhile to pay some attention to several philosophical issues that concern the topic of body images. Consideration of these issues will help to clarify some of the positions I start out from in the reflection on body images.

First, it is important to define the term 'image'. Several connotations could be thought of. The understanding of the term is essential to comprehend what body images could be. Second, in this study I use the term 'body image*s*' – plural. Some of the authors who introduce the term, as we will see later, speak about the body image as a singular noun or concept. In the second section I explain why I prefer to speak in plural terms. Third, the history of philosophy shows that reflections on the human body were always closely related to reflections on the human mind. Critical thinkers have argued that the body and mind were presented as dichotomies, as two theoretical entities that could be separated. In body discourse dichotomous thinking became an important issue. In the third section I will reflect briefly on this issue and show what I take as a starting-point in this study.

3.2.1   What do we Mean by 'Images'?

There are several common connotations of the term 'image' in daily practice. Image can mean (1) the external representation of a thing or person. Such representation can be

given form through a picture or painting or the like. But we also speak of (2) a mental representation, the image we have of something or someone. When you close your eyes you will have an idea of what your hands and feet look like. Because of mental representations of the body of others we can recognize them when we meet them again. Furthermore, the word 'image' can be used (3) as a simile or metaphor. In the New Testament, for example, the image of the body of Christ is used as a metaphor for the Christian community, consisting of different body parts with different tasks and capacities. Moreover 'image' can mean (4) a resemblance to something or somebody else. With the expression 'she is the image of her mother', we mean that she looks like her mother. Another meaning of the word 'image' is (5) the general impression a person or institution presents to the public. We could for example say that a person has the image to be rather unfriendly to people he does not know.

Do we need to choose between those different meanings of the word 'image' in the context of body images? In the course of this book we will see that most meanings are appropriate and used. However, the second meaning, the image as mental representation at first sight seems the most approximate. Different interpretations of body images as mental representations seem to refer to people's experiences with their body. What mental representations do we have of our body? Do we see ourselves as attractive or beautiful? What expectations do we have of our bodily constitution? Do we think our body should be more athletic, slimmer or healthier?

The view that body images can best be understood as mental representations needs some nuance. From an empiricist view it is correct to interpret an image as 'a kind of thing or mental object, a representation or copy of sensory perception' (Csordas 1994:80). However, from a phenomenological perspective it becomes clear that especially in the context of body images, such an interpretation has its shortcomings because of its dualistic tendencies. We would see bodies as mental objects and we would revert to a body–mind dichotomy that most people who use the term 'body images' wish to avoid (see 3.2.3). Phenomenologists like Merleau-Ponty and Sartre understand imaginary acts as *inherently embodied*. Images therefore are no mere mental objects, which are static entities, but they are embodied interpretative acts. The body imagines through perception: it is the body which meets and interprets the world. Likewise, body images are embodied interpretative acts. Our understanding of our bodies comes from the perception of these bodies creating body images. Thus our bodies are not only an object of imagination, they are at the same time the subject of it.

Understanding an image as an interpretative act rather than a mental representation also converts the image from a merely passive to a more active notion. This will prove to be of relevance in the context of the ethical debate, as we will see in chapter 5.

The first and last meaning of 'image' mentioned above are also important in the context of body images. Photographs and other media forms show representations of bodies

and influence the mental images of those who interpret these representations. The last connotation of 'image' can be understood in a general and in a more individual sense in relation to body images. We could for example wonder what 'image' female, male, handicapped or athletic bodies have. But also, in individual cases, we can see that our body creates a certain image. Furthermore, we can *use* our bodies to create a specific image. Think for example of skinheads and the expressive character of tattoos. The image as a resemblance or a metaphor we will hardly encounter in the context of body images in this book.

Paul Ricoeur introduces another aspect of images that is worthwhile to consider here briefly (Ricoeur 1979).[21] He argues that images (and fiction) produce new realities. Images reshape present reality. Although Ricoeur reflects on images in a completely different context, his findings show strong similarities with the topic of cultural production as brought forward by feminist scholars and considered in the next chapter. Similarly, Elaine Scary emphasizes the role of 'imagining' as the 'making of the world'. She introduces imagining as an empowering force against torture and pain (Scarry 1985). In that sense, too, images reshape current reality.

I choose to use the broad variety of connotations of the term 'image', because that enriches the diversity of meanings of the term body image. Doing so, I present a sampling card of understandings that can show us a variety of disciplinary perspectives on the human body and our ways of understanding it and relating to it.

3.2.2   *The Body Image or Body Images?*

Most authors I have referred to until now write about *the* body image. In my description I will follow their example, but I want to explain why I think it is better to use the plural form 'body images'. With this approach I follow several feminist philosophers who mostly prefer to speak in plural terms about human bodies, 'imaginary bodies' (Gatens 1996) or 'body images' (Weiss 1999).

Speaking about *the* body image can be misleading. Taking *the* body image as a point of departure implies a simple understanding of the phenomenon. It neglects the possibility that people have multiple even conflicting body images at the same time. Furthermore, it does not do justice to the fact that throughout time experiences of the human body are subject to change. It is hardly possible to refer to *the* body experience a person has, we would always speak about experiences, feelings and emotions, because they fluctuate. So why would we speak about the body image then? It would only risk turning into a static notion.

Gail Weiss also favors speaking in plural terms. She describes her motivation to do so:

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21   See also Weiss 1999:169.

> Not only are the expressions 'the body' and 'the body image' problematic insofar as they imply discrete phenomena that are capable of being investigated apart from other aspects of our existence to which they are intrinsically related, but also the use of the definite article suggests that the body and the body image are themselves neutral phenomena, unaffected by gender, race, age, and changing abilities of the body. Put simply, there is no such thing as 'the' body or even 'the' body image. Instead, whenever we are referring to an individual's body, that body is always responded to in a particularized fashion, that is, as a woman's body, a Latina's body, a mother's body a daughter's body, a friend's body, an attractive body, an aging body, a Jewish body. Moreover, these images of the body are not discrete but form a series of overlapping identities whereby one or more aspects of that body appear to be especially salient at any given point in time. (Weiss 1999:1)

According to Weiss body images are some kind of reference, a response to a person's body. Moreover, body images are particular responses that refer to an individual's body. One or more aspects of a body appear to be especially salient at that moment. Weiss mentions that body images form a series of *overlapping identities*. If we understand body images in this way, as particular responses to human bodies that form overlapping identities, the notion of *the* body image (singular) is inadequate.

The early phenomenologists and social scientists merely write about the body image in individualistic terms. They write about a subject's body image. Although they acknowledge that a person's body image can change over time and can include contrasting body perceptions, their use of 'body image' in singular terms narrows down its reach. Thomas Cash notes that the plural use of 'body images' is mildly awkward and unconventional, but that he supports it because it underlines the multidimensional character of the construct (Cash & Pruzinsky 2002:7).

3.2.3   *Dichotomous Thinking*

Almost every recent philosophical study on the body is concerned with the so-called body–mind dichotomy to a greater or lesser extent. The body–mind dichotomy can be understood as the conceptual distinction between the human body and the human mind as different entities of the human subject. Throughout the history of philosophy body and mind were seen as binary opposites, as a pair of terms that were theoretical opposites. Often scholars refer to this dualism as a Cartesian view on the mind and body.[22] However, the dualist approach toward the body can be found in the writings of earlier thinkers, for example of Plato and some early Church Fathers. Whether Descartes was the main author to introduce the body–mind dichotomy or whether he was only one of many is immaterial; the point is that this dichotomous thought gained a rather dominant position.[23]

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22   It must be noted here that Descartes' writings shows far more nuance on the matter than came to the fore in the reception of his work.
23   Feminist historian Caroline Bynum has shown that in medieval times, long before Descartes, there existed a wide variety of approaches to the human body (Bynum 1995). Nevertheless, the body–mind dichotomy has influenced modern thought to such an extent that most theorists feel the need to position themselves regarding it.

Commonly, body theorists see the body–mind dichotomy as a mistaken position. The main problem is caused by the hierarchical consequences of the dichotomy that recognizes the mind as more important than the body. 'Dichotomous thinking necessarily hierarchizes and ranks the two polarized terms so that one becomes the privileged term and the other its suppressed, subordinated, negative counterpart' (Grosz 1994:3). Body theorists commonly argue that we can only speak about a human being, a person, as an embodied being. Embodiment in that sense means that the human subject must be understood through its being a human body.

Although studies on embodiment have offered many important insights, they also raise some problems. In practice the term 'embodiment' tends to silence discourse on the body. Authors have used it to express attention to human beings 'as a whole', including the body. They are wary of the use of the term 'body' because it would in all cases treat the body as something 'different' from the person. The paradoxical consequence of this is that one hesitates to speak about the body. Speaking about the body is immediately seen as a confirmation of the body–mind dichotomy. We however could wonder if attention for embodiment and a careful attitude toward dualistic approaches of human beings necessarily preclude consideration of the body as a theme of its own. To reflect on oneself as an embodied being does not imply a dualistic perspective.

We saw in 3.2.2 that Weiss calls the *particular responses* to the human body essential to body images. To better understand people's attitudes in society, it will sometimes be necessary to inquire about people's relationships to their body. Moreover, their particular responses to their body shape people's identities. Sometimes it will then not be enough to speak about 'embodied persons'. More specific attitudes to the body need to be explicated. This, I argue, is true for the enhancement debate as well. Body images and their functions need to be specified further in order to understand people's relationships to enhancement better. Furthermore, understanding of the role of body images in the enhancement debate will deepen ethical reflection on the matter.

Studies that are merely focusing on the experienced body instead of a body concept or a concept of the human subject raise a further issue. Various feminist authors, such as Iris Young, Elizabeth Grosz and Judith Butler, point out that even in their striving for 'neutral discourse' most male phenomenologists tend to make use of dualist language (Weiss 1999:38-42). They preserve a distinction between subject and object because they assume the subject to be a unity of both. Young (1995:409) tries to avoid this distinction in her work on pregnancy, where the borders between the self and another, between subject and object, become blurred. She describes how the pregnant woman experiences the development of another person in her growing belly as her own body and yet as another.

Young's text indeed shows that dualist polarizations can fade away. Her considerations might also be applicable in some cases of chronic illnesses. However, there is one considerable lack in her reflection on pregnancy. Young namely does not introduce experiences of pregnant women who have ambivalent emotions concerning their pregnancies. But we may expect that especially those who regard the fetus as something 'foreign' to their bodies experience their bodies to be estranged from their selves. Not every pregnancy is a joyful period in which the mother indeed notices her changing body and wonders about the movements in her belly that are at the same time hers and not hers. Some pregnancies confront mothers with exhausted bodies, new medical situations, or being bedridden for months. Other pregnancies are associated with rape and violence. Would not all of these women often think that they 'have no power over their body', or feel estranged from their body? These are experiences comparable to those of people who are chronically ill. Especially when people become ill, they alienate 'themselves' from 'their bodies' in order to overcome newly met incapacities and to keep on living an acceptable life (Slatman 2008). We can think of many other examples in which the body is not experienced as a mere part of the subject. For example, transgender experiences cause persons to feel alienated from their sexed body. A completely different example is that physicians during surgery must perceive themselves as cutting in merely material bodies, and not so much as cutting in persons. In theoretical studies it is considered problematic to use dualistic conceptualizations of subjectivity as a standard point of departure. One could say, however, that dichotomous thinking has been integrated into common perceptions of the human subject. In daily practice dualist thought often influences how people perceive and experience their own subjectivity.

Although Young gave an excellent example of dualistic boundaries fading away, we can wonder whether we should strive for a complete ban on dualistic thought. Denying the existence and worth of this alienation or objectification of the body does not do justice to the complexity of possible perspectives. Susan Bordo already stated that 'it is not so easy to "go beyond dualism" in this culture' (Bordo 2004:15).

It appears more realistic to see the understandings of the relationship between the human body and the human mind as a spectrum. Not a spectrum between the body and mind as binary entities on one line. Rather, the spectrum exists between two extreme forms of understanding: on the one end purely dualistic thinking that values mental capacities as the most important human activity, while the body has no value of its own. In that case, the body is purely approached as an object.[24] The other end shows the blurring boundaries of dualism. Here, as Young demonstrates, the body can no longer be seen as subject or object, but has become both in one and the same moment. Focus on one end of the spectrum in philosophical reflections on the body or body images does no justice to the varied spectrum of experiences that include both dualistic and non-dualistic understandings of oneself.

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24 Although this can be explained as one end of the spectrum, I should note that such a purely dualistic approach of the body becomes more and more rare. Moreover one could speak of dualistic tendencies in specific contexts.

In this section I addressed some philosophical issues that need attention before reflecting on what we might understand body images to be. In the following section I will elaborate on that question from an interdisciplinary perspective.

3.3   An Interdisciplinary Approach to Body Images

The body image has been an object of study within different disciplines since the 1940s.[25] Especially two schools within philosophy have reflected on the body image. Besides that the social sciences have taken interest in the topic. In this section I describe how three different discourses (in phenomenology, the social sciences and feminist philosophy) perceive the body image. Although I will treat the three discourses separately, we should be aware that the authors in the different fields are influenced by each other. We can especially recognize many aspects of the phenomenological discourse within feminist philosophy. Nevertheless, I will here treat the discourses separately, because each discourse offers specific insights into body images that are related to the character and interests of the research field. The different disciplines or schools have their own reasons why the body image gained their interest, as I will show later. As we will see in the course of this chapter, the specific insights they offer give us a clearer view on the place body images can have in ethical considerations.

3.3.1   First Introduction of the Body Image

The first to use the term 'body image' were mainly neurophysiologists, psychoanalysts and phenomenologists. Authors from various disciplines normally refer to Paul Schilder (1950) as the main introducer of the term 'body image'. Although he was not the first to speak about the body image, his work *The Image and Appearance of the Human Body* offered a substantial perspective. Schilder expands on the postural model of the body, as represented by neurophysiologist Sir Henry Head. Head understands the body image as 'a three-dimensional image that both registers and organizes the information provided by the senses regarding the subject's body, its location in space (i.e. its posture or comportment), and its relations to other objects' (Grosz 1994:66). Head's model of the body image was merely kinesthetically structured. On top of that Schilder's model included social and interpersonal attachments and investments (Grosz 1994:67). The body image, for Schilder, arises in the contact subjects have with their environment through their actions in the world. He stresses that the schematic representation of the body encompasses both visual and tactile aspects. 'The image of the human body means the picture of our own body which we form in our mind, that is to say, the way in which the body appears to ourselves' (Schilder 1950:11). It is the combination of seeing our body-surface and having tactile, thermal and pain impressions from our environment and beyond that the experience that there is a unity of the body we can call a schema of our body (body schema). It is our self-appearance of the body. The body

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25   A rather general history of the body image can be found in Grosz (1994).

image, thus, 'is not only a picture of the body but also an anticipatory plan for the detailed movements the body must undertake in order to act' (Grosz 1994:69).

These first perspectives on the body image have opened the way for several disciplines to reflect further on the body image. The following three sections will show how the body image has been interpreted and elaborated in different academic fields.

3.3.2 *A Phenomenological Perspective*

The phenomenological interest in the body image can be understood from its general critical attitude toward cognitivism and empiricism. Phenomenologists understand human bodies as *lived bodies*. The lived body is the experience of our body that meets the world. That bodily experience is the only way that we can experience being alive at all. The body acts in the world. The body speaks, thinks, grabs an apple or moves around in the house. The body experiences. On the other hand the world encounters our body, i.e. when another person touches our hand or when we see the objects around us. It is the body that has relations to other objects. The body, then, is a lived reality to the subject. In other words, the subject can only exist in its being a body. In the meantime, however, my body is an object for other subjects. For them, my body is an object in the world, which they meet through their lived bodies.

In his *Phenomenology of Perception* Merleau-Ponty carefully explains that the body image is a bodily and yet mental understanding of one's own body. He shows that one cannot understand and use one's body as solely a mental object, but neither as nothing but an embodied experience. There is always interplay between those factors. In his understanding of the body image, the way I experience my body cannot be understood as a single mental image, in the sense of being aware of my posture. It includes all my relationships to the world through my body. The philosopher puts it this way:

> the normal subject has his body not only as a system of present positions, but besides, and thereby, as an open system of an infinite number of equivalent positions directed to other ends. What we have called the body image is precisely this system of equivalents.… It follows that it is not only an experience of my body, but an experience of my body-in-the-world. (163)

Merleau-Ponty writes about the phantom limb and agnosia as modalities of the body image. A phantom limb is an amputated limb that is still experienced as present (and painful) by the subject. In contrast, agnosia is a subject's inability to recognize the presence of a present body part. In traditional psychology, the phantom limb was treated as a memory of the past, as a hallucination. Agnosia was seen as a refusal or negative judgment of one's own body part. In both cases Merleau-Ponty recognizes a fundamental ambivalence on the part of the subject (Grosz 1994:89). There is the recognition that a limb has been amputated, but the lived

experience of using and feeling the arm does not acknowledge that past. Similarly in the case of agnosia: the subject's lived experience of the body does not harmonize with the mental image of the present body.

Where traditional psychology and physiology presume a passive body, Merleau-Ponty describes an active body that gives form and sense to its component parts and to its relations with objects in the world. Thus, a subject's body image is formed through lived experiences and being-in-the-world and not so much by an objective mental image of the body.

Shaun Gallagher, a professor in philosophy and cognitive science interested in phenomenology and embodiment, draws on Merleau-Ponty when he develops a conceptual distinction between body schema and body image. According to him, *body schema* is a system of preconscious processes involving certain motor capacities, abilities, and habits that enable movement and the maintenance of posture. The automatic performances of a body schema bring such movement and posture about. An adult need not be aware of all muscle movements in order to walk across the room to greet someone. The movement is often part of a voluntary, intentional project (to greet this person) and therefore not solely automatic. It is automatic insofar as one's awareness is not on the precise accomplishment of locomotion (Gallagher 1996a).[26] It is not automatic in that the body schema can be adjusted through intentional action. This happens for example when we learn new dance steps, when we improve our tennis game or when we learn to make music. Through monitoring our movements we correct them and integrate these new capabilities into our body schema. After practicing we need no longer be aware of those learned accomplishments. We could add that through the same process, prostheses can be introduced into our body schema. Merleau-Ponty also mentions the blind man's stick that is no longer an object in the world but extends the sensory possibilities of the blind man (Merleau-Ponty 2002:165). A body schema can contain non-physical and physical aspects.

Body image, however, involves perceptions, mental representations, beliefs, and attitudes where the intentional object of such perceptions, beliefs etc. (that which they are directed to or that which they are about) is one's own body (Gallagher 1996a).[27] To describe this self-referential intentionality Gallagher refers to psychological studies and studies on psychiatry to distinguish among three intentional elements:

1. the subject's perceptual experience of his/her own body;
2. the subject's conceptual understanding (including mythical and/or scientific knowledge) of the body in general; and
3. the subject's emotional attitude toward his/her own body (Gallagher 1996a).

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26   Gallagher's article is only available in HTML format on the EBSCO host of Philosophical Psychology. That means that no page numbers are available.
27   See also (Gallagher 1995; Gallagher 1996b).

Gallagher does not so much elaborate on the body image, but concentrates on the body schema. In the next section, which is about social scientist perspectives, I will say more about the body image as described here. In his article, Gallagher notices that Merleau-Ponty does distinguish between body schema and image, but does not do so explicitly. He himself describes different elements of the body schema.

Phenomenological perspectives on the body image are interesting in the context of this study because they show us that the body image is not so much an objective mental representation of the body. Rather, it consists of lived experiences that give meaning to our being-in-the-world. This extended interpretation of body image helps to understand better the perspectives on the body image as presented in the following sections.

3.3.3 *A Social Scientist Perspective*

One of the main leaders in body image studies, Thomas Cash, has repeatedly provided a platform for theoretical reflection on body images.[28] He describes the body image as follows: 'body image is a multidimensional self-attitude toward one's body, particularly its size, shape, and aesthetics…. Body image refers to persons' evaluations and affective experiences regarding their physical attributes, as well as their investments in appearance as a domain for self-evaluation' (Cash & Pruzinsky 1990).

In several social sciences – such as psychology, sociology and cultural anthropology – there is much interest in the body image. Most studies are aimed at better understanding of the social processes that influence the existence of a psychosomatic body image, like eating disorders and body dissatisfaction. Within social-scientific studies one can distinguish different ways of speaking about the body image. Below I will describe four different elements. Although these elements carry specific characteristics, they are all interconnected in a complex set of experienced body images.

Thomas Cash describes one kind of body image as the *inside-view* (or self-image). The inside-view represents an individual's own subjective experiences of her appearance in contrast to an objective or social 'reality' of her appearance. A body image encompasses one's body-related self-perceptions and self-attitudes, including thoughts, beliefs, feelings, and behaviors. As such it is a multifaceted psychological experience of embodiment (Cash 2004:1; Cash 1990).

Inside-views tell us how people experience or interpret their own bodies. Do I perceive my own body to be beautiful, slim or healthy? Do I feel sick, or do I think I am

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28 As a psychologist, he created an academic platform for research of body images by publishing the interdisciplinary journal *Body Image* and editing several books on the theme. Journals like *Body Image* and *Body & Society* offer many empirical studies that touch upon the different types of body images mentioned below. As such these studies, taken separately, do not contribute directly to a- theoretical analysis of body images. Overall however the extensive body of literature in these journals does offer helpful insight in the complex relationships between the different body image types.

attractive? Within psychology extensive research is done on this type of body image. Body dissatisfaction can be one expression of the inside-view.

We can base our inside-views on the 'reality' of our body, or our biological body. The functioning and forms of our bodies determine to some extent our bodily experiences and perceptions. The body schema as presented in the former section can be mentioned here too. These are the physical stimuli that we can experience before we try to describe and interpret them. These stimuli precede the inside-view, which is already an interpretation. When I feel pain in my stomach, I feel sick unless I know that the cramps are caused by nervousness or, for example, pregnancy. My interpretation of the physical stimulus is formed by other knowledge and the total context. Although physical stimuli do not give concrete form to the inside-view, they can change it or provoke a new inside-view. The amputation of a leg, for example, can drastically change someone's body schema and change one's inside-view accordingly. The subject can consider herself a handicapped person from that moment on, being physically disabled to do what she used to do. Meanwhile, it is possible that in the course of time the subject adjusts to the new situation. In her body image a leg prostheses might enable her to no longer see herself as being a handicapped person. Body schema's and physical experiences are fluctuant, so are inside-views.

The reference to the biological body asks for some reflection from a philosophical perspective. Feminist philosopher Judith Butler stresses in her *Bodies that Matter* that speaking of 'real' or 'biological' bodies is not possible, because our interpretation of the body is always culturally determined (Butler 1993). All our body experiences and interpretations are culturally formed to some extent. For example any person who suffers from chronic loss of energy might feel weak and powerless independent from cultural factors. Nevertheless, in one culture these experiences might allow the person to rest and take care of himself, while the other culture might blame this person for not taking part in society and urge him to cut the act. The fact that body experiences are culturally informed, however, does not exclude the possibility that these experiences are initiated by the physical body.

So far I described the relationship between inside-views and the 'real' body as it normally functions. Within psychology and psychiatry other cases however are studied that show that there can be a disruption between people's inside-view and their 'real' body. A subject may think herself fat while her weight can be found in the lower range of the Body Mass Index (BMI). We can think of transgendered persons whose biological body and self-experiences do not harmonize with each other. Here we enter the range of phenomena that can be called psychological disorders. Anorexia nervosa and Bulimia are eating disorders that are directly linked to the subject's inside-view. It is the task of psychologists and psychiatrists to determine when body images are psychosomatic.

Not only do we relate to our own body, we respond to the bodies of other persons as well.

Cash calls the social stereotyping of and behavioral reactions to physical appearance by others the *outside-view*. He learned that appearance matters in a range of contexts from first impressions, to friendship formation, dating and mating, and employment opportunities (Cash 2004:1). These outside-views often come to expression through compliments or teasing. Besides that, they are often left unexpressed although they do influence people's opinions about other persons.

The relationship between inside-views and outside-views is quite complex. Still, studies have shown that there is a strong relationship between the verbal comment by others and body dissatisfaction (Levine & Smolak 2002:81). I will elaborate on these relationships in section 4.2.

Not only do people have a body image of themselves or others. Our experiences with our bodies are often compared with *body ideals* (Tiggemann 2002). These idealistic body images express how we think our body or that of other person *should* be like. Such body images represent wishes and expectations regarding our body. Whereas inside- and outside-views are about perception and experiences of bodies, body ideals are about body evaluation. They express for example that slim bodies are better than thick bodies, that tall is better than short, that a healthy body is better than a sick one.[29] Body ideals can be identical to our inside-views. We can think that being thin is very important and at the same time experience that our own body happens to be thin. However, it becomes more interesting to reflect on body images when they do not harmonize with body ideals, as they often don't.

In the social sciences most studies relate to body ideals, but often implicitly. They focus mainly on how people internalize these ideals into their personal body experiences. Still, the ways in which they (often implicitly) speak about body ideals can be split up in two levels; the first is a level of personal or individual imagination, which I will call *personal body ideals*, the other level represents shared imagination. These two levels do overlap and influence each other, but it makes sense to distinguish them in order to be able to speak about individual cases and about body images that exist in larger groups or societies.

Personal body ideals are often shared by groups of people – families, communities or whole societies. Body images are formed, spread and taught among social groups. They form a shared imagination that determines which bodies are better than others, what we should look like and how our bodies should function. They also express the opposite of body ideals. Cultural body images for example present what is generally understood as illness, abnormality or deformity. Such positive and negative shared imaginations we can call social body images, according to Cash (1990). In the remainder of this book I will use the equivalent term '*cultural body images*' as it is more commonly used within feminist studies.

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29   The evaluative terms are not used in a moral sense here, but rather in a functional, aesthetic, social or medical sense.

These cultural body images in their turn influence inside-views. We just saw that any interpretation of the body schema or physical stimuli is influenced by the whole situation a person is in. This includes the cultural context in which a person interprets his or her body experiences. As mentioned in chapter 2, cultural anthropologist Anne Fadiman presents a clear example in her excellent book *The Spirit Catches You and You Fall Down* (Fadiman 1997). Fadiman carefully describes the perspective of both a Hmong family with a daughter who has severe seizures and the American physicians who try to treat the girl. The Hmong parents and the Western physicians have a completely different interpretation of the same phenomena. These interpretations are culturally informed. The physicians interpret the seizures from a Western medical perspective and diagnose her as suffering from epilepsy. The family understands the seizures as a spiritual phenomenon, which is a common interpretation in Hmong culture. They believe a spirit captured the girl's soul at the moment that she as an infant was frightened by the slapping of a door.

Like illness, our ideas about being beautiful, attractive or athletic are culturally informed. These cultural perspectives on human bodies change over time and are context dependent (Davis 1995:39). This is why a woman with a full and rounded body could find herself sexually attractive in Rubens's era, but might think she is chubby in ours. It might explain why a tall woman in the Netherlands feels comfortable and self-secure, but is insecure in other countries because there she receives a lot of attention out of curiosity. These matters are related to the extent to which a body is understood as to be normal or extraordinary in a specific culture.

3.3.4   *A Feminist Perspective*

Feminist philosophers have had their own reasons to reflect on the human body. They recognized a parallel between the objectification of bodies and the marginalization of women. The prevailing so-called body–mind dichotomy created a hierarchy between the mind and the body in which the mind was the positive term. Historically the mind has been associated with male capacities, while the body was linked to femininity. Susan Bordo summarizes the conclusion drawn by feminists:

> if *the body* is the negative term, and if woman *is* the body, then women *are* that negativity, whatever it may be: distraction from knowledge, seduction away from God, capitulation to sexual desire, violence or aggression, failure of will, even death. (Bordo 2004:5)

A whole spectrum of body literature has emerged during feminists' endeavours to unravel sexual difference. Largely, however, one could distinguish two main entrances through which feminist philosophers have faced up to cultural understandings of the body. On the one hand they re-introduced phenomenological accounts of the lived body. A focus on the lived body in the world instead of the body as an object was a means to avoid speaking of bodies and minds as opposite entities (see 3.2.3 about body–mind dichotomies). On the other hand,

largely based on Michel Foucault, feminist philosophers reflected on the idea of cultural inscription. They found that human bodies are no mere biological entities, but rather the products of cultural inscription. They explain how cultural norms form human bodies.

Elizabeth Grosz brought together these different approaches in her book *Volatile Bodies* (1994).[30] She pictures them by way of her interpretation model of the Möbius strip, the inverted three-dimensional figure eight. She uses this model because it has two advantages:

> The Möbius strip has the advantage of showing the inflection of mind into body and body into mind, the ways in which, through a kind of twisting or inversion, one side becomes another. This model also provides a way of problematizing and rethinking the relations between the inside and the outside of the subject, its psychical interior and its corporeal exterior, by showing not their fundamental identity or reducibility but the torsion of the one into the other, the passage, vector, or uncontrollable drift of the inside into the outside and the outside into the inside. (xii)

In other words: it offers a solution to the mind–body dualism that allows us to think about both body and mind in separate ways while they at the same time fluently merge into each other. The same goes for the psychical interior and its corporeal exterior.

Although the interior and the exterior of the Möbius strip merge into each other fluently, Grosz discusses the interior ('The Inside Out') and the exterior ('The Outside In') in separate parts of her book. 'The Inside Out' describes the subject's (the interior) relationship to the body, spatiality and the world (the exterior). The starting point is the subject's perception. This part of the book is strongly connected to the phenomenological accounts I spoke of earlier. The second part, 'The Outside In', offers more innovative aspects. In it, she explores 'the ways in which the social inscriptions of the surface of the body generate a psychical interiority' (115). She carries forward the views of authors who

> focus on the body as a social object, as a text to be marked, traced, written upon by various regimes of institutional, (discursive and nondiscursive) power, as a series of linkages (or possibly activities) which form superficial or provisional connections with other objects and processes, and as a receptive surface on which the body's boundaries and various parts or zones are constituted, always in conjunction and through linkages with other surfaces and planes. (118)

In short, these authors see the body as a social object or a 'social construct' that is marked by cultural practices and regimes of power that constitute the boundaries of the body.

Although the authors Grosz refers to (Nietzsche, Lingis, Foucault, Deleuze and Guattari) are philosophers, Grosz understands their ideas to be directly influential on the psychical interiority of the subject. Here we see how conceptual reflections might affect body images. More important in the context of this study is that it shows how culture inscribes people's

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30   Grosz uses the term 'body image', but refers solely to the postural schema of the body (85).

psychical interior. That is, culture inscribes how we can experience and understand our bodies, how we feel about our bodies. Grosz shows this relation through referring to the Möbius strip. Culture inscribes the outside of the strip (the body). Following the outside of the strip, however, leads us readily into the interior (the subject's psychological interior, the experienced body). Here we recognize the direct relationship between cultural body images and personal body images. With the term 'personal body images' I from now on will refer to the combination of inside-views and personal body ideals.

In the last part of her book Grosz presents her conclusions. Her main objective was to gain insight in the backgrounds of sexual difference. She concludes that the theorists she has studied gave her the opportunity to claim that 'the body, as much as the psyche or the subject, can be regarded as a cultural and historical product' (187). Sexual difference, then, is no biological given fact, but created by cultural inscription or production. Cultural production inscribes how we can understand and experience our bodies. It gives shape to our relation to bodies with different sexes in the social context but also in our personal experiences.

Many feminist scholars have emphasized that our thinking about the human body and our experiences with our own body are strongly influenced by cultural processes. They use different terminology for these processes, such as 'cultural inscription' (Conboy, Medina et al. 1997; Price & Shildrick 1999),[31] 'social/cultural construction' 'social/cultural construction' (Butler 1993; Price & Shildrick, 1999; Cooey 1994; Vasterling 1999)[32] and 'cultural production' (Weiss 1999; Grosz 1994).[33] Gatens introduces another phraseology, namely 'social imaginaries' (Gatens 1996). At first sight her choice is seems attractive, because it approaches the making process of body imaginaries rather modestly. It assumes the possibility of shaping body images without labeling it with strong terms like 'construction' or 'production'. The problem, however, is that the term 'imaginaries' is used both for the process of shaping images, as I call them, and for the results of those processes. That may be confusing. I think that it makes matters less complex if my terminology supports the differentiations I make between the processes of cultural production and the results of these processes, namely personal and cultural body images. I will therefore continue to use the terminology that Grosz offers, and speak of 'cultural production'.

In this study it is my aim to show that cultural production is not only occurring in relation to sexual difference, but in a far wider range of body images, including e.g. images of health

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31   In some studies 'cultural inscription' is reflected on as a prelude to studying cultural construction or production, see for example Grosz (1994).
32   The authors in Price and Schildrick's book both attend the topic of cultural inscription and social construction.
33   Weiss reflects on the notion of social construction, but concludes with an emphasis on cultural production. The second part of Conboy's book is called 'Bodies in Production' (Conboy, Medina et al. 1997:113-130). The editors, however, do not so much refer to cultural production as it is described in other feminist studies. The articles shed light on the pervasive commodification of women's bodies in the Western society's marketplaces such as slavery, body-building and fine art (8).

and illness, beauty and bodily performance. If those images are culturally inscribed we may ask what that means for our relationships to our body, to cultural images and, in the case of enhancement, for our relationship to technology.

Some direct relations of feminist ideas on the cultural influences on the body image to the enhancement debate can be portrayed. Susan Bordo, in her *Unbearable Weight*, also presses that 'the body that we experience and conceptualize is always *mediated* by constructs, associations, images of cultural nature' (Bordo 2004:35). In the chapter entitled 'Material Girl', she shows, on the basis of a critical inquiry of imaginary representations of popular culture, that cultural images have normalizing power. She pleads for recognition of social contexts and the consequences of the images of popular culture (275). Bordo's objective is to incite people to 'explore what culture continually presents to them as their individual choices ... as instead culturally situated and culturally shared' (300). This paradox between individual choices and culturally shared images (Bordo 1999) can be recognized in the enhancement debate as well. On the one hand it seems to be an outstandingly autonomous act to alter one's own body. On the other hand, however, we can doubt whether the wish to enhance oneself is a purely individual choice when culturally shared beauty or performance ideals have the normalizing power that Bordo ascribes to them.

Kathy Davis reflects extensively on the dilemma between cultural oppression and individual liberation in relation to an enhancement practice, namely cosmetic surgery (Davis 1995). On the basis of empirical research she inquires whether women make use of cosmetic surgery as a reaction to an oppressive beauty system. Davis acknowledges that women's breasts 'are probably the most visible symbol of femininity' in Western culture and therefore 'central to women's identity and bodily self' (60). She follows Young, who claims that women's breasts are not only an object of male desire, as would follow from the patriarchy, but they can also be the 'sproutings of a specifically female desire' (Young 1990:192). Davis's work shows the constant paradox between cosmetic surgery as an expression of the objectification of the female body and women's struggles to become embodied subjects rather than mere bodies (Davis 1995:60). Both interpretations of cosmetic surgery are still intrinsically related to cultural beauty images that express normative power. Davis, thus, shows that individual body images can function as tools of empowerment against oppressive cultural body ideals. On the one hand this indicates that it is too simple to think that cultural production directly inscribes individual body images in a univocal way. Cultural production can also evoke resistance and contrasting individual body images. Still, in that case, they form a reaction to normalizing cultural body images.

3.3.5   *Some Examples of the Interrelation between Body Images*

The interdisciplinary approach shows us different types of body images. The explanation of them already showed some interrelationships between the different types of body images. I offer some examples to picture how the body image types can relate to each other. Two examples come from my personal life and history. I use them to show that body images (inside-views, outside-views and cultural images) can influence our life in very common, daily moments. Body images do not only appear in relation to big decisions, or important life events. They are present in our daily life, from birth until death. The last example is borrowed from a lecture of Aimee Mullins who relates her own experiences with her prosthetic legs, the reactions of other people and some (possible) cultural images on disability and the use of prosthetic limbs. I use her example on the one hand to show that inside-views and outside-views can be conflicting in perhaps surprising ways. On the other hand I intend to show that cultural body images can be questioned from the perspective of one's personal experiences.

Two Personal Examples

Two examples from my personal life show how body images can interrelate in a daily life setting.

One of the small events that became a marker in my life occurred when, in my early teens, I had to play the piano at a school concert. The only thing I now remember of the concert is my physical presence: me sitting behind the black piano in the large 'agora' of the school looking at my violently trembling hands. The fear that my fingers would not do their job I can still feel when I recall this moment. Surprisingly, even while my thoughts were everywhere except concentrating on the music, my fingers knew their way on the keyboard. The only thing I remember from my play is that nothing went terribly wrong. Afterwards, still at school, I told my parents how horribly nervous I had been. At the same moment a woman came to me, to tell me that she was surprised to see that I could stay so relaxed while playing in front of so many people. This was an important lesson for me, which even now keeps supporting me in doing things I approach with trepidation. It taught me that what I experience in my body does not have to be noticed by others. My outer appearance can be misleading in both positive and negative ways.

The other example comes from my present daily life. My son, who is eighteen months old, has the height of an average two-and-a-half-year-old boy. When we go to the playground, other toddler parents easily estimate my son to be a year older than he is. Accordingly, they expect him to behave like a two-and-a-half-year-old. At this age, however, a year makes a real difference. The physical, cognitive and social capacities of a toddler develop rapidly. Here we see that outside views are informed by what we in general see as a 'normal' height for

an eighteen-months-old boy (cultural body image). Notice that these outside views are not only descriptive in the sense that to other parents he simply looks older than he actually is. Their outside view encompasses expectancies of what he should be able to do, maybe even judgments when they recognize that he does not meet their expectations. In that sense the outside views can have a normative character.

These two examples show that body images are present in many daily life events. Body images are not only about beauty ideals and the wish to enhance one's body. They can occur at any moment in our lives. Both examples are rather innocent in the sense that they do not raise any moral issues. Still, they show that body images can influence one's life and even identity.

A Disabled Body?

Perceptions of the so-called 'disabled body' can demonstrate the interrelations between the various body images as I presented them above. On the Internet one can find a lecture by Aimee Mullins, a former Paralympics athlete and model, on her dozen pair of prosthetic legs.[34] She refers to men and women on a conference telling her: 'You know Aimee, you're very attractive, you don't look disabled', upon which Mullins thought: 'Well that is amazing, because I do not feel disabled'. Of course, the first remark shows that the men and women actually do understand Aimee Mullins to be disabled; otherwise they would not feel the need to make the statement. In their perception, obviously, attractiveness and disability cannot be attributed to one and the same individual. In fact, here we see how other people's ideas of disability, which may be largely based on cultural images, are confronted by meeting Aimee Mullins. Seeing her (outside view) makes them realize that either Aimee Mullins does not look disabled, or that she even is not disabled. Meeting Mullins forces them to reconsider their image of disabled bodies. In contrast to that Aimee Mullins does not see herself as disabled at all, but as someone with varied potential. Here we see an example of how outside views and inside views can be poles apart. Mullins also refers to her showing schoolchildren her prosthetic legs. She notices that when adults did not prepare the children for their meeting Aimee Mullins, the children would be very open and unprejudiced (by cultural images) to investigate the legs and to communicate with her. They would recognize the special potentials of her legs (like a superhero) instead of seeing them as impairments. These children's outside views, not being influenced by cultural images, are far more like Mullins's own inside views. She explains that her various prosthetic legs enable her to explore new aesthetic and functional possibilities. She realized that her legs can be 'wearable sculpture'. The created legs do not need to replicate humanness as the only aesthetic ideal. According to Mullins a prosthetic limb does not need to be seen as replacement of something lost, as the medical understanding would have it. Mullins presents a new possible understanding of the

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34 http://www.documentary-log.com/d1239-aimee-mullins-and-her-12-pairs-of-legs-lecture/ (10-25-10).

prosthetic limb. In her perception it is a symbol that the wearers can create whatever they want to create at that space. As such, she says: 'People who were seen as 'disabled' by society can then create their own identities and change those identities by designing their bodies from a place of empowerment.' Mullins recognizes that this image of disability has social impact (cultural body image). As an example she tells about her meeting someone while wearing longer legs than she normally did. Her friend was surprised and said: 'But you're so tall!' Mullins replied: 'I know, isn't that fun?' But the woman said: 'Aimee, that's not fair!' And she meant it. Seemingly, this woman perceived the prosthetic legs as an enhancement rather than a tool.

What needs to be noted here is that Aimee Mullins has a rather specific position. She is a public figure in a Western country with the financial means at her disposal to have her very expensive and exclusive prosthetic legs produced. Most people with lost or absent limbs lack such means. Their views and perceptions might therefore differ strongly from Mullins's views. Nevertheless, the story of Aimee Mullin does show how different body images can interrelate.

3.4   Toward a Comprehensive Concept of Body Images

Throughout this chapter I have taken note of different ways of presenting body images. To develop a more comprehensive understanding of body images a more structural reflection on the phenomenon needs to take place. If we say that cultural body images exist and influence personal body images, we need to know how we understand the concept of culture. I will begin from a concept of culture that is informed by many existing definitions within several disciplines. Based on that, I will reflect on its meaning for our understanding of body images. That will result in a new explanation of body images. Because the starting-point is not so much an ethical understanding of 'culture', we need to explore whether this understanding of body images can be integrated in ethical reflection. This first of all would presuppose that this concept is compatible with the prerequisites for ethical reflection. In later chapters I will go a step further by inquiring whether body images can even be relevant for ethical reflection. Toward the end of this chapter I will argue why the more comprehensive understanding of body images is valuable for the context of the enhancement debate.

3.4.1   What is Culture?

Based on social and feminist studies we found that cultural ideas and images of the human body are highly influential on personal body images. Feminist studies even understand body images as a form of cultural production. In order to understand what that means and to know what body images are, then, one needs a better understanding of what 'culture' is.

To some extent all disciplines within the humanities relate to the concept of 'culture'. To understand human life is directly connected to culture, because people live and behave within this culture. The consequence of all those disciplines working with the concept of culture is that there are many understandings of what culture could be. John R. Baldwin initiated a cross-disciplinary analysis of the concept of culture. He and his colleagues gathered more than 300 definitions or understandings of culture dating from after 1952 and compared and analyzed them. They took 1952 as a point of departure, because that was the year in which Kroeber and Kluckhohn published their definition of culture that became a leading understanding of culture:

> Culture consists of patterns, explicit and implicit, of and for behavior acquired and transmitted by symbols, constituting the distinctive achievements of human groups, including their embodiments in artifacts; the essential core of culture consists of traditional (i.e. historically derived and selected) ideas and especially their attached values; culture systems may, on the one hand, be considered as products of action, on the other as conditioning elements of further action. (Kroeber & Kluckhohn 1952)

It must be noted here that Baldwin consistently refers to 'definitions' instead of concepts. His work however is much more comprehensive than solely providing definitions. He analyzes the different understandings of culture to arrive at a comprehensive understanding of culture and thus reflects on the possible concepts of culture.

Baldwin and his colleagues believed that it was necessary to come to new understanding of culture because 'new ages have ushered in new ideas that give new contours to the definition of culture' (Baldwin 2006, preface).[35] They estimated it no longer to be useful to attempt to forge a single, inclusive definition of culture in our times. Their work, indeed, rather results in a framework of definitions of culture that are interrelated. Baldwin's argument to be wary of forming a single definition is that, although a single definition has the benefit of pointing us specifically to an aspect of culture, it might be blinding or blurring our view of other elements. In his view, definitions of culture are contextual and discursive and any single definition could be contested by those with different perspectives (Baldwin 2006, ch. 3). In his analysis of the huge amount of definitions of culture, Baldwin recognizes seven different types or themes of definitions (Baldwin 2006, ch. 2): structure/pattern, function, process, product, refinement, power/ideology and group-membership. I will summarize them here to show how he arrives at his final understanding of culture.

1. *Structure/pattern*: these are definitions that look at culture in terms of a system or framework of elements (e.g. ideas, behavior, symbols, or any combination of these or other elements). The structures of culture are understood to be the

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35   For practical reasons I refer only to Baldwin. The chapters mentioned however, were jointly written with Sandra L. Faulkner, Michael L. Hecht, and Sheryl L. Lyndsley. Note that I cannot refer to specific page numbers because of the fact that I read the text in eBook version.

observable patterns that are useful for people's dealing with life. As such they can be structurally studied and transmitted to others. The patterns form a 'social heritage' that is shared among people in their social groups. One can recognize that structural definitions have several focal points: a whole way of life, cognitive systems, behavioral systems, language and discourse, orientation/relational systems, social organization, and structure as an abstract construction. Structural definitions are merely descriptive of character, referring to the elements culture could consist of.

2. *Function*: Definitions that see culture as a tool for achieving some end. These definitions focus on what culture does or accomplishes, the needs it serves. Most authors who focus on the functionality of culture combine this view with references to the structural elements of culture. However they wish to highlight the functional character of culture. Different functions of culture are noted: guidance (a help to deal with life), sense of belonging (or identity), value expression, stereotyping function, and means of control.

3. *Process*: Definitions that focus on the ongoing social construction of culture. This newer understanding of culture sees culture 'not simply as a pattern of existing thoughts, actions, artifacts, or the accomplishment of goals, but rather as an active creation by a group of people' (chapter 2). Different processes are referred to: differentiation, producing group-based meaning (sense-making), handling 'raw materials of life' (survival), relating to others, dominating others or maintaining structural power, or transmission of a way of life.

4. *Product*: Definitions of culture in terms of artifacts (with or without deliberate symbolic intent). These definitions refer to the concrete results of culture. 'We classify a definition as product when it considers the essence of culture as the product itself rather than the creation of products (process definition) or what creation of the products achieves (functional definition)' (Baldwin, ch. 2). Two interpretations of culture as product come forward: culture as product of meaningful activity (art, architecture) and culture as representation (texts, paintings). Baldwin stresses that many authors mention that these cultural products can be both material and non-material.

5. *Refinement*: Definitions that frame culture as a sense of individual or group cultivation to higher intellect or morality. These definitions focus on the moral development or intellectual attainment of a society or humanity. Some authors use the concept of culture to show how human beings are distinct from other species.

6. *Group membership*: Definitions that speak of culture in terms of a place or

group of people, or that focus on belonging to such a place or group. These definitions focus on the participation in a collective or group that shares one of the above mentioned definitions of culture. These collectives for example share their understandings of the world, their communication systems and symbolic meanings. One might speak of native cultures, youth culture or the drug culture.

7. *Power or ideology*: Definitions that focus on group-based power (including postmodern and postcolonial definitions). 'In these definitions, culture is seen to exist as a means of one group exerting dominance (political, social, artistic, ideational) over others, with a stronger focus on power as an emerging central characteristic of the definition of culture' (Baldwin, ch. 2). Although these definitions strongly relate to the functioning and processes of culture, the emphasis is always on the underlying power relations and ideologies. Authors who use these definitions of culture share their wariness of (political) dominance.

Baldwin argues that the different types are not exclusive definitions that one needs to choose between, but must be seen as complementary to each other. Each type highlights specific aspects of the broad phenomenon that is called culture. Precisely that is the reason why many definitions function within different disciplines and discourses. How to use the definitions depends on the perspective one needs to stress and the context in which the definition is used.

The analysis of the many definitions of culture cannot end up in one single definition of culture, Baldwin concludes. He rather speaks of a framework of definitions of culture (Baldwin, ch. 3). The seven different types he distinguished all offer valuable insights and at the same time are insufficient if not combined with other types of definitions. Baldwin therefore sketches different models which show various possible interrelations between the definition types. These models not only capture the valuable insights offered by the various definitions, they also enable us to recover in existing discourses which types of definitions are used.

Baldwin suggests several models in which the seven types of definitions can interrelate to each other.[36] The simplest model is the list as presented above. This model does not show any theoretical interrelationship between the different definition types. The other models start to show which sets of definition types can relate to each other (and exclude some other possible relationships). Baldwin ends up in establishing three sets in which he combines two or three definition types. These sets of definitions can interrelate with each other in different ways.

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36   The different models he distinguishes are: the list, the prism model, the heptagon model, the connected-boxes model, the atom model, the pyramid model and the layered model.

In our context these models of definitions that Baldwin combines are less relevant. They might even blur the insights that the mere list Baldwin provides can give us, because the sets are directive from the beginning. When we start our thinking in fixed combinations of definition types we might overlook possible alternative relationships between the several definition types. Therefore I will relate to the mere list of seven definition types and inquire what insights it might offer us in relation to body images.

3.4.2   *Understanding Body Images as a Cultural Phenomenon*

We can recognize an analogy between the interdisciplinary approach of body images earlier in this chapter and the work of Baldwin. He tried to understand what culture is, but found that the term is used in many disciplines, schools and discourses, which resulted in multiple interpretations of the concept. Nevertheless, the different understandings of culture added their own valuable contribution to a more comprehensive concept of culture. What I have tried to do by presenting different perspectives on body images is comparable to Baldwin's objectives. I will therefore use his methods as a tool to arrive at a more comprehensive concept of body images.

The elaboration on the concept of culture may offer insights into the contribution of the interdisciplinary approach to the concept of body images. We can now recognize that both the phenomenologists and the social scientists referred to body images merely in a structural and functional manner. They focus exclusively on what body images are (images, feelings, perceptions) and their functions for the subject in relation to others. In contrast, feminist authors mainly focus on body images as cultural processes or products that are related to issues of power and ideology. The framework of definitions of culture that Baldwin offers us shows us how these different disciplines or schools can discuss the same cultural phenomenon in other terms and with another focus. At the same time, his open framework enables us to permit these different approaches to exist next to each other and to be complementary rather than excluding each other.

As we saw above, Cash referred to the body image as being a multidimensional self-attitude (3.3.3) and a multidimensional construct (3.2.2). The first reference to the characteristic of multidimensionality can be recognized as an expression on the structural level. Here Cash denotes merely the size, shape, and aesthetics of body images. The second reference, however, was placed in answer to the question whether it would be possible to speak of body images instead of *the* body images. Here, one could wonder if Cash again points to the characteristic of multidimensionality on a structural level. Indeed he might still refer to the different *shapes* body images can have. However, he might just as well refer to the multiple *functions* body images can have. We might add that one could also speak of multiple *processes* that take place within the interrelations we saw between body images.

In the next section I use Baldwin's distinction between seven types of definitions of culture as a tool to refer to the different levels on which one can approach body images. As body images are generally seen to be closely related to culture in some sense, a systematic approach through the different levels on which one can approach culture is likely to offer some valuable insights. Based on Baldwin's distinctions (all presented in his chapter 2), I can indicate the multidimensional aspects of body images. When I speak of multidimensionality in relation to body images, I mean on the one hand that one can approach body images on different levels (structure, function, process, product, etc.) and on the other hand that body images can have multiple forms or characteristics on these levels. The elaboration in this section will form the basis for a more comprehensive definition of body images.

3.4.3 *The Multiple Dimensions of Body Images*

1) *Body Images on a Structural Level*[37]

We can approach body images on the level of their different configurations or shapes. Until now we have met a range of body images varying from subconscious body postures to body representations in advertizing. In between we found body images as interpretive acts, beliefs, experiences, feelings, concepts, ideals and evaluative models. Baldwin recognizes different kinds of structures that may be relevant in relation to body images.[38] He describes cognitive structures such as beliefs, assumptions, meanings and attitudes. We have seen that body images can be understood as cognitive structures. Besides that, Baldwin mentions behavioral structures, such as habits, acts, techniques, rituals and the like. Body images can be understood as behavioral structures as far as they form the basis for e.g. dieting practices, use of enhancement technologies or religious clothing habits. Furthermore, Baldwin refers to structures of signification, such as symbol systems. We have for example seen how body images can symbolize what groups think a female or male body should look like. A further type of structures he mentions are relational structures. The interrelationships between inside-views, outside-views and cultural body images shows directly that one could approach body images through the different relational structures that are present. One could question how the subject (I) relates to his peers or family (others) or social groups (culture) and how that affects the subject's personal body images.

2) *Body Images on a Functional Level*[39]

Again, Baldwin distinguishes several types of functioning that may be applicable in the case of body images. One function of culture is that it provides people with a shared sense

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37   Baldwin offers many references per definition types; in all he analyzes about 300 definitions. On each level I will mention only a few of them to give some insight into the literature. On a structural level see for example (Clarke, Hall et al. 1981; Rosaldo 1989; Jenks 1993; Reber 1995).
38   In this section I refer only to some subdivisions Baldwin mentions because they are most clearly applicable to body images. That does not exclude that the other subdivisions might also be relevant in relation to body images.
39   Cf. Applegate & Sypher 1988; Gardner 1999; Makarian 1973.

of identity/belonging, or of difference from other groups. The same can be said for body images. The way people experience their bodies can be in conformity with or contrast to cultural body images or ideals. Accordingly, people can have feelings of belonging to certain groups or experience their being different from the groups. Another function Baldwin mentions is that of 'value expression'. Like culture, body images, especially in the form of body ideals, express what people or social groups consider valuable. Body images can even (to some greater or lesser extent) be *identity shaping*.[40] Gail Weiss calls the different ways in which people refer to their bodies 'overlapping' (see 3.2.2). We can at the same time be a man's body, a Jewish body, an attractive body or an ill body. Certain body images are more identity shaping than others. A feverish body that causes a person to feel sick is less identity forming than a body impaired by facial deformity. In the same way, certain body ideals that motivate people to enhance their bodies are stronger identity shaping than others. As body images can be identity shaping they can be highly influential in people's lives. One could say that it is hard to imagine that aspects that shape people's identities have no relationship to ethical reflection in some sense. However, the fact that body images do shape identities to some extent does not directly show us how they might be of ethical relevance.

What all types of body images share is that they can function as evaluative tools. They include appreciations or aspects of negative judgment. In that sense they often are value laden, whether it concerns judgments of the own or the other's body, or bodies in more general terms (e.g. the female/male body). In the description of the different body images types, terms like 'dissatisfactions' and 'ideals' refer to some field of normativity. One could say that an underlying field of normativity determines how the different body images are interrelated. With 'normativity' I here do not refer to some moral norms, but rather to a cultural normativity that frames how bodies are perceived and valued in social life.

One might object, and say that it is possible to have inside and outside-views that are not value laden. For example, to notice that a man has a mustache can be a merely descriptive perception (outside view). Yet, the fact that it is possible to have a merely descriptive perception, only shows that there are no dominant cultural images about men having mustaches. The absence of specific normative images in certain cases, however, does not deny the existence of an underlying field of normativity. The same mustache-wearing man might in another encounter be confronted with outside-views that judge him to be (un)attractive because of that appendage.

Baldwin also refers to the evaluative purpose culture can have. He uses the term stereotyping in that context, which might be too narrow a term for emphasizing the evaluative function of culture. Still, also in relation to body images we can recognize stereotyping functions. Cultural body images always risk to be stereotyping (and dominating) if they present single

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40   Comparable to that, Davis regards cosmetic surgery as identity shaping. 'Cosmetic surgery is not about beauty, but about identity' (Davis 1995:163).

images of certain bodies (female, Dutch or Jewish bodies).

I would like to add a function that is not clearly present in Baldwin's subdivision. Body images in the form of ideals can also represent the goals people wish to reach. As such, they can generate motivations for people to act in specific ways. For example, they motivate people to follow strict diets, to perform sports, to eat healthier or to use enhancement technologies. In our context this motivational function is highly important.

3)   *Body Images as a Process*[41]

Baldwin argues that those who see culture as a process understand culture as a practice or a verb rather than a situation or a noun. Culture is not 'just there', but is shaped and given form through time. Different authors typify culture as the processes to differentiate one group from another, the processes of sense making (producing group-based meaning), dealing with the social world, relating to others, dominating or structuring power and transmitting a way of life.

Above we already saw, and it will come forward in the next chapter again, how body images can function as tools of differentiation, sense making, relating to others and so forth. Here it is important to notice that if we focus on body images as a process, the emphasis lies on the different interrelations between body images types such as inside-views, outside-views and cultural body images or ideals. How do these processes work, how do body images come into being, how are they given form? How can body images be understood as sense making and how can they become dominating structures?

Until now I have mainly focused on the levels of structures (descriptive interdisciplinary survey) and functions (motivational forces) of body images. Only briefly did I seek to bring forward some aspects of body images as a process, while pointing at the interrelationships between the different body images types. In the rest of this study the perspective on body images will mainly relate to body images as processes. The next chapter will focus on this.

4)   *Body Images as a Product*[42]

The fact that I intend to focus on body images as a process in the rest of this study might come as a surprise, because I clearly make the cultural production of body images a central theme of this study. Baldwin also speaks about culture as a product, but in a narrower sense than how for example Elisabeth Grosz used the term 'cultural production'. Baldwin, as already mentioned, refers to either meaningful activities (such as arts or architecture) or representations (such as artifacts, paintings, or texts). He does mention that one can think of non-material products, but it does not become very clear what those products would be. As I

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41   Cf. Spindler & Spindler 1990; Fiske 1989; Donald & Rattansi 1992; Skelton & Allen 1999.
42   Cf. Salzmann 1998; D'Andrade 1995; Fabian 1999.

understand it, in Baldwin's interpretation we could look upon media-presented body pictures as products. He seems to understand the word 'product' as the result of specific action. In the next chapter it will become clearer what I interpret cultural production to be. I see production as a process rather than an end product.

5)   *Body Images as Refinement*[43]

Several definitions of culture understand culture from the perspective of refinement. Culture, according to these definitions, is a form of moral progress (civilization), a form of instruction (effort to develop) or a form of distinguishing human beings from other species. It seems farfetched to understand body images or body image interrelations as refinements. Unless one thinks of the body images as the posthumanists present them (cf. Bostrom 2008). One could argue that the posthuman body is presented as a form of moral progress or new civilization. Posthumanists would see it as an obligation to develop human bodies with the aids of technology in such a manner that the human species is improved, perhaps even to the degree that we can no longer speak about human beings, but posthuman beings that should be distinguished from the (lower) species of humans.

6)   *Body Images and Group Membership*[44]

As we saw above, group membership refers to the collectives that for example share their understanding of the world, their communication systems and symbolic meanings. Throughout this chapter we have encountered individual and cultural body images. Personal body images are the body perceptions that an individual experiences. They can be shared with other persons, but they need not be. Cultural body images are always shared. Sometimes they are shared within small communities, such as a religious sect. They can also be shared in such a broad range as the 'Western culture'. Certain body images, then, can have a very small reach, only being experienced by one single person. At the same time other body images can have an immensely large reach, being shared by whole societies.

7)   *Body Images and Power/Ideologies*[45]

Under the heading 'functional level' I mentioned that body images can have evaluative functions. Baldwin's reference to 'stereotyping' already suggests some underlying power relationships. The relationship he presents between ideologies and power offers a first glance into the subject of the next chapter. If certain body images function as ideals or when they are ideologized, they risk to become normative in character and to bring about power relationships and issues of dominance.

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43 Cf. Harrison 1971; Davies 1972; Gramsci 1981.
44 Cf. Linton 1955; Hymes 1974.
45 Cf. Hall 1986; Adorno 1991; Allan 1998.

Baldwin presented seven types to define culture that can show us in different manners what we can understand culture to be. In this section I have understood body images as a cultural phenomenon and I used the Baldwin's distinctions as a tool to approach them. The fact that it is indeed possible to describe body images on these seven levels shows, on the one hand, that it is appropriate to define body images as cultural phenomena and, on the other hand, that a multidimensional approach is suitable.

3.4.4   A Comprehensive Concept of Body Images

Earlier this chapter I started out from a working definition of body images as *all attitudes toward human bodies*, including perceptions, beliefs, experiences, and emotions. The extensive inquiry into body images, however, offered some aspects that improve the definition. Now we have arrived at a point where it should be possible to bring together all perspectives that were brought forward and to propose a definition that is in line with a comprehensive concept of body images.

In view of these findings I propose to work with the following definition of body images. Body images are *the cultural phenomena containing all attitudes toward and values concerning human bodies, including inside-views, outside-views and body ideals and their interrelationships*. This definition through its reference to inside-views, outside-views and body ideals includes several aspects that were present in the working definition: perceptions, beliefs, experiences, and emotions. However, the new definition no longer refers to only some 'structural' elements. It includes the theorizing work that has been done throughout this chapter. The definition enables us, through its reference to body images as cultural phenomena, to reflect on body images from a multidimensional approach. It includes the inherent interrelationship between the different types of body images we have encountered.

In the new concept of body images I no longer limit body images to *attitudes* toward human bodies; I also include *values* concerning human bodies. We found that all different body types are to some extent related to a field of cultural normativity that frames how bodies are perceived and valued in social life (3.4.2). This aspect will be elaborated more extensively in the next chapter. In the sense that body images are often value laden they inherently differ from concepts of the body that aim to be objective or descriptive.[46] The same is true for understanding of the human body in terms of a natural-scientific perspective.

Another critical question remains. How can we explain that inside-views are seen as cultural phenomena? Inside-views are personal experiences, feelings and emotions concerning one's own body. How are we to understand these personal experiences as being cultural phenomena? The whole exercise throughout this chapter, in fact, makes clear that

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46   Obviously, it can be discussed whether the objectivity is always rightly claimed.

personal experiences are always related to the world surrounding the subject (the culture). Phenomenologists were the first to argue that the human body is the medium of being in the world. Social scientists can only start to understand the subject's experiences through their being culturally informed. Feminist scholars argue that bodies cannot be experienced without being culturally inscribed. In that sense we even may understand people's inside-views to be cultural phenomena, because they can only exist within and through a cultural context.

3.5   The Concept of Body Images in Relation to Ethics

It is not yet clear whether the multiple dimensions of body images that were reflected upon above make it possible to reflect on body images in an ethical discourse. In this section I wish to show that it need not be a problem for ethical reflection to relate to the multiple dimensions of body images. I therefore aim to reflect on some questions that may arise in relation to the different dimensions of body images, to inquire if they are not a priori incompatible with the ethical discipline. More argumentation is needed to show that it is even relevant and necessary to relate to the cultural phenomenon of body images within the ethical field. The following chapters of this study will serve that goal.

In an ethical context the multidimensional aspects of body images can raise the question as to what phenomena we are dealing with. How do we find some 'general' ethical relevance for a cultural phenomenon? Not only are there multiple types of body images (inside-views, body ideals etc.) but within those types we can differentiate between feelings, experiences and the like, and these can vary immensely between different individuals, periods of time and cultures. So how to give shape to some ethical vocabulary that can integrate these body images into the field of ethical reflection? We could even wonder if it is correct to assume that in order to be of ethical relevance, there must be a general ethical understanding of body images. Why would ethicists not be able to approach body images as a cultural phenomenon? In any ethical deliberation a variety of factors play a role in determining the moral outcome. A genuine inquiry in the many-sidedness of real situations is essential for ethical studies, especially in applied ethics. Most ethicists will agree on this. Recognizing the complexities of certain phenomena might be more difficult than reducing them as far as possible, but in the end it improves the ethical decision-making.

To understand body images as processes raises some challenges within the context of ethical reflection. Can an ethical framework accommodate a phenomenon that continually changes? However, their changing character need not be a principal obstacle for reflecting on body images. Most ethical theories will agree that the main object of ethical reflection, namely morality, is to some extent subject to cultural influence as well. Norms and values get shaped within their cultural context and are no static entities. One of the tasks of ethical reflection,

actually, is to evaluate whether changing norms and values still correspond to some moral standard. The changing character of body images, then, need not be an obstacle for ethical reflection.

The central focus on group membership of body images might raise the question whether ethical reflection could at all find a vocabulary or framework to refer to body images. How would it be possible to give form to moral judgments concerning individual body images and at the same time to cultural body images? In fact, the broad reach of body images should not be the biggest problem for the ethical field. In general, we can say that the reach of ethical reflection is just as broad as the reach of body images. Ethical theories on the one hand seek to be generalizing or even universalizing in character. On the other hand they must be applicable to individual cases as well. One can speak about justice in globalizing terms as well as in individual terms. The broad reach of the phenomenon of body images therefore is no principal obstacle to reflect upon body images in an ethical context.

In relation to body images I spoke of normativity. Earlier I mentioned that although pursuing beauty, endurance, health or immortality can be seen as value laden, they normally would not be referred to as *moral* values. The question therefor is if we can reflect on the normativity of body images from an ethical perspective. This issue will reappear in the following chapter. One minor point can be made here though. In personal narratives and experience stories we can see that in daily practice sometimes people do attribute moral value to body images. Eve Ensler, the playwright known from the *Vagina Monologues*, gives ample examples in her book *The Good Body* (Ensler 2004). In her preface she summarizes her idea of the good body.

> I have bought into the idea that if my stomach were flat, then I would be good, and I would be safe. I would be protected. I would be accepted, admired, important, loved. Maybe because for most of my life I have felt wrong, dirty, guilty, and bad and my stomach is the carrier, the pouch for all that self-hatred. (sx)

Of course, we should critically question whether it is justified to make these connections between body ideals and the moral evaluation of person's bodies or moral character. In fact, I think it will be difficult to find ethicists who defend such an approach. As such, the direct relationship between body images and morality is very thin. Ethicists could easily disqualify that relationship by arguing that the daily practice of using body images as moral qualifications is out of place (an 'ought' does not follow from an 'is'). Still, if people wrongfully allot ethical consequences to a daily practice, it becomes the task of ethicists to dispose it from its moral implications. So, even if people wrongfully think a beautiful or normal body makes one a morally better person, it would be the task of ethicists to show that such moral ascriptions make no sense.

In this section I have reflected upon some questions that are evoked by the multiple dimensions of body images. As such they did not provide us with prohibitive objections to speak about body images within the ethical field. These thoughts however hardly presented reasons to defend that body images *should* be reflected upon in ethical reflection. They merely display first inquiries into the possibilities to reflect upon body images in relation to ethics. But we need further inquiries in order to show that body images are relevant for an ethical debate such as the enhancement debate.

3.6   The Definition of Body Images and the Enhancement Debate

The comprehensive definition of body images opens new perspectives to think about the human body in the context of ethical reflection on enhancement. These benefits are reached because the comprehensive definition of body images:

1. includes feelings, experiences, perceptions and ideals concerning the human body;
2. relates existing personal body images to body ideals;
3. relates body images and body ideals to cultural body images;
4. shows that most body images are value laden;
5. explains that body images do not merely exist, but they can be understood as a process.

These findings are of importance for the enhancement debate, because:

Ad 1), it shows that we should not only think in philosophical-conceptual or natural-descriptive manners about the human body in the context of enhancement. It is not enough to ask what the human body is. When we solely give an ontological account of the human body, we risk passing over people's motivations to alter their bodies. Exactly people's experiences with their bodies, their satisfactions and dissatisfactions, lead to the wish to enhance their bodies.

Ad 2), especially the discrepancy between body images and body ideals feeds people's wishes to alter their bodies. The existence of a strong body ideal that differs from one's body experience can give rise to the wish to enhance one's body. Therefore one could say that it is at least worthwhile to inquire why and how people develop such body ideals.

Ad 3), it shows that body images are not solely a personal or individual issue. They are a cultural phenomenon. Shared body images influence personal body images. As such they also affect people's motivations to make use of enhancement technologies. We saw that cultural body images are related to cultural production. If cultural production indeed affects people's motives to make use of enhancement

technologies, it is important to understand better what that cultural production would mean for the enhancement debate. That is why I will give further attention to cultural production in the next chapter.

Ad 4), it shows that body images are always value laden. That raises the question which values are present in the body images in the context of enhancement. Are these all non-moral values, or might there be values that create normativity that is morally relevant? These issues will be discussed in the following chapter concerning cultural production.

Ad 5), because body images are a cultural phenomenon it is not enough to understand them as 'just existing'. A multidimensional approach also includes the possibility to see body images as cultural processes. The next chapter on cultural production will go deeper into the possibility and necessity of understanding body images as processes of cultural production.

4.1   Introduction

As noted in the previous chapter, body images can be approached as a cultural process. Likewise, cultural production can be understood as a process. At first sight it seems self-evident to approach cultural production on the level of culture as a *product,* as Baldwin does. He mostly focuses on the artifacts and pieces of art that are produced by cultures, but he also includes the possibility of non-material products. Body images, too, can be understood as non-material products of culture. Certainly, this approach is present in this study.

The main focus of this study, however, is on cultural production as a *process* of culture. As I showed in the former chapter, it is about the interactions between personal body images and cultural body images. How do they influence each other? Do such interactions pose moral problems?

Grosz and other feminist writers on cultural production recognize that cultural ideas about femininity and masculinity inform personal ideas about the self, about self-acceptance and about one's relation to the social world. At the same time, these authors do not believe that those cultural ideas are simply there, they argue that these cultural ideas themselves are culturally shaped and, more important perhaps, that they can be changed. In the process of cultural production, then, there is a twofold working. On the one hand cultural images produce personal images. On the other hand 'culture' produces cultural images. I use brackets here, because the notion of culture can hardly be understood as an actor. At least, even Baldwin's comprehensive list did not include a perspective on culture as actor. It is probably better to say that cultural images are themselves a product of culture.

In this chapter I will investigate this twofold working of cultural production in relation to body images. The first two sections offer a mostly descriptive overview on the two possible directions of cultural production. Cultural production of body images does not only take place on the level of sexual difference. All kinds of body images are culturally produced. These descriptive sections furthermore show us how cultural production can work in practice and not only on a theoretical level. For the first section (4.3) I mainly make use of social-

science studies that through empirical research have shown the influence of cultural aspects on personal body images. It was more difficult to find literature on the topic of the second section. Scant attention has been paid to the practical working of producing cultural body images. Feminist studies have mainly approached the matter from a theoretical perspective. Nevertheless, I found some studies that can show us how in practice cultural body images take on shape.

After this description of the two-fold working of cultural production I introduce two different approaches to cultural production that raise interesting issues in relation to ethical reflection. This raises important questions. Why is it relevant to speak about cultural production in the context of ethical deliberations? What does the literature on cultural production offer us that might be of ethical relevance?

4.2   Cultural Production of Personal Body Images

The social sciences are highly interested in personal body images. Many empirical studies are aimed at understanding why people's body images change or become disturbed. Some of these studies I will use in this section to show how cultural ideas about the human body affect personal body images. A better understanding of the working of culturally produced images on personal body images shows that cultural body images or body ideals can be the source of motivation for people to enhance their body.

Throughout their life, individuals' relationships toward their body are subject to different and changing body images. From the moment children become aware of their body they start to have body images, first through the development of a body scheme, followed at a young age by the psychological body images as described in chapter 3. Studies for example show that children at the age of six already show forms of body dissatisfaction related to body appearance (Levine & Smolak 2002).

Mostly we are not exactly aware of which body images we have internalized at a certain moment. We might know of one or two body images that we value highly and give immediate attention, such as physical health or a thinness ideal. Other relationships to our body we normally take for granted. Awareness and adjustment of body images are often brought about by a confrontation with other person's images or changed circumstances.

In this section I show a spectrum of aspects that influence the development of personal body images in the course of a lifetime. This is not a comprehensive list. My aim here is not primarily theoretical but to raise awareness of the broadness and complexity of the process of cultural influences on personal body images.

4.2.1 *Biological Aspects*

One could question whether biological aspects can count as a form of cultural production. Above (in chapters 2 and 3) however it became clear that our perceptions of our body are always connected to cultural images.

Several biological aspects have great effect on people's body images. First we can mention *bodily growth and aging processes*. Until adolescents are full-grown their body schemes are in development, because their body's length, shape and locomotion are still changing. Pubertal development changes children's experiences with their bodies. Bodily changes, emerging sexuality, identity formation and intensifying gender roles have strong impact on body images during early adolescence. This transition period is more stressful for girls than for boys, because they experience more of these changes simultaneously (Levine & Smolak 2002). During adolescence body images are probably the most important component of a young person's self-esteem.

It is a misunderstanding to think that physical development is completed by our teenage years; bodily changes continue until we die. All along they influence our body experiences and evaluations.[47] Whitbourne and Skultety mention three components of body image that require evaluation in adulthood, of which two are immediately related to physical aging: appearance, competence and physical health (Whitbourne & Skultety 2002).[48] Adults and the elderly tend to respond differently to bodily changes dependent on their coping processes. These processes determine whether people will keep a consistent sense of self during aging, or experience a shift of identity. Interestingly, it is shown that middle-aged people are more prone to fear the bodily consequences of aging than the elderly who are actually experiencing the effects of aging (Whitbourne & Skultety 2002:88).

Another biological aspect to be mentioned is *physical deviance*. Some people are born with a deviant body or meet circumstances that cause their body to be different than what is considered to be 'normal'. They might be born with a long nose or a striking port-wine stain (*naevus flammeus*) in the face, or be blind or deaf. Such 'deviant bodies' draw attention and evoke other people's comment on one's body (outside-views) (Kool 2002).

Not necessarily related to the former are the *physical aspects of illness*.[49] When people are

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47   Examples of this can be found in reproduction cycles, menopause, impotence, declining strength or memory, and aging appearance.
48   Interestingly, reproduction is not mentioned as an independent component, which raises the question whether they regard reproductive processes as part of the category competence or physical health.
49   I intentionally do not speak of physical illness, because I regard illness a broad social phenomenon that consists of physical, mental, psychological, social and economic elements. Of course, depending on the situation one or more factors can prevail. Illness as I understand it, therefore, rather than 'disease' is the absence of health as defined by the World Health Organization. The WHO defines health as 'a state of complete physical, mental, and social well-being and not merely the absence of disease, or infirmity' (Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of

ill, physical aspects have a direct effect on their body schemes, such as hampering physical competence and abilities. In addition they affect a person's psychological body images, especially in cases of chronic illnesses that confront people with new, continuing and ever changing relationships with their body. Typically, with becoming ill former body images change into idealistic body images, when people evaluate their body in comparison to how they used to experience their body before and strive to regain this former bodily status. Only when people accept the new circumstances as they are will they internalize their being ill without opposing an idealistic (healthy) body image to their descriptive (ill) body image.

4.2.2   Social Groups

Especially during young age and adolescence *family members* have a strong influence on body image development in children. Parents for example show their children that weight and appearance are important, by watching what their children eat and commenting in a positive or negative sense on children's appearance and clothing (Kearney-Cooke 2002; Smolak 2002). The ideas a family has about how a body should look and function normally depend on the larger social context they live in, for example their religious backgrounds.

Peer comment seems to be an influential factor for body image development throughout most ages (Levine & Smolak 2002:80; Smolak 2002:69). Social comparison already exists at the age of six when children start to comment on each other's appearance and begin to discuss about body shape and weight control techniques. Also teasing among peers shows a strong relation with body dissatisfaction, especially among girls. Peer commenting has the strongest influence during adolescence. During this age adolescents are highly sensitive to being accepted within their peer group. This transition period introduces new ideals, such as to be attractive and to look like a real woman or man.

Strangers, or people less related to us than our family and peers might also influence our body images. On the street, on the work-floor, in a shop, other people's comment on one's appearance may be internalized in one's body evaluation (Tantleff-Dunn & Gokee 2002:112-113).

4.2.3   Mass Media

Mass media can have a strong influence on body image development. Media presentation of cultural body ideals has effect on personal body images through several processes, which include social comparison, internalization of body ideals, and investment in appearance (or other values like health) for self-evaluation (Tiggemann 2002:92).[50] Several empirical

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61 States (Official Records of the World Health Organization, no. 2, p. 100) and promulgated on April 7, 1948).
50   Tiggeman concentrates on beauty ideals in women, because that is the field most studied. I suggest that other relevant body ideals, such as muscularity, sportsmanship and health should be considered as well.

studies show that media consumption influences people's body satisfaction (93). According to Tiggeman even brief exposure to printed media images of thin models produces a number of immediate negative effects, such as body dissatisfaction, concern about weight and a decreasing perception of attractiveness (94). Although less research has been done on the effects of television, studies about the influences of appearance-related commercials reported similar negative effects as mentioned above for at least some participants (95) (see also (Thompson & Heinberg 1999).[51]

The effects of mass media vary for different social groups. Through all ages people's images are influenced by the consumption of mass media. Young children watch gender roles and appearance on television and read about them in teen magazines that repeatedly show consistent appearance ideals. Comic books can also influence children's sense of body image.[52] During adolescence mass media influence internalization of beauty ideals even more. Research has shown that girls who consider media sources like magazine articles, advertisements and television programs concerning beauty are more likely to be dissatisfied with their bodies (Levine & Smolak 2002:79). Interestingly, mass media play a slightly different role for elderly consumers in comparison to earlier life periods, because for older adults the media do not so much portray beauty ideals, but they especially show older adults in their weaknesses, for example in their incompetence due to Alzheimer's disease. This can easily instill the fear in adults that they will lose their dignity and independence.

Here we see that cultural production does not only create idealistic images. Body images of the declining older body, or images of the dependent disabled body, are no body ideals. Still, these culturally produced images have their effect on personal body images. Some people feel estranged from their own body, others live isolated lives, again others choose to empower themselves to take pride in having an older or disabled body.

4.2.4   *Artifacts*

Several artifacts that are fabricated in our Western societies represent existing cultural body images. Toys for example present specific gender roles and body appearances. Barbie and Ken are good examples of such ideal body images. 'Extreme Makeover' programs on television show that those toys represent the appearance ideals of people later in life. While dolls are the body image examples for girls, action figures which show athletic and muscled heroes have the same example function for boys.

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51   The authors of this article warn, however, that more research is needed to say how exactly the electronic media influence the body image, because no research is done to question whether women who are dissatisfied about their bodies tend to expose themselves to such provided images (344).
52   Ellen Handler Spitz for example analyzes the influence of a picture book, Willy the Wimp, on cultural image development in children (Spitz 2006).

Other artifacts represent body images as well; many of them show us which body sizes are regarded to be normal. In case one's body differs from these 'normal' sizes, by height or girth, one may be confronted with that when shopping for clothes or shoes, by trying to look in the mirror in public toilets or by trying to sit on a chair that is too high or too narrow.

4.2.5   Gender and Ethnicity

Research shows that girls tend to be more sensitive to dissatisfaction with their body than boys. However, most research about body images has focused on body weight issues, for example showing that Caucasian girls and women are more concerned with body weight than Afro-American women and men (Celio, Zabinsky et al. 2002).[53] Other research shows that recently more and more men tend to suffer from eating disorders, while at the same time eating disorders have become an intercultural or interracial phenomenon (Westmoreland Corson & Andersen 2002; Bordo 2004:xxiii).[54]

Different subgroups are sensitive to different kinds of body images and consequently to other kinds of body satisfaction. Research among Afro-American girls reveals that they tend to be dissatisfied with their length rather than their weight.

Levine and Smolak describe the dominant cultural ideals that adolescents tend to internalize in industrialized countries. Characterizations of the feminine beauty ideal are: 'white, young, tall, firm but not too muscular, and somehow both slender and full-breasted' (Levine & Smolak 2002:78). They recognize that the icon of masculine beauty is harder to define, which they think suggests that body type and looks in general are less important for male self-definition. Men would therefore experience less pressure to attain a particular type of physique. However, short stature and fat are no preferable characteristics (79). Marika Tiggemann gives a sharper picture of male body ideals that increasingly appear in mass media. According to her, idealistic images prescribe a body shape that is mesomorphic, broad shouldered, has a well-developed upper body, a flat stomach and narrow hips (Tiggemann 2002:92).[55]

4.2.6   Religion

Religion gives shape to cultural or collective body images.[56] In doing so it can have a strong effect on people's relationship to their body. Religion mainly provides body concepts,

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53   Bordo emphasizes that Afro-American women have other disordered relationships to food, namely binge eating (Bordo 2004:xix).
54   See for an extensive work on men and body images *The Male Body*, by Susan Bordo (2000).
55   Recently, however, some men's lifestyle magazines are receiving more attention. Interesting findings about presented body images in one of the most influential men's magazines of Italy can be found in: Boni (2002).
56   An extensive elaboration on religious imaginary and the human body can be found in Cooey (1994). Interestingly enough Cooey uses the study on religious imaginary of bodies as a critical instrument to study religious and moral interrelations of knowledge, power and value (109). She argues that bodies can serve as a sign to recover religious or

explaining how people can understand their body in relation to God (or another deity) and proscribing how people should relate to their body. This understanding of the body will also influence descriptive and evaluative body images. For example, a Christian woman will see her own body as created by God, even if it appears to be infertile. She may oppose the use of reproductive technologies from the perspective that trying to have full control over human life is the same as 'playing God'.[57] In this sense 'control over the body' would be a negative evaluative body image. That means that persons are not allowed to have technological control of their body in such an interpretation of their religious beliefs. In the context of sexuality however 'control over the body' within Christianity has often been a positive evaluative image. In relation to sexuality Christians were supposed to control their bodies and not be exuberant.[58]

We can summarize that all factors that influence body images have a cultural component. The images of our body that we receive from outside our body are therefore mostly influenced by culture. These can be different cultures. A family culture can differ from a culture that exists at a school. The family culture will likely connect to a religious culture if the family is religious. These cultures will overlap, but will not be identical. We can conclude that these various cultures affect people's personal body images. That means that personal body images can arise or change in a process of cultural production.

4.3   Cultural Production of Cultural Body Images

In the previous section we saw examples of contexts in the social field (media, technology, religion) that influence personal body images. Although one could say that these contexts affect personal body images, they do so in a less direct manner than for example family members and peers. There is no direct commenting on individual bodies. Rather, cultural images exist within these social fields or institutions and these cultural images affect the personal body images. But how do those cultural body images come into being, are they also object of cultural production?

At least six social fields play a major role in the creation process of cultural body images: the diverse fields of arts, mass media, biotechnology, industry, the health care system and religion or theology. Below I will explore the complexity of body image production in two of those fields, namely in mass media and the field of medical technology. Those two fields are closely related to the context of enhancement. I will consider whether and how these phenomena produce new or altered cultural body images.

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cultural imaginaries and construals (110) .

57   Of course many perspectives can be taken from a Christian point of view. I have elaborated on the idea of 'playing God' in chapter 2.

58   These examples do not represent the only possible ways in which Christians can approach the body.

4.3.1   Mass Media

The effect of the media on personal body image development and body satisfaction has been studied broadly in recent years. Studies that analyze the role of mass media in the *creation* of cultural body images are harder to find. However, studies exist about media influence on cultural production in general or the production of specific other cultural images which indirectly also influence body images, such as 'femininity'. The influences of mass media on public understandings of new biotechnological developments like genetics have received attention in recent public opinion research as well (cf. (Bauer 2005; Bonfadelli 2005; Eyck 2005).

At this point I must focus on the creation of cultural body images. Two questions are central in this section: Are cultural body images produced? And, if so, how?

We should first answer the question whether mass media really create new cultural images or whether they just represent those images that already exist. In this context Paul Frosh offers some insightful perspectives on the relationship between media and cultural production in his article 'Inside the Image Factory: Stock Photography and Cultural Production' (Frosh 2001).[59] He approaches stock photography both as a process of cultural production and as a mode of signification. 'The success of the generic image is anchored in its apparent social significance to advertising consumers as interpreted by professional cultural mediators' (636). These mediators, stock photographers for example, reproduce, call forth and add to an ensemble of recognizable features to produce an image-type (638). In line with David Arky, who is a stock photographer, Frosh speaks about a metaphorical application of meaning that simplifies the task of interpretation. Stock photography searches for the metaphors embedded in the culture, and retouches them in novel ways with the purpose to evoke certain emotions and associations (639). Important to notice is that another aim of stock photography is to portray the image as invisible as possible in order to persuade the consumer, who remains unaware of what is happening (642).

From this article we learn that media are not necessarily the major authors of cultural body images. They re-present images that already exist. Important, though, is that they do intentionally alter present images.
It must be noted that mass media do not only present role models of the dominating body images. More and more television programs show real-life stories of people with deviant bodies in order to inform the public that people with 'other' bodies can still have normal lives. Another example are websites opposing dominant body images in order to promote positive self-esteem in people.[60]

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59   Stock photography can be described as 'a global business that manufactures, promotes and distributes photographic images primarily for use in marketing promotions, packaging design, corporate communications and advertising' (627).
60   See for an example at www.about-face.org (01-26-07).

Melissa Milkie's article on 'cultural gatekeeper's struggle with the "real girl" critique' (Milkie 2002) shows some other, rather paradoxical perspectives on the relationship between the media and the process of cultural production. She analyzes the struggles of cultural 'gatekeepers' with the critique of girls that girls' magazines portray femininity in a way that does not correspond with their experiences of reality. She notices that editors react to this critique in contrary ways. On the one hand they agree with the girls' critique and would wish to change things, but think they are not able to do so. On the other hand they believe they could change the images, but think they should not.[61]

Those editors who acknowledge that girls' magazines do not represent reality and think that this should change, offer three main reasons why they believe change is beyond their control. First, they mention the influence of others in the industry, mainly the art world. They state that photographers for aesthetic reasons are not willing to present reality. Second, there is the influence of advertisers who have in mind how their articles should be presented, for example believing that clothes look better when worn by a particular kind of body.[62] And third, there is the general claim that culture cannot be changed. They regard their magazines as a part of a system that imposes narrow definitions of what constitutes ideal femininity.

Paradoxically, the editors simultaniously rejected girls' criticisms and claimed they could control the images through editorial decisions or with the aid of technology.[63] They have three arguments against the girls' critique. First, they argue that girls do not understand how authentic images of women would appear in a magazine. Interestingly, these editors only speak of overweight and ugly women when talking about real femininity. A second argument is that the girls do not understand that the magazine is about fantasy, not about reality. The magazines should not be taken too seriously. Here again editors imply that the real is unattractive. And third, the editors claim that 'whatever the effect of unrealistic images in terms of stress and harm, they are seen to be counteracted by the overall message to young women, which is an empowering one.[64] In fact the editors seem to say that they could change the images if they wanted to, but they see no reason to do so.

Both Frosh and Milkie show us how cultural body images are given form and that cultural production is a process. Evidently however we should not expect a clear process in which completely new body images are created by one single actor. Frosh describes how new cultural images subtly build on already existing images. Those who produce images build on

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61   Milkie does not make explicit whether each editor takes one of both positions or if some editors argue in both ways at the same time. The article suggests the latter.

62   Frederico Boni describes the large role of advertising in *Men's Health*, a lifestyle magazine, writing: 'This kind of advertising, in line with the magazine's discursive strategy, tells its readers how men must present themselves, how men must take care of themselves, how they must live, what they must smell like and what their physiques must look like' (Boni 2002:474).

63   So-called photoshopping (Milkie 2002).

64   This evokes the question how one could empower someone while at the same time making her insecure and shameful about her body.

what is already there; they do not create from scratch. Interestingly, the change of cultural body images is intentionally made invisible to be persuasive. That means that the process is hidden to some extent, which makes it difficult to get a grip on it. Milkie's text is interesting because it show us paradoxical aspects of the production of body images. On the one hand editors claim to be able to influence the process, while on the other hand they argue that they have no control over the matter. That paradox will come to the fore time and again throughout the next sections and the next chapter.

4.3.2   Medical Technology

There is not much literature to be found that describes whether technology creates new body images. In fact, body images have received poor attention within philosophy. Philosopher William E. Stempsey does present a careful account on the close relationship between emerging medical technologies and emerging conceptions of health (Stempsey 2006). Given that 'health' can be seen as a body image, his article can tell us more about the relationship of emerging body images and technology.

Stempsey builds his perspective on three philosophers: Martin Heidegger, Hans Jonas and Georges Canguilhem. He describes how Heidegger shows us what the role of technology (in general) is in human life. For Heidegger, technology is not a means to a chosen end, but it rather is a 'mode of revealing'. Modern technology looks to reveal 'how it can be shaped for our own ends' (228). In the case of medicine, Stempsey adds, technology reveals what is 'health'. Therefore, technology throughout history will shape the concept of health by revealing new aspects of what is 'health'.

Stempsey builds on Hans Jonas to expand this view. Jonas shows that modern technology is fundamentally different from technology in the past. Instead of a 'possession and a state', modern technology has become 'enterprise and process' (229). New characteristics of fluidity and change make that technology is no longer a 'humble servant', but establishes itself as a 'transcendent end.'

The consequence of this is that the person is no longer solely the user of technology, but the person becomes the object of technology. Within medicine we could speak about the metaphysical makeover of the human person (230). Technology can bring about a re-conceptualization of health.

Stempsey introduces Canguilhem to emphasize that health is no static notion, but a variable concept. For Canguilhem health is not the absence of disease, but the confrontation with pathological conditions and our ability to live with them. Our understanding of health, therefore, is dependent on our capabilities to live in our environment. This means that what is normal or healthy in one situation can be pathological in another.

The consequence of these understandings of technology and health is that when technology alters our abilities to respond to diseases, a new concept of health takes form. Stempsey shows examples of existing reformations of health concepts in the process of diagnosis, prevention, treatment and prognosis. Emerging technologies like stethoscopes or echocardiograms have altered the possibilities to diagnose cardiac pathology. Genetic technology is aimed at the treatment of diseases that we were not able to treat in the past. Recently invented pharmaceuticals used for the treatment of AIDS have changed it from a lethal disease into a chronic illness. Genetic testing can to some extent predict the future health of a person. The consequence is that the health concept of those who have no present signs of disease might alter when they know that their genotype tells them they will become ill. As such genetic testing can change people's understanding of their body. On a more general level, such technologies can influence how we understand human bodies and thus influence cultural body images. No longer are only those bodies conceived as having medical problems that show medical symptoms, but genetic technology 'medicalizes' human bodies that show no symptoms at all. The consequence is that people opt for medical surveillance or treatment for a disease that did not yet appear and might never appear at all. This approach, thus, shows us that the emergence of medical technology also brings about new or changed body images of health.

4.4   Cultural Production Defines our Possibilities to Act

In chapter 3 and in the former section we noted that culture influences the existence of personal body images. New body images come into existence through cultural processes or old body images are reformed. An important question must now be posed: Why is it relevant to speak about cultural production in the context of ethical deliberations? What does the literature on cultural production offer us that may be of ethical relevance?
Social studies have shown that body images influence people's behavior. Not only do personal body images change through the influence of cultural body images. People also change their behavior in relation to their body images (Cash & Pruzinsky, 1990:345-346). Obvious examples are dieting and practicing sports in relation to thinness ideals. The relationship between opting for cosmetic surgery and beauty ideals has also been demonstrated (Pruzinsky & Edgerton 1990). We can also imagine that changing religious insights bring about new approaches of human bodies. For example, projects concerning female circumcision in Somalia emphasize that there are no religious foundations for the practice. The changing religious insights of local communities bring about that mothers no longer have their daughters circumcised.[65]

Feminist and gender studies go a step further. They do not only demonstrate that cultural images influence our behavior. They show that cultural images define the margins of our

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65   See ample sources of information on www.unicef.org (04-02-10).

behavior. Feminist scholars have a specific purpose for reflecting on social construction and cultural production. In general, they wish to show that the possibilities to act in society are different for women than they are for men. Our deeply internalized images about sexual difference precisely create the differences. This is a complex matter, with many polarities.

Feminist and gender studies have shown that the cultural images are so deeply ingrained in our being that we do not even notice that they form our world. As Butler argues, we cannot even understand the materiality of our bodies without this understanding being culturally construed (Butler 1993). Simone de Beauvoir said: 'one is not born a woman, but raised as a woman' (Beauvoir 1979). From the moment we are born we receive information about how to behave, how to move, how to react in certain situations. We learn what is proper and what is not. Within feminist and gender studies theorists have focused on the notion of gender in these social constructions. They question the origins of sexual difference and on what prejudices it is based. They show that the life women can have depends on cultural images. Culture defines what clothes are proper to wear, whether women can have jobs, and which jobs. It influences whether they are allowed to speak from the pulpit. As such, cultural production defines women's possibilities to act. Andrea Dworkin describes it as follows:

> Standards of beauty describe in precise terms the relationship that an individual will have to her own body. They prescribe her motility, spontaneity, posture, gait, the uses to which she can put her body. They define precisely the dimensions of her physical freedom. And of course, the relationship between physical freedom and psychological development, intellectual possibility, and creative potential is an umbilical one. (Dworkin 1974:113)

There are many more cultural influences on our life, defining our possibilities to act, than just gender issues. Other disciplines reflected on race, ethnicity, homosexuality and disability and arrived at similar findings. What is the significance of this for the cultural production of body images?

Let's draw a parallel between the cultural production of gender and that of body images. That would mean that body images shape the space that defines our possibilities to act. For example, religious communities are cultural settings that bring forth or carry along body images. Headscarves are a very timely example, because recently discussion was raised whether the Islamic thought that women need to veil their hair and/or face is harmful for those women. But every religion has its (gendered) images of bodies: in some Dutch Christian Reformed communities women are also supposed to wear hats during the worship service. In Judaism men and women are supposed to undergo different purification rituals in relation to for example sexual intercourse, menstruation and birthing. These and other religious body images show how believers are supposed to use their body, how to take care of their body and, often, how to restrain their body.
At the same time it means that if believers act contrary to the religious rules, including body images, their religious motivation is questioned or they are punished. The consequence is

that body images, in religious cases often body concepts, set the boundaries within which people can or ought to act with or in relation to their body. In the Netherlands some orthodox reformed churches believe that people should not intervene in their bodies and therefore they refuse blood transfusion or do not vaccinate their children.

Let's turn to an example that is closer to the enhancement debate. As we have seen in chapter 2, 'normalcy' is a central issue in that debate. In every culture there are images of 'normalcy': what does a normal body look like (e.g. white, black, or whatever)? What does a normal female or male body look like? What does a normal 5-year-old child's body look like? We often have these images unconsciously, as we for example notice when our eyes are suddenly drawn to a person whose appearance does not seem 'normal'.

The cultural production of ideas of normalcy cannot be avoided. People need to have some awareness of what is normal in life. We can't walk through the city and be surprised by every person we see. Still, surprise is a fact of life. However broad our concepts of normalcy are, there will always be exceptions. Nevertheless, narrow concepts of normalcy bring about that more people are extraordinary. Some will appreciate this as something positive, but those are mostly the people who exceed the normal in brightness, beauty or fitness. Or they explicitly choose to be different by profiling themselves with extraordinary clothing, hair style or body decorations. In general, people who are 'below' the normalcy range experience that they are restricted in their actions and possibilities. They have fewer social contacts, have difficulties finding a spouse, or cannot have the jobs they aspire to.

Cultural production creates our possibilities to act. In relation to body images it therefore creates the possibilities to use our body and to feel, experience, to be understood and to be appreciated. Conversely, it also means that cultural production *restricts the possibilities to act* for those who do not reach the 'normal', for those who are in the margins. They become vulnerable, because they do not have the same opportunities as others.

In fact, if cultural production creates and at the same time restricts people's possibilities to act, we can draw the conclusion that in the case of restriction people are not free to act. We could therefore wonder if the pursuit of improvement means striving for freedom from restriction rather than opting for mere 'normalcy', as Kathy Davis already argued (Davis 1995). It would be understandable that those who feel restricted wish to open a broader range of possibilities for themselves.

The thought that cultural production creates the margins of our actions raises some questions. We could ask ourselves whether we are still able to decide over our own bodies. Western cultures set high expectations. Body ideals of capable, healthy, young, slim and athletic bodies set the margins in between which people are supposed to live. What does one do if one does not fit between these margins? The pressure people experience to 'fit in' is likely to lead to behavior that is aimed at conforming to the cultural norms. Bordo

emphasizes that body images do not only 'homogenize', but also 'normalize'. 'They function as models against which the self continually measures, judges, "disciplines," and "corrects" itself' (Bordo 2004:25). Whether this expresses itself in dieting or for example the use of more invasive enhancement technology will depend on factors like personal character or available (financial) means. The use of enhancement technology, then, can be the result of the cultural production of body images that to a certain extent are experienced as oppressive or imperative.

One might object, and say that as individuals we are always free to decide over our own body. Surely, even if all the women I know decide to use Botox to evade the signs of aging, I can decide not to use it myself? Of course this is true, but the same could be said about the issues of feminism that I mentioned above. Some women did go into the army when women were not allowed to (they 'just' had to pretend that they were men). One can choose to personally overcome racial discrimination. Michel Foucault and others however show that social construction brings along structures of power (Foucault 1977; Foucault 1988; Gatens 1999:229; Shildrick & Price 1999:436). These structures of power can be very strong and resistant. We could compare them with a finely-woven web that finds its strength and power in the multitude of ramifications. Similarly, social constructs find strength in their complex origins over time, and the multitude of agents that support them. As a consequence, it is difficult for an individual to go against such patterns of power. One can find oneself in a situation where autonomous decisions without being steered by cultural ideals seem hardly possible. In those cases cultural production can make people vulnerable to patterns of power.

4.5   Cultural Production and the Problem of Multiple Actors

We have found that cultural body images influence people's personal body images. I noted that cultural body images are a cultural product as well. Furthermore, I have shown that cultural production defines our possibilities to act. In this section and the next I will further reflect on the production of cultural body images. What does it mean for an ethical approach to think of cultural body images as a cultural product? How does that affect our moral reflection on enhancement?

A central question now is how cultural body images get shape. The process of production on which I focus in this chapter implies some action. Production does not just happen to take place. Production means that people act and that these actions have results. At the same time we have noticed that the process of cultural production is rather complex. For example, there is no clear end-product – on the one hand because body images are immaterial and on the other hand because body images are constantly changing. Moreover we cannot pinpoint where the process takes place, and it is not clear which role specific actors have and what their influence is.

For ethical reflection it is problematic when we cannot say who creates these images or who controls them. To be of ethical relevance some actors should be able to act in relation to body images. We might say that certain cultural body images are harmful for individuals, but if no person can influence the existing cultural body images, because they 'just' exist, they would be like volcanoes that spell danger without us being able to do something about them. The only thing possible would be to prevent people from being hurt by the existing cultural body images.

Pierre Bourdieu in his studies on cultural production (Bourdieu 1993; Bourdieu 1996) introduces some interesting thoughts in relation to the complex processes of cultural production. He stresses that cultural production in general involves the co-operation of multiple actors. That means that we can unravel the process of cultural production into different actions. Cultural production, then, cannot be understood as some kind of determinism. And a simplistic interpretation that searches for a single actor who gives shape to cultural body images will prove inadequate.

Bourdieu offers a theory that focuses on different key fields within a social space, such as a national space. According to Bourdieu cultural production takes place in a specific area within the 'field of power', which consists of the educational field, the intellectual field and various other cultural fields, including the literary field, the artistic field, the scientific field and the religious field (Hesmondhalgh 2006). Within the field of cultural production he identifies two sub-fields; the sub-field of small-scale production and the sub-field of large-scale or mass production. Small-scale production, associated with pure artistic products, has a high degree of autonomy, without agents becoming fully autonomous. Large-scale production, which is aimed at commercial cultural goods, is 'heteronymous', subject to outside rules, without however lacking autonomy altogether. The notion of autonomy is central to Bourdieu's idea of cultural production, when he shows the structured nature of making symbolic goods. Autonomy is related to the scale of the producers. The smaller their scale is, the more autonomy they have on the production process.

In contrast with Bourdieu I will speak in term of actors instead of agents. Agency refers to an agent's capacity to act. With this term ethicists commonly focus on this specific feature of (individual) human beings. Here, the focus is different. The question is not whether specific subjects are able to act, it is the question whether in a cultural process action is involved and if so, who can execute those actions. In line with that it seems too early to speak about autonomy in this context. In ethics, autonomy is commonly understood as the capacity of an agent to make well-considered moral judgments. In relation to Bourdieu's perspective on cultural production it seems more suitable to use terms that carry lesser loads, such as actions, actors and the possibility to act. When Bourdieu speaks of autonomy, I understand him to claim that the smaller the circle of producers, the greater their influence on the process of cultural production. In a more complex situation, such as a large-scale production,

actors each have less influence on the process. According to Bourdieu the production of cultural images is not limited to one actor, or a network of actors, but to various sub-fields that are influenced by other fields. However, Bourdieu insists that in any scale of cultural production involves/includes actions the possibility to act (Hesmondhalgh 2006:214-215).

Such an understanding of cultural production avoids speaking in abstract terms of 'culture' that affects our social lives. At the same time it is wary of overly simplistic interpretations of cultural processes. We cannot, for example, simply blame 'the media' or 'the health care system' for forcing body ideals upon us.

In section 4.3.2 we saw two examples of cultural production of cultural body images. How can the findings of that section relate to Bourdieu's theory? The example of the mass media is clearly a form of large-scale production of culture in Bourdieu's terms. Indeed there is not one actor, or a network of cooperating actors. As we learn from Milkie's text, different sub-fields work together. Between those fields there is on the one hand collaboration, but on the other hand there is hierarchy and competition. Because different fields together bring forth cultural production, the ability of each actor to affect the process is rather small. The paradoxical responses of the editors in Milkie's research show us that they do experience some kind of ability to act in the process of cultural production, but also acknowledge the presence of other influential actors in their field of power, which immediately questions their own ability to act.

The example of medical technology, again, shows that we should understand that the practice of medical technology as a field of cultural production is not the result of one actor or group of actors. There are many different inventors of technology, with different backgrounds. In the process of invention and production of specific technologies different actors have their role (ranging from medical technological designers to the factories in which the equipment is produced). Furthermore, practitioners or users are those who finally decide what to use the technology for. This might be another use than originally intended by the designers. An example is the recent use of Prozac as a mood enhancer. These new applications also yield new understandings and reformations of the concept of health (see also the text on disease mongering in 2.4.1).

Building on Bourdieu, we can understand that the cultural production of body images through the means of emerging technologies can also be seen as a large-scale production. The consequence is that the ability of the various actors involved to affect the process is small. Nevertheless, Bourdieu emphasizes, there is always some ability to affect the process.

4.6   Conclusions

What becomes clear from this chapter is that cultural production is a rather complex phenomenon. We can neither locate where exactly cultural production occurs, nor how particular processes of body image 'production' take place. I noted that the working of cultural production is two-fold: it affects personal body images and on another level it gives shape to cultural body images. In the course of the chapter I have given concrete examples of both levels of cultural production.

We could now also ask how the twofold working of the cultural production of body images relates to enhancement. Let us take cosmetic surgery as an example. On the one hand we can say that cultural body images influence personal body images in such a way that some people are motivated to make use of cosmetic surgery. On the other hand the technological possibilities in cosmetic surgery create new cultural body images. As long as certain body appearances are not within our reach, they are less likely to become body ideals. As soon as the possibility to change our appearances exists, these new possibilities may turn into body ideals as we saw in relation to the example of medical technology. Here, we can recognize the twofold working that was described above. But there is another process that is worth mentioning. The presence of cultural and personal body images in its turn can also stimulate developers to invent further-reaching technologies. If nobody were interested in changing facial appearances, it would not be interesting for developers to invent new technologies that make it possible for us to look younger for example. As such, cultural production seems to be a circular process in which personal body images in their turn affect cultural body images.

The following observation was that cultural production defines our possibilities to act. That means on the one hand that through the creation of new body images people receive new opportunities to act. On the other hand it means that cultural and personal body images can restrict our possibilities to act.

Next, in relation to ethical reflection, I argued that it is necessary that some actors influence the process of cultural production. If that is not the case, cultural production would not be directly relevant for ethical reflection. The work of Bourdieu showed how action and actors are involved in the process of cultural production. At the same time he emphasizes that in a context of large-scale production the ability to act in the production process is limited for each individual actor.

These findings evoke questions in relation to ethics that will be reflected upon more extensively in the next chapter. The observation that cultural production defines our possibilities to act sets the stage for the discussion of the issues involved. On the one hand there is the issue of action. There is a paradox between our abilities to alter both cultural and personal body images on the one hand and our inabilities to change them or to act in spite of

them on the other hand. Furthermore, in line of Bourdieu's emphasis on the multiplicity of actors, I will raise the question who acts or who are unable to act in relation to body images. The central aim is to inquire what this all means for ethical deliberations.

Finally, I will concentrate on another issue that came to the fore in this chapter. In the course of the chapter I emphasized that cultural production also restricts our possibilities to act. Based on feminist studies I showed that it is appropriate to reflect on issues concerning marginalization, domination and power. These are moral notions that need further reflection. Besides that, we saw that large-scale cultural production processes include the fragmentation of the ability to act. That means that there are no actors with full control over the process. Both aspects of cultural production raise issues concerning the freedom to act, dependency and autonomy. I will discuss them in the next chapter by reflecting on the notion of vulnerability.

CONDITIONS FOR THE ETHICAL RELEVANCE OF BODY IMAGES

5.1   Introduction

As announced, chapters 5 and 6 will offer an exploration of the relevance of body images for the ethical debate. The former chapters aimed to provide better insight in what body images are, how they function and how they relate to each other. Now it is time to centralize all lines into an ethical exposé. In the former chapters I offered some suggestions toward the ethical relevance of body images. Here, I will further inquire whether body images can have ethical relevance in general and, next, in a specific context such as the enhancement debate.

Two feminist studies on body images (or imaginary bodies) have already attempted to show that body images are relevant for ethical reflection. It therefore seems appropriate to see if these studies can offer me tools to inquire whether body images are of ethical relevance. To start the inquiry I reflect on those two attempts to connect body images and ethical considerations (5.2) to see if they can be supportive to my objectives. The first work I refer to is the book *Body Images* by Gail Weiss (Weiss 1999). The other account on ethics and body images is from Moira Gatens in her book *Imaginary Bodies* (Gatens 1996). Unfortunately, the conclusion will be that they hardly are supportive to my project. Each account has its own drawbacks. The main problem of Weiss's ethical account is that the body images, as I would understand them, disappear. Gatens's work offers no direct ethical foundations that are useful in the context of this study either. Her work expresses a fundamentally different understanding of ethics that deviates too strongly from the concept of ethics as used in this study. It is for example not aimed at supporting the process of moral decision-making.

Finding no support in earlier attempts to show the ethical relevance of body images, I need to establish their possible ethical relevance in another way. To do so, I start from the findings in the earlier chapters on body images and their cultural production. I will explore if they meet some conditions for being of ethical relevance. A first necessary condition is that body images must have some relationship to human action (5.3). Another condition, a sufficient condition for body images to be of moral relevance, would be that body images can cause vulnerability (5.4). In the last section I will summarize a list of conditions that indicate when vulnerability becomes a moral problem. From that list it is possible to derive, as I will show,

concrete questions in the context of body images and the enhancement debate. Together these questions will indicate when body images lead to moral considerations in the context of enhancement.

5.2   Earlier Attempts to Show the Ethical Relevance of Body Images

5.2.1   *Gail Weiss on Body Images*

No investigation of body images would be complete without a discussion of their moral dimensions.' These are the first words of Gail Weiss's last chapter in her book on body images (Weiss 1999:129). The subtitle of the chapter is called 'Toward an embodied ethics', in which Weiss develops a sensitivity for 'bodily imperatives that issue from different bodies [as] a necessary starting place for our moral practices' (163). The foundation of this embodied ethics that finds its core in bodily imperatives Weiss explains with Simone de Beauvoir's *A Very Easy Death* (Beauvoir 1964), in which Beauvoir describes the last period of her mother's life and the way she and her sister experience taking care of their mother. From this narrative Weiss detects a general structure of bodily imperatives.

Beauvoir's powerful narrative pictures a particular, gendered, maternal body and the imperatives that issue from that body in a way that belies any attempt to ground morality on abstract cognitive principles or even a gender-neutral moral framework. What I find especially striking about this account is that Beauvoir herself is compelled to grant the moral legitimacy of these bodily imperatives, despite the fact that her mother's interests, needs, and desires are very much in conflict with her own (Weiss 1999:150).

Weiss refers to two main examples as being bodily imperatives in the case of Beauvoir's story. The imperative given by her mother's cancer-ridden body is that it needs care. This imperative impels the two daughters to set aside their normal lives and to care for their mother. A stronger example is described in her mother's wish to pretend that she is not dying. Beauvoir experiences this as a deception, but nevertheless joins in pretending that the end of her mother's life is not yet near. In this sense her mother's bodily imperative causes Beauvoir to act against her own moral principles.

Weiss acknowledges that her chapter on ethics is but a first step toward an ethical account of body images. Perhaps we should call it a pre-ethical account. Viewed from the side of ethics so many questions are tabled that one cannot (at this point) expect a substantial contribution to the development of an ethical theory that takes body images seriously.

The first problem is that Weiss leans on Beauvoir's book, which is a narrative and not an account of her ethical theories. Weiss recognizes an 'ethic of embodiment' in *A Very Easy*

Death, as an amplification of two other ethics that Debra Bergoffen has recognized in Beauvoir's work, namely an 'ethic of liberation' and an 'ethic of generosity' (149). The use of the term 'ethic' here refers to values and norms that are directive for moral practice, rather than to a theoretical account of ethics. The context in which this ethic is recognized is a narrative of a daughter who feels obliged to care for her dying mother. At least the question should be raised why such a personal account of an ethic of embodiment can tell us anything about reflection on morality in a general, public context. That, however, Weiss does not mention as being relevant.

For the sake of argument we could say that it is valuable to reflect on Beauvoir's ethic of embodiment for moral practices because it can offer us new insights in the social dimensions of morality, as a form of descriptive ethics. But even then a set of critical questions can be asked that are not addressed by Weiss.

First, it does not become fully clear why 'bodily' imperatives lead to deceit about the fact that Françoise de Beauvoir is in the process of dying. Is only the fact that her 'progressively worsening cancer sets the terms for the relationships the other parties all come to sustain with her and with one another' (149) the reason to speak about bodily imperatives? In that case any relationship, as Weiss also seems to say, gives rise to imperatives, because any relationship is embodied. Unfortunately, Weiss does not clearly state the relationship between an embodied context and the rise of bodily imperatives out of this context. One should ask how this works and what the consequences are. In this case, although the moral context is foremost to be grounded in the context of a mother who is dying from cancer, her wish not to face this fact is not necessarily founded in bodily imperatives. The deception could just as well be prompted by fear of being left behind, fear of the unknown or any emotion at all. If one wants to call these emotions 'bodily imperatives', one needs more argumentation than Weiss has given in her book.

Second, viewing the physical situation of Beauvoir's mother as a bodily imperative for the two daughters to take care of her does not offer much of a new perspective on moral life. Concepts like 'bodily imperative' are hardly useful, since all ethical theories would acknowledge the physical needs of a dying person as a basis for moral action and care. In this sense the casus does not make clear what the concept of 'bodily imperative', which is of a strong evaluative character, offers us to reflect in new ways about moral practices.

Most of all, if we leave all these remarks, questions and objections aside, and try to apply the concept of bodily imperatives in moral practices, it does not show us in any way how we should relate to those bodily imperatives. Probably, Weiss would confirm this and would say that bodily imperatives need to be recognized and questioned in order to make up our minds concerning how we could meet them. This, however, is confusing, because the term 'imperative' implies some persuasive force. In Weiss's account of Beauvoir's narrative,

the bodily imperatives of Françoise de Beauvoir risk to be read as a justification for her daughter's acting against her own moral principles. Nevertheless, there is no reason to think that Simone de Beauvoir's decision to join in the deception of her mother was the *right* decision. There is a difference between cause and justification. Although we could say that her mother's physical situation forced her to act in certain ways, it does not say that this was justified. We can imagine all kinds of bodily imperatives that generally are not seen as a justification of specific moral practices. If someone feels the physical urge to sexually molest another person, this bodily imperative certainly does not justify that the experienced urge is brought into practice. So if we acknowledge that bodily imperatives have an important impact on moral practice we would still need an evaluative tool in order to justify how we should meet these bodily imperatives.

These critical remarks show that it is necessary to keep in mind that Weiss's aim in this chapter is very modest. Weiss's approach in its modesty cannot contribute to our context of the enhancement debate. At most it offers us a description of how people experience body images as imperative. It does not offer us tools to discover whether these experiences are justifiable.

5.2.2   *Moira Gatens on Imaginary Bodies*

The full title of Moira Gatens's book, *Imaginary Bodies; Ethics, Power and Corporeality,* tells us that ethics is a central notion in her work (Gatens 1996). Making the combination of body imaginary and ethics explicit in the title of her book, Gatens appears to come close to my objectives. I highly appreciate her work and estimate it as substantial. Still, while reading her book, our aims appear divergent. The fundamental distinction between us is our different interpretation of ethics. I will briefly introduce Gatens's view on ethics before coming to conclusions.

Since Gatens does not straightway tell us, the readers must find out themselves what Gatens understands 'ethics' to be. However, Gatens does mention what she understands 'ethics' *not* to be:

> I am using 'ethical' in a sense perhaps long forgotten, where ethics is crucially concerned with the specificity of one's embodiment. It is certainly a pre-Kantian notion. It is prior to the ever-narrowing political organization of ethics and prior to the conceptualization of ethics as reducible to a set of universal principles dictated by reason (whose reason?). It is opposed to any system of ethics which elevates itself from a contingent form of life to the pretension of being the *one* necessary form of life. (26)

We can recognize a rejection of Kantian ethics and universal principles in many feminist ethical studies (Tronto 1993; Kittay 1999; Held 2006). They emphasize that a universal ethic expels difference.

Gatens's notion of ethics evolves during the course of the book. In the first part she mainly refers to ethic(s) as the system of moral values people have. She does not refer to ethics as a systematic discipline that studies moral life. Ethics, understood this way, does not offer a critical tool to judge moral life, but the term rather describes factual or possible moral systems. Gatens rejects socio-political and ethical narratives in which individuals become an abstraction in a very specific sense only (99). These narratives have historically created contexts in which only specific individuals (read: Western white male individuals) are seen as (rational) individuals. Gatens follows Spinoza in the elaboration of her ethical perspective. She refers to Spinoza, because:

> Above all else, Spinoza insisted that mind and body are not two distinct substances but rather two ways in which the human understanding grasps that which exists. Among other things this means that reason, politics and ethics are always embodied; that is, the ethics or the reason which any particular collective body produces will bear the marks of that body's genesis, its (adequate or inadequate) understanding of itself, and will express the power or capacity of that body's endeavour to sustain its own integrity. (100)

The focus on embodied ethics described by Gatens is highly interesting. It is questionable, however, if this view can become useful in our context. Gatens speaks of an embodied *ethic*, an embodied moral system, and is less concerned with systematic reflection on morality that has an eye for body imaginary. In my study, the aim is to concentrate on the latter subject. One could say, of course, that the first is a necessary condition for the latter.

Besides, it becomes clear that for Gatens ethics and politics almost coincide. Here, again, she follows Spinoza. 'Spinoza maintains that the notions of right and wrong, just and unjust can arise only in a polity. Hence any notion of responsibility for particular actions can arise only in the context of a complex civil body' (112). What Gatens shows is that body imaginary is a matter of political practice and responsibility. In the end her work is a feminist philosophical study focused on embodying social imaginaries. Her objective is to unravel sexual difference, to induce awareness of it and to find ways to create different social practices. In her view this is mainly possible at a political level. As she sees it, social imaginary is a political responsibility.

With her interpretation Gatens stays at a rather abstract level. First she assigns most or all responsibility to the political level. But, second, she does not make concrete how this responsibility could work. How should it become political (or ethical) practice? Who should take responsibility and how? These are questions that are left open.

Gatens has devoted more trenchant thought to the ethical perspective than we find in Weiss's work. However, because her approach is fundamentally different from ethics as meant in my study, it does not offer much in the way of practical ethical or normative tools. Gatens's work is more authoritative on a political level.

5.3   A Method to Inquire Whether Body Images are of Ethical Relevance

Now that I have found that these earlier attempts have failed to show that body images are of ethical relevance, one could say that it makes no sense to try to prove it in another way. However, Weiss's and Gatens's failure to show the ethical relevance of body images does not prove that body images cannot be of ethical relevance. Their accounts were a weak source in the sense that they either did not refer to body images or to ethics in the way I understand them in this study. The only thing these approaches show is that another method would be necessary to make the case.

The exercise of the former section makes clear that it is important to stay close to both the notion of body images and to our understanding of what ethics is. To show the ethical relevance of body images it is necessary to see if body images and their cultural production touch upon issues that make them relevant in the ethical domain. But when is something relevant in the ethical domain?

I approach the matter from a minimalist perspective. The central question, then, is: Which conditions do body images at least need to meet in order to be of ethical relevance? Crucial here is to show *that* body images can be of moral relevance, not in how many different ways they can be so.

Based on the definition of ethics as given in chapter 1, we can say that ethical reflection is always aimed at human action and decision-making. Decision-making in turn is aimed at human action; therefore ethical reflection is essentially about human action. Central to ethics is the systematic reflection on questions whether human actions are morally justifiable. In order to be of ethical relevance, then, body images should have some relationship to human action. A first and necessary condition to show the ethical relevance of body images, therefore, would be to show that they have some relationship to human action. That is what I aim to do in section 5.4.

Displaying that body images are related to human action is necessary for showing that they *may* be the object of ethical reflection. It does not immediately show that they *should be* ethically reflected on. After all, not all human actions are an object for ethical reflection.

Body images, then, can only be of ethical relevance when they are morally relevant. But how can it be shown that they are? The study of body images in earlier chapters has provided some first glimpses on how body images might be morally relevant. In chapter 3 we saw that body images are value-laden. In chapters 3 and 4 it appeared that normativity is included in the cultural process of cultural production. It became clear that cultural production can lead to stigmatization, discrimination and marginalization. These are all moral notions. But what place can they have in ethical considerations?

In section 5.5 I will make use of the notion of vulnerability to inquire whether and how body images can be a moral issue. I choose for the notion of vulnerability for four reasons. First, as a moral concept it enables us to reflect whether body images can be related to the moral field. It must be noticed that in this the concept of vulnerability is not unique. Other moral concepts may be used to show that body images can enter the moral field. Concepts like autonomy or justice might do as well. The concept of vulnerability, however, will show many relationships to issues that came forward in earlier chapters. Second, the concept of vulnerability reveals moral issues through its central focus on dependency relationships. Those who are stigmatized, discriminated, marginalized or dominated are always in a dependency relationship to someone or something stigmatizing, discriminating etc. them. The concept of vulnerability as I understand it always makes us aware of existing dependency relationships. Third, the concept of vulnerability as I understand it enables us to pose the right questions to reflect on issues that are important in the context of applied ethics. Reflection on this concept reveals what are the possible harms related to body images. It reveals who are the affected people, who can become vulnerable or who can make others vulnerable. As already mentioned it focuses on existing dependency relationships. As we will see, the combination of these questions will enable us to see when body images may become a moral issue. Fourth, the focus on the concept of vulnerability enables us to inquire when body images are a moral issue, but also when they are not. The latter is important, because it would be too easy just to say that body images are a moral issue in general. Often they are not. We could think of many body images that are non-problematic or even healthy or life saving. Then, to find out when body images do enter the moral field we need tools to distinguish when they may become morally problematic. The concept of vulnerability can serve as such a tool.

The concept of vulnerability can show us that body images are of moral relevance when it reveals when body images become a moral issue. As such, it serves as a sufficient condition to show that body images are of moral relevance. The relationship to human action is a necessary but insufficient condition for ethical relevance. To show that body images can cause vulnerability in a moral problematic way can serve as a sufficient condition, because it displays how body images enter the moral field. It is not a necessary condition, because there might be other ways to show that body images enter the moral field.

5.4   Body Images and Human Action

As we saw in Kroeber's definition of culture as referred to in 3.4.1, culture systems may, on the one hand, be considered as products of action, on the other as conditioning elements of further action (Kroeber & Kluckhohn 1952:181). It is therefore interesting to inquire how body images, being cultural phenomena, relate to human action. In our reflection on this matter we must be constantly aware that freedom and intentionality are prerequisites

for human action (Düwell 2008:32). I will use similar, though slightly different terms than Kroeber does and I will add another aspect of human action based on the aspects of action that are commonly an object of ethical reflection.

We can distinguish at least three different aspects of human action that can be of relevance for ethical decision-making. In applied ethics the *results of human action* receive an important place, as we saw in chapter 2. Ethicists inquire about the consequences, risks and benefits from a specific action – the use of enhancement technologies for example. Next, *the causes to act* receive attention in applied ethics. The causes to act may be as diverse as serious illness (in case of surgery), unbearable suffering (euthanasia) and undesired childlessness (In Vitro Fertilization). Often, the causes to act are interrelated with the effects of the considered action. For example, if in a critical situation physicians must consider a risky treatment, they must judge the seriousness of the situation well. Finally, *an action itself* can be the object of ethical reflection. Specific acts are judged to be morally wrong, even if the outcomes are not. An example is an attempt to murder someone: even if the victim is unharmed the act is judged to be wrongful.

These different aspects receive attention within the ethical debate. Which aspects receive most weight depends on the ethical approach taken. A utilitarian approach for example will stress the outcomes of a specific act. Deontological and virtue-based theories will rather concentrate on the character of the act itself. A case-base approach could be more open for the present causes to act. An ethics of care is partly based on the causes to act, because the reasons to act arise from the needs of the cared-for. At the same time this approach gives much attention to caring as a disposition (Held 2006). Although the various ethical approaches give most weight to one or two of such aspects of human action, this is not to say that they do not or could not include the other(s) as well.

To understand better how body images are related to human action, I will inquire how they relate to the three aspects of human action that are relevant for ethical considerations. Three main questions are central: 1) can body images be the result of human action? 2) can body images cause human action and 3) can body images be a form of human action? Next, to gain more insight into the process, I ask *who* can act in relation to body images. Finally, I offer some ethical remarks concerning body images and action that show us which further questions need to be posed.

5.4.1   *Body Images as the Result of Human Action?*

Can body images be the result of human action? Two obvious though contradictory responses may be expected. One could say: yes, body images can be the result of human action. Precisely through the act of body enhancement people wish to change the way they see their own bodies or how others see them. The existence of the wish to change one's body

image implies that people believe their body images are changeable through some form of human action. Studies on the effects of body makeovers confirm that makeovers can in fact change people's body images (Pruzinsky & Edgerton 1990).

Contrary to that one could say that body images mostly are the result of phenomena other than human action. Think of illnesses or accidents that change how we experience our bodies. Without any further reflection on body images, people might also think that body images just *happen* to us. They seem to just exist within our culture. In that case, people would not have any control over them and the body images would not be a result of human actions.

The fact that body images can result from other phenomena than human actions, does not exclude the possibility that they can also be the result of human action. On the one hand, body images can change through illnesses, hormonal fluctuation, accidents, or aging processes. On the other hand people can try to alter their body images through dieting practices, sporting activities, external care of the body or the use of enhancement technologies. People can also influence other's body images by giving compliments or teasing. It is important to observe that body images in certain cases *can* be the result of human action, because that might make them relevant for ethical considerations. It also follows that there are cases in which body images are not related to human action and therefore not relevant for ethical deliberations.

The assumption that body images just happen to us because they are a cultural phenomenon is already contested in chapter 4. There we saw that cultural phenomena can be the result of actions or human activity in broader sense. As examples stock photographers and magazine publishers were mentioned who intent to create or redesign general images of beauty in a direct way (4.3.1). Their actions and choices are aimed at presenting new beauty images that attract people to buy their magazines. At the same time, the description of the process of cultural production also showed that processes of body image production are complex. On the one hand the actors seem to act intentionally with the aim to change people's body images. On the other hand they are bound by the fact that they need to cooperate with others, which can reduce their freedom to act to a minimum. Still, we have seen that cultural body images are influenced to a greater or lesser extent by the making of beauty magazines, music clips and television programs. Here again, we could say that the moment that cultural body images come forth from human acts they may become relevant for ethical discourses.

5.4.2   *Body Images as a Cause to Act?*

Earlier I displayed that body images can be the motivation to pursue body improvement. When people are content about their body they are not likely to feel a need to alter it. However, when they are discontent, or have disrupted body images, they often do feel the

need to change something. The use of enhancement technologies can be one form of act people consider.

At the same time many of our body images do not form a cause to perform action. As we have seen, body images are very common to our lives. They shape our perceptions, experiences, and feelings concerning our bodies. Not all of them give us reason to come into action.

One could also argue that in a specific case body images are not necessarily the most important motivation to pursue body improvement. People's motivations to change their body may be prompted by career opportunities (for example in the case of a television hostess) or the attempt to win an important sports event (in the case of performance drugs). Nevertheless, on the basis of earlier chapters I would stress that these motivations can hardly be seen apart from accompanying cultural body images. Still, in this context.the important thing to note is *that* body images can be a cause to act. That makes it worth considering body images in the context of ethical reflection.

It must also be mentioned again that cultural body images can restrict people's possibilities to act. That, too, makes them worth being considered by ethicists. In a society in which liberty is considered as something of paramount importance, people are thought to be able to make free and autonomous decisions over their own body. It seems self-evident that we are free to decide over our own bodies. We can decide ourselves to have tattoos, to become pregnant, to risk our lives by practicing dangerous sports. We are free to decide to have or to waive surgery to lengthen life. All of these decisions are related to body images. To waive life-prolonging surgery for example may express the wish not to experience the painful and tired body any longer.

We meet an important issue concerning freedom when we think of cultural body images. In chapter 4 we saw that cultural body images are the result of cultural production. Earlier in this chapter I used that observation as an argument to say that body images are the result of human action, namely the production of cultural images. Here, I wish to say the contrary. What we also found in chapter 4 is that cultural production easily leads to problematic power relationships, domination and marginalization. The feminist movement has shown that the cultural production of sexual difference has caused that women were neither seen nor could act as autonomous individuals. Cultural production generally bears the risk that specific groups become incapable of functioning 'normally' within culture. Emancipating studies have shown this for issues of gender, race, disability and so on. The same might be the case for some people in relation to body images. How strongly do the wishes to change one's body depend on cultural body images? Are people still free and autonomous to decide to change their bodies? Is it a free decision to alter one's body if this person suffers from the idea that his or her body is not accepted as a normal body? When cultural production leads to

stigmatization, discrimination or marginalization we might critically reconsider the idea that all people who wish to alter their bodies make autonomous decisions even if they are capable of making autonomous decisions, in other areas of their personal lives.[66] We may question whether they are in control or controlled by general ideals of beauty, health, or performance.

5.4.3   Body Images as Human Acts?

It may not seem logical to inquire whether body images can be seen as human acts. After all, 'body image' is a noun, and not a verb. Nevertheless, it might be worth reflecting on this question for a while. Recall that Baldwin mentioned some perspectives that see culture as a verb or a practice rather than a situation or a noun (see 3.4.3).

The examples presented so far showed us independent actions that resulted in the changing of body images or actions that took place in response to body images. However, not all change of body images takes place indirectly, through 'other' actions. Many body images are changed through mental acts. Think of the person who has a car accident and will no longer be able to walk. In general people have a distorted body image afterwards. They will still have the body ideal of being able to use their legs again. In time, many people are able through a mental process (and often psychological support) to change their body images. They are able to adjust their distorted body images and to reconsider their ideals, so that they accept their current body.

Are such changes within a person's body image spectrum, a form of action? To be so, there would need to be the intention to change body images and there would need to be a free decision to do so. In other words, we would need to be able to control (our) body images.

Let me start by reflecting on intention. Ideals play an important role in relation to both individual and cultural body images, as we have seen in chapter 3. Ideals contain the goals we strive for. They are therefore closely related to our intentions and motivations. When we have an ideal, we intend to reach a set goal. So, if my body ideal is different from my present body image, I will normally strive to reach the ideal. Or, as in the example above, the conclusion can be that the ideal will never be reached, and that it needs to be reconsidered. In that case I intend to adjust my body ideals to more realistic ones. Thus, intention or volition also is involved in mental changes of body images. Intention and body images are closely related. In these cases intention leads to mental rather than to physical, observable acts. Analogously, we have seen in chapter 3 that Sartre understands imagination as a mental act. He rejects the thought that images come to us as objects to the mind. He emphasizes that there is an active relationship between the human mind and the images people have. Images come into being through mental acts (Sartre 1992).

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66   To read about failures of agency, see for example Kalis (2009).

We can conclude that the internal process of changing one's body images requires mental activity. It would be a step further to conclude that body images *are* a form of human action. The latter conclusion can be regarded problematic and is not necessary in this context, because the former sections showed the close connection between body images and human action. What we can learn from the reflections in this section is that body images and mental activity are closely related. In the internal process of changing one's body images the motivations, action and results of the activity in fact are almost integrated into each other.

In an ethical context the process of internally changing one's body images (without the use of enhancement technologies, for example) mainly becomes important when people do not have the opportunity to do so freely. Analogous to the point made in the former section, people could be vulnerable to power relationships, marginalization and domination as expressed through culturally produced body images.

5.4.4   *Who Acts or does Not Act?*

On the one hand I argued that body images are the result of cultural production and therefore of human action. On the other hand I argued that cultural production can cause marginalization and domination, with the result that persons cannot make their very own decisions. These contradictory conclusions might receive clarification if we distinguish the different actors or persons involved.

To inquire which different actors are involved concerning cultural body images, I will speak in terms of 'consumers' and 'producers'. Consumers are those individuals who take notice of cultural body images. In practice, most persons will be consumers in that sense. Still, there are people who do not care at all about cultural ideas of beauty, health or other body images. I do not wish to speak of 'patients', because there need not be any relation to illness or the health care system. Using the terms 'individuals' or 'persons', as I have done until now shows no relation to cultural production and does not create a distinction to other 'actors' in the field. With the term 'consumers' I wish to use a neutral term. Regarding human action the term can be understood in two ways. In one way 'consumption' can be seen as a human action. At the same time, a consumer receives what another has created. In that sense a consumer is always dependent. We need not assume that consumers become vulnerable to or marginalized by cultural production.

The term 'producers' is clearer, in the sense that it is directly related to cultural production. Producers are those who act in the process of the cultural production of body images. In relation to this notion the problem arises that one can hardly identify specific individuals as producers of cultural body images (Bourdieu 1993). Producers of cultural images are often groups, organizations or chains of organizations. Still, these groups and organizations consist of individuals who perform their tasks in the context of these organizations and groups.

I must emphasize that consumers and producers are not necessarily different persons. A male stock photographer who intends to create new beauty images can also go to the gym thrice a week because he wishes to be a good-looking man.

To say that 'producers act and consumers do not' is too facile an answer to the question as to who acts. In relation to cultural production we noted in chapter 4 that it is dubious to which degree some specific producers act. On the one hand they are able to act and to decide; on the other hand they are bound by other producers in the chain of production. We can conclude that producers generally generate action, but their specific acts are mostly part of shared action. On the whole, cultural production of body images is a result of shared action.

The case of the consumers is even more difficult. We have already seen in the former section that individuals on the one hand can affect their own body images, but on the other hand cannot. The degrees to which cultural body images affect people vary. People are different and respond to their own bodily experiences and cultural imaginaries in various ways. That makes it very difficult to detect whether people are still in control. Teenager A can see music clips every day that transmit a sexual beauty image, but can still be completely satisfied with her or his own body without the having the wish to alter it. Teenager B in the same situation might be horrified by his or her body and feel the urge to make it more attractive and beautiful. The way persons relate to cultural body images is not only related to what their body looks like from an objective point of view, it also relates to their personality. Overweight persons can be satisfied about their body, while people with a healthy bodyweight might see themselves as too heavy. Again, one does not need to have a body disorder to experience it as if one had – such views are the order of the day in Western societies. Furthermore, it is difficult to detect if teenager B has a distorted body image because of the beauty images that reach him or her, or if B would also have had that image quite apart from seeing the TV clips.

The conclusion must be that both producers and consumers *can* act in certain situations. At the same time some control issues arise surrounding these actions. In the case of producers, their action is mostly part of shared action. The question that follows is: what is the share of a specific producer? Is he or she still in control? And related: what is this producer's responsibility accordingly? I will reflect on these questions in the next chapter on moral responsibility.

In the case of consumers the issue of control arises in a different way. As in the case of producers the distinction is not always clear between 'action' and 'inaction'. It is often doubtful whether consumers make a well-considered decision to choose to alter their bodies. Is their wish to alter their bodies genuinely their own? Or do their body ideals come from the influence of ragging others or dominant cultural imaginaries? Further empirical studies might find out which consumers are more vulnerable to overriding images than others. Still,

it is to be expected that the gray area between action and inaction will keep existing.

5.4.5   Some Ethical Remarks

As I mentioned above, human action is generally seen as a necessary condition for ethics. The conclusions of the section above show that the question whether body images are relevant for ethics is not to be answered in one distinct manner. I have found that in some cases body images are closely related to human action, but in other cases they are not. There are even situations in which it is doubtful whether we can speak of action and control. Nevertheless, the finding that body images in certain situations *can* be related to human action shows us that it is worthwhile to pose a final question. Are these actions morally relevant?

A further point must be made. In some cases ethics is especially interested in situations where people are no longer able to act. Although action is said to be a necessary condition, losing the possibility to act or the loss of freedom to act is under certain circumstances seen to be a moral issue as well. Especially in health care ethics we meet such issues. For example the moral notion of 'informed consent' is meant to guarantee that interventions only take place based on the patient's ability to make well-considered judgments and decisions.
To determine, therefore, whether and when body images can be relevant for ethical deliberation, we need two more things. First, we need to find out whether the actions involved concerning body images to some extent enter the moral field. Second, we should find out when cultural body images bring about that people lose their abilities or freedom to act. In the next section I will use the notion of vulnerability to inquire when actions related to body images can lead to moral issues. I will show that in some situations (cultural) body images can cause vulnerability, including the restriction of a person's capabilities to act. In those cases body images are morally highly relevant.

5.5   Body Images and Vulnerability

To demonstrate the utility of vulnerability in our context, I will begin from philosopher Robin E. Goodin's understanding of the concept (Goodin 1985). His concept of vulnerability offers us the opportunity to pose various direct questions concerning vulnerability in concrete contexts (Shivas 2004:85). I will do so in the context of body images. Inquiry into the concept of vulnerability reveals several issues concerning body images that are relevant to consider. Ultimately this approach enables me to indicate which questions need to be answered in order to determine when vulnerabilities raised by body images become of ethical relevance.

Goodin relies on the *Oxford English Dictionary* for his general definition of vulnerability. Something is vulnerable if it may be wounded. It is susceptible of injury, either literally

or figuratively. Being vulnerable means being under *threat of harm* (110). Goodin, then, describes being vulnerable as the situation in which 'one depends on *someone* for *something*.' (112). We can always ask: What kind of harm can be inflicted upon me? In other words: what is the threatened harm? And we can ask who (or what) can inflict this harm. By means of these components of Goodin's description of vulnerability I will structure the following sections to get a better understanding of the notion. I will directly relate the reflection on these aspects of vulnerability to the context of body images.

In the following sections I will step for step reflect on the separate parts of Goodin's description of being vulnerable: one depends on someone for something. First, I will reflect on the question who is the vulnerable 'one'; *who* depends on someone for something? Second, I will reflect on the notion of *dependency* and its meaning in our context. Third, we can ask: Who is the *someone* on whom the vulnerable depends? And fourth: What does the vulnerable depend on, what is the *something* in this context?
While reflecting on the different aspects of vulnerability I will demonstrate that vulnerability is a gradual notion. In a separate section I will indicate what that can mean in our context. The final section raises the concluding question: when do vulnerabilities give rise to moral concerns?

5.5.1   *One Being Dependent: Who is 'One'?*

Vulnerability studies have stressed the point that *all human beings* as embodied living beings are existentially vulnerable.[67] Vulnerability profoundly belongs to any human being, for any living body is susceptible of dying. We cannot imagine human bodies apart from this *conditio humana* (Kottow 2003; Kottow 2004; O'Neill 1996; Kemp, Rendtorff et al. 2000). The human condition of vulnerability refers to our profound susceptibility to being harmed.

Besides vulnerability as an existential property of human beings, there is another aspect of vulnerability that concerns human life. This vulnerability refers to our *concrete potentiality* of being harmed (Goodin 1985; Shivas 2004; Kottow 2003; Kottow 2004; O'Neill 1996). Onara O'Neill distinguishes between basic and specific vulnerability. Based on O'Neill, Michael H. Kottow refers to the concrete potentiality of being harmed as 'susceptibility' instead of 'vulnerability'. 'Vulnerability' he interprets as an uniquely human condition. In his understanding susceptibility refers to concrete dependency situations. 'Vulnerability is an essential attribute of mankind to be acknowledged, whereas susceptibility is a specific and accidental condition to be diagnosed and treated' (Kottow 2004:284).

For some reasons I will stick to the term 'vulnerability' in relation to both human features.

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67   Goodin describes that besides human beings, also animals and non-living things can be vulnerable. For example a cat can be vulnerable for being beaten, a house for being hit by a hurricane. Nevertheless, I will only focus on the vulnerability of human beings in this context.

First, the existential notion of vulnerability (as a human condition) is an evidently anthropological notion. The existential vulnerability of living human beings is unchangeable. Whether human beings are harmed or not their essential vulnerability will not vanish or change. As Kottow argues: 'Vulnerability is an essential and universal mode of being human, it is not an ethical dimension in itself, but of course it does have a legitimate and strong claim to inspire a bioethical principle of protection' (284). Goodin, however, describes vulnerability as an ethical dimension that is accidental. This points to the second type of vulnerability (susceptibility) as mentioned above. Susceptibility is the kind of vulnerability that can be diagnosed and treated, as Kottow mentioned. Because vulnerability as a human condition is an anthropological notion, and the specific or concrete type of vulnerability can be seen as an ethical dimension it does not need to be confusing to use the term 'vulnerability' in the ethical context. Furthermore, I do not follow Kottow's choice to make use of the term susceptibility. Susceptibility has a broad connotation of being receptive, being open to receive. It can mean being open for anything. One can be susceptible to falling in love, to becoming very happy, to having strong emotions. Vulnerability however implies a risk of being harmed. As such it directly relates to a moral dimension (more about this in 5.4.6). From now on, for those reasons, I refer to the ethical dimension of vulnerability, unless I make explicit that I refer to vulnerability as a general human condition.

At this point I have not yet answered the question 'who' is vulnerable. The exercise above displays that the answer to this question depends on one's understanding of vulnerability. Vulnerability as a *conditio humana* reckons all human beings to be vulnerable. The notion of vulnerability as I use it here denotes that *specific* human beings are vulnerable in relation to specific harms. For example only those who are carriers of a specific genetic code are vulnerable to getting Huntington's disease. Only those who use the streets are vulnerable to having a traffic accident. Of course, not all examples are so clear cut. The reference to 'specific' human beings does not necessarily mean that those human beings are identifiable persons. It is difficult to say which specific persons are vulnerable to possible harms due to cultural body images. Definitely not all teenage girls who read beauty magazines have disrupted body images. Social scientists try to discover which elements bring about the disruption of body images in different social groups. It is, however, highly questionable whether these studies will yield methods to predict which individuals will become vulnerable in relation to cultural body images.

That leads us to the difficult relationship between awareness and vulnerability. People are not only vulnerable when they themselves or others are aware of this vulnerability. A coincidental group of people can be vulnerable to a threat of harm at a certain point without knowing they are. The people who were working in the Twin Towers on September 11 had no idea they were vulnerable to such a threat that day. Nevertheless, the concrete situation made those individuals vulnerable to this incredible harm. So how can we reflect upon situations of vulnerability when nobody is aware of them? Still, it is possible, first, to detect who has

become vulnerable already. And second, one may detect or predict (based on empirical studies) which cultural body images or related actions lead to vulnerability. To do so we need to further define the different aspects of vulnerability as I will discuss below.

5.5.2   *Being Dependent: What is 'Dependency'?*

Dependency is a presupposition for the concept of vulnerability. The term dependency is a contested concept. 'Sociologists have scrutinized the social construction of dependency; politicians have ascribed to it the negative connotations of passivity; while medical and social policy discourse employs the term in a positivist sense as a measure of physical need for professional intervention' (Fine & Glendinning 2005:601). In their genealogy of the concept, Fraser and Gordon examine welfare-related meanings of the word 'dependency' in history (Fraser & Gordon 1994). They found that '*dependency*, once a general-purpose term for all social relations of subordination, is now differentiated into several analytically distinct registers' (331), which are an economic, a socio-legal, a political and a moral/psychological register. Their historical account shows how 'dependency' shifted from being a normal to a deviant condition in social life. In the socio-legal register, dependency once was 'a socially approved majority condition', then it became a 'group-based status deemed proper for some classes of persons' and later grew to 'designate … an anomalous, highly stigmatized status of deviant and incompetent individuals' (331). In the modern moral/psychological register, properties that used to be ascribed to social relations were now seen as character traits of individuals or groups. The presented opposite ideal of autonomous, independent individuals risks to see dependent persons as deviants and could explain fear of dependency. These ideals of autonomy and independency are often presented as unproblematic and universally desirable goals (Fine & Glendinning 2005:602).

In line with those conclusions, the recent discourse on dependency has shown that the understanding of dependency may have negative consequences (605). These studies commonly understand dependency as a need for assistance. Disability studies have shown that the term dependency can imply non-ability. Dependent persons risk to be seen as not being able to act and having no autonomy. That is why, Fine and Glendinning argue, Tom Shakespeare introduces the term 'interdependency'. Interdependency would suggest a mutual relationship of equality, mutual aid and universal humanity. It stresses the reciprocity in relationships. The linguistic proposal to speak of interdependency, however, still meets problems of inequality and lack of capacity (611). It is true that if A depends on B for specific care, B depends on A to accept the offered care (Held 2006:36). This reciprocity is inherent to any dependency relationship. Nonetheless, the origin of the dependency relationship lies in a specific need of A. Therefore we cannot speak of a completely equally based interdependency; the term dependency implies both inequality and reciprocity relationships. A further question then is whether inequality as such is a moral problem.

Inequality is one of the main concerns of Kittay's *Love's Labour*. 'Inequality of power is

endemic to dependency relationships, she writes (Kittay 1999:34). Interwoven in the concept is the idea of unequal capabilities between dependent persons and those who care for them. If A is dependent on B, this dependency grants power to B. Consequently, these relationships risk being characterized by domination. Domination is the abuse of power at the cost of the persons against which it is exercised (34). Kittay shows how a dependency relation, although based on inequality of power, need not conceptually be one of domination. She emphasizes that both the person who is dependent and the person who assumes care for this dependency are equal in one important sense. They are equally some mother's child. Because all people are equally a mother's child, all people know what it is to be dependent (23-26). This emphasis on equality in the context of a relationship of inequality of power should guard against domination.

Goodin uses a rather functional concept of dependency. In doing so he avoids some of the above-mentioned negative consequences of other understandings of dependency. For him dependency is not directly related to the need for assistance. Being dependent, according to him, means to rely on someone for something. Dependency, in Goodin's terms, merely signifies a specific relationship, rather than that it reveals what we are dependent for (for the latter he uses the notion of vulnerability). We might be dependent because we for example need love, security, guidance or education. This understanding of dependency avoids negative connotations in two ways. First, it refers to needs any human being has, and therefore this notion of dependency does not refer to specific groups of people, such as disabled people. It, then, does not 'designate an anomalous, highly stigmatized status of deviant and incompetent individuals' to refer again to Fraser's words. Second, one could still object that the ideal of autonomous, independent individuals exposes dependency relationships as an inferior type of relationships, because they always to some extent harm the degree of autonomy.[68] Such response, I would say, would be based on problematic accounts of autonomy. No autonomous human being can be thought of who is not dependent on many other human beings, social systems, or for example technology. To a large extent people depend on their education (within the family and educational system) to become autonomous individuals. Note then, that dependency relationships can both be enabling and disabling. We also need to note that the term still does imply relationships of inequality, because some can offer something that others need. In line with Kittay's remarks it is therefore always necessary to be wary of relationships of power and domination when reflecting on dependency relationships.

There are several reasons to think that it is appropriate to speak about dependency in the context of body images. The first is that people are not always capable of securing their body images against involuntary changes. We for example cannot fully avoid body image disturbance through illness or disfigurement. Our biological physiology and the care of

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68   Here 'autonomy' is understood as a person's capacity of self-determination.

capable physicians can be factors we depend on. The second reason is, as we saw in chapter 4, that cultural body images influence personal body images. That means that people can become dependent on those who create cultural body images, whether that be actors in the field of mass media or the health care system.

5.5.3   *Depending on Someone: Who is 'Someone'?*

Goodin emphasizes that vulnerability is a relational concept. We depend on someone for something. In his words, the concept implies that there is an 'actor' that can cause us harm (possibly even through 'inaction'). Or there is someone who can prevent us from being harmed (Goodin 1985:112).

It should be noted that Goodin uses the term 'actor' in a different way than the term was applied earlier in this study. In section 5.4 we understood actors as the subjects who perform intentional human actions. Goodin's use of the term does not imply intentional human action. In Goodin's view, the 'actor' does not have to be a person. It can be natural events like earth quakes, buildings that collapse or animals that attack. During a normal day in life we are vulnerable in many ways. We depend on our house that it will not break down while we are in it. Careless drivers can hurt us. We need shops to be open to sell us food. Those who prepare the food before it arrives in the shops can cause us harm when they make mistakes. These are just some examples of 'actors' that we rely on. In all of these examples we are vulnerable to at least one kind of harm. Notice that all of the above-mentioned risks concern the well-being of our bodies and therefore our body images.

According to Goodin sometimes the actor we depend on can both cause and prevent the harm we are vulnerable to. A child depends on its parents to feed him. In this case the parents can harm the child by not feeding him. At the same time they can prevent the harm by feeding their child. In many situations harm can be both caused and prevented by one and the same actor. Cases become more complex when we depend on one actor that can cause us harm, while we depend on another to prevent us from the same harm to be done by the first actor. Examples of this are numerous as well. A person who depends on the biological processes in her body not to become ill, also depends on a physician who can help her cure the disease. We depend on our governments to take measurements against environmental disasters. We could say that the less the actor that can cause us harm is capable of preventing the harm, the more we depend on others (or ourselves) to protect us against it.

Vulnerability is often even more complex than this. Mostly, we do not depend on only one actor in relation to being harmed, but on a chain of actors (as we saw in Bourdieu's work). For example, a patient depends on his physician to carry out his job well. Indirectly the patient also depends on the physician's education and the whole medical system that makes

it possible for the physician to make the right judgments in his diagnosis. People do not only depend on the stability of a building itself, but rather on the contractor and the architect who built it and on those who supplied the building materials.

A person depends on many actors in relation to her body images. In case these actors bring a risk of harm to the person, they make this person vulnerable. The difficulty is that in cases where more actors are involved it is hardly possible to detect one single actor who might cause the harm, or who could prevent it. This severely complicates the ethical considerations in such cases.

One further point needs to be noted. Ethical issues can only arise when an actor is capable of executing intentional acts. Aspects of intentionality and freedom are essential in the context of ethics. When harm is caused by earthquakes or attacking animals it can be called dreadful or a disaster, but not 'unjust' in an ethical sense. In the case of multiple actors, or a chain of actors, one could ask whether separate actors are capable of executing intentional acts. The question arises as to who could be responsible for causing a harm or preventing it. I will come back to that in the next chapter. For now it is enough to point out this complexity.

5.5.4   *Depending on Someone for Something: What is 'Something'?*

Vulnerability implies a threat of harm. This involves an existing risk of being harmed mentally, bodily or emotionally. In Goodin's words 'one depends on someone for something'. This 'something' is what a person needs in order not to be harmed. To know what one is depending on someone for, one first needs to know what risk of harm is at stake. Especially in a complex context as discussed here, involving many cultural issues, it is important not only to refer to dependency relationships, but especially to notice what harms are a threat. According to Goodin, persons are vulnerable if a threatened harm would touch upon the person's 'welfare' or 'interests' (111). Here it is not necessary to define one particular kind of interest, for a person can be vulnerable on different levels when experiencing the risk of these interests being harmed. Most important, as Goodin also emphasizes, is to notice that interests are not merely of a material kind. Vulnerability often refers to feelings, mental states and social relationships. When I speak of 'harm', I therefore do not refer to it as a narrow understanding of inflicting pain or damage. We could also think of harmed self-images or self-respect.

Goodin makes a clear distinction between being vulnerable and being harmed. Vulnerability means the *threat* of being harmed. The actual harm is still avoidable. 'Where harm is unavoidable, "vulnerable" is too weak a term to describe the situation' (112). Stronger terms like 'damned' or 'condemned' would be appropriate in those cases. As Goodin puts it: 'Vulnerability implies that there is some agent (actual or metaphorical) capable of exercising

some effective choice (actual or, as in the case of a natural disaster, metaphorical) over whether to cause or to avert the threatened harm' (112). I would add that speaking about 'agency' would be misleading in this context, especially because of the 'metaphorical' agency Goodin refers to.[69] In philosophy and ethics the concept of agency is commonly understood as the capacity to perform human actions. As such, the concept requires rationality and intentionality. Here, however, Goodin seems to refer to some possible occurrence in general. A dormant volcano does not act, decide or choose to erupt. Nevertheless, the occurrence that a dormant volcano will erupt is avoidable in the sense that it might not happen. The people who live in a village at the foot of the volcano are vulnerable to its eruption. Once it has erupted, they would be called condemned in Goodin's terms.

One thing needs to be noted here. For analysis it is useful to make an artificial distinction between vulnerability and being harmed. However, in real life the matter is rather complex. Take the example of the village and the volcano. The conclusion that the villagers are condemned implies that there would be no way out. But we can imagine evacuation programs that make it possible for the people to be saved. In that case we can still call them vulnerable once the volcano erupts. In real life a threatened harm can often be avoided in several ways, as Goodin also acknowledges. Furthermore, the distinction between being vulnerable and being harmed is of an analytical character mostly because in real life the moment that vulnerability turns into being harmed brings about several new vulnerabilities. The consequence is then that we would still call a person vulnerable. Often the new threatening harm is rather similar to the first harm that has occurred. To give an example: a chain smoker is vulnerable to lung cancer. Once he has lung cancer, he is no longer vulnerable to getting it. The threatened harm has occurred. However, he is still vulnerable to further progress of the disease, for side effects and the like.

According to philosopher Derek Sellman one should distinguish three different risks of harm (Sellman 2005:4). This separation is again of an analytical kind, meant to gain a better understanding of some aspects of the risks. In reality the different types often go together.

> *Risk A:*
> Those risks of harm against which an individual has the opportunity to take actions that have a reasonable chance of providing some protection.

> *Risk B:*
> Those risks of harm against which an individual must rely for protection (such as is available) on the actions of others.

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69 Goodin applies the terminology of 'agency' to emphasize that vulnerability is a relational notion. However, he does not need to do so, because he also uses the notion of 'dependency' that just as strongly implies relationality. I suppose Goodin does not wish to say that vulnerability implies agency in a strong sense of rationality and intentionality. In any case I want to make clear that there is no reason to defend such an implication.

Risk C:
Those risks of harm against which an individual is, generally speaking, powerless to protect her or himself regardless of the actions of others.

According to this model, the less we ourselves or others can do to protect us, the greater the vulnerability. Risk C implies the highest vulnerability. Note that the description of risks is directly related to the actors who can (help) to avert the harm and not in the first place the actors that cause vulnerability or harm. Of course the latter are included if they are still capable of averting the harm. This will be important in the section about responsibility, for it will show that not only those who cause vulnerability/harm should be deemed responsible, but anyone who can avert the harm as well.

The three risk levels of harm are applicable to the context of body images. That is, in relation to body images people can be vulnerable in several ways. I will give some examples.
Type A risks: We can harm ourselves in several ways and also protect ourselves in different ways from being harmed by body images. We can harm ourselves by neglecting our bodies, which negatively influences our body images (inside-views). We could protect ourselves to a certain extent by not smoking, by eating healthy food and by taking care of our bodies. We can also harm ourselves by aspiring to unattainable body ideals, cultivating these images through talking about them a lot and reading beauty magazines all the time. One can persuade oneself that one can achieve unreachable levels of sports or even health. Although one cannot always protect oneself, in general we could say that we can partly protect ourselves against such harmful body images.
Type B risks: To a large extent we rely on the actions of others in the protection against harm. Prevention of illness and healing are ways the health care system can help to protect us from disharmony between our body images (inside-views) and body ideals. In our attitudes, perceptions and emotions concerning our bodies we are highly dependent on others: our family, peers, religious community, the health care system, biotechnology and the media, as we saw in chapter 4. This dependency bears the risk of being harmed, through the lack of support, through teasing, exclusion, misconduct or deception.
The cultural production of body images bears the risk of people becoming vulnerable or even harmed. It shows that people can be influenced by all the beauty images that are presented to them. We could question if people can fully protect themselves against those produced images. We have seen that cultural production goes hand in hand with issues of power, marginalization and domination. I now assume that these risks belong to type B risks, which means that individuals could be protected from the harming influences of culturally produced images.
Type C risks: Illness can severely harm body images. Sometimes illness occurs and is persistent regardless of our own actions or those of others. Illness can harm feelings of safety, self-security, autonomy and confidence regarding the future. Other biological aspects, too, can cause emotional harm, such as congenital deformities that cannot be restored. Nonetheless,

it is questionable whether a disrupted body image is a necessary consequence of congenital deformities. Isn't the non-acceptance of deformities merely a cultural issue? Would a person with a congenital deformity who lives in a society that fully accepts deformities, also suffer from a disturbed body image?

One could also claim that the effects of cultural production are type C risks. The argument would be that these effects are so ubiquitous a phenomenon that they have grown beyond control. But is that the case? Earlier in this chapter and the former, I argued that intentional action can be involved in cultural production. We have seen through the history of feminist and liberation movements that large-scale cultural production can be influenced by individuals or groups. They show that unexpected changes can occur in patterns that seem firmly entrenched in culture. Thus, the vulnerabilities arising from social processes of cultural production are not always unavoidable.

5.5.5   *The Gradual Properties of Vulnerability*

In my discussion of vulnerability I mentioned that vulnerability exists in different gradations. As follows from the sections above the degree of vulnerability depends on:
1. the degree of dependency;
2. the degree of the risk involved;
3. the degree of the threatened harm (needs/preferences).

Ad 1) A person is more vulnerable when he is highly dependent on an actor. If P is dependent on A, because A could cause P harm, P is highly dependent on A when no other actors could avert the harm. However, when B could prevent the harm that A might cause, P would depend on either A or B. In that case the degree of dependency would also depend on the substitutability of B. If one easily can replace B by any other person, P is less dependent on B.

Ad 2) The degree of vulnerability of a person depends on the chance of being harmed. Any person is vulnerable to death. However, a person in a life-threatening situation is far more vulnerable because the risk is far higher. To be able to know how high the risks are, one should always know more about the specific situation. For example, the risks for a young teenager to get anorexia nervosa likely depend on the social backgrounds of this teenager. How was the child raised? How sensitive is the child to the opinions of other people? Do the people around her comment on her body? At the same time this is why it is difficult to arrive at general moral judgments in the context of body images. Whether people are vulnerable or become harmed is very context dependent. Ethical evaluations therefore can only take place through a thorough investigation of the context.

Ad 3) Not every harm is of equal impact-value. In general the impact-value of death is greater (considered more harmful) than illness, although in specific situations people would reverse this order. Accordingly, vulnerability is gradual. One is more vulnerable when one is threatened by a great harm than when one runs the risk of a harm with less impact-value.

The degree of vulnerability is dependent on the interplay between these three elements.

5.5.6   *When does Vulnerability Give Rise to Moral Concerns?*

We need an ethical theory such that moral judgments concerning vulnerability can be considered. This means that we need to inquire which aspects of vulnerability give rise to moral concerns. Such an inquiry shows us which elements need to be taken into account when applying an ethical theory to the context of vulnerability issues. First we should question whether it is true that vulnerability always gives rise to moral concerns. Earlier I explained that I chose for the notion of vulnerability instead of the notion of susceptibility because it inherently relates to an ethical dimension. But do all vulnerabilities give rise to moral concerns?

In social life not all vulnerabilities seem to raise moral concerns or questions. Most people would not wish to live in a world without vulnerability, although the high levels of risk prevention in our society seem to suggest this. People may choose to be vulnerable themselves.[70] We could add that vulnerability is a basis of most relationships between people. Any relationship has some aspects of vulnerability in it. In any relationship people depend on others, even if only to preserve the relationship. Perhaps one could even say that the stronger or the more personal a relationship is, the greater the vulnerability. Openness, honesty, trust and intimacy go hand in hand with vulnerability. Fighting every kind of vulnerability would imply the end of many relationships that are valued highly by most people.

So, do we talk about different kinds of vulnerability? How can it be that on the one hand it is plausible to protect people from being vulnerable, while on the other hand we do not want to do away with all vulnerability? The crux of this paradox might lie in the fact that vulnerability is about threatened harms, instead of being harmed. In fact there are three states in which a human being can be in relation to a possible harm X:

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70   To be vulnerable might have some value in itself, although it is hard to distinguish what kind of value this would be. Is it some kind of aesthetic or intrinsic value? Does it tell us something about a person's character or identity? It is worthwhile to reflect upon this, because it could show us the limits of ethical interference with the subject. Often people find it 'beautiful' when a person can show her vulnerability or does not try to fight against being vulnerable. This openness toward or acceptance of vulnerability shows us the character of a person. One could object that in those cases it is not the vulnerability as such that is valuable, but the way people respond to their vulnerabilities.

1. not being vulnerable to a specific harm X;
2. being vulnerable to the specific harm X; and
3. being harmed by X.

We could for example specify harm X as getting prostate cancer. A woman, of course, is not vulnerable to this. Any man, however, especially from a certain age onward, is vulnerable to prostate cancer. But only the person who really has prostate cancer is harmed by this specific harm. He no longer is vulnerable to prostate cancer, although he will be vulnerable *because* of his cancer. These vulnerabilities, however, concern new possible harms, like the risk of losing a job, becoming socially isolated, being dependent on technology, losing autonomy by being a patient and so forth.

None of the three different states described here, directly implies an ethical wrong. In essence nothing is wrong with being vulnerable. After all, one is not yet harmed. No sensible person would resist a job for the threat of losing it again. Nevertheless one knows that one will experience real harm in the case of being fired. Even the third state of being harmed does not immediately imply an ethical wrong. One can be harmed by many things that are not the outcome of ethically wrongful acts. Being harmed by a disease is a clear example. One can experience being harmed, through horrible pains and suffering, without there being any ethically wrongful act.

Ethical issues mainly arise when persons move from one state into another. Most ethical discourse concerning vulnerability relates to people's transition between state 2 and 3. Prevention of harm is one of the main items of ethics. How can we prevent vulnerable people from being harmed? Moreover, ethicists create models for evaluating those cases in which vulnerable people have been harmed. Or, if harm cannot be prevented, to evaluate which scenarios can be chosen best.

A question that arises now is: Are ethical issues are involved in the transition between state 1 and 2? Is there any harm in people becoming vulnerable or in 'making' people vulnerable? The latter would mean that someone creates a threat that otherwise would not exist. In many cases we do not think of this as a problem. To love someone is to make oneself vulnerable. The beauty of this kind of vulnerability is that people show trust in other people, relying that they will not be harmed in their vulnerability. Above I mentioned the choice for a job, which makes one vulnerable. There are many examples of daily choices lead from state 1 to state 2, creating vulnerability. No one would see this as an ethical issue.

In all such cases people themselves make the decision to become vulnerable. They make their own estimation whether they accept the risk of being harmed. The matter changes when other people decide whether I change from state 1 to state 2. A pedestrian walking on a sidewalk is normally not vulnerable to being hit by a car. If a drunken driver steers his

car onto the sidewalk, the pedestrian suddenly does become vulnerable to being run over. Most ethical theories would evaluate the driver's behavior as morally wrong. Either because it causes unacceptable risks for the pedestrian, or drunk driving is morally wrong, or because his behavior is careless – and negligence is not a virtue.

Making other people vulnerable without their consent or their own choice is commonly seen to have strong ethical implications. In most cases it is a sign of misuse of power. If a person cannot decide for himself whether to choose to be in a threatening situation, this is a wrong for him. This is also the case when natural causes bring about vulnerability, but in that case there is no apparent actor that can be held responsible in an ethical sense. It is not called an ethical problem when someone is diagnosed with cancer, but it is when a person deliberately injects another person with a pathogenic virus.

5.6   When are Body Images Relevant for Ethical Deliberation?

The inquiries lead to this final question: When are body images relevant for ethical deliberation? There are two main reasons why I cannot give a clearly defined answer to that question. The first is inherent to the methods and objectives of this study. I have chosen not to work from the perspective of one single ethical theory. Second, the study itself, and in particular this chapter, has shown that a specific context in which body images exist is highly important to be able to form evaluative judgments.

Nevertheless, it is possible to take a further step toward answering this final question. Organizing the issues that came forward in this chapter allows us to raise some central questions in relation to body images in order to find out if they are relevant for ethical deliberation. I do not claim that these are the *only* questions one could pose to find body images relevant for ethical deliberation. But the argument throughout this study leads to these questions as the most likely to demonstrate that body images are relevant for ethical deliberation.

Before elaborating on those questions, I need to clarify another point. Until now I have searched for the possibility to claim that body images are relevant for ethical deliberation. The concrete context of this study is the ethical discourse concerning body enhancement. What I have tried to show is that it is relevant to integrate the issue of body images into ethical considerations concerning enhancement. The fact that I have showed that body images can be of ethical relevance, however, raises another question as well. If body images can be of ethical relevance, should they themselves not also be the subject of ethical evaluation? After all, if cultural body images lead to domination or marginalization there is a problem concerning these body images, rather than concerning the technologies that are used to overcome such marginalization. This distinction between the possible topics of ethical deliberation is important as we list all possible relevant questions.

Insight in the issue of vulnerability offers us a list of conditions that need to be met in order for vulnerability to be morally problematic. This list contains the following conditions:

1. we can identify specific human beings that may be vulnerable;
2. we can identify a dependency relationship;
3. we can discern a specific threat to be harmed;
4. the person(s) involved change(s) from not being vulnerable into becoming vulnerable or they become harmed after being vulnerable;
5. this change of state happens against the will of the person who is or becomes vulnerable;
6. some actor(s) cause(s) this change into vulnerability or being harmed;[71]
7. the change is avoidable.[72]

These conditions reveal two things. First they tell us whether vulnerability is at stake in a specific context. Second, they reveal whether there could be any ethical concerns in relation to vulnerability. This does not mean that they have any concrete evaluative force. A normative theory is needed to add this evaluative aspect.

This list can be translated into some central questions in relation to body images. After all, we need some manner to find out whether in specific situations we can speak of morally problematic vulnerability in relation to body images. I will give examples of possible further questions in relation to enhancement, but also in relation to the process of cultural production. Note that the listed examples of questions are not exhaustive.

1) *Can we identify any specific human beings that may be vulnerable in relation to body images?*

The first condition to show that body images might be morally problematic demands that we should be able to identify specific human beings that may be vulnerable. Vulnerability as an ethical notion does not refer to human beings in general, but refers to specific cases as we have seen in 5.5. So we need to find out whether specific people, groups or individuals, can become subject of vulnerability. We should ask whether specific existing (or newly developed) cultural body images can make some persons vulnerable. Are these images harmful for teenagers, elderly people, people with impairments or chronic illnesses? We need to reflect further on what body images are created. Do we rather stimulate images of

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71 Notice that this actor can be the same person as the person who becomes vulnerable or harmed, as in the case when people do not take good care of their own bodies.
72 The seventh condition has not received much attention in this study. Yet it was included in the analysis above. It is a necessary condition, because when a person becomes vulnerable or harmed and this is unavoidable, the actor who causes this situation could not have prevented the change. We might still call the situation unjust, or a problem, but not a moral problem. Note that there are many situations that seem to be unavoidable, like wars, but that in fact could be avoided if people would decide to do so. In cases where harm seems unavoidable but it logically could be prevented one can still speak of morally wrongful situations.

uniqueness and variety or images of normalcy and uniformity? The latter tend to make more people vulnerable than the first. Then, what is the role of technology in this context? Do new technologies give rise to cultural images, or do they set body ideals that are harmful because they stigmatize those bodies that are not enhanced by these technologies? Or are they harmful because these technologies are out of reach of some groups in society? In relation to enhancement one could ask whether the enhancements of some people lead to changing body images of other people, who then may become vulnerable. For example, if some role models in society enhance their bodies, isn't it then to be expected that other people wonder if they should enhance their bodies as well? Or if many rich people think they should enhance their bodies, what does that mean for the body images of the poor?

When the persons that might be vulnerable are identified, further questions may be relevant. Is the person who wishes to improve his or her body suffering from a disrupted body image? Will the use of enhancement technology really change a person's body image? This latter question should then also be related to the promises of the technology, to inquire whether they bring the results that they aim at. Such a question can be subdivided in even further inquiries. Does the body image actually change as intended? Will the person be more content about his or her body? Does the treatment risk causing even greater damage to one's body image?

2)   Can we identify dependency relationships?

Which dependency relationships can exist in relation to body images? In relation to body enhancement we could ask: For whom do persons wish to improve themselves? Do they wish to look better for their spouses? Are they afraid never to have a spouse? Do they wish to meet the expectations of their parents, peers or sports trainer? Are the persons dependent on their looks or performances for keeping their jobs? Even if people claim they only wish to enhance themselves for personal motives, Kathy Davis showed us that these motivations are often a search for empowerment, as for instance an empowerment that is sought as a response to cultural oppression (Davis 1995).

In relation to cultural production one can point to many possible dependency relationships. People depend on their families, peers, religious environment, medical system and so forth, in order to shape themselves healthy body images. In fact all factors to influence people's body images can indicate a dependency relationship. In order to find out whether people become vulnerable in relation to body images, one needs to specify which dependency relationships exist in the specific context.

3)   What would be the threat of harm? Can we designate the threat of harm?

In the course of this study I have often spoken in rather general terms about the harms occasioned in relation to body images. I used terms like domination, marginalization and power. In order to make evaluative judgments in concrete situations possible, however, it will be necessary to be more concrete about the possible threats of harm.

Here I enumerate some questions that enable us to become more concrete in specific situations. Will people's body images be disrupted? Are they presented with unrealistic hopes? Is the ideal presented ever reachable? Is it likely that people will become outcasts? Are they likely to come into social isolation? Can a technological treatment harm their health? Does an enhancement treatment harm one's present social relationships? Will an enhanced body image really put an end to this person's suffering? Many different questions can detect the various threats of harms that are possible.

Again, to make final evaluations about what are moral harms in the context of body images, one should make use of an ethical theory. An ethical theory offers the arguments why specific situations could be argued to be a harm for persons.

4)   Will the persons involved become vulnerable or be harmed?

Once the possible threats of harm are designated, one should distinguish whether people are at risk due to certain actions, or whether a harm has already occurred. Often this will be difficult to measure. Even when the persons involved are asked, they might not be aware that they are under a threat of harm. Do we know when our body image is likely to be disrupted? We may just become aware of that when it already is disrupted. Even then people might not be aware of it, for example in the case of anorexia nervosa. It may take a long time before people become aware that they have a body image disorder.

Still, if it is only possible or likely that persons become harmed through certain actions, they are under a threat of harm and have become vulnerable. This is for example the case when their body images may be disrupted, or when these people may be marginalized by their appearance. Once their body images have become disrupted or when they have become socially isolated they are no longer vulnerable, but already harmed.

But how to define which body images are likely to make people vulnerable or not? In relation to certain existing body images the social sciences and feminist studies have already shown when people may become vulnerable. They have studied the social effects of these body images on the life of individuals and groups. Likewise, inquiries can be done into new body images, or existing body images that have not yet been reflected on.

5)   Do the persons involved make their own free decisions in relation to their body images?

In some cases it is obvious that persons have not made their own free decisions. In most cases however it will seem that persons make their choices autonomously, while social or cultural steering processes may be at work below the surface of their decisions. Therefore it is highly important which motives people have that lead them to these decisions. What is their position in present dependency relationships, such as found when reflecting on question 2? Are they able to discern between their own opinions and those of others? Are they aware of present cultural ideals and do they know how their own views relate to those ideals? Can they take a critical perspective toward such cultural images? Such questions could bring us closer to detect whether people intrinsically wish to make changes to their bodies or whether their ideals are forced upon them by other people or social processes.

6)   Who are the actors involved?

It is important to know whether a person or a group of persons causes someone to become vulnerable or to be harmed. Only if there are human actors involved there could be an ethical problem. Therefore we would need to ask: Who are the actors involved? To get insight in the concrete situation it is best to uncover all actors involved. After one has the picture complete one can distinguish which actors immediately or indirectly cause the person to become vulnerable or to be harmed. Take the example of a young woman who wishes to enhance her facial appearance. One could find that her family, boyfriend, peers and the physician are present in her story. But not necessary all of them took part in the process of her getting a disrupted body image. Maybe her parents and her boyfriend often tell her how beautiful she is. Perhaps she was teased by her peers. The physician might confirm her feelings of unattractiveness. But it might be the other way around as well. She may have become insecure because her parents' and boyfriend's remarks concerning her appearance. At the same time her peers and the physician might tell her that there is nothing wrong with her. Who the actors are in a process of becoming vulnerable or harmed depends completely on the specific situation. To evaluate the situation therefore, it is necessary to distinguish which actors play a role in that process and how they do so.

7)   Is it avoidable that persons become vulnerable or get harmed?

Finally, a central question is whether the process of becoming vulnerable or harmed could be avoided. As noted earlier, if the process is not avoidable there is no *moral* problem. Here we will see that there are different gradations of 'avoidable'. When a person is influenced by only one person – a parent, a spouse, a trainer – it is easier to avoid this influence than when many actors influence one's body images. One could tell an individual to stop giving negative comments, one could avoid that this person has influence any longer. Furthermore, the actor herself could become aware of the negative effects of her behavior and change that into positive effects.

A first question, then, is *who* can prevent a (group of) person(s) from becoming vulnerable or getting harmed? A second question is *how* can that be prevented? The second question is mostly not easy to answer and might call for some creative thinking. In the next chapter I will consider different possibilities to prevent people from becoming vulnerable or getting harmed through body images in the context of enhancement. I will do so by inquiring what responsibilities could be taken in this context by different players in the field.

When these categories of questions are worked out one should verify if the answers meet the conditions mentioned in the beginning of this section. If that is so, the investigated situation is one in which body images lead to vulnerability that is morally problematic. Note that we are faced with a moral problem if and only if *all* conditions are met. If that is the case, body images have directly entered the field of ethical deliberation.

5.7 Conclusions

In this chapter I have inquired whether two conditions for being of ethical relevance can be met by body images. It became clear that body images can relate to human action in several ways. This relationship to human action is a first and necessary condition for being of ethical relevance. But it only shows that body images *might* be of ethical relevance, not that they are.

To show that they are of ethical relevance a second and sufficient condition for being of ethical relevance needed reflection. A sufficient condition would be established if it could be shown that body images can enter the moral field. To show this I used the notion of vulnerability. Based on an elaboration of vulnerability I arrived at a list of conditions that must be met in order for body images to become a moral issue. Reflection on this list shows that it is likely that body images can meet all the conditions.

Because I do not attach myself to one particular ethical theory in this study it is not possible here to come to final conclusions how body images are of ethical relevance. One would need a systematic argumentation to specify what could be evaluated as (threats of) harms for people. I have chosen not to attach myself to one ethical position in order to leave the chance open that the findings of this study are of possible value for multiple ethical theories (see 1.3). Still, based on social-scientific and feminist studies I spoke of issues concerning power relationships, normalcy, stigmatization, marginalization and domination. Most ethical theories will recognize possible harms in these issues. There might be some ethical theories that deny that the presence of possible harm in the presented situations is a moral problem. For example, extreme utilitarian thinkers might say that the situations we speak about in this context always refer to minority groups in society. In their perspective a moral problem would only occur when the possible harms infringe upon the good for the majority. But

even then, these theorists need to reflect upon body images and the possible vulnerabilities they bring about. After all, it may well be that most people become vulnerable or harmed by cultural body images.

Although it may not be possible to come to final conclusions as to *how* body images are of moral relevance, I believe that in view of the above considerations body images are in fact of moral relevance. When ethical reflection neglects them it does so at its own peril.

Chapter 6

Issues of Moral Responsibility

6.1   Introduction

We have found that body images could cause situations of vulnerability that give rise to moral questions. That leads to the question of moral responsibility. Do these vulnerabilities result in a moral claim on someone who should act? In this chapter I inquire whether there may be moral responsibilities with regard to those vulnerabilities against the background of the already discussed internal connection between body images and enhancement. In order to do so I need to reflect on the notion of moral responsibility in general. What does it mean and what does it involve? Pressing questions are what one would be morally responsible for, and who might be the subject of the corresponding moral duties. These questions receive attention on an abstract level first. Finally, they are related to the context of this study, when I inquire what might be the instruments to apply moral responsibility in relation to body images and enhancement and who might be morally responsible in the same context.

It is not my intention in this chapter to assign moral responsibility. Rather, my aim is to detect the questions that need to be raised in order to understand to what extent the investigated connection between body images and enhancement may be a topic of moral responsibility.

6.2   What is Moral Responsibility?

6.2.1   A Functional Definition

Moral responsibility is a central notion in ethics. Moral philosopher Micha Werner analyzes responsibility as a concept of multiple relationships (Werner 2006:543). He explains it to be insightful to understand moral responsibility as a fourfold relationship: *Someone (subject) is responsible for something (object) towards some instance (addressee) based on particular normative standards (normative background).* It is easily possible to enlarge the relationship by introducing more factors. Werner's description is indeed helpful because it clearly determines the different elements that need to be discussed in relation to moral responsibility.

This structure of responsibility can be found in all types of responsibility: moral, juridical or political responsibility. The difference is in the first place in the kind of the underlying

normative standard: while juridical responsibility is based on laws as a normative standard, moral responsibility is based on moral principles.

Werner's description also shows that causal responsibility is not equal to moral responsibility. We could say: 'The abundant rainfall is responsible for the severe flooding'. We then speak in terms of causal responsibility. The notion of responsibility in such cases is applied to express the effects of a specific action or situation. We note that two of the fourfold relationship mentioned above are absent: there is no relationship to an addressee, nor to a normative background.

At the same time moral responsibility often is based on causal responsibility as well. Frequently one is seen to be morally responsible for the situation one has caused. Still, that is not necessarily the case. One could be morally responsible for situations one did not cause (e.g. one can be responsible for not helping a person in need even if one didn't cause his situation). Besides that, one can cause something for which one is not morally responsible (e.g. by unintended or unforeseeable side effects of one's action). Even if different types of responsibility can coincide it is useful for further reflection to be able to distinguish them and to be able to determine which elements are central to issues of moral responsibility, as Micha Werner did.

In Werner's account attribution of responsibility can be both retrospective and prospective. Retrospective responsibilities are those I have after an event. Werner's description of retrospective responsibilities runs as follows: 'Someone (subject) takes responsibility – retrospectively – for something (object) towards someone (addressee) appealing to particular normative standards (normative background)' (543). As we can see it is slightly different from the definition of moral responsibility as we saw it above. One can understand prospective responsibilities as the responsibilities one has before the event. But I would say that prospective responsibilities can refer to present responsibilities as well as to general attributions of responsibility. One could say: 'A pool attendant is responsible for the life of his pupils,' which means that a specific pool attendant is responsible at this moment or in the future for the life of his pupils. It also says that any pool attendant has this responsibility. A retrospective phraseology would be: 'The pool attendant is responsible for the fact that one of his pupils died.' In the context of this study I will refer to both types of moral responsibility without giving further notice.

Werner's approach is an analysis of the *structure* of responsibility. It describes the different relationships that exist in the context of moral responsibility. His perspective does not reveal whether responsibility should be seen as a moral obligation or duty (more about this in the next section). Nor does it display any content of what people could be responsible for. In the context of this study, where I choose not to depart from a specific normative approach, such a functional approach to the notion of moral responsibility is useful, because it is not

beforehand bound to one singular ethical theory.

Werner's functional analysis of moral responsibility offers us some tools to pose useful questions concerning issues of responsibility in the context of body images and the enhancement debate. It presents some starting points to consider, from which we can derive what central questions we need to pose. What are those starting points? Werner distinguishes a fourfold relationship existing between the elements: someone as subject, something as object, someone as addressee and normative standards/background. To be able to understand how body images could play a role in issues of moral responsibility we would need to understand how body images might enter this fourfold relationship.

The subject of responsibility in this study is the great unknown. Who could at all be responsible for cultural processes nobody really has a grip on? That is one of the central questions of this chapter. I will try to answer the question by presenting different possible actors in the field and elaborating on what distinct responsibilities they could have (6.4). We then meet the philosophical question whether the subjects of responsibility can only be single individuals. One can plea that also organizations or co-operations can have moral responsibility. But what about cultural processes in which several actors do not even know each other? In section 6.4 I will elaborate on these issues.

Werner, whose text is in the German language, writes that we are responsible over against some 'Instanz'. We attribute responsibility in relation to some addressee or authority. Werner mentions different possible authorities in this respect. He states that from the perspective of philosophical ethics it is problematic to see God or the conscience as justifying authorities (546v.). He goes on to say that history, nature or rationality cannot be seen as justifying authorities either, because one could not discuss with them about justification principles. Finally, he mentions the limitless community of rational beings as the 'Instanz' before which people justify themselves. Without elaborating that further I will follow him, because his point of departure is rather general. Most ethical theorists will be able to agree on this choice, although one would further need to distinguish who are rational beings. One could also propose to support an even more general justifying authority with reference to all living beings. That could include non-rational humans, animals, the environment and perhaps even God as authorities before which people justify themselves. In the context of this study it is not important to come to a final decision on this point, because the deliberation only concerns rational human beings. In other contexts, of course, these distinctions may be crucial in relation to issues of moral responsibility.

Throughout this study I have consistently refused to start out from one particular normative perspective. In this chapter I will continue doing so. Choosing one perspective would restrict the insights of this research. My approach has the effect that I cannot directly define moral responsibility, but can only raise the questions that are necessary to do so. Nevertheless, in

this chapter I will at times refer to different normative perspectives, showing their possible consequences for moral responsibilities in relation to body images.

The question follows what role vulnerability could have in relation to the functional definition of moral responsibility in our context. (In the next section I will go further into the question how the notions of vulnerability and moral responsibility can be linked together.) Goodin would say that the principle of protecting the vulnerable is a *normative standard* that obliges people to take responsibility (see also following sections) (Goodin 1985). From another perspective one could say that protecting people from vulnerability is not a principle or a normative standard, but could be the *object* of moral responsibility. What is the difference between these two options? In the first option, we should perform a specific action because it is in line with the principle or normative standard to protect people from vulnerability. In the second option, we should protect people from vulnerability because this obligation arises from other normative standards. For example, in a utilitarian normative theory protecting the vulnerable will not be understood as a normative standard per se. Nevertheless, protecting the vulnerable may follow as the object of moral responsibility (which tells us what we should do) if protecting the vulnerable contributes to maximizing the greatest good for the largest number of people. Although I do not exclude the possibility that vulnerability can function as a normative standard, I will here start from the more modest second option. That is in line with my decision not to take one specific normative theory as a point of departure.

One could wonder why we would want to speak of 'protecting the vulnerable'. Isn't it more common to protect people from harm? The latter, however, would risk that we take no moral responsibility in relation to those situations in which people are rendered vulnerable, i.e. are put at harm's risk without yet being harmed. In chapter 5 we saw that not only becoming harmed can be a moral problem. It can already be morally problematic when people are made vulnerable against their will.[73]

My assumption is that most normative theories can in their own way express the need to protect people from being or becoming vulnerable as long as this vulnerability raises moral issues, as we have seen in the previous chapter. A theory can express this in a primary way by starting a principle of protecting the vulnerable, as Goodin does. Or it may be in a secondary way, as a derivative from other normative standards, such as autonomy or care. In 6.5.2 we can see (in relation to the level of individuals) how protecting the vulnerable may be derived from liberal accounts.

If we, in the present context, understand the object of moral responsibility to be the protection of those who become or are vulnerable, it still needs to become clear what we

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73   One could say that people are harmed by becoming vulnerable, but that makes the matter linguistically rather complex. We would then speak about people who become harmed by being put under a threat of harm. In that case 'harm' refers to two different situations of harm.

mean by that. Section 6.3 will pursue this. First, another issue needs some reflection. Within the ethical field we need to know what it means to speak about moral responsibility. What do we claim when we say that people are morally responsible?

6.2.2   Moral Responsibility as a Moral Obligation?

The role of moral responsibility in different ethical approaches varies. Moral responsibility is commonly explained in terms of moral obligation or a duty. Robert E. Goodin for example speaks in term of moral responsibility as a duty in relation to vulnerability (Goodin 1985). Moral responsibility, however, can also be understood as a virtue. To be a responsible person and to show responsibility are understood as virtuous dispositions of a moral agent. Feminist approaches have criticized the idea of moral responsibility as a moral obligation. As an alternative, care ethicists for example introduced the notion of care (Held 1995; Tong 1998; Engster 2005; Held 2006; Dodds 2007).

In our context the question follows how we should understand moral responsibility. Do we speak of moral obligations? Before reading this study one might not have thought at all that cultural body images could bring about moral issues and now we might be even morally obliged to do something about them? That might seem to be a big step to make.

Feminist philosopher Margaret Urban Walker scrutinizes the dominant perspective on moral responsibility (Walker 2007). Her objection to it is that a concept of moral responsibility implies the possibility to make general claims about which responsibilities can be attributed to moral agents.

> I think talk of 'the concept' or 'our concept' of moral responsibility is not very helpful, and can be very misleading. Where do we look to find it? Does it show in what people say, or what they do, or what they feel? And which people's judgments, on which occasions, reveal it? Which concept is 'ours'? (102)

In her own account of morality Walker begins from existing moral practices in the social world, to show that there are many-faceted practices of responsibility. In her view, our moral responsibilities grow from the context we live in, through our social relationships, the ways we are raised by our parents, the values that are passed on to us.

Walker's critique of the dominant understanding of moral responsibility touches upon the most fundamental question that can be posed in relation to the discipline of ethics. How can we justify moral claims? To say that people have moral responsibility is a moral claim. How to argue that they are responsible? If we can justify this claim by formulating normative standards, who can define those standards? Are those standards universal? And if not, why would they apply in this specific situation? These are difficult questions and in the end most answers to them meet problems.

Walker, like other feminist ethicists, denies that the existence of universal normative standards could relate properly to the large variety of individuals and social groups that exist. But her account meets problems as well. To a large extent her account seems descriptive in the sense that it starts out from practices of morality that exist in the social world. Nevertheless, she argues that in her account morality can be evaluated or justified. In her view: 'the only thing that corrects or refutes a morality on moral grounds is another, better-justified morality that shows the first one is wrong' (238). The difficulty of such an approach is that it, too, needs standards to define why the second morality is better justified. In that case, there are still some universal standards below the surface of this approach. The question would arise how she can justify the validity of those standards. The alternative risks to enter an almost relativist approach, by saying that a morality is wrong as it no longer works well in a specific society. Walker tends to the last approach, by claiming that moralities grow through generations with social contexts. These moralities work within those social settings, but as such have no authority in the context of other social communities. Still, one can question what makes these moralities justifiable.

In her critique Walker shows the difficulties of making moral claims. She presents them as rather extreme opposites. On the one hand there are universal standards or on the other hand there are modes of evaluating our moral cultures that have no predetermined form or standard.

> It seems that either there is a transcendent point of view outside cultures and histories that lays its demands upon us, or we need good guides within moral and social life to scrutinize our own and each others' moral cultures, enhance our understanding of what they are and how they work, and apply whatever materials are available to measure their worth against our best available views of what is valuable. (256)

In relation to moral responsibility in our context we first meet the question if we could link moral responsibility to vulnerability at all. On what basis can we be morally obliged to be responsible toward vulnerability? Goodin claims that vulnerability calls for moral responsibility. In his work he describes that moral responsibility is not only justified by special relationships, as is often assumed. The needs of those who are vulnerable oblige those who can do something about this vulnerability to take responsibility as a principle of protecting the vulnerable (Goodin 1985). As Goodin understands vulnerability as being under the threat of harm, one could understand this principle as an extension of the principle not to harm or to prevent harm. In such an approach, attributing moral responsibility is based on a moral principle.

Is an approach in line with Walker's perspectives also possible? Is it possible to link responsibility with vulnerability in a less generalist way? In order to receive an answer to this question, we could scrutinize morality in our social world to see how we deal with those who are vulnerable in similar contexts. We could think of people with impairments

or medical patients. Have we found moral responses to their vulnerabilities? Can we justify such responses in relation to those who become vulnerable to body images as well? And if there are no such moral responses available, why is that? Are there good reasons to adjust our current morality?

These are two possible approaches of the question whether we should respond to people's vulnerabilities. In this explorative chapter it is not my intention to formulate a full account on moral responsibility. Rather I wish to offer perspectives that can be helpful in reflecting on the issue of moral responsibility in the context of body images and enhancement. Some will prefer to start from universal standards that tell us who is morally responsible for what. Others will prefer to begin from our social context that has a history of developing moral understanding. Both options need to consider issues that are mentioned below.

Although I do not give a full account of moral responsibility, I do start with an understanding of moral responsibility that implies some obligatory or imperative force. In line with feminist thinkers I am wary of accounts that make strong universalist claims. In contrast to them, I would argue that evaluative force can only come forth from formulating normative standards. At the same time, as a scholar in applied ethics I would say that normative theories and standards meet problems if they cannot be applied in concrete and specific situations. That might be the case when they are too universalistic. We have seen that vulnerability only becomes a moral issue in specific situations, under specific conditions. Any ethical theory that reflects on vulnerability must be able to relate to it contextually.

6.3 The Object of Moral Responsibility

Two aspects of the functional definition of moral responsibility need further reflection. First, in this section, I will reflect on the object of moral responsibility. Second, we need further insight in who could become morally responsible in the context of body images and enhancement. That issue is the topic of the next section. Both sections aim to bring out issues that need further reflection in relation to the object or subject of moral responsibility.

If we understand the object of moral responsibility to be the protection of those who become or are vulnerable it is not immediately clear what we should do. The notion of protecting the vulnerable is too abstract to translate it directly into actions we could perform. Some further reflection is necessary before we know in which directions we could think.

Let me briefly go back to some findings about the context we speak about. I concluded that people can become vulnerable due to the processes of cultural production of body images in the context of enhancement. The context we speak about shows interaction between personal body images and cultural body images. Not only is there some non-normative interaction,

one can also recognize processes of production that include issues of normativity and power. We have focused on body images in relation to individuals and in relation to groups. Bourdieu alerted us to the presence of multiple actors in the process of cultural production. We speak about a phenomenon that includes so many aspects that it is difficult to know how to assign moral responsibility. Nevertheless, I will try to do so, by starting to reflect on some results of earlier chapters.

In chapter 5 we found when vulnerability becomes a moral issue. It was possible to create a list with conditions that make vulnerability become morally problematic. If we ask how we could protect people from becoming or being vulnerable, the logical consequence would be that we should take care that the conditions listed will not be met. As a reminder, here is the list. When these conditions are met, vulnerability becomes a moral issue:

1. We can identify specific human beings that may be vulnerable;
2. We can identify a dependency relationship;
3. We can discern a specific threat to be harmed;
4. The person(s) involved change(s) from not being vulnerable into becoming vulnerable. Or they become harmed after being vulnerable;
5. This change of state happens against the will of the person who is or becomes vulnerable;
6. Some actor(s) cause(s) this change into vulnerability or being harmed;
7. The change is avoidable.

We should note that not all of the conditions are of the same kind. We cannot control all of them. The question if we can identify specific human beings that may be vulnerable is mostly beyond our control. The same is true for the condition that the change into vulnerability or being harmed must be avoidable. The other conditions however may be influenced.

Earlier I noticed that only when all of these conditions are met, one can speak of moral issues with regard to vulnerability. To protect people from becoming or being vulnerable it may be enough to alter one aspect of the situation. Moral issues concerning vulnerability, then, can be taken away by:

1. averting or undoing dependency relationships;
2. averting or undoing threats of harm;
3. averting or reversing changes occasioning vulnerability or harm;
4. enabling persons to make their own autonomous decisions;
5. making actors in the cultural production of body images aware of the possible risks or taking measurements so that these actors cannot cause situations of vulnerability or harm.

This list shows that if one aims to protect people from becoming or being vulnerable, one can go in different directions. One can merely focus on the relationship between 'producers'

and 'consumers', as I called them before. How can we change this relationship so that consumers become less dependent? How to make the power relationships more equal? Another focus is on the threats of harm. Can we prevent these threats to occur, and how? A third approach could be to prevent people to change from the one state into the other. Such an approach could focus on the social mechanisms that make people dissatisfied about their bodies. How could we influence those mechanisms? A further approach would be to enable persons to make their own autonomous decisions. That might be possible by informing them about the cultural production of body images and the possible risks that are involved. Then people would be better able to decide whether they choose to become vulnerable or not. Raising body awareness might allow people to have completely different relationships toward their body and the cultural body images they come across. The final focus would address the actors involved. Are they aware that the body images they produce might bring about moral issues? Maybe they are not even aware that they are part of a process of cultural production. A following question is how these actors might be influenced to prevent people from becoming vulnerable. Is it enough to raise awareness or are further measures necessary? What kinds of measures are possible then?

I enumerated in a rather abstract way what could be the object of moral responsibility. There appear to be different possible approaches to protect those who are or become vulnerable. In section 6.5 I will reflect on possible practical interpretations of those approaches. There I will focus on the possible instruments to apply moral responsibility in our context. Before being able to do so, however, it is necessary to get insight in the possible subjects of moral responsibility. Who could be morally responsible in the context of the cultural production of body images?

6.4   The Subject of Moral Responsibility

Earlier chapters showed that one of the main difficulties concerning cultural production is that it is effected by many actors who do not necessarily cooperate. In relation to moral responsibility that raises specific questions. Assigning moral responsibility is difficult enough when it concerns individuals. It is even more difficult to assign moral responsibility to companies or institutions. Is it possible to assign moral responsibility to different actors? They may even be actors unaware that they contribute to a shared cultural process.
It depends on one's concept of moral responsibility what are the possible subjects of moral responsibility. Can only individuals be morally responsible, or may groups or multiple actors be responsible as well? In this section I will begin with two perspectives on moral responsibility that include multiple actors as possible subjects of moral responsibility. These perspectives can show us which issues need to be reflected on in the context of the cultural production of body images and enhancement.

An interesting perspective on responsibility in the context of complex social processes is offered by Iris M. Young in her article on responsibility and global justice (Young 2006). Young's work is insightful, because it presents a view on responsibility in cases with multiple actors who do not cooperate. She responds to large-scale processes of production that cause wrongful exploitation and injustice. In her article Young addresses several issues that are worth thinking about in the context of body images.

The work of Robert E. Goodin in his book *Protecting the Vulnerable* shows a movement that seems opposite to the work of Iris Young (Goodin 1985). Both authors intend to stretch the concept of responsibility. Young starts from large-scale production processes and wishes to show how the concept of responsibility can be practicable in those contexts. Goodin starts from a concept of moral responsibility in particular relationships, which he expands to interpersonal, international and intergenerational contexts. In the end, however, both authors arrive at a rather similar perspective on responsibility.

Here I will discuss some issues concerning responsibility that Iris Young brings forward, because they might be of relevance for the context of this study. The work of Robert Goodin I will use as a sparring partner. At some points his work can raise discussion or contrasting views. At others he can offer amplifications, because his work is directly related to the topic of vulnerability.

Both Goodin's and Young's model of responsibility oppose an exclusive usage of a liability model of responsibility (Young 2006, 118). The liability model derives from legal reasoning to establish guilt or fault. In this model 'one assigns responsibility to a particular agent (or agents) whose actions can be shown to be causally connected to the circumstances for which responsibility is sought' (116). Goodin therefore refers to that model as 'causal responsibility' (Goodin 1985, 125-126) (see also 6.2.1).

Both authors search for a model of responsibility that is able to respond to more complex social processes. They express the need for a model responding to situations in which victims receive no help if they must depend on those who caused the situation. In many situations of victimization or vulnerability there is not just one assignable actor who caused it. In the case of body images we could perhaps say that people become vulnerable through the cultural beauty images presented by the media. But who can be held liable for these images? The editors of the magazines? The photographers? Those who guide the photo models and prefer them to be as thin as possible? The designers of the clothing? In the cultural production chain of body images it is hardly possible to assign responsibility through the liability model.

In addition to a liability model of responsibility Young suggests a 'social connection model'. She describes that 'the social connection model of responsibility says that individuals bear responsibility for structural injustice because they contribute by their actions to the processes

that produce unjust outcomes' (Young 2006:119).[74] Young elaborates five main features of the social connection model, which she contrasts with the liability model. I will retain the contrasts with the liability model in my description. I do not mean to argue which model would be the better model, but these contrasts help to clarify the specifics of the social connection model. I will describe the five features below, while adding relevant aspects from Goodin's perspective.

First, the social connection model is not isolating. The liability model seeks to isolate those who are responsible, thereby distinguishing them from others, who are not assigned to be responsible (119). In many cases, however, harms result from the participation of chains of actors, as we found in earlier chapters. We should ask whether in such cases an isolating concept of responsibility might be misplaced. Assigning responsibility only to the editors of women's magazines as being responsible for the vulnerability of the women readers could be inadequate, because others are part of the process as well. According to a social connection model, isolating one group of actors as responsible cannot absolve others whose actions contribute to the social process as well.

Second, unlike the liability model, the social connection model judges background conditions. In a liability model generally the object of evaluation is a situation that is regarded as wrongful because it deviates from a certain baseline. 'Implicitly, we assume a normal background situation that is morally acceptable, if not ideal… The liability model considers the process that brought about the harm as a discrete bounded event that breaks away from the ongoing normal flow' (120). The social connection model, in contrast, often precisely brings into question the background condition that is regarded as the normal. Social processes that are considered as normal are evaluated anyway. 'Most of us contribute to a greater or lesser degree to the production and reproduction of structural injustice precisely because we follow the accepted and expected rules and conventions of the communities and institutions in which we act' (120).

Such an approach reminds us to reflect on the background conditions of personal and cultural body images within a model of responsibility. As we have seen in earlier chapters, body images are based on many accepted norms and institutional practices. The study of body images shows that cultural body ideals, like slimness or health, are seen as normal background conditions that justify specific interventions in bodies. In such cases it is only through questioning the normal that we can start to reflect on the possible assignment of specific responsibilities.

A social connection model, third, is more forward-looking than backward-looking. Although a liability model carries in itself elements of attention to the future, the main focus is on

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74 Here, a difference with Goodin occurs. Young thinks that responsibility implies contribution to a process. This is not the case for Goodin.

the past. After all, 'the harm or circumstance for which we seek to hold agents responsible is usually an isolatable action or event that has reached a terminus' (121). In contrast, the social connection model is not so much concerned with the causal origins of a certain social process, but rather to the actual or future responsibilities that can be assigned. In such an approach we would be concerned with the possibilities to change the current situation or to prevent comparable situations to come into existence in the future. According to Goodin, in order to assign responsibility to help those that are vulnerable it is less important to look back and question who caused this vulnerability. More important is to look to the present and the future: given this situation, who can help the vulnerable?

What could this mean in the context of body images? Both Goodin and Young would affirm that backward-looking is always a part of the process of assigning responsibilities. Backward-looking is necessary in order to understand the background conditions of a specific situation. In that way we can detect how and when body images are formed and through which actions people become vulnerable. The findings of such a search can lead to the conclusion that responsibilities can be assigned to specific parties when we would think causal responsibility to be appropriate: namely if the person who caused harm is also the person who can help the harmed other. In the context of body images, as we have seen, we can often speak about ongoing social processes that may continuously create situations of vulnerability. A forward-looking model of responsibility puts emphasis on asking how something could be done against these ongoing social processes, without dwelling upon allocating blame.

The fourth feature of a social connection model is shared responsibility. Whereas this model does not isolate some who are liable over against those who are not responsible, 'it follows that all those that contribute by their actions to the structural processes producing injustice share responsibility for such injustice' (122). Goodin in his vulnerability model distinguishes collective responsibilities from individual responsibilities (Goodin 1985:134). In many situations in society vulnerable people are dependent on groups, rather than on individuals. Goodin describes the example of a child drowning near a crowded beach. None of the people who see the child drowning can waive their responsibility to help the child unless another person is already saving it. Still, there are different ways in which we can understand this assignment of responsibilities in groups. We could say that the one who is best able to help is most responsible. This could be the person who is most concerned, for example through a close relationship, like parenthood. It could also be the person who is physically nearest, or has the best capacities to help. Or it could be the person for whom acting out of this responsibility would bring the least costs, whether these costs are regarded financial, physical, emotional, or understood as risks. However, in the case where the person who is best able to help refrains from offering help, other people in the group would be responsible.

Another common approach of collective responsibilities is speaking of 'diffusion of responsibilities' (Goodin 1985:135). This way of thinking divides the collective

responsibilities in small parts as if one would be less responsible because others were also responsible. We easily comfort ourselves with the idea that others acted as well, which makes us feel less responsible. Goodin claims that this, however, has no moral grounding. When any of many persons could prevent harm to a vulnerable person, each of these persons is equally responsible to take care that this vulnerable person is helped, just like we generally hold each of the persons fully responsible when more persons have contributed to a specific harm.

These were examples in which each person could act individually to prevent a harm from occurring. Each beach guest could have saved the child individually. Goodin calls these cases disjunctive. In many cases, however, it is only through the cooperation of several persons that harm can be prevented. 'In the disjunctive case, protecting the vulnerable is a matter of making sure that *someone* does what is needed. In the conjunctive, it is a matter of making sure that *everyone* does what is needed' (136). In this context Goodin suggests the following principle concerning group responsibility:

> If A's interests are vulnerable to the actions and choices of a group of individuals, either disjunctively or conjunctively, then that group of individuals has a special responsibility to (a) organize (formally or informally) and (b) implement a scheme for coordinated action by members of the group such that A's interests will be protected as well as they can be by that group, consistently with the group's other responsibilities. (136)

Groups can therefore be held responsible when they fail to organize themselves, or for their actions when they are organized. We should note that Goodin's principle is often applied in real social circumstances. The focus on group responsibility often has a negative effect, however. For example, in the complex situation of an emergency rescue operation in which several institutions like the police, the mayor, the fire department and ambulances fail to cooperate well, we often acknowledge that they failed in their group responsibility. In practice, this acknowledgement of a collective responsibility often risks to finally reach an impasse in which no one is held responsible. This can be the case when the collective is regarded as isolated from the individual. According to Goodin, however, the collective can never be seen without the individuals comprising the group. Goodin stresses that even within a formally organized group, individuals keep individual responsibilities.

Young in this context speaks of 'shared responsibility' rather than of 'collective responsibility'.[75] Speaking about the collective could imply that none of the individual members in the end would responsible. Young describes shared responsibility as follows:

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75   One can find an extensive amount of literature on the topic of group, shared or collective responsibility, which shows many interpretations about responsibility of multiple actors, groups or institutions. See for example Feinberg 1968; French 1984; Arendt 1987; May 1987; Tannsjo 1989; May 1992; Moody-Adams 1994; French, 1998; Radzik 2001; Narveson 2002; Sadler 2007.

> Each individual is personally responsible for outcomes in a partial way, since he or
> she alone does not produce the outcomes; the specific part that each person plays
> in producing the outcome cannot be isolated and identified, however, and thus the
> responsibility is essentially shared. (Young 2006, 122)

Although Young and Goodin largely arrive at the same conclusion, I follow Young in using the notion of shared responsibility, because its connotation is less misleading than collective responsibility.

In relation to body images these issues are relevant, because they show us that it may be possible to assign moral responsibility in the process of cultural production. It offers a perspective on responsibility in which not only individuals or collectives of people can be responsible, but also different individuals within collectives. These insights may be the only possible way to think about moral responsibility in the context of the cultural production of body images.

The last feature of the social connection model described by Young is that responsibility is discharged only through collective action. The essentially shared character of responsibility implies that joining with others in collective action is the only way to discharge forward-looking responsibility (123). Young claims that to change the structural processes it is necessary that many actors in diverse social positions work together to intervene in these processes. Therefore, she says, 'responsibility derived from social connection, then, is ultimately *political* responsibility' (123).

Although Young is right that the ultimate way to change structural process is the cooperation of most of the actors in the process, it is a strong claim to say that responsibility is discharged *only* through collective action. This approach easily has the effect that people fear that social change is not possible because there will always be important actors in the complex structures who do not take their responsibilities. It would risk that refusal of one key partner in a process to act according to his responsibilities makes it impossible for the others to discharge responsibility. That may be the reason why Goodin stresses the importance of speaking about individual responsibility within a model of collective responsibility. Even if other parties in a structural process do not act according to their individual responsibilities, a person is still responsible for those parts of the process that he or she can influence.

In the context of the cultural production of body images these are important remarks. Of course, Young is right that in the ideal situation all actors in the productive process cooperate toward one shared goal (that the body images they create or reproduce do not make people vulnerable and do not cause harm). However, if some important partners in this process do not feel the need to work toward that goal, those who are capable to do so are not relieved of their responsibility, even if their capability has shrunk due to the fact that some actors do

not cooperate. In that respect Goodin's notion of individual responsibility within a collective or shared model of responsibility is very important. Refining the social connection model with Goodin's notion of individual responsibility saves it from ultimately being a political responsibility as Young would have it. It equally continues to be a personal responsibility, though in interrelationship with all who could influence the structural process through their actions.

This section clarified for us which issues can be of importance in the context of complex social processes in relationship to questions of responsibility. The social connection model warns us that a concept of moral responsibility should enable us to reflect whether:

1. multiple parties might be responsible,
2. background conditions are relevant for the situation,
3. attributed responsibilities are mainly forward-looking, with an emphasis on changing the process that we judge to be unjust,
4. it may be possible to assign shared responsibility in a social process, and
5. it is possible to discharge responsibility through both collective and individual action (as an alternative to Young's model).

All these issues are worth reflecting on in the context of the cultural production of body images. Two of them do not directly relate to the question who could be the subject of moral responsibility. Nevertheless, they are relevant in relation to body images. Basically, critical reflection upon the background conditions of body images has taken place throughout this entire study. Actually, the background conditions make clear why there might be moral issues concerning body images. If we start to think about moral responsibility our model of responsibility should take these background conditions into account as well. To be forward-looking seems no less essential in the context of body images. Reflecting on responsibility from a causal perspective would extremely restrict the possibilities to think of responsibility in relation to body images. It would not do justice to the complex situation of the cultural production of body images.

The three other features explicitly relate to the question as to who might be the subject of moral responsibility. They show us that a concept of moral responsibility must be careful not to isolate only some actors as being morally responsible. That might not be justifiable when other actors are part of the cultural process as well. Furthermore, they evoke questions concerning shared responsibility that need to be taken into account. If multiple actors play a role in the process of cultural production, how should such moral responsibility be divided? Will all actors be responsible? Will they be responsible as a group or will individuals have their own responsibilities? Finally, the issue is raised on which level moral responsibility can result in action. Young would claim that only on a political level shared responsibility can result in (collective) action. Needed however is an approach that can acknowledge

that within shared responsibility individuals can still show responsibility through their actions. In section 6.5 I will describe different actor levels involved and suggest some moral responsibilities they might have.

6.5   Enhancement and Moral Responsibility

What are possible practical interpretations of moral responsibility in the context of enhancement? The sections above presented rather abstract and theoretical reflections. Here I wish to attempt some first explorations of possible instruments to apply moral responsibility. Next, I want to know who could be morally responsible in the context of body images and enhancement.

Note that it is not my intention here to find out which moral responsibilities we have regarding the use of particular enhancement technologies. I will focus solely on the question how moral responsibility could play a role in relation to the vulnerabilities caused by body images in the context of enhancement.

6.5.1   Possible Instruments to Apply Moral Responsibility

The object of moral responsibility in our context is the protection of people from becoming or being vulnerable. As became clear in 6.3 that might be reached by taking care that the list of conditions that was presented in the end of chapter 5 is not met. In this section, I therefore inquire what might be instruments to protect people from becoming or being vulnerable in the context of enhancement.

1)   Averting or undoing dependency relationships

How could we avert future dependency relationships or undo existing dependency relationships? There is no general answer to such a question. Throughout the reflections on body images as a cultural phenomenon and on cultural production we have found that dependency relationships can exist at different levels. Individuals can be dependent on their family members, friends or peers. They can also be dependent on social networks, institutions or for example mass media. Individuals might be dependent on multiple actors who produce cultural images that make them dissatisfied about their bodies.
Not only individuals might become dependent on others, even whole groups of people might be. Feminist studies have shown that women were dependent on social structures of sexual difference. People with impairments are often in dependency relationships because they have deviant bodies. In connection with enhancement some groups might be found that are more dependent on 'producers' than others are. Teenage girls are often mentioned in this context, but further research will be necessary to determine whether other groups might just as dependent.

There are many levels of dependency relationships in relation to enhancement. That means that there is not one way to avert or undo these dependency relationships. Nevertheless, there is one constant factor. In the end, in all cases those who are dependent are individuals. After all, also when a group becomes dependent, this group exists of individuals who become dependent.

One important way to avert or undo dependency relationships is to take care that individuals become less dependent. Providing information about body images, cultural production and enhancement could help people to become aware of the processes that influence their personal body images. It might enable them to find alternative responses to the processes they are confronted with. Such information could be provided in different ways. Parents could inform their children, hospitals might inform patients, or life-style magazines might display their working methods to their readers, to mention some examples.

Education might serve as an instrument to undo or avert dependency in groups as well. Large-scale educational programs for children reach whole generations. This could enable us to reduce taboo-thinking in relation to the body and to stimulate desired behavior in relation to one's own body and those of others.

A problem might be that such type of education differs from the knowledge-based forms of education predominant in current education systems. One could say that every child needs to learn to read and write, because they commonly won't learn those skills by themselves. However, in relationship to body images one can say that many people have healthy body images and are very well able to relate themselves to dominating cultural body images without having followed educational programs. Is it then justified to oblige young people, who just as much might be able to grow healthy body images, to do so? On the other hand, one could say that it would not hurt those who develop healthy body images to follow a course on cultural body images, while it may fundamentally help those who otherwise would suffer from cultural body images. These issues need further reflection in future.
Other options to avert or undo dependency relationships may be possible as well. The focus of these methods would be on those who have the power in the dependency relationship. Attention to such instruments will be given in the fifth section where the focus is on the actors in the process.

2)   Averting or undoing threats of harm

Those who are vulnerable are under a threat of harm. Earlier some possible types of harm were mentioned in relation to body images and enhancement. Issues of body dissatisfaction, related suffering, domination, marginalization and stigmatization passed in review.
In relation to body enhancement two types of options seem possible to avert or undo such threats of harm. The first type tries to prevent people from becoming vulnerable without

changing the bodies of these people. The second type tries to overcome vulnerability by changing the bodies that are a source of suffering.

If one chooses not to intervene in human bodies other instruments could preventively protect people against threats of harm. To find out which are those instruments, one should wonder why it is that people suffer from their body images. How could that change? Conceivably, it might help when people receive confirmation that their body is fine, normal or even beautiful. If people are supported to think in different ways about their body, they might no longer be dissatisfied with it. Instruments might be low-level, for example when parents make positive remarks concerning their children's body. They might also be more extreme, for example when people receive professional psychotherapy.

The inquiries in chapter 4 indicated that one of the main problems is that people need to fit into one dominant model of the normal (or perfect) body. Those whose body does not fit into that model are likely to become vulnerable. Therefore, it would be a possibility to replace singular models of normal bodies into a large variety of models of normal bodies. Those who become vulnerable in the first situation might not in the second.

Another option to stop harm would be to suggest that enhancement technologies are an answer to the vulnerabilities that occur in relation to body images. People wish to make use of these technologies in order to be more 'normal', as Kathy Davis concluded (Davis 1995). As such, enhancement technologies could be seen as a form of care for those who suffer from cultural body images (Dikken 2009). Accordingly, it could be a form of moral responsibility to enable people to use enhancement technologies to adjust themselves to cultural body images. In this line of thought one could defend the idea to cover the expenses of enhancement technologies through the social security system, because people are harmed by a social phenomenon. In fact, in daily practice people who did not receive a medical diagnosis for plastic surgery treatment, often already arranged a psychological one.[76]

The thought that enhancement technologies can offer care is intelligible. These technologies change people's body images so that their personal body images no longer differ from their body ideals. It is another question whether a wide acceptance or even stimulation of enhancement technologies offers an answer to the moral issues raised by cultural body images.

An important consideration in this context is the difference between the individual level and a social level. On the individual level enhancement could mean a form of care for the person suffering from cultural body images, as suggested above. Enhancement technologies can resolve the vulnerabilities by changing a person's body image. Still, one can question whether in all circumstances this is the best form of care. Not all persons feel healed, complete or normal after having changed their body. People might keep altering their body. A first

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76   One can read such confessions on different Internet forums on plastic surgery.

cosmetic change could then result in a series of bodily interventions without there being any certainty that they really help.

On a social level another question arises. Let us imagine that we consider enhancement interventions as a form of care for the vulnerabilities caused by cultural body images. Should we offer to enhance all who are suffering from cultural body images? Would it not be a form of care to take them out of their position of vulnerability? One can, however, question whether practicing enhancement as a caring response on a large scale to change cultural body images is the best possible solution.

Such a general use of enhancement technology is merely a treatment of the symptoms of the true problem. The moral problem we meet, after all, is that many people become vulnerable by cultural body images. If we only look at the consequences of enhancement technologies, one might conclude that these technologies can serve as a large-scale form of care once they are optimized and have no negative financial or social results. We should, however, ask whether there are no more aspects to take into regard than the consequences of enhancement technologies. For example, does such use of technology resolve dependency relationships or leave them unaffected?

On this social level the main question is: Do we wish to treat the symptoms or do we wish to tackle the social problem that many people become vulnerable by body images? Enhancement technology is used to overcome the personal suffering that results from cultural body images. On an individual level, that might be preferable in certain situations. But if we wish to tackle the true problem, that body images can cause vulnerability on a larger scale, we must pose other questions: Why do these body images cause vulnerabilities? What specific kind of vulnerabilities do they cause? Which people have a higher risk of becoming harmed by these cultural body images? How could it be prevented that vulnerabilities are caused by those body images? Should we try to alter the cultural body images?

One might say that this latter approach rests on a conservative attitude to the use of technology. That, however, is no necessary conclusion. Being critical of present cultural body images need not primarily be aimed at the role of enhancement technologies. At the same time it does not exclude the possibility that enhancement technologies are used or have a role in solving problems concerning body images.

To conclude I summarize some observations. The exercise to think of enhancement technologies as a form of care opens the opportunity to see practices of enhancement as a response to the vulnerabilities caused by body images. That means that giving attention to body images does not immediately imply a conservative attitude to the use of enhancement technology. The following question, however, is whether enhancement technologies can serve

as the best form of care. The answer to that will not be of a general character. To answer the question one will always need to get insight into the specific situation.

3)   *Averting or reversing changes that lead to vulnerability or harm*

It might be most difficult to avert or reverse changes due to which people become vulnerable or harmed. The reason may be that we do not yet know enough about the social mechanisms that determine that people who were not dissatisfied with their bodies at one time are dissatisfied on another moment. What brings about the change? These might be psychological, emotional or hormonal changes. These might be changes in relationships with family members, peers or friends. It might be changing body images within religious or other institutions. Or the change might be brought about by altering cultural body images.

One might think that the solution would be not to alter cultural body images any longer. In that case one would prevent people from changing into being vulnerable or harmed. That however is no solution, nor is it possible. Cultural production can perhaps be influenced, it cannot be stopped completely. Body images exist and we cannot do without them. As long as we have bodies, we will have body images. I have shown that body images are cultural phenomena. That means that they are always liable to change.
Besides that, it might not be for the better if cultural body images do not change. Change may bring about that people become less vulnerable. In the end, one would need a normative theory to evaluate which changes are for the better and which are for the worse. Is a change better because less people become vulnerable? Or is it better when only few people are relieved from more severe suffering? Questions like these must be answered before knowing whether a situation is changing for the better.

4)   *Enabling persons to make their own autonomous decisions*

Enabling persons to make their own autonomous decisions shows strong similarities with the issues demonstrated under the heading 'averting or undoing dependency relationships'. To make people aware of their positions and possibilities, for example through education, is to enable them to make better considered judgments and decisions. Enabling people to make autonomous decisions at the same time implies that others should grant them the freedom to do so.

What would happen if all conditions are met to take care that persons can make their autonomous decisions, but they don't? There are examples known that people want to look like an animal and wish to improve their bodies in that direction. These people do not relate their personal body ideals to existing cultural body images. They are not likely to be dependent on others for their view. One could argue that in a social context with other cultural body images it might be harmful for a human being to look like a tiger. Do these people still make autonomous decisions? Without further knowledge about their personal

situation it is hardly possible to come to final conclusions. Nevertheless, it seems likely to me that psychological inquiries would find reasons to deny that such people are fully autonomous. Their body images might not be influenced by cultural body images, but probably are influenced by other life experiences.

5)   *Making actors in the cultural production of body images aware of the possible risks or taking measurements so that these actors cannot cause situations of vulnerability or harm.*

As we saw earlier, information and education might raise awareness about body images and their cultural production. That is not only true for individuals who need to be aware how their body images might be influenced, it is also valuable for actors who are to some extent part of the process of cultural production.

These actors include individuals as well. Raising awareness about personal body images and cultural processes could be combined with information about the effects one can have on others. Individuals should be aware that they might be one of the actors in a process of cultural production.

Education to make actors aware of the possible risks that come forth from body images can be carried out on different levels. We could think of education programs for children (what are the effects of bullying), but also for adults (how to help your children get positive body images) or practitioners (what is your role in cultural production). Education can take place in different contexts, in schools or at universities, on a compulsory or on a voluntary basis, large-scale or individual. Furthermore, education can have different objectives. One can aim to raise awareness, to pass on knowledge, to stimulate desired behavior or to enable students to become independent. Finally, education can be organized by different agencies, for example educational institutions, communities, practitioners or governmental bodies. In the next section some more concrete examples of education pass in review.

A further step would be to take measures so that actors cannot cause situations of vulnerability or harm. These may be seen as the most drastic interventions in the process of cultural production. Such measurements can be taken on different kind of levels, as we will see in the next section. Here I will only reflect on the strongest intervening measure: legislation.

One might say that legislation will be needed in relation to enhancement. The pursuit of improvement makes deep inroads on social life as we have seen. We may expect the possibilities to enhance human beings to increase in scope. We may need laws to define which changes in human beings are legally allowed and which are not. Moral aspects will only be a part of the issues that must be considered while defining such laws.

One might read this study as one big argued plea to shape body image laws with the intention to prevent people from becoming vulnerable from the cultural production of body images. It needs further inquiries, however, to see whether body image legislation is at all possible. Some counterarguments should be considered.

First of all, measurements that prevent actors from causing situations of vulnerability in the end restrict the freedom of these actors. That is true for all levels of actors. As we saw in the example of the French bill against pro-ana sites (chapter 1), the measure tends to restrict people's freedom of expression. After all, those pro-ana sites are mostly web pages of individuals. It is very difficult and morally problematic to restrict them from expressing their feelings and experiences. Furthermore, if one would try to take measures so that the mass media are bound to rules concerning the production of body images, this in turn restricts the freedom of expression of the media. Since the freedom of expression is a basic human right, one would need good arguments to take such measures. The argument that some people might become vulnerable does not seem sufficiently strong in that respect.

That means that if legislation is possible at all, it must be able to be applied in specific situations. Here again we meet the issue of the individual and the social level as mentioned in relation to enhancement technologies as a form of care. The concrete problems that arise in relationship to body images are situation dependent, as we have seen in the chapter on vulnerability. Mostly, however, these specific situations are part of a broader social phenomenon. How could legislation deal with both of these levels at the same time? If body image legislation is desired, further inquiry would be necessary to see what the possibilities are. A necessary condition would be that the legislation allows for contextual information and takes into account the differences between individual and social levels.

At first sight, it seems difficult to create legislation that directly prevents people from becoming vulnerable from body images. Measures that support above-mentioned methods to prevent people from being or becoming vulnerable seem more appropriate. One might think of legislation that makes body image education for children mandatory. The same could be true for education to professionals.

In this section I only presented a first exploration of possibilities to apply moral responsibility in relation to body images and enhancement. Further reflection and inquiries in the possible ways to apply moral responsibility will be necessary.

6.5.2   *Actors in the Enhancement Debate and Moral Responsibility?*

The most difficult question concerning moral responsibility and body images is *who* could be responsible. Earlier remarks on ethical reflection make clear that only those who are able to act might be responsible. If people are not able to act, there cannot be an ethical claim on

them. How could one be responsible for something one could not influence?

In former chapters different actors involved passed in review. We can distinguish different *levels* of actors involved. I will elaborate on these different levels and inquire if these actors could be the morally responsible to some extent. The inquiry will constantly be related to the object of responsibility as determined in this study (see 6.3): the protection of those who become or are vulnerable in the context of enhancement. Note that the conditions of the former section here appear again to show who is able to act responsibly in the context of enhancement. The list is not meant to be conclusive, but gives many indications in which directions can be thought. Again, it depends on the ethical theory one applies which responsibilities one can actually assign to persons.

The level of individuals

Could individuals be morally responsible for their own body images? Based on a purely liberal position one could argue that individuals are solely morally responsible for their own body images. Such a position implies that people should be free to decide what to do with their own bodies. In our context, the consequence would be that people should decide themselves whether they wish to enhance themselves. If I want to look younger, why not enhance my body?

In the course of this study we have found that it may be questionable whether persons' wishes are genuinely their own. Cultural production might influence their personal body images. We found that cultural production defines and restricts our possibilities to act. Personal body ideals might be largely based on cultural body images that one is confronted with in one way or the other. It may be the case that persons do not have the feeling that they are able to decide over their own bodies at all. How could one then be responsible?

Furthermore, my decision to enhance myself might influence the body images of others. What if only some people are able to enhance themselves? They might stimulate cultural ideals of body enhancement, while at the same time others might not be able to reach those ideals.

Here we meet the drawback to every plea for freedom. If I, based on my freedom to act, restrict the freedom to act of another person, a problem has risen. Any liberal position should therefore determine the conditions under which the freedom to act can persist. A liberal position should take into account that the cultural production of body images can lead to vulnerability. A logical consequence will be that a liberal position needs to take into account that not only individuals can have moral responsibility for their body images. It must acknowledge that personal body images can be influenced by other persons or by cultural

body images which might restrict individual's freedom to act. Thus, a liberal position would also need to assign moral responsibilities to other parties than the individuals themselves.

Positions other than liberal can assign moral responsibilities to individuals as well. Most ethical theories will agree that if individuals are in a situation that is morally problematic and they are able to influence their own situation they have some moral responsibility to do so. But what could individuals be responsible for?

How can individuals protect themselves from becoming or being vulnerable? In the chapter above I described that moral issues occur in relation to vulnerability when the persons involved do not choose to be vulnerable themselves. In certain situations it will thus be possible for individuals to avoid vulnerability. Awareness of the role of body images in our lives will improve people's possibilities to make well-considered choices. It will decrease the risk that people get carried away by cultural body ideals.

Once people have knowledge about personal and cultural body images and the risks that are involved, one could say they have some moral responsibility to act according to that knowledge. To some extent they could be responsible to prevent themselves from becoming vulnerable or harmed. To what extent exactly they can be responsible is hard to say, however. As long as we do not know exactly why some people become vulnerable more readily than others it is hard to say to what extent people are capable of controlling their personal body images and ideals.

Not only can people be morally responsible for themselves on the individual level, they can also be responsible for other persons. Individuals can cause or prevent other people to become vulnerable or harmed in relationship to body images. We have seen in chapters 3 and 4 how individuals can influence other people's body images. Here again, awareness of the possible negative effects of personal and cultural body images can enable individuals to take moral responsibility regarding their peers, family members, friends or community members. It might prevent them from imposing their own body ideals on others, to develop broader understandings of normalcy and to accept difference in body appearance and performance.

An example of individual responsibility can be found in Sunny Bergman's documentary 'Beperkt houdbaar'.[77] Through acknowledging her position in a structural process, Bergman did what she was able to do and she took her individual responsibility.[78] Her action reached others who contribute to the process and she convinced at least some of them of her opinion. Her documentary created the awareness among many consumers that most pictures in beauty magazines do not represent 'real' bodies. Bergman's initiative could have as a result

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77 The documentary can be viewed at www.beperkthoudbaarinfo.nl/docu (12-07-10).
78 Here, I do not evaluate whether it was her responsibility to do something. Apparently she saw it as her responsibility to bring a message into the world. A critical response to the documentary can be found in Valck & Wilkinson (2010).

that the consumers interpret the magazines in new ways. As a reaction they might take responsibility in how to relate themselves to the offered body ideals.

The level of communities

As we have seen in chapters 3 and 4 small (family) and large communities (ethnic groups, religious communities) may stimulate certain cultural body images. If a community develops body ideals, it can have problematic consequences for those who cannot meet these specific body ideals. The communities therefore risk raising vulnerability among the community members. What could a community do about that? What moral responsibilities could it have? Could communities protect their members from becoming or being vulnerable?

A first option would be that the community reflects on its existing body images. Which prevailing body images and ideals are present within the group? What are they based on and how important are they for the community? We can imagine that a coincidental trend is less fundamental to a community than body images based on religious beliefs. However, both could cause morally problematic forms of vulnerability. Reflecting on existing body images increases knowledge on the relationship between this specific community and its body images. It offers insights in the vulnerabilities that occur. In such ways communities show awareness that they are producers of body images. It helps them to see whether their body images lead to vulnerabilities that are morally problematic.

What more could communities do? Earlier we have touched on issues of power, normativity and 'normalizing' (chapter 4). Communities could raise awareness within the community about existing power relationships and 'normalizing' practices. A precondition, then, is that communities acknowledge that their ideas concerning the human body are neither the only possible views nor necessarily the best. Only then would community members be able to place their own views in perspective. 'Normalizing', after all, is adjustment of one's perspective to approximate the norm. Being open to alternative body images could help communities to avert or undo threats of harm, as we saw in the section above.

Furthermore, communities could inquire whether their members receive enough space to make their own personal choices. If individuals cannot make autonomous decisions, it is more likely that they become vulnerable as we saw in chapter 5. Letting them free to decide might still bring them in situations of vulnerability, for example when they choose to belong to a social minority group. But then at least one moral issue is averted because the individual has chosen to be vulnerable.

The level of professionals

Which professionals are able to act in relation to body enhancement? We can for example think of all the practitioners that apply modern technologies to alter human bodies. Those could be both medical technologies and enhancement technologies. What could these practitioners do to protect people from becoming or being vulnerable?

Practitioners could make those who wish to enhance themselves aware of the role of body images in their life and the consequences these images can have. As we saw before, raising awareness is a first step toward preventing moral issues to arise in relation to body images.

To be able to raise awareness in others, practitioners themselves – actors in the cultural production of body images as they are – must stay informed about current cultural body images and their possible moral consequences. If they have insight in these trends, they are better able to detect morally problematic situations of vulnerability. Educational programs for practitioners might serve these goals.

Besides that, practitioners would need to be wary of 'normalization'. If they have insights in the processes and dangers of normalization, they could recognize when normalization takes place and creates vulnerability. Related to that, practitioners could refrain from body image judgment. Is it their task to judge whether the patient or client is better off with an enhanced body? What standards, for example, does a cosmetic surgeon use when he suggests that liposuction from the hips will enhance someone's masculine appearance? At the same time it is questionable whether practitioners can refrain from body image judgment. After all, they need some method to decide which people they will treat and which they will not. Here, the practitioner could distinguish between his standards to provide in a treatment and the claims concerning body images he utters to his patients or clients. In line with this book a standard for giving treatment could be related to the existing vulnerability or harm for a patient or client. A practitioner who gives expression to body image judgment might only increase a person's vulnerability. An alternative way for the practitioner to express how one could change one's body could be to offer different perspectives. A practitioner could indicate that various ways of body perception are possible. As such practitioners might avert or put a stop to threats of harm (see chapter 5).

The level of institutions

On the level of institutions we could for example discern the health care system, the social security system and the educational system that are of relevance in our context. Earlier I have shown how some of these institutions can be part of cultural production. Here the question arises what their moral responsibilities could be in relation to body images and enhancement. Of course, different institutions might have different possibilities to protect people from

becoming or being vulnerable. We should also be aware that institutions are often only one actor among the many who play a role in the cultural production of body images. That might bring about that their possibilities to act are limited. Or that one should consider cooperation with other actors in the field in order to protect people from becoming or being vulnerable.

Concepts of health and well-being are largely formed in the context of the health care system. These concepts can be 'normalizing' as we have seen in earlier chapters. As such they can cause vulnerability, because based on these concepts people might distinguish between those who are healthy and those who are not, or between those who are normal and those who are not. Marginalization or stigmatization might follow in conformity with those distinctions. Being aware of the possible morally problematic consequences one may find the health care system morally responsible to continue reflecting on their concepts of health and well-being.

It would go one step further to argue that the health care system would also be morally responsible for producing multiple, non-conflicting and non-competing body images. Do we need one singular idea of what is healthy, what is normal, female, male, young or old? Or is it possible to give form to multiple ideas of health, female beauty or aging that can exist next to each other? Could such multiple ideas exist next to each other without being in conflict with each other? Further, would it be possible to value them as equal so that they need not be in competition with each other?

A further issue of moral responsibility for the health care system could be to raise special body image awareness among (enhancement) professionals. Above I mentioned that this could be the moral responsibility of the professionals themselves. It depends on one's ethical theory to whom one assigns such moral responsibility. One could argue that it is the responsibility of either the professionals or the institutions, or one can argue it to be the responsibility of both parties. Anyway, it is the health care system that can provide the means for professionals to develop their body image awareness, by giving them time to receive further education or by organizing such education.

In cooperation with the health care system, the educational system could provide teaching programs. These programs might be aimed at health care professionals, but we can also think of technology developers, professionals in mass media, philosophers and social scientists. In order to be able to provide teaching programs, further research on several topics concerning body images and enhancement would be needed.

We could wonder whether children's education might be of help to protect people from becoming or being vulnerable. One might ask whether the educational system could be an actor in relation to enhancement. We did not reflect on the educational system as a body

image producer. Nevertheless, the inquiries in the notion of moral responsibility showed that moral responsibility is not the same as causal responsibility. There may be actors in the field that do not cause body images themselves, but who could prevent people from becoming or being vulnerable. Body image education could raise awareness among young people how to relate to their own bodies and how to relate to cultural body ideals. It could enable them to recognize the variety of human bodies and to make conscious choices how to behave toward other people's body and how to develop their own body awareness.

The social security system, like the educational system, could prevent people to become vulnerable to cultural body images, or could support them once they have become vulnerable or harmed. One could think that once it becomes clearer that cultural body ideals have their moral pitfalls, people who know they might be susceptible to cultural body ideals may wish to receive some form of body image education, counseling or therapy. One could argue that the social security system could give support to those wishes in order to prevent suffering or to facilitate the use of more expensive treatments.

Furthermore one could argue that the social security system could support the use of enhancement technologies in some situations. In individual cases a body enhancement might offer the best care to a person who suffers from individual or cultural body images (see 6.5.1). How could the social security system in such cases justify not to support the best possible care?

A social security system in fact can respond in three ways to a claim that certain treatments should be covered by the insurance. First, it can include all treatments of this type to be covered. Second, it can include some of those treatments in specific circumstances. Or third, it can exclude all treatments of this type from being covered.

It is not likely, in the case of enhancement treatments that any security system would conclude that all treatments will be covered in a general sense. First, it would be very costly, but also there would be no moral reason to do so. Some people wish to enhance their bodies even though they do not suffer from their present body or from cultural images. Why should they receive support from health insurance?

The argument throughout this study to the effect that body images can lead to vulnerability, suggests that it at least is worth considering whether enhancement treatments should be included in the social security system. However, when they are only included in specific situations, one needs standards to define in which cases they are. As we have seen in relation to a standard definition of health (2.4.2.), such standards easily encounter the problem of normalization. Furthermore, one needs professionals to determine whether the standards are met in a specific situation. The question follows which practitioners can make these observations. One can think of physicians, but also of psychologists. But what if those

practitioners disagree? Or should there be special enhancement practitioners that received specific education aimed at determining whether enhancement treatment is the best form of care for a person?

One might still argue that enhancement and medical therapy should be seen as different uses of technology. In the same line of argument one could then support the idea to exclude enhancement treatments from health insurance. At the same time one could introduce a new type of insurance, solely aimed at covering the expenses of enhancement treatments. The advantage from separating those two types of insurance would be that only those who believe they risk needing enhancement treatment in the future share the insurance costs. That does not put the burden on those who have no body image issues at all. The insurance for enhancement treatments would then be comparable to special insurances for those who practice dangerous sports and run more risk of injury than average.

It sounds reasonable to create a specific insurance system for enhancement treatments and to make sure that only those who are at risk need to insure themselves. However, the social security system is based on a principle of solidarity.[79] In this context the term solidarity is mostly seen as an economical term, but it also includes moral aspects. The people who suffer from body images did not make individual choices because of which they have higher risks. If they had, it would be reasonable to pay higher insurances – as do those who wish to travel, to practice dangerous sports or to buy expensive furniture. The people who become vulnerable in relation to body images, in contrast, suffer from cultural processes. If we believe that such a social phenomenon is carried by the community in general, it seems reasonable that the community supports those who suffer from that social phenomenon.

It is not my intention to give final considerations concerning the social security system. I wished to mention at least some issues that need attention from a moral perspective if one considers whether enhancement treatments should be included in insurance systems.

The production level

By 'production level' I understand the chain of professionals or institutions that together give form to the process of cultural production. This level therefore overlaps with both the level of professionals and the level of institutions. It here receives a place of its own because the production level has some specific characteristics that make it difficult to assign moral responsibilities (see 4.5 and 6.4). As we have seen earlier the production level consists of separate actors that together give shape to a cultural process without them necessarily

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79   Sociaal-Economische Raad, Naar een gezond stelsel van ziektekostenverzekeringen, Advies uitgebracht aan de Minister van Volksgezondheid, Welzijn en Sport, Publicatienummer 12, 15 december 2000, http://www.ser.nl/~/media/DB_Adviezen/2000_2009/2000/b19020%20pdf.ashx – (10-16-10).

working together or having the same objectives. Awareness of the cultural production of body images can make the different actors aware of their role in the process. Furthermore, other persons, professionals, institutions or politicians might make the 'producers' aware of their role in the process.

What could be done on the production level to protect people from becoming or being vulnerable is to create contact between the different actors in the field of cultural production. That contact would make it possible to discuss different or shared objectives of those involved. It makes it possible to reflect on those objectives and the means to reach the objectives. It also creates the possibility to change the objectives, means or the whole production of body images. The ban on overly slim models at a top-level fashion show in Madrid, as was mentioned in the introduction (1.1.3) shows how the professionals involved decided against standard objectives and how they changed the norms concerning body weight in relation to modeling.

In comparison to the health care system, where body images are also produced, one could argue that on the production level actors could offer multiple, non-conflicting and non-competing body images. It would be rather simplistic to think that the body image production could be stopped. Earlier I argued that that is neither possible nor desirable. Whole industries are based on the production of body images. Besides that, body images themselves are not the problem. Body images will always exist, and will always change, because they are cultural phenomena. As we saw in the chapter 5 only in specific situations do body images give rise to moral problems. Actors on the production level could prevent such situations by offering multiple body ideals instead of single ideals. An example can be found in the campaign for 'Real Beauty' as raised by *Dove*, a worldwide producer of beauty products. Through the campaign *Dove* strives to 'free ourselves and the next generation from beauty stereotypes'[80] Of course, one can still be critical of the objectives of the campaign and wonder whether the beauty images as presented by Dove have no vulnerability as a result. That could be worth looking into. But in any case it is an example of an actor on the production level that tries to introduce multiple beauty images that can function next to each other.

Those who actively contribute to new or changed body images could also at least warn people how to interpret the body images that are produced. Sunny Bergman, who I referred to above, asked beauty magazines to mention whether their photographs were 'photoshopped'. She worries that young girls and women would try to reach unrealistic ideals of beauty.[81] Other methods to inform people about the objectives to produce specific images might also be possible. Such information could raise the awareness of consumers of mass

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80   www.dove.co.uk, (08-09-10).
81   Her conversations with the decision-makers of those magazines can be viewed at www.beperkthoudbaarinfo.nl/docu (12-07-10).

media so that the images might be interpreted in other ways than they would have done without receiving that information. It might enable them to make better informed decisions concerning their own bodies.

The political level

In relation to the political level it is important to notice that it depends on prevalent political philosophies what role politicians and political institutions can have in the decision-making processes about enhancement. Furthermore, moral responsibility always must relate to the political and juridical responsibilities involved. Decisions in the political field that are made concerning body images, enhancement or enhancement technologies will not be based only on moral considerations and moral responsibilities.
Until now we have not touched upon the political level. The reason for that is that the political level is not likely to be a producer of body images. Here again, it must be noted that moral responsibility need not only be assigned to those who cause vulnerability in relation to body images and enhancement. Each actor that is able to protect people from becoming or being vulnerable might be morally responsible to do so.

The political level consists of governmental bodies on different levels. The political level has the ability to provide in policy on a broad range of issues. As such it somehow overlaps all preceding levels, because often the political level can enable other levels to implement their responsibilities. Furthermore, the political level can give rules or provide in laws that must be carried out by the other levels. Here again, if one would ask why the political level could be morally responsible in relation to body images, one could say that this level has the ability to prevent vulnerability to occur and that it has the ability to provide with care once people have become vulnerable or harmed.

The moral responsibility of the political level, thus, may be merely of a supportive character. Political bodies may have the opportunity to enable others to bring their moral responsibilities into practice. Some examples show what we could think of.

Governmental bodies could stress the importance of body awareness on the various levels as mentioned above. They could enable these levels to raise body awareness by supplying financial means, on local or national levels. The government could support stimulation programs or educational programs. Related to that, the political level could stimulate further research on issues concerning cultural body images and enhancement to raise more knowledge.

Finally, governmental bodies may be able formulate appropriate legislation. Earlier already I have mentioned some problems concerning legislation (6.5.1). Before legislation is

developed, many questions need to be carefully considered and answered. Examples of those questions are: Why is legislation needed in relation to enhancement and body images? What situations does the legislation try to preclude? Is legislation the best tool to reach the desired results? Who is addressed in the legislation and how do the laws relate to their autonomy, their freedom of expression or their privacy?

Some further questions arise in this context. The government possibly has moral responsibilities that overlap with other parties. In such cases the question arises whether the government would be freed from the responsibilities when other parties take their responsibilities. Or is it only the task of the government to take moral responsibility when other parties fail to take theirs? These questions bring to attention the topic of hierarchy in moral responsibility. Should anyone show moral responsibility, is each party equally responsible or is one party primary responsible? Those are questions that need to be answered based on both the normative theories and the political philosophies that one takes as a point of departure.

Here I only offer some suggestions to think about possible moral responsibilities of political bodies. The question what the moral responsibilities of these political bodies could be and what they might be able to arrange needs further discussion and reflection on the structures and tasks of political institutions and the role of the government in issues concerning the cultural production of body images and issues concerning enhancement.

The international level

Cultural production goes beyond national borders. Therefore, international parties might be able to protect people from becoming or being vulnerable. We could think of international leaders or international corporations who could join forces to take moral responsibility. But we should also not exclude separate professionals who work on a national level, who could be able to start international connections in order to influence the cultural production of body images on an international level.

What could these actors do on such a large-scale level? Again, raising awareness might be a first step to prevent more people from becoming vulnerable due to by cultural body images. Think of awareness that cultural body images may cross the borders of the country or the own corporation. These body images might be adapted into other cultures, but also they can be detested in other cultures. The awareness that the cultural body images that one expresses bring about certain effects, might raise the question whether these effects are desirable. The same question can follow from the awareness that the cultural images of other countries or corporations might be adapted among the own citizens or corporation. Is it desirable to adapt those images?

The awareness of the working of cultural production could also lead to different types of communication on an international level. There could be reason to keep oneself informed about the developments of the cultural production or of enhancement technologies in different countries. One could communicate with others about these developments in order to adjust one's strategies. A further step would be to come to shared decision-making or policy-making on cultural production or enhancement technologies.

This section has shown different possible instruments to apply moral responsibility and various actors who might be morally responsible in relationship to body images and enhancement. Recall that the list is probably not conclusive and that normative theories are needed to make final judgments about who could be morally responsible for what. It was my objective mainly to see whether it is possible to speak of moral responsibility in the context of body images and enhancement. I sketched some possible directions in line with the findings of this study. They mainly serve as first openings toward further debate on moral decision-making in relation to body images and enhancement.

6.6   Conclusions

Speaking about moral responsibility in relation to body images and enhancement raises a complex web of questions and issues that need reflection. The complexity of the cultural phenomenon of body images that has been articulated throughout the chapters of this study makes it difficult to identify who has moral responsibility for what. Some difficulties appear that need constant attention when speaking about moral responsibility in relation to body images.

First, body images are no direct result of human action. Chapter 5 did indeed show that action can be involved in relation to cultural body images, but it also showed that often no action is involved. Some actors might give form to, bring about or stimulate specific body images to be broadly culturally accepted, but we could hardly say that they are in full control over these body images. Body images are cultural processes that are partly the result of intentional acts, but also part of less identifiable processes of interaction within communities or societies. The next question is whether cultural processes can be steered at all. We have seen that steering body images through intentional action is possible. On the one hand the examples of stock photographers and editors of magazines showed us that these actors can influence the shaping of altered body images. The history of feminist movements also indicates that intentional alteration of cultural body images can be effective. At the same time, it would be too optimistic to think that we can control cultural body images fully and easily. The processes of cultural production of body images are complex and they include aspects that are not within the control of specific actors. Besides that, change within cultural processes will need time, because it implies processes of reaching people, developing

awareness and adaptation. Even if we conclude that specific actors are morally responsible for taking care that body images do not bring about vulnerability, we must be aware that processes beyond their control might still make people vulnerable in relation to body images.

Moreover, we saw that cultural processes of body images can include the participation (not necessarily cooperation) of multiple actors. The reflection on the issue of collective moral responsibility in this chapter showed that the presence of multiple actors need not exclude the possibility that moral responsibility can be attributed to actors. Some practical issues may arise however. We can imagine situations in which individuals who wish to take their responsibility are effectively not able to do so, because others do not take their responsibilities. Besides that, it is the question whether the relevant actors who are involved will reach consensus about the objectives they aspire to. Such practical thresholds, however, have no fundamental influence on the attribution of moral responsibility. Nevertheless, they may cause that moral responsibility is not acknowledged or performed. Further discussion will be needed to find ways to come to shared objectives in relation to body images and enhancement and to avoid that moral responsibility cannot be exercised because of practical thresholds.

It was my intention to explore how the issue of moral responsibility could be thought about in relation to body images and enhancement. The chapter includes suggestions how actors may take moral responsibility in relation to body images and enhancement. Surely, these are not the only possible implementations of moral responsibility. Nor are they meant to be normative. After all, we would need to define which normative theories (and political philosophies) we apply, before we could determine 1) in which specific cases cultural body images cause moral problems, 2) what specific moral responsibilities could be attributed in relation to body images and enhancement, and 3) who could be responsible in relation to body images and enhancement. This chapter displayed a palette of issues that need reflection before we can reach final conclusions in these matters.

Chapter 7

Conclusions

The objective of this study was to show that body images can be of ethical relevance for the enhancement debate. In retrospect we could ask: What is the main reason to make that the central issue of this book? Was it primarily my intention to change the focus of the enhancement debate as it is? In chapter 2 I claim that there is a lacuna in the enhancement debate, because ethical reflection on enhancement technologies merely focuses on the purposes, means and effects of the use of them. There I argue that an ethical debate should also reflect upon issues that precede the actual use of enhancement technologies. The question should not only be what technology offers us in positive and negative senses, but also what it means to live in a society in which specific technologies gain increasing importance. What does it mean that people wish to improve their bodies through the aid of technology? What is the background of people's wishes to enhance themselves? Such questions can improve our understanding of the role of technology in people's lives and in society in general.

One could say that I use the example of body images to show how social phenomena inform people's understanding of life and in doing so, their relationship to new technologies. I might have taken another example which shows how culture informs our understanding of the world and technology in order to demonstrate that social context should inform the ethical debate. Although it may be possible to make use of other examples to make comparable statements, I believe there are good reasons why I selected the topic of body images in this study.

In fact, one could also understand my objectives to show that body images can be of ethical relevance for the enhancement debate in another way. One could argue that I devote so much time to argue how body images could be of ethical relevance, that the enhancement debate functions as a mere example rather than as the necessary context of the question. And indeed it is too simple to say that body images only have the function of an example in this study. From the beginning they were the core of the inquiries. To show their ethical relevance is so central to the research that the context of enhancement might seem mostly exemplary. Furthermore, I do believe that the insights of this study may be relevant for a broader ethical context, not only for the context of enhancement technologies. Most obviously they will be relevant in the broader context of health care ethics, because there are many overlapping issues.

Although it seems possible to understand the objectives of this study in two almost contrary ways, I prefer not to choose for one of those understandings. Rather than opting for one direction I would argue that both take place at the same time. The book can be read in exactly those two ways and in the final analysis the argument is the more persuasive for it.

Therefore in this chapter I wish to recollect why exactly 1) I think the enhancement debate is a good context to reflect on the ethical relevance of body images and, vice versa, 2) why I think that the focus on body images improves the enhancement debate in a specific way. Reflection on these issues will bring me to the core of this study and will show what the findings are worth.

Why is the topic of enhancement a good context to reflect on body images?

The topic of enhancement as it follows from chapter 2 is a well-delineated topic in which all types of body images appear. One can recognize inside-views and personal body ideals that make people wish to improve their bodies. We can recognize how family members, peers or social communities influence body images of individuals for example by giving compliments, through teasing, by criticizing or setting norms (outside-views). We saw that cultural body images of beauty, performance and health exist and might influence personal body ideals. These ideals in their turn motivate people to make use of enhancement technologies.

As such, the context of enhancement demands a multidimensional approach to the cultural phenomenon of body images. It enables us to reflect on the processes of interaction between different body image types. Besides that, this context makes it possible to show the twofold way in which cultural production works. On the one hand cultural body images are given shape and on the other hand these cultural body images give shape to personal body images. More than that, as I concluded in chapter 4, the context of enhancement shows a circular working of cultural production. The existence of personal body images that motivate people to enhance themselves informs technology developers and the formation of new cultural body images. At the same time, the context of enhancement displays that cultural production implies multiple actorship and why this may be a problem. Reflection on the context of enhancement reveals the many interrelationships between these issues. It also displays the present paradoxes. It shows that individuals on the one hand are capable of changing their own body images and on the other hand may be influenced so that they no longer make decisions that are really their own (chapter 5). It shows that enhancement technologies might be a form of care in individual cases, while it might be problematic to see them as forms of care on a broader level (chapter 6).

There is another reason why enhancement is a good context to reflect on body images. Scholars who until now expressed their concerns about body images did so in a context of emancipating specific marginalized groups (women, disabled, black). The context of

enhancement enables us to show that body images have ethical relevance in a much larger part of society. It may concern anyone, independent of age, race or gender. Cultural body images might evoke vulnerability in teenagers who wish to be skinny, in people with impairments who wish to stay impaired, in sportsmen who need to perform as well as their competitors, or in the elderly who are only confronted with cultural images of decay.

The topic of enhancement shows us that we live in a time in which control, improvement and perfection are highly valued. The pursuit of improvement even concerns our human bodies, minds and behavior. It is not only reserved for specific marginalized groups but pervades the whole of our society. Evidently then, the topic of enhancement demands that body images should be widely reflected on.

How does a focus on body image improve the enhancement debate?

My analysis of the enhancement debate showed that the debate encounters some important problems. Even after two decades of debate, the definition of enhancement is still ambiguous. The result is that different types of ethical reflection are intertwined in the debate. One could distinguish ethical reflection focusing on specific technologies that improve human bodies (including mental and behavioral changes), questioning the purposes, means and effects of these technologies. Besides that, one could distinguish ethical reflection on the mere pursuit of body improvement. In that case the focus is not so much on specific technological improvements, but rather on enhancement as a desire, goal or practice. It focuses on the contextuality of the desired technological improvement. The distinction between the two types of ethical reflection shows that the second type, which is focused on the mere pursuit of improvement, mostly tries to find the core of what enhancement could mean.

The presence of different types of ethical reflection in the debate brings about some further problems. The consequence is that it is difficult to make explicit what are the central moral issues in relation to enhancement. How is it different from ethical reflection concerning other technologies? Another consequence is that the debate only focuses on specific types of questions. It mainly concentrates on the purposes, means, side effects and consequences of the use of particular enhancement technologies. Other questions that may be relevant are largely absent in the debate. Should we not ask first: To what problem do we think these technologies are an answer? It would make sense to ask why we wish to transform ourselves at all, before inquiring whether these transformations are morally acceptable.

Another issue is that some arguments in the debate lack thorough reflection. It seems as if topics merely appear as a response to intuitive moral concerns about enhancement. These topics are reflected on in relation to the use of enhancement technologies. It would be helpful though first to perform a thorough, fundamental analysis of for example what

authenticity is, in what cases authenticity is lost and on which grounds we could say that is morally problematic. If such fundamental work were done, one could subsequently apply those findings to the context of enhancement. In this study I have offered an example of such fundamental work on the topic of body images. Throughout the whole argument I have first focused on body images, what they are and how they can relate to ethical reflection. I applied the findings of every step taken in the argumentation toward showing that body images can be of ethical relevance to the context of the enhancement debate.

On the basis of the findings in chapter 2 I decided to focus on body enhancement as the pursuit of improving the human body. As such, the emphasis lay on enhancement as a desire, goal or practice rather than on the specific enhancement technologies. Of course, the technologies are the instruments with which the improvements can be reached and are implicitly still present throughout the whole argument.

The focus on body enhancement instead of human enhancement has some advantages. Speaking in terms of improvement of the human body, we no longer need to make the problematic distinction between medical therapy and enhancement interventions. The term enhancement has lost its predetermined ethical connotation. Medical improvements of human bodies might bring about moral issues, whereas enhancements might not. They might even be a form of care (chapter 6). At the same time the notion of body improvement specifies the area of study. When we understand human enhancement merely as the pursuit of perfection, one might include practices like education as instruments of reaching improvement. Body enhancement delimits the matter by focusing solely on improvements of and through the body.

The focus on body enhancement as a pursuit of improvement includes the necessity to look at the context of enhancement. It evokes questions like: Why do we wish to improve ourselves, how do we wish to do so, what consequences does the pursuit (not the interventions!) have and what could be related moral problems? Those are questions that should precede questions concerning concrete interventions.

The topic of body images is closely related to the pursuit of improvement. In chapter 2 it became clear that in the current enhancement debate there is but scant reflection on motivations to make use of enhancement technologies. But exactly people's motivations to make use of technology bring us closer to understand the pursuit of improvement. Body images can be seen as people's motivations to enhance themselves. Body dissatisfaction, the wish to be normal, or social expectancies can make people wish to change their bodily appearance or functioning. Body images, then, should play an important role in the enhancement debate.

What further benefits does a focus on body images offer to the enhancement debate?

It is not only an advantage that reflection on body images stays close to the pursuit of improvement because it focuses on motivations. Reflection on body images directly relates to the question to what problems enhancement would be the answer (e.g. body dissatisfaction). It tries to understand the social contexts of enhancement. As such, they for example are insightful to show when medical interventions might be morally problematic as well. If medical therapies are used in order to normalize bodies based on Western standards of medicine, they might not improve the life of people with impairments. Including the personal body images and ideals of affected people might substantially change the debate.

This study has shown that body images are present all over in the context of enhancement. Choices to enhance oneself are based on interactions between personal and cultural body images. Processes of cultural production create the context in which people become motivated to improve their bodies. This context is influenced by people's own character, their social relationships, institutions such as religious communities and the health care system and by society as a whole in which technology and mass media are examples of 'producers' of body images.

The focus on cultural production presses us to reflect on issues of power and empowerment, as feminist studies showed. We found that cultural production defines our possibilities to act. Cultural production is instrumental in both enabling and restricting people's possibilities to act. For the ethical debate on enhancement these findings are important because they show that body images are connected to human action. Here we find first relationships between body images and ethical reflection. On the one hand the relation between body images and human action shows that they might be relevant for ethical reflection. After all, we could see the relationship to human action as a necessary condition for being of ethical relevance. On the other hand issues of normativity, power, domination and marginalization make us enter the field of ethics. It appeared that in relation to body images people may become vulnerable in morally inacceptable ways. This study offers us tools to inquire when people become vulnerable in relation to body enhancement and when moral issues arise. On the basis of all these findings it became clear which issues concerning moral responsibility should be dealt with in the context of enhancement.

Retrospectively, the focus on body images might change our understanding of enhancement on another level as well. We could understand the pursuit of body enhancement as inspired by some shared or cultural ideal to improve human bodies. Where did this ideal come from? Probably it has grown throughout time, accompanied by new developments in the field of technologies. New possibilities to change the human body evoked further wishes of improvement. In the conclusions of chapter 4 I touched upon this matter by referring to the circular working of cultural production. The question that follows is whether it would be appropriate to understand the pursuit of improvement as a cultural phenomenon itself. Our

ideas of enhancement come forth from a history of Western society in which technology, medicine and the human body developed specific relationships. These ideas get further shape through reflection and social practices. Certain actors might have direct influence on the pursuit of improvement, for example ethicists who seek to improve our understanding of enhancement. We could recognize aspects of cultural production here. The pursuit of body improvement could be seen as occasioned by multiple actors, as for example developers of technology, ethicists or philosophers, medical practitioners and individuals, who together give form to a context in which body improvement is desired. At least it becomes an issue that is sufficiently present in society to necessitate philosophical reflection.

What would happen if we understand the pursuit of body improvement to be some coordinating sort of cultural body image? Other cultural body images that were mentioned in this study referred for example to the pursuit of beauty, to better performance, to health, or to normalcy. Together they can be understood as pursuits of improvement. The moral issues that arise concerning these body images, then, do not only tell us something about the context in which enhancement technologies might be used, they tell us something about the pursuit of improvement itself. This study does not only present the issues that the enhancement debate should respond to. It shows that enhancement itself might raise moral issues of vulnerability. The shared idea of striving for body improvement raises many questions. Why are these bodies not good enough in their present state? Who determines what 'improving' is and what is not? Who do people depend on when they create their body images or when they decide to change their bodies? Are people fully able to decide for themselves whether they wish to improve their bodies? Which actors contribute to shared ideas that stimulate people to improve their bodies? Who may become vulnerable because of these shared ideas? A combination of these answers, in line with chapter 5, might lead to the conclusion that the pursuit of improvement may raise moral problems.

A focus on body images, then, shows that body enhancement as a pursuit of improvement may raise moral issues. It shows that enhancement can be understood as a cultural phenomenon. In line with earlier findings (chapter 3) we could approach enhancement on a functional level by reflecting on the practical level of interventions and their purposes and consequences. However, another approach is possible as well, as we saw above. If we also see enhancement as a cultural body image which is part of processes of cultural production, we have entered a new understanding of the notion.

Further Perspectives and Questions

The objective of this study was to inquire whether body images can be of relevance for the ethical enhancement debate. We can conclude that they are, when they cause situations of vulnerability that are morally problematic. Therefore, ethicists cannot avoid including body images in their ethical reflections on enhancement. Otherwise they would neglect a whole

field of issues that might include moral considerations.

This study gave an answer to the central question and offered many new issues to consider. Some were reflected on in the course of this book, others need further reflection later. I will mention them succinctly. Many of the issues that need further reflection depend on the methodological choices I made. Therefore I will first evaluate some of the methodical decisions that I gave notice of in the introduction of this book.

Method

Some comments need to be made concerning the method that I used in this study. The heuristic approach that formed the basis of this research offered some tangible benefits. A heuristic approach does not need to result in final directives or decisions. In an explorative manner it searches for the topics, issues and questions that are relevant for reflection on a specific matter. This method enabled me to gather a rich variety of issues that need reflection in relation to body images and enhancement.

The drawback of this method is that many issues are touched on in a relatively cursory manner. Each chapter touches on topics that ask for deeper reflection. Issues like the enhancement debate, the concept of body images, cultural production, human action, vulnerability, moral responsibility and collective responsibility could each fill entire monographs. Nonetheless, if we would dive into these issues so deeply, we would never be able to recover that all of these topics can be related. When these issues are related they appear to represent a relevant subject within ethical reflection.

The explorative character also paved the way for an interdisciplinary approach. The benefits of an interdisciplinary approach became clear throughout this study and outweigh the drawback that it is hardly possible to do justice to the acquired knowledge within each discipline or school. First, it introduces a large variety of perspectives to reflect on a subject. For example we have seen that the social sciences give insight into the interactions between different body images. Both the social sciences and feminist studies contributed to deeper understanding of the cultural processes of body images. Feminist studies also made us aware of issues of normativity and power in the context of these cultural processes. Second, all of these deeper insights lead to the possibility to raise new types of questions that are not yet common within the ethical field.

To assure the heuristic character of this study I abstained from attaching myself to one particular normative theory. Earlier I made clear why this approach seemed most appropriate in the context of this study. To some extent the approach was restrictive as well. It prevented me from coming to further, concrete conclusions. A normative theory could justify coming to particular decisions. That would be necessary in relation to the issue of body enhancement, but also in relation to the use of particular enhancement technologies.

Earlier it became clear that some arguments in the current enhancement debate could use further foundation. Until now they merely appeared as responses to moral intuitions. I argued that it would be an improvement for the debate if those topics (e.g. authenticity) receive fundamental reflection apart from the enhancement debate. In this study I aimed to do the same for the topic of body images. First, I inquired what body images are and how the processes of cultural production function. Next, I showed why these topics are of ethical relevance. The context of enhancement was only introduced on moments that fundamental steps were already made. Hopefully, in the future enhancement debate this method will appear helpful for other topics that are relevant for the ethical reflection on enhancement.

Toward Future Interdisciplinary Inquiries

Further knowledge about the factors that determine who become vulnerable in relation to body images and enhancement is a matter of closer inquiries within the social sciences. If we could predict to some extent who has higher risks to be harmed, the ethical considerations might become clearer and easier. Nevertheless, if it at all becomes possible to find those factors, one would always need to be aware that they could only be indicators. If, for example, research shows that female teenagers with dominant parents have a high risk to develop body dissatisfaction, it does not mean that all of them develop body dissatisfaction. Nor does it exclude that male or female teenagers with non-dominant parents develop dissatisfaction. One always needs to be cautious: categorization risks blindness for those outside of the category.

Recently more social scientist studies concerning enhancement technologies have emerged. For ethical decision-making it would be worthwhile if the social sciences continue inquiring the social relationships between people and their choices (not) to make use of enhancement technologies. What are current body images and ideals that evoke the wish to enhance oneself? It would be valuable to know better how the use of enhancement technologies influences people's body images. Are these really improved, also in the long term? If we do not have such information regarding the future, ethical considerations risk of being distant from real life situations. Still, one would need to find ways to integrate such empirical findings in ethical considerations. After all, the empirical findings have no moral authority. An 'is' does not always imply an 'ought'.

As I have noticed above, power relationships are a central issue in our context. They therefore need constant attention and reflection. The presence of perspectives from feminist or gender studies ensures that power relationships are critically reflected. During this study I was surprised to notice a lacuna within these disciplines. Two areas have been very important for feminist and gender studies. On the one hand the body and embodiment have received much attention for reasons already mentioned earlier in this study (3.3.4). On the other hand the ethical discipline is of importance for feminist studies because most feminist

research is directly connected to moral notions such as injustice. It therefore surprised me to find little explicit reflection on the combination between ethics and the body from a feminist or gender perspective.[82] It would therefore be worthwhile if feminist and gender reflections on the body and embodiment would be elaborated within ethical theorizing within those same disciplines. How, for example, could care-ethical considerations include the issues concerning body images?

Toward Future Ethical Debates on Body Enhancement

The heuristic character of this study prevented the articulation of final conclusions in relation to concrete decision-making; nevertheless, it is possible to conclude what type of issues need further discussion and reflection in future ethical and public debates.

This study demonstrated that both personal and cultural body images cannot be neglected in future debates on enhancement. They need reflection, because they may cause situations of vulnerability that are morally problematic. They can be the subject of discussion and reflection on different levels. Below I note some of the important questions that need to be attended to.

On the basis of chapter 2 it is worth mentioning again that the current enhancement debate intertwines different types of approaches to enhancement. On the one hand one can distinguish ethical questions concerning the development and use of enhancement technologies. On the other hand one can distinguish questions that address the pursuit of human improvement. I argued that the latter received less attention in the current debate, although it touches on the core meanings of enhancement. For future debates on enhancement it is therefore important to distinguish more clearly the two types of reflection on enhancement. Deeper inquiries into body enhancement are very important in that respect. Questions could be: Why do we wish to improve ourselves? What is wrong with the person we are now? Are we still ourselves if we alter ourselves drastically? Which questions arise when human nature and personal identities are altered? When human life that is altered through technology, what is the role of technology in the evaluation of this human life?

It must be noted explicitly that the emphasis on body enhancement cannot do away with the need to ethically reflect upon various enhancement technologies. For example, the ethical

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82   Some feminist moral theologians indeed introduce reflections on the body or embodiment to theological ethics (e.g. Cahill & Farley 1995; Cahill 1996; Parsons 2002; Ammicht-Quinn 2004). Their work is certainly valuable for the theological field of ethics. For a number of reasons however, their work did not explicitly contribute to the argument of this study. First, these studies combine existing feminist theories with theological ethics, rather than offer new insights in issues on embodiment or the body in comparison with what already has been published in feminist theory. Second, the theological context demands some specific topics to be reflected on in relation to the body, such as sexuality and shame, that are only slightly connected to the theme of this study. Third, these studies focus on the body or embodiment, far less on cultural and personal body images. And fourth, these studies introduce the topic of the body to moral theology, but do not include ethical reflection on the body or body images as it is crucial for this study.

debate on reproduction technologies will be different from the debate concerning cosmetic surgeries. The same is true for enhancement drugs or genetic modifications. Reflections on body enhancement and body images should be present in those debates on particular technologies, but they would only be a part of the whole debate. What part they will have depends on the type of technology that is discussed, its social contexts, and the normative theory one takes as a point of departure.

In general it will be important that the topic of body images is connected to several normative theories. This study did not attempt to introduce body images into the various existing normative theories. So it must be inquired which role body images could play within the different types of normative theories. Then we will see whether the different normative theories support the conclusions of this study that body images are of relevance from the perspective of their normative standards.

In this study I have focused on the relationship between body images and the concept of vulnerability in order to show the relevance of body images for ethical reflection. However, relationships between body images and other moral concepts or perspectives could be investigated. How could body images for example be related to concepts or perspectives of autonomy, justice or care?

Toward Future Public Debates on Body Enhancement

Public debate did not receive attention in this study until now. The reflections and results could however offer topics for public debate. Body images as well as enhancement are issues that concern a broader public and society as a whole. Within society we need to make up our minds how we approach matters of enhancement technologies, the pursuit of human improvement and body images.

In relation to enhancement technologies different moral, but also practical issues can be thought of that need attention in public debates. Discussion is needed to decide whether enhancement technologies may be further developed and whether their use is justified. Which of these technologies do we find morally acceptable? But also, into which of them are we willing to invest money, time and materials? Do we think that regulation of these technologies is necessary? Who should implement such regulations and who should investigate whether regulations are observed?

The pursuit of human improvement is a further item on the agenda of public debates. Do people think that the present desires to improve human beings are excessive or do they think they are in line with human desires throughout history? Do people desire to improve themselves and to what extent? Do they see moral boundaries there? If they desire improvement, what do they judge negatively in the present situation? What do they imagine to reach with the improvement? Furthermore it would be interesting to discuss whether

people think that enhancement should be available for everyone or only for some. How do issues of enhancement relate to issues of fairness and equality? How do the answers to these questions inform the public's opinions on decision-making in relation to enhancement?

Another item on the agenda of public debates should be personal and cultural body images. Which role may cultural body images have in society, according to the public? Do we wish to be a society in which people may become vulnerable as a result of cultural body images? How would we be able to do something about that? Is regulation necessary in relation to body images? Or do we think that awareness of the possible negative effects of cultural production may encourage those who are able to affect body images will suffice?

This explorative study opened up a broad variety of issues and questions concerning body images and enhancement. As such, it offers many opportunities to future interdisciplinary inquiries, but also openings for new perspectives in both ethical and public debates. But most of all this study showed that the subject of body images is of such relevance for ethical reflection that it can no longer be ignored in the ethical reflection on enhancement.

Bibliography

Literature

Adorno, T.W. 1991. *The Culture Industry*. London: Routledge.

Agar, N. 2005. *Liberal Eugenics: In Defence of Human Enhancement*. Malden, MA: Blackwell Publishers.

Alderson, P. 2001. "Prenatal Screening, Ethics and Down's Syndrome: A Literature Review." *Nursing Ethics* 8 (4): 360-374.

Allan, K. 1998. *The Meaning of Culture: Moving the Postmodern Critique*. Westport, CT: Praeger.

Althaus-Reid, M. and L. Isherwood, eds. 2008. *Controversies in Body Theology*. London: SCM Press.

Ammicht-Quinn, R. 2000. *Körper, Religion und Sexualität. Theologische Reflexionen zur Ethik der Geschlechter*. 2. Aufl. (1999). Mainz: Matthias-Grünewald-Verlag.

Applegate, J.L. and H.E. Sypher. 1988. "A Constructivist Theory of Communication and Culture." In: *Theories in Intercultural Communication*, 41-65. Newbury Park, CA: Sage.

Arendt, H. 1987. "Collective Responsibility." In: *Amor Mundi,* J. Bernhauer (ed.) Dordrecht: M. Nijhoff.

Ashcroft, R.E. 2005. "Making Sense of Dignity." *Journal of Medical Ethics* 31 (11): 679-682.

Baldwin, J.R. (ed.) 2006. *Redefining Culture: Perspectives Across the Disciplines*. Mahwah, eBook, accessed through www.amazon.com, (10-29-10): Lawrence Erlbaum Associates, Inc.

Bauer, M.W. 2005. "Public Perceptions and Mass Media in the Biotechnology Controversy." *International Journal of Public Opinion Research* 17 (1): 5-22.

Bayertz, K. 1996. "Human Dignity: Philosophical Origin and Scientific Erosion of an Idea." In: *Sanctity of Life and Human Dignity*, edited by K. Bayertz, 73-90. Dordrecht: Kluwer Academic Publishers.

Beauvoir, S. de. 1979. *The Second Sex*. Harmondsworth, Middlesex: Penguin Books.

Beauvoir, S. de. 1964. *Une Mort Très Douce*. Paris: Gallimard.

Beyleveld, D. and R. Brownsword. 2001. *Human Dignity in Bioethics and Biolaw*. Oxford ; New York: Oxford University Press.

Bolt, I., H.W.J.M. Wijsbek, I.D. de Beaufort, and M.T. Hilhorst. 2002. *Beauty and the Doctor: Moral Issues in Health Care with Regard to Appearance. Final Report of a European Research Project*. [Budel]: Damon.

Bolt, L.L.E. 2007. "True to Oneself? Broad and Narrow Ideas on Authenticity in the Enhancement Debate." *Theoretical Medicine and Bioethics* 28 (4): 285-300.

Bonfadelli, H. 2005. "Mass Media and Biotechnology: Knowledge Gaps within and between

European Countries." *International Journal of Public Opinion Research* 17 (1): 42-62.

Boni, F. 2002. "Framing Media Masculinities: Men's Lifestyle Magazines and the Biopolitics of the Male Body." *European Journal of Communication* 17 (4): 465-478.

Bordo, S. 1999. "Feminism, Foucault and the Politics of the Body." In: *Feminist Theory and the Body: A Reader*, edited by J. Price and M. Shildrick, 246-257. New York, N.Y.: Routledge.

Bordo, S.. 2000. *The Male Body: A New Look at Men in Public and in Private*. New York: Farrar, Straus and Giroux.

Bordo, S. 2004. *Unbearable Weight: Feminism, Western Culture, and the Body*. 10th anniversary ed. Berkeley, Calif.: University of California Press.

Bostrom, N. 2005. "In Defense of Posthuman Dignity." *Bioethics* 19 (3): 202-214.

Bostrom, N. 2008. "Why I Want to be a Posthuman when I Grow Up." In:[„,], edited by B. Gordijn and R. F. Chadwick, 107-137. Dordrecht: Springer.

Bostrom, N. and A. Sandberg. 2009. "Cognitive Enhancement: Method, Ethics, Regulatory Challenges." *Science and Engineering Ethics*: 311-341.

Bourdieu, P. 1993. *The Field of Cultural Production*. Cambridge: Polity Press.

Bourdieu, P. 1996. *The Rules of Art: Genesis and Structure of the Literary Field*. Cambridge: Polity Press.

Buchanan, A.E. 2000. *From Chance to Choice: Genetics and Justice*. Cambridge, U.K.; New York: Cambridge University Press.

Buchanan, A. E. 2009. "Human Nature and Enhancement." *Bioethics* 23 (3): 141-150.

Butler, J.P. 1993. *Bodies that Matter: On the Discursive Limits of "Sex"*. New York: Routledge.

Bynum, C. 1995. "Why all the Fuss about the Body? A Medievalist's Perspective." *Critical Inquiry* 22 (1): 1-33.

Cahill, L.S. 1996. *Sex, Gender & Christian Ethics*. Cambridge: Cambridge University Press.

Cahill, L.S. & Farley, M.A. 1995. *Embodiment, Morality and Medicine*. Dordrecht: Kluwer Academic Publishers.

Cash, T.F. 2004. „Body Image: Past, Present, and Future." *Body Image* 1 (1): 1-5.

Cash, T.F. 1990. "The Psychology of Physical Appearance: Aesthetics, Attributes, and Images." In: *Body Images: Development, Deviance, and Change*, edited by T.F. Cash and T. Pruzinsky, 51-79.

Cash, T.F. and T. Pruzinsky, eds. 2002. *Body Image: A Handbook of Theory, Research, and Clinical Practice*.

Cash, T.F. and T. Pruzinsky. 1990. *Body Images: Development, Deviance, and Change*. New York: The Guilford Press.

Celio, A.A., M.F. Zabinsky, and D.E. Wilfley. 2002. "African American Body Images." In: *Body Image: A Handbook of Theory, Research, and Clinical Practice*, edited by T. F. Cash and T. Pruzinsky, 234-242.

Clarke, J., S. Hall, T. Jefferson, and B. Roberts. 1981. "Sub Cultures, Cultures and Class." In: *Culture, Ideology and Social Process: A Reader*, edited by T. Bennett, G. Martin, C. Mercer and J. Woollacott, 53-79. London: Open University.

Coady, C.A.J. 2009. "Playing God." In: *Human Enhancement*, edited by J. Savulescu and N. Bostrom, 155-180. Oxford [etc.]: Oxford University Press.

Coakley, S. 1997. *Religion and the Body*. Cambridge Studies in Religious Traditions. Vol. 8. Cambridge/New York: Cambridge University Press.

Conboy, K., N. Medina, and S. Stanbury, eds. 1997. *Writing on the Body: Female Embodiment and Feminist Theory*. New York, N.Y., [etc.]: Columbia University Press.

Cooey, P.M. 1994. *Religious Imagination and the Body: A Feminist Analysis*. New York: Oxford University Press.

Csordas, T.J. 1994. *The Sacred Self: A Cultural Phenomenology of Charismatic Healing*. Berkeley: University of California Press.

D'Andrade, R. 1995. *The Development of Cognitive Anthropology*. New York: Cambridge University Press.

Daniels, N. 2009. "Can Anyone really be Talking about Ethically Modifying Human Nature?" In: *Human Enhancement*, edited by J. Savulescu and N. Bostrom, 25-42. Oxford: Oxford University Press.

Daniels, N. 1985. *Just Health Care. Studies in Philosophy and Health Policy*. Cambridge Cambridgeshire ; New York: Cambridge University Press.

Davies, D. 1972. *A Dictionary of Anthropology*. New York: Crane, Russak & Company.

Davis, K. 1995. *Reshaping the Female Body: The Dilemma of Cosmetic Surgery*. New York [etc.]: Routledge.

DeGrazia, D. 2005. *Human Identity and Bioethics*. Cambridge ; New York: Cambridge University Press.

DeGrazia, D. 2000. "Prozac, Enhancement, and Self-Creation." *Hastings Center Report* 30 (2): 34-41.

Dekkers, W. and B. Gordijn. 2005. "Autonomy, Integrity and the Human Body." *Medicine, Health Care and Philosophy* 8 (2): 145-146.

Dikken, A. den. 2009. "Enhancement Technologies: An Opportunity to Care?" In: *Technology, Trust and Religion: Roles of Religions in Public Controversies Over Ecology and the Modification of Life*, edited by W. B. Drees. Leiden: Leiden University Press.

Dikken, A. den. 2005. *Het maakbare lichaam: Een ethische studie naar de maakbaarheiddiscussie in de gezondheidszorg*. Utrecht: Universiteit Utrecht, Ethiek Instituut.

Diprose, R. 1994. *The Bodies of Women: Ethics, Embodiment, and Sexual Difference*. London/ New York: Routledge.

Dodds, S. 2007. "Depending on Care: Recognition of Vulnerability and the Social Contribution of Care Provision." *Bioethics* 21 (9): 500-510.

Donald, J. and A. Rattansi, eds. 1992. *"Race", Culture and Difference*. London: Sage.

Drees, W. B. 2002. ""Playing God? Yes!" Religion in the Light of Technology." *Zygon: Journal of Religion & Science* 37 (3): 643-654.

Düwell, M. 2008. *Bioethik: Methoden, Theorien Und Bereiche*. Stuttgart: J.B. Metzler.

Dworkin, A. 1974. *Woman-Hating*. New York: Dutton.

Ehm, S. and S. Schicktanz, eds. 2006. *Körper als Maß? Biomedizinische Eingriffe und ihre Auswirkungen auf Körper- und Identitätsverständnisse*. Stuttgart: Hirzel.

Elliott, C. 2003. *Better than Well: American Medicine Meets the American Dream*. New York: Norton.

Elliott, C. 2000. "Pursued by Happiness and Beaten Senseless: Prozac and the American Dream." *Hastings Center Report* 30 (2): 7-12.

Elliott, C. 1998. "The Tyranny of Happiness: Ethics and Cosmetic Psychopharmacology." In: *Enhancing Human Traits: Ethical and Social Implications*, edited by E. Parens, 177-188. Washington, D.C.: Georgetown University Press.

Elliott, C. and T. Chambers (eds). 2004. *Prozac as a Way of Life*. Studies in Social Medicine. Chapel Hill: University of North Carolina Press.

Engster, D. 2005. "Rethinking Care Theory: The Practice of Caring and the Obligation to Care." *Hypatia* 20 (3): 50-75.

Ensler, E. 2004. *The Good Body*. 1st ed. New York: Villard.

Eyck, T. 2005. "The Media and Public Opinion on Genetics and Biotechnology: Mirrors, Windows, or Walls?" *Public Understanding of Science* 14 (3): 305-316.

Fabian, J. 1999. "Culture and Critique." In: *The Practice of Cultural Analysis: Exposing Interdisciplinary Interpretation*, edited by M. Bal, 235-254. Stanford, CA: Stanford University.

Fadiman, A. 1997. *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures*. New York: Farrar, Straus, and Giroux.

Feinberg, J. 1968. "Collective and Corporate Responsibility." *Journal of Philosophy* 65 (21): 674-688.

Fine, M. and C. Glendinning. 2005. "Dependence, Independence or Inter-Dependence? Revisiting the Concepts of 'Care' and 'Dependency'." *Ageing & Society* 25 (4): 601-621.

Fiske, J. 1989. *Understanding Popular Culture*. Boston: Unwin Hyman.

Foucault, M. 1977. *Discipline and Punish: The Birth of Prison*. London: Allen Lane.

Foucault, M. 1988. *Power/Knowledge: Collected Interviews and Selected Writings (1977-1984)*, edited by L. D. Kritzman. Brighton: Harvester Press.

Fraser, N. and L. Gordon. 1994. "A Genealogy of *Dependency*: Tracing a Keyword of the U.S. Welfare State." *Signs* 19 (2): 309-335.

French, P. 1984. *Collective and Corporate Responsibility*. New York: Columbia University Press.

French, P. 1998. *Individual and Collective Responsibility*. Rochester, VT: Schenkamn.

Frosh, P. 2001. "Inside the Image Factory: Stock Photography and Cultural Production." *Media, Culture and Society* 23 (5): 625-646.

Fukuyama, F. 2002. *Our Posthuman Future: Consequences of the Biotechnology Revolution*. New York: Farrar, Straus and Giroux.

Gallagher, S. 1995. "Body Image and Body Schema in a Deafferented Subject." *The Journal of Mind and Behaviour* 16 (4): 369-389.

Gallagher, S. 1996a. "The Earliest Sense of Self and Others: Merleau-Ponty and Recent

Developmental Studies." *Philosophical Psychology* 9 (2): 211-234.

Gallagher, S. 1996b. "The Moral Significance of Primitive Self-Consciousness: A Response to Bermudez." *Ethics* 107 (1): 129-141.

Gardner, H. 1999. *The Disciplined Mind*. New York: Simon&Schuster.

Gatens, M. 1996. *Imaginary Bodies: Ethics, Power, and Corporeality*. London ; New York: Routledge.

Gatens, M. 1999. "Power, Bodies and Difference." In: *Feminist Theory and the Body: A Reader*, edited by J. Price and M. Shildrick, 225-234. New York, N.Y.: Routledge.

Goodin, R.E. 1985. *Protecting the Vulnerable: A Reanalysis of our Social Responsibilities*. Chicago [etc.]: The University of Chicago Press.

Graaf, R. van der, and J. van Delden. 2009. "Clarifying Appeals to Dignity in Medical Ethics from a Historical Perspective." *Bioethics* 23 (3): 151-160.

Gramsci, A. 1981. "Socialism and Culture." In: *Selections from the Political Writings*, edited by Q. Hoare, 10-13. New York: International Publishers.

Grogan, S. 1999. *Body Image: Understanding Body Dissatisfaction in Men, Women, and Children*. London/New York: Routledge.

Grosz, E.A. 1994. *Volatile Bodies: Toward a Corporeal Feminism*. Theories of Representation and Difference. Bloomington: Indiana University Press.

Habermas, J. 2003. *The Future of Human Nature*. Cambridge: Polity Press.

Hall, S. 1986. "Cultural Studies: Two Paradigms." In: *Media,Culture, and Society: A Critical Reader*, edited by R. Collins, J. Curran, N. Garnham, P. Scannel, P. Schlesinger and C. Sparks, 33-48. London: Sage.

Harris, J. 2009. "Enhancements are a Moral Obligation." In: *Human Enhancement*, edited by J. Savulescu and N. Bostrom, 131-154. Oxford [etc.]: Oxford University Press.

Harris, J. 2007. *Enhancing Evolution. the Ethical Case for Making Better People*. Princeton, NJ. [etc.]: Princeton University Press.

Harrison, F. 1971. "Culture: A Dialogue." In: *Culture and Anarchy; an Essay in Political and Social Criticism*, edited by I. Gregor, 268-281. Indianapolis: Bobbs-Meril.

Hauerwas, S. 1990. *God, Medicine, and Suffering*. Grand Rapids, Mich.: Wm. B. Eerdmans.

Hefner, P. 1993. *The Human Factor: Evolution, Culture, and Religion*. Theology and the Sciences. Minneapolis: Fortress Press.

Held, V. 2006. *The Ethics of Care: Personal, Political, and Global*. Oxford ; New York: Oxford University Press.

Held, V. 1995. *Justice and Care : Essential Readings in Feminist Ethics*. Boulder, Colo.: Westview Press.

Hesmondhalgh, D. 2006. "Bourdieu, the Media and Cultural Production." *Media, Culture and Society* 28 (2): 211-231.

Hymes, D. 1974. *Foundations in Sociolinguistics: An Ethnographic Approach*. Philadelphia: University of Pennsylvania Press.

Irons, W. 2004. "An Evolutionary Critique of the Created Co-Creator Concept." *Zygon: Journal of Religion & Science* 39 (4): 773-790.

Isherwood, L. 2007. *The Fat Jesus: Feminist Explorations in Boundaries and Transgressions*. London: Darton, Longman and Todd Ltd.

Isherwood, L. 2000. *The Good News of the Body: Sexual Theology and Feminism*. New York: New York University Press.

Isherwood, L. and E. Stuart. 1998. *Introducing Body Theology*. Sheffield: Sheffield Academic Press.

Jackson, J. 1994. "Chronic Pain and the Tension between the Body as Subject and Object." In: *Embodiment and Experience: The Existential Ground of Culture and Self*, edited by T. J. Csordas. Vol. 2, 201-229. Cambridge/New York: Cambridge University Press.

Jaggar, A.M. and S. Bordo. 1989. *Gender/body/knowledge: Feminist Reconstructions of Being and Knowing*. New Brunswick, N.J.: Rutgers University Press.

Jenks, C. 1993. *Culture: Key Ideas*. London: Routledge.

Jongh, R. de, I. Bolt, M. Schermer, and B. Olivier. 2008. "Botox for the Brain: Enhancement of Cognition, Mood and Pro-Social Behavior and Blunting of Unwanted Memories." *Neuroscience and Biobehavioral Reviews* 32: 760-776.

Juengst, E.T. 1998. "What does Enhancement Mean?" In: *Enhancing Human Traits: Ethical and Social Implications*, edited by E. Parens, 29-47. Washington, D.C.: Georgetown University Press.

Kalis, A. 2009. *Failures of Agency*. Utrecht: Zeno.

Kamm, F. 2009. "What is and is Not Wrong with Enhancement?" In: *Human Enhancement*, edited by J. Savulescu and N. Bostrom, 91-130. Oxford: Oxford University Press.

Kass, L.R. 2002. *Life, Liberty and the Defense of Dignity*. San Francisco, CA: Encounter Books.

Kearney-Cooke, A. 2002. "Familial Influences on Body Image Development." In: *Body Image: A Handbook of Theory, Research, and Clinical Practice*, edited by T.F. Cash and T. Pruzinsky, 99-107.

Keenan, J. 1994. "Current Theology Note: Christian Perspectives on the Human Body." *Theological Studies* 55 (2): 330-346.

Kemp, P., J. Rendtorff, and N.M. Johanssen, eds. 2000. *Bioethics and Biolaw, Vol. II. Four Ethical Principles*. Vol. 2. Copenhagen: Rhodos International Science and Art Publishers.

Kittay, E.F. 2003. "Disability, Equal Dignity and Care." *Concilium* 39 (2): 105-115.

Kittay, E.F. 1999. *Love's Labor: Essays on Women, Equality, and Dependency*. New York: Routledge.

Kool, J. 2002. *Goed Bedoeld: Levensbeschouwelijk Kijken Naar Handicap En Ziekte*. Zoetermeer: Boekencentrum.

Korte, A.-M. 1995. "In de geest van het lichaam: 'Lichamelijkheid' als hermeneutische categorie binnen feministische theologie." In: *God opnieuw gedacht: Verantwoordelijkheid voor de schepping in feministisch perspectief*, edited by J. Jäger-Sommer, 231-252. Baarn: Ten Have.

Kottow, M.H. 2004. "Vulnerability: What Kind of Principle is it?" *Medicine, Health Care*

and Philosophy 7 (3): 281-287.

Kottow, M.H. 2003. "The Vulnerable and the Susceptible." *Bioethics* 17 (5-6): 460-471.

Kroeber, A.L. and C. Kluckholn. 1952. *Culture; A Critical Review of Concepts and Definitions.* Cambridge, MA: Peabody Museum.

Kuhse, H. 2000. "Is there a Tension between Autonomy and Dignity?" In: *Bioethics and Biolaw, Vol. II: Four Ethical Principles*, edited by P. Kemp, J. Rendtorff and N.M. Mattsson. Vol. 2, 61-74. Copenhagen: Rhodos international Science and Art Publishers and Centre for Ethics and Law.

Levine, M.P. and L. Smolak. 2002. "Body Image Development in Adolescence." In: *Body Image: A Handbook of Theory, Research, and Clinical Practice*, edited by T.F. Cash and T. Pruzinsky, 74-82.

Linton, R. 1955. *The Tree of Culture*. New York: Alfred A. Knopf.

Macklin, R. 2003. "Dignity is a Useless Concept." *British Medical Journal* 327 (7427): 1419-1420.

Makarian, E.S. 1973. "The Concept of Culture in the System of Modern Sciences." In: *The Concept and Dynamics of Culture*, edited by B. Bernardi, 103-118. The Hague/Paris: Mouton.

Malek, J. 2006. "Identity, Harm, and the Ethics of Reproductive Technology." *Journal of Medicine and Philosophy* 31 (1): 83-96.

May, L. 1987. *The Morality of Groups*. Notre Dame: University of Notre Dame Press.

May, L. 1992. *Sharing Responsibility*. Chicago: University of Chicago Press.

McKenny, G.P. 1998. "Enhancements and the Ethical Significance of Vulnerability." In: *Enhancing Human Traits: Ethical and Social Implications*, edited by E. Parens, 222-237. Washington, D.C.: Georgetown University Press.

Merleau-Ponty, M. 2002. *Phenomenology of Perception*. London [etc.]: Routledge.

Milkie, M.A. 2002. "Contested Images of Femininity: An Analysis of Cultural Gatekeepers' Struggles with the "Real Girl" Critique." *Gender and Society* 16 (6): 839-859.

Moody-Adams, M.M. 1994. "Culture, Responsibility, and Affected Ignorance." *Ethics* 104 (2): 291-309.

Moynihan, R., I. Heath, and D. Henry. 2002. "Selling Sickness: The Pharmaceutical Industry and Disease Mongering." *Britisch Medical Journal* 324 (7324): 886-891.

Moynihan, R. and D. Henry. 2006. "The Fight Against Disease Mongering: Generating Knowledge for Action." *PLoS Medicine* 3 (4): 425-428.

Moltmann-Wendel, E. 1995. *I Am My Body: A Theology of Embodiment* [Mein Körper bin ich.]. New York: Continuum.

Murray, T.H. 2008. "Doping in Sport: Challenges for Medicine, Science and Ethics." *Journal of Internal Medicine* 264 (2): 95-98.

Narveson, J. 2002. "Collective Responsibility." *Journal of Ethics* 6 (2): 179-198.

Nelson, J.B. 1992. *Body Theology*. 1st ed. Louisville, Ky.: Westminster/John Knox.

Nordenfelt, L. 2004. "The Varieties of Dignity." *Health Care Analysis* 12 (2): 69-81.

Nubé, J. 1995. *Beta Blockers and Performing Musicians*. Dissertatiereeks / Faculteit

Psychologie, Universiteit Van Amsterdam ; 1995-1. [S.n]: [S.l].

O'Neill, O. 1996. *Towards Justice and Virtue: A Constructive Account of Practical Reasoning*. Cambridge: Cambridge University Press.

Parens, E. 2005. "Authenticity and Ambivalence: Toward Understanding the Enhancement Debate." *Hastings Center Report* 35 (3): 34-41.

Parens, E. 1998. *Enhancing Human Traits: Ethical and Social Implications*. Hastings Center Studies in Ethics. Washington, D.C.: Georgetown University Press.

Parens, E. 1998. "Is Better always Good? The Enhancement Project." In: *Enhancing Human Traits: Ethical and Social Implications*, edited by E. Parens, 1-28. Washington, D.C.: Georgetown University Press.

Parens, E. 2009. "Toward a More Fruitful Debate about Enhancement." In: *Human Enhancement*, edited by J. Savulescu and N. Bostrom, 181-198. Oxford: Oxford University Press.

Parsons, S.F. 2002. *The Ethics of Gender*. Oxford: Blackwell Publishers.

Pitts, V.L. 2003. *In the Flesh: The Cultural Politics of Body Modification*. New York: Palgrave Macmillan.

President's Council on Bioethics. 2003. *Beyond Therapy: Biotechnology and the Pursuit of Happiness*, edited by W. Safire. New York: Dana Press.

Price, J. and M. Shildrick, eds. 1999. *Feminist Theory and the Body: A Reader*. New York, N.Y.: Routledge.

Pruzinsky, T. and M.T. Edgerton. 1990. "Body-Image Change in Cosmetic Plastic Surgery." In: *Body Images: Development, Deviance, and Change*, edited by T. F. Cash and T. Pruzinsky, 217-236.

Radzik, L. 2001. "Collective Responsibility and Duties to Respond." *Social Theory and Practice* 27 (3): 455-471.

Reber, A.S. 1995. *The Penguin Dictionary of Psychology*. London: Penguin.

Ricoeur, P. 1979. "The Function of Fiction in Shaping Reality." *Continental Philosophy Review* 12 (2): 123-141.

Rosaldo, R. 1989. *Culture and Truth: The Remaking of Social Analysis*. Boston: Beacon.

Rothman, S.M. and D.J. Rothman. 2003. *The Pursuit of Perfection: The Promise and Perils of Medical Enhancement*. 1st ed. New York: Pantheon Books.

Sadler, B.J. 2007. "Collective Responsibility, Universalizability, and Social Practices." *Journal of Social Philosophy* 38 (3): 486-503.

Salzmann, A. 1998. *Language, Culture, and Society: An Introduction to Linguistic Anthropology*. 2nd ed. Boulder, CA: Westview.

Sandel, M.J. 2007. *The Case Against Perfection. Ethics in the Age of Genetic Engineering*. Cambridge, Mass. [etc.]: Belknap Press of Harvard University Press.

Sandel, M.J. 2009. "The Case Against Perfection: What's Wrong with Designer Children, Bionic Athletes, and Genetic Engineering." In: *Human Enhancement*, edited by J. Savulescu and N. Bostrom, 71-90. Oxford [etc.]: Oxford University Press.

Sartre, J.-P. 1992. *Being and Nothingness: A Phenomenological Essay on Ontology*. New York:

Washington Square Press.

Savulescu, J. and N. Bostrom, eds. 2009. *Human Enhancement*. Oxford [etc.]: Oxford University Press.

Scarry, E. 1985. *The Body in Pain: The Making and Unmaking of the World*. New York: Oxford University Press.

Schermer, M.H.N. 2007. "*Brave New World* versus *Island* - Utopian and Dystopian Views on Psychopharmacology." *Medicine, Health Care and Philosophy* 10 (2): 119-128.

Schicktanz, S. 2007. "Why the Way We Consider the Body Matters. Reflections on Four Bioethical Perspectives on the Human Body." *Philosophy, Ethics, and Humanities in Medicine* 2007, 2:30. Available from: http://www.peh-med.com/content/2/1/30.

Schilder, P. 1950. *The Image and Appearance of the Human Body: Studies in the Constructive Energies of the Psyche*. New York: International Universities Press.

Schroten, E. 1992. "Playing God: Some Theological Comments on a Metaphor." In: *Christian Faith and Philosophical Theology : Essays in Honour of Vincent Brümmer*, edited by V. Brümmer, G. van den Brink, L. J. van den Brom and M. Sarot, 186-196. Kampen: Kok Pharos.

Scully, J.L. 2006. "Disabled Embodiment and an Ethic of Care." In: *Bioethics in Cultural Contexts: Reflections on Methods and Finitude*, edited by C. Rehmann-Sutter, M. Düwell and D. Mieth. Vol. 28, 384. Dordrecht: Springer.

Scully, J.L. 2003. "Drawing Lines, Crossing Lines: Ethics and the Challenge of Disabled Embodiment." *Feminist Theology* 11 (3): 265-280.

Scully, J.L. 1998. "When Embodiment isn't Good." *Theology and Sexuality* (9): 10-28.

Scully, J.L. and C. Rehmann-Sutter. 2001. "When Norms Normalize: The Case of Genetic "Enhancement"." *Human Gene Therapy* 12: 87-95.

Sellman, D. 2005. "Towards an Understanding of Nursing as a Response to Human Vulnerability." *Nursing Philosophy* 6 (1): 2-10.

Sherwin, S. 1992. *No Longer Patient: Feminist Ethics and Health Care*. Philadelphia: Temple University Press.

Shildrick, M. 2002. *Embodying the Monster: Encounters with the Vulnerable Self*. London; Thousand Oaks, Calif.: Sage Publications.

Shildrick, M. and J. Price. 1999. "The Broken Body." In: *Feminist Theory and the Body: A Reader*, edited by J. Price and M. Shildrick, 432-444. New York: Routledge.

Shilling, C. 2005. *The Body in Culture, Technology and Society*. London; Thousand Oaks, Calif.: Sage Publications.

Shivas, T. 2004. "Contextualizing the Vulnerability Standard." *The American Journal of Bioethics* 4 (3): 84-86.

Silvers, A. 1998. "A Fatal Attraction to Normalizing: Treating Disabilities as Deviations from 'Species-Typical' Functioning." In: *Enhancing Human Traits: Ethical and Social Implications*, edited by E. Parens, 95-123. Washington, D.C.: Georgetown University Press.

Skelton, T. and T. Allen (eds). 1999. *Culture and Global Change*. London: Routledge.

Slatman, J. 2008. *Vreemd lichaam. Over medisch ingrijpen en persoonlijke identiteit*. Amsterdam: Ambo.

Smolak, L. 2002. "Body Image Development in Children." In: *Body Image: A Handbook of Theory, Research, and Clinical Practice*, edited by T.F. Cash and T. Pruzinsky, 65-73.

Spindler, G. and L. Spindler. 1990. *The American Cultural Dialogue and its Transmission*. London: The Falmer Press.

Spitz, E.H. 2006. "Body Image: Gender, Race, Culture." *International Congress Series* 1286: 206-210.

Stempsey, W.E. 2006. "Emerging Medical Technologies and Emerging Conceptions of Health." *Theoretical Medicine and Bioethics* 27 (3): 227-243.

Stocker, S.S. 2001. "Problems of Embodiment and Problematic Embodiment." *Hypatia* 16 (3): 30-56.

Stuart, E. 2000. "Disruptive Bodies: Disability, Embodiment and Sexuality." In: *The Good News of the Body: Sexual Theology and Feminism*, edited by L. Isherwood, 166-184. New York: New York University Press.

Tannsjo, T. 1989. "The Morality of Collective Actions." *Philosophical Quarterly* 39 (155): 221-228.

Tantleff-Dunn, S. and J.L. Gokee. 2002. "Interpersonal Influences on Body Image Development." In: *Body Image: A Handbook of Theory, Research, and Clinical Practice*, edited by T.F. Cash and T. Pruzinsky, 108-116.

Thompson, J.K. and L.J. Heinberg. 1999. "The Media's Influence on Body Image Disturbance and Eating Disorders: We've Reviled them, Now can we Rehabilitate them?" *Journal of Social Issues* 55 (2): 339-354.

Thompson, R.A. and R.T. Sherman. 1999. "Athletes, Athletic Performance, and Eating Disorders: Healthier Alternatives." *Journal of Social Issues* 55 (2): 317-338.

Tiggemann, M. 2002. "Media Influences on Body Image Development." In: *Body Image: A Handbook of Theory, Research, and Clinical Practice*, edited by T.F. Cash and T. Pruzinsky, 91-98.

Tong, R. 1998. "The Ethics of Care: A Feminist Virtue Ethics of Care for Healthcare Practitioners." *Journal of Medicine and Philosophy* 23 (2): 131-151.

Tronto, J.C. 1993. *Moral Boundaries: A Political Argument for an Ethic of Care*. New York: Routledge.

Turner, B.S. 2006. "Body." *Theory, Culture and Society* 23 (2-3): 223-229.

Turner, B.S. 2008. *The Body & Society: Explorations in Social Theory*. Theory, Culture & Society. 3rd ed. Los Angeles: Sage.

Turner, B.S. 1991. "Recent Developments in the Theory of the Body." In: *The Body: Social Process and Cultural Theory*, edited by M. Featherstone, M. Hepworth and B.S. Turner, 1-35. London: Sage Publications.

Valck, M. de, and M. Wilkinson. 2010. "'Echte' vrouwen willen geen makeover! Een analyse van het kritische anti-makeovermanifest 'Beperkt houdbaar'." *Tijdschrift Voor Genderstudies* 13 (1): 5-18.

Vasterling, V. 2003. "Body and Language: Butler, Merleau-Ponty and Lyotard on the Speaking Embodied Subject." *International Journal of Philosophical Studies* 11 (2): 205-223.

Vasterling, V. 1999. "Butler's Sophisticated Constructivism: A Critical Assessment." *Hypatia* 14 (3): 17-38.

Walker, M.U. 2007. *Moral Understandings: A Feminist Study in Ethics*. *Studies in Feminist Philosophy.* 2nd ed. New York: Oxford University Press.

Weiss, G. 1999. "The Abject Borders of the Body Image." In *Perspectives on Embodiment: The Intersections of Nature and Culture*, edited by G. Weiss and H.F. Haber, 41-60. New York: Routledge.

Weiss, G. 1999. *Body Images: Embodiment as Intercorporeality*. New York, N.Y. [etc.]: Routledge,.

Welton, D. (ed.) 1998. *Body and Flesh: A Philosophical Reader*. Malden, Mass.: Blackwell.

Welton, D. (ed.) 1999. *The Body: Classic and Contemporary Readings*. Malden, Mass.: Blackwell.

Werner, M. 2006. "Verantwortung." In: *Handbuch Ethik*, edited by M. Düwell, C. Hübenthal and M. Werner. 2nd ed., 541-548. Stuttgart: Verlag J.B. Metzler.

Westmoreland Corson, P. and A.E. Andersen. 2002. "Body Image Issues among Boys and Men." In: *Body Image: A Handbook of Theory, Research, and Clinical Practice*, edited by T.F. Cash and T. Pruzinsky, 192-199.

Whitbourne, S.K. and K.M. Skultety. 2002. "Body Image Development. Adulthood and Aging." In: *Body Image: A Handbook of Theory, Research, and Clinical Practice*, edited by T.F. Cash and T. Pruzinsky, 83-90.

Wijsbek, H. 2000. "The Pursuit of Beauty: The Enforcement of Aesthetics or a Freely Adopted Lifestyle?" *Journal of Medical Ethics* 26 (6): 454-458.

Wolf, S.M., ed. 1996. *Feminism & Bioethics: Beyond Reproduction*. New York: Oxford University Press.

Young, I.. 1995. "Pregnant Embodiment: Subjectivity and Alienation." In: *Feminism and Philosophy: Essential Readings in Theory, Reinterpretation, and Application*, edited by N. Tuana and R. Tong, 407-419. Boulder, Colo.: Westview Press.

Young, I.M. 2006. "Responsibility and Global Justice: A Social Connection Model." *Social Philosophy and Policy* 23 (1): 102-130.

Young, I.M. 1990. *Throwing Like a Girl and Other Essays in Feminist Philosophy and Social Theory*. Bloomington: Indiana University Press.

Webpages

http://www.about-face.org (01-26-07)

http://www.beperkthoudbaar.info (02-15-10)

http://www.beperkthoudbaarinfo.nl/docu (12-07-10)

http://www.documentary-log.com/d1239-aimee-mullins-and-her-12-pairs-of-legs-lecture/ (10-25-10)

http://www.dove.co.uk (08-09-10)

http://www.radio1.nl/contents/15045-igz-waarschuwt-voor-lekkende-borstimplantaten (01-20-11)

http://www.ser.nl/~/media/DB_Adviezen/2000_2009/2000/b19020%20pdf.ashx – (10-16-10)

http://www.unicef.org (04-02-2010)

Samenvatting

1. Inleiding

De ontwikkelingen in de technologie hebben grote gevolgen voor het menselijke leven. Technologie bepaalt namelijk mede hoe we vorm geven aan ons bestaan. In toenemende mate worden technologieën ontwikkeld die zelfs de vorm en het functioneren van de mens zelf kunnen verbeteren. In het ethisch debat over deze technologieën wordt gesproken over *enhancement*. Een gangbare definitie beschrijft *enhancement* als het technologisch ingrijpen in de menselijke vorm of het menselijke functioneren om deze te verbeteren zonder dat daar een medische aanleiding voor is. We kunnen daarbij denken aan cosmetische chirurgie, het gebruik van vruchtbaarheidstechnologie in specifieke situaties, het gebruik van farmaceutische middelen om prestaties te bevorderen, of om cognitieve of sociale vermogens te verbeteren. In de jaren negentig is een ethisch debat ontstaan waarin systematisch werd nagedacht over de ethische aspecten die samenhangen met dit soort technologisch ingrijpen in de mens.

De ontwikkeling van technologie vindt plaats in een samenleving waarin bepaalde ideeën, beelden en wensen heersen. Het verlangen om de mens te veranderen zegt iets over hoe wij de mens op dit moment beschouwen. Het gebruik en de ontwikkeling van technologie kan daardoor niet los gezien worden van onze lichaamsbeelden. Wanneer we technologie gebruiken om het lichaam te veranderen, zegt dit gebruik iets over hoe we ons lichaam zien en waarderen. Daarnaast kan de wijze waarop we ons lichaam ervaren en beleven van invloed zijn op onze geneigdheid dat lichaam door middel van technologie te veranderen. Opmerkelijk is echter dat in het bestaande debat over *enhancement* nauwelijks gereflecteerd wordt over de lichaamsbeelden die bij individuen en in de cultuur present zijn, terwijl deze beelden zo'n cruciale rol spelen.

Maar wat zijn lichaamsbeelden nu eigenlijk? Onder lichaamsbeelden verstaan we alle mogelijke houdingen ten aanzien van het lichaam: de visies, percepties, ervaringen en emoties ten aanzien van het eigen lichaam, dat van een ander of lichamen in meer algemene zin. Het is des te opmerkelijker dat er voor deze lichaamsbeelden in het ethisch debat geen plaats is gemaakt, omdat het technologisch ingrijpen in de mens dat erop gericht is om diens vorm en functioneren te verbeteren, in veel gevallen gericht is op verbetering van de lichamelijke mens. Zelfs als het gaat om verandering van cognitieve of sociale capaciteiten, wordt deze verandering teweeggebracht via het lichaam.
Deze studie heeft tot doel inzichtelijk te maken dat persoonlijke en culturele lichaamsbeelden relevant zijn voor het ethisch debat over *enhancement*. Het is een exploratieve studie in

die zin dat op verkennende wijze wordt gezocht naar de mogelijkheden om het nadenken over lichaamsbeelden te integreren in het ethisch debat. Met behulp van benaderingen uit verschillende disciplines worden verschillende aspecten belicht van culturele en persoonlijke lichaamsbeelden en wordt zichtbaar gemaakt hoe deze relevant kunnen zijn voor ethische afwegingen omtrent *enhancement*. Welke vragen komen we tegen en welke onderwerpen dienen overdacht te worden? Welke consequenties heeft dat alles uiteindelijk voor beslismomenten aangaande *enhancement*?

Om aan te tonen dat lichaamsbeelden relevant zijn voor het ethisch debat zijn drie stappen ter verheldering nodig gebleken.
Ten eerste moet duidelijk worden waar het *enhancement* debat over gaat.
Ten tweede is er een concept van lichaamsbeelden nodig om te articuleren hoe deze relevant zouden kunnen zijn voor een ethisch debat. Zo'n concept is in deze studie ontwikkeld op basis van studies uit de fenomenologie, uit de sociale wetenschappen en uit feministisch onderzoek.
Vervolgens moest onderzocht worden of op basis van dit concept lichaamsbeelden kunnen voldoen aan de voorwaarden voor ethische relevantie. Om relevant te zijn voor ethische overwegingen zouden lichaamsbeelden sterk verbonden moeten zijn met menselijk handelen. Er moeten immers handelingsmogelijkheden zijn om überhaupt ethische afwegingen te kunnen maken. Maar het is niet vanzelfsprekend dat lichaamsbeelden inderdaad te maken hebben met menselijk handelen.

Deze studie toont aan dat lichaamsbeelden kwetsbaarheid teweeg kunnen brengen. In bepaalde gevallen kan deze kwetsbaarheid een ethisch probleem opleveren. Juist dan zijn lichaamsbeelden relevant voor een ethisch debat. De volgende vraag is dan ook wanneer er ten gevolge van lichaamsbeelden situaties ontstaan waarin sprake is of zou moeten zijn van morele verantwoordelijkheid.

De hoofdstukken van deze studie zijn op verschillende niveaus gerelateerd aan de hoofdvraag van het boek: 'Kunnen persoonlijke en culturele lichaamsbeelden relevant zijn voor het ethisch debat over *enhancement*?'. Hoofdstuk 2 geeft een overzicht van de bestaande ethische thema's in het *enhancement* debat. De hoofdstukken 3 tot en met 6 zijn verdeeld in paren. Hoofdstuk 3 en 4 verkennen het sociale fenomeen 'lichaamsbeelden'. Hoofdstuk 5 en 6 verkennen de mogelijke relatie tussen lichaamsbeelden en ethiek. Het slothoofdstuk beziet de gehele studie nogmaals vanuit vogelvlucht. Dit levert conclusies, maar ook nieuwe inzichten op.

2. *Enhancement*

Wat zijn de ethische vragen die gesteld (moeten) worden ten aanzien van *enhancement* en hebben lichaamsbeelden daar op enigerlei wijze mee van doen? Hoofdstuk 2 bespreekt aan de hand van deze vragen de verschillende thema's die centraal staan in het ethische debat met het doel te achterhalen wat de centrale notie is van het *enhancement* debat. Als we dat niet kunnen verhelderen, is het ook niet mogelijk te bepalen of de reflectie op lichaamsbeelden relevant is voor dat debat.

Het overzicht van bestaande thema's in het debat levert een interessant beeld op. Ten eerste blijken de bestaande argumenten voornamelijk gericht te zijn op de doelen, middelen, gevolgen en neveneffecten van specifieke technologische interventies in de mens. Een hele categorie vragen die voorafgaan aan het gebruik van technologie blijkt nauwelijks aan bod te komen. Met name is er weinig aandacht voor de motivaties die mensen ertoe brengen hun lichaam te veranderen door middel van technologie. Waarom willen mensen ingrijpen in hun lichaam? Waarom streven mensen naar verbetering van vorm en functioneren? Bestudering van deze motieven en de sociale invloeden die daarmee gepaard gaan, zou eigen ethische vragen en thema's met zich mee kunnen brengen.

Ten tweede lijken twee interpretaties van de term '*enhancement*' door elkaar heen gebruikt te worden. Enerzijds houden verschillende benaderingen binnen het debat zich met name bezig met de ethische aspecten die sterk verbonden zijn met de praktijk van specifieke technologieën. Vandaar de gerichtheid op de gevolgen en doelen van deze technologieën. Anderzijds speelt er voortdurend een vraag naar de betekenis van het streven naar verbetering. Wat betekent het dat mensen streven naar verbetering? Deze vraag lijkt echter nog weinig gearticuleerd en in het debat wordt niet duidelijk genoeg welke specifieke ethische vragen moeten worden gesteld bij het streven naar verbetering van het menselijke lichaam. Het gaat dan niet meer in de eerste plaats om de ethische afwegingen van het gebruik van specifieke technologieën, maar om ethische reflectie op menselijke verlangens en motivaties om zichzelf anders vorm te geven.

Deze studie levert een bijdrage aan deze laatste opvatting van *enhancement*. In het vervolg wordt *enhancement* daarom begrepen als streven naar lichamelijke verbetering. Persoonlijke en culturele lichaamsbeelden vormen een sterke motivatie om door middel van technologie lichamen te willen verbeteren qua vorm en prestaties. Als we willen weten welke ethische vragen spelen rond het streven naar verbetering van menselijke vorm en functioneren, kan reflectie op lichaamsbeelden niet achterwege blijven. Het is echter niet vanzelfsprekend welke relatie er zou kunnen bestaan tussen lichaamsbeelden en ethische reflectie. Daarom is nodig te verhelderen wat bedoeld wordt met lichaamsbeelden, om te kunnen onderzoeken hoe deze in relatie kunnen worden gebracht met ethische reflectie.

3. Lichaamsbeelden

Hoofdstuk 3 is erop gericht te komen tot een concept van lichaamsbeelden dat de mogelijke houdingen ten opzichte van het menselijke lichaam omvat. Het gaat daarbij niet om een filosofisch begrijpen van het menselijk lichaam, maar om de sociale omgang met en het sociale verstaan van het lichaam. Om te komen tot een concept van lichaamsbeelden wordt gebruik gemaakt van fenomenologische inzichten, de sociale wetenschappen en feministische theorie. Deze verschillende disciplines of scholen hebben elk een eigen bijdrage geleverd aan het denken over lichaamsbeelden.

De fenomenologie heeft binnen de filosofie het denken over het lichaam verbreed door nadruk te leggen op het geleefde lichaam. Fenomenologen als Maurice Merleau-Ponty toonden aan dat er geen afstand is tussen het subject en diens lichaam. Volgens hen kan het lichaam niet slechts als object worden gezien, aangezien het subject alleen als lichamelijk subject kan bestaan. Het belichaamde subject neemt waar en staat in contact met de wereld. Ofwel, het lichaam neemt waar en staat in contact met de wereld. De fenomenologen hebben daarmee een grote bijdrage geleverd aan het denken over de percepties en ervaringen van het menselijk lichaam.

Theoretische studies over lichaamsbeelden binnen de sociale wetenschappen laten zien dat verschillende lichaamsbeelden onderscheiden kunnen worden.
In de eerste plaats zijn er de zogenaamde *inside-views*, ook wel zelfbeelden genoemd. Deze geven weer hoe personen over het eigen lichaam denken, hoe ze het ervaren en welke emoties ze hebben omtrent het eigen lichaam. In de loop van deze studie worden deze *inside-views* tevens persoonlijke lichaamsbeelden genoemd.
In de tweede plaats zijn er *outside-views*. Dat zijn de visies, gevoelens en ervaringen van anderen over iemands lichaam.
In de derde plaats zijn er persoonlijke lichaamsidealen. Dit zijn de idealen die een individu zichzelf stelt ten aanzien van het eigen lichaam. Iemand is tevreden met haar lijf of streeft ernaar gezonder te zijn, af te vallen, sportief beter te presteren.
Ten slotte zijn er culturele lichaamsbeelden. Dit zijn de lichaamsbeelden die heersen binnen een bepaalde culturele groep, zoals een samenleving, een religieuze beweging, een club of een familie.
Al deze verschillende vormen van lichaamsbeelden beïnvloeden elkaar. Zo bepalen culturele lichaamsbeelden in sterke mate wat individuen mooi, aantrekkelijk, bewonderenswaardig, lelijk of beschamend aan hun eigen of aan andermans lichaam vinden. Tegelijk bepalen zij veelal welke idealen worden nagestreefd ten aanzien van het lichaam.

Vanuit feministisch perspectief zijn de sociale processen die betrekking hebben op het menselijk lichaam uitgebreid bestudeerd. De feministische benadering bracht namelijk aan het licht dat ongelijkheid tussen mannen en vrouwen deels voortkwam uit een dualistisch

visie op het menselijk wezen. Deze benadering heeft veel bijgedragen aan het overdenken wat het betekent om belichaamd te zijn. Juist de verhouding tussen culturele lichaamsbeelden en persoonlijke lichaamsbeelden is daarbij kritisch onder de loep genomen, waarbij aangetoond werd dat culturele lichaamsbeelden niet zomaar bestaan, maar dat ze gevormd worden. Er is sprake van zogenaamde 'culturele productie'. (Hoofdstuk 4 gaat hier dieper op in.)

Belicht vanuit deze verschillende perspectieven blijken lichaamsbeelden zo sterk verbonden met cultuur, dat ze slechts kunnen worden begrepen vanuit een cultuurbegrip. Cultuur is op zich ook weer een complexe term. John R. Baldwin toont op basis van een uitgebreide studie van cultuurdefinities welke verschillende dimensies gekoppeld zijn aan het begrip cultuur. Het raamwerk van cultuurdefinities als gepresenteerd door Baldwin verheldert de verschillende perspectieven op lichaamsbeelden die in hoofdstuk 2 aan bod zijn gekomen. Duidelijk wordt dat we op verschillende niveaus en op diverse manieren kunnen spreken over lichaamsbeelden. Te onderscheiden zijn het structurele niveau en het functionele niveau, de verschillende dimensies van lichaamsbeelden, namelijk als een proces, als een product, als beschaving, als behorend tot een groep en als macht of ideologie. De meeste van deze dimensies van lichaamsbeelden komen in deze studie aan de orde. Speciale aandacht gaat daarbij uit naar lichaamsbeelden als proces, en wel het proces van culturele productie.

Het hoofdstuk sluit af met een definitie van het concept lichaamsbeelden. In het vervolg van de studie worden lichaamsbeelden begrepen als de culturele fenomenen die alle houdingen en waarden omvatten ten aanzien van menselijke lichamen, inclusief *inside-views*, *outside-views* en lichaamsidealen en hun onderlinge relaties. Deze definitie doet recht aan het theoretische werk dat verricht is in dit hoofdstuk en maakt het mogelijk vanuit een multidimensionale benadering te reflecteren op lichaamsbeelden door de verwijzing naar lichaamsbeelden als culturele fenomenen.

4. Culturele productie

Wat betekent het dat lichaamsbeelden deel uitmaken van culturele productie? Voor de beantwoording van deze vraag, die centraal staat in hoofdstuk 4, worden verschillende processen van culturele productie beschreven die de diversiteit en complexiteit van deze productie aantonen. Er blijkt namelijk een tweevoudige werking te zijn. In de eerste plaats vormen culturele lichaamsbeelden persoonlijke lichaamsbeelden. Op hun beurt worden culturele lichaamsbeelden 'geproduceerd' binnen de cultuur. Als we bedenken dat persoonlijke lichaamsbeelden in zekere mate hun invloed hebben op deze productie van culturele lichaamsbeelden, kunnen we spreken van een circulaire werking.

Culturele productie vindt plaats op verschillende niveaus en in diverse vormen. Op basis van

feministische studies laat dit hoofdstuk zien dat culturele productie onze mogelijkheden tot handelen bepaalt en in sommige gevallen ook beperkt. Hier wordt duidelijk dat culturele productie te maken kan hebben met macht en dat mensen in een machtssysteem in gemarginaliseerde posities terecht kunnen komen.

Het streven naar verbetering van het lichaam staat veelal in relatie tot ideeën over wat 'normale' lichamen zijn. Door middel van verbetering wil men bereiken een normaal lichaam te krijgen of men wil juist het lichaam boven het normale uit doen stijgen. 'Normaal' is hierbij echter geen waardeneutrale term. Het bestaan van ideeën over het normale lichaam impliceert een hiërarchie tussen enerzijds lichamen die het normale niet benaderen en anderzijds lichamen die dat wel doen of er zelfs bovenuit stijgen. Er sluimert in een dergelijk systeem altijd het gevaar van marginalisatie en dominantie. Culturele productie kan mensen kwetsbaar maken voor machtsverhoudingen.

Spreken over culturele productie roept enkele verdiepende vragen op. Hoe kunnen we spreken van 'productie' in een proces waar geen aanwijsbare productieprocessen herkenbaar zijn en er geen vastomlijnd eindproduct is? Is er sprake van menselijke handelingen bij het ontstaan van lichaamsbeelden of kunnen we beter zeggen dat ze gewoonweg bestaan in onze cultuur? Volgens Pierre Bourdieu is er sprake van mogelijkheden om te handelen in relatie tot culturele beelden (zoals lichaamsbeelden). Hij beschrijft de productie van culturele beelden als een complex cultureel proces dat niet gelimiteerd is tot het handelen van een individu of een netwerk van actoren. Hij spreekt over verschillende velden die elkaar beïnvloeden, waarbij verschillende actoren op verschillende niveaus handelen. Sommige culturele lichaamsbeelden ontstaan bijvoorbeeld in zogenoemde glossy's of modebladen. Diverse actoren hebben invloed: de fotografen, de ontwerpers, de redacteuren en de lezers hebben elk eigen handelingsmogelijkheden. Allen kunnen tot op zekere hoogte hun keuzes bepalen, terwijl tegelijkertijd niemand volledige zeggenschap heeft in het proces. Voor de ethiek levert deze situatie lastige vragen op, die in het volgende hoofdstuk behandeld worden
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5. Voorwaarden voor ethische relevantie

Het is niet vanzelfsprekend dat lichaamsbeelden relevant zijn voor ethische reflectie. Om relevant te zijn voor ethische reflectie moeten lichaamsbeelden namelijk voldoen aan enkele minimale voorwaarden. Zo moeten ze ten minste gerelateerd kunnen worden aan menselijk handelen. Als menselijk handelen lichaamsbeelden niet kan beïnvloeden, of andersom: wanneer lichaamsbeelden het menselijk handelen niet beïnvloeden, kan er geen sprake zijn van ethische relevantie. Ethiek is immers de systematische reflectie van de moraal, en bestrijkt de evaluatie van het menselijke handelingen en de besluitvorming. Wanneer lichaamsbeelden daarmee niet van doen zouden hebben, vallen zij niet binnen het bereik van de ethiek.

De vraag is dus of lichaamsbeelden op enigerlei wijze gerelateerd zijn aan het menselijke handelen. Uit de vorige hoofdstukken valt op te maken dat deze relatie er is en dat die zich op verschillende wijzen manifesteert.

In de eerste plaats kunnen lichaamsbeelden het gevolg zijn van menselijk handelen.

In de tweede plaats kunnen lichaamsbeelden aanleiding zijn tot menselijk handelen.

In de derde plaats zijn veranderingen in lichaamsbeelden sterk afhankelijk van mentale activiteit, waarmee ze bijna beschouwd zouden kunnen worden als vorm van menselijk handelen.

Al deze relaties met het menselijke handelen zijn in sterke mate ambivalent. In bepaalde gevallen hebben lichaamsbeelden een duidelijke relatie met menselijk handelen, in andere gevallen is er geen relatie. De constatering dat er in sommige gevallen sprake is van een dergelijke relatie is echter voldoende om te zeggen dat lichaamsbeelden relevant zouden kunnen zijn voor ethische reflectie.

Vervolgens rijst de vraag wie in staat is te handelen in relatie tot lichaamsbeelden. Ook hier blijkt geen eenduidig antwoord te geven. Degenen die culturele lichaamsbeelden vorm geven, zijn veelal beperkt in hun handelingsmogelijkheden, doordat ze deel uitmaken van een complex proces waarin diverse actoren een rol spelen. Degenen die culturele lichaamsbeelden integreren in hun lichaamsidealen kunnen daartoe veelal zelfstandig beslissen. In veel gevallen kunnen mensen echter hun lichaamsbeelden niet beïnvloeden, bijvoorbeeld doordat hun lichaam plotseling sterk verandert door ziekte of een ongeval. Culturele lichaamsbeelden bepalen daarnaast onbewust persoonlijke lichaamsbeelden. Dit roept de vraag op in hoeverre mensen bewust kunnen kiezen voor alternatieve lichaamsbeelden.

Als we nu concluderen dat lichaamsbeelden in bepaalde situaties gerelateerd zijn aan het menselijk handelen is voldaan aan een eerste voorwaarde voor relevantie voor ethische reflectie. Het is voor een onderwerp als lichaamsbeelden immers noodzakelijk gerelateerd te zijn aan menselijk handelen om in aanmerking te komen voor ethische reflectie. Echter, niet alle menselijke handelen is relevant voor de ethiek. Veel menselijk handelen heeft namelijk geen relatie tot moraal aangezien bij de meeste handelingen er geen sprake is van morele waarden en normen, en er geen morele vragen gesteld hoeven worden. Het is daarom nodig aan te tonen hoe lichaamsbeelden gerelateerd zouden kunnen worden aan het ethische domein.

We hebben gezien dat culturele productie gepaard gaat met situaties van marginalisatie en dominantie. In deze situaties worden sommige mensen kwetsbaar ten aanzien van de heersende dominante lichaamsbeelden. In hoeverre is deze kwetsbaarheid een ethische kwestie?

Aan de hand van Robert E. Goodins begrip van kwetsbaarheid wordt onderzocht of er sprake kan zijn van kwetsbaarheid in relatie tot persoonlijke en culturele lichaamsbeelden en wanneer deze een moreel probleem kan vormen. Volgens Goodin zijn mensen kwetsbaar wanneer zij het gevaar lopen geschaad te worden. Kwetsbaarheid is daarmee opgevat als de situatie waarin iemand met betrekking tot iets (de mogelijke schade) afhankelijk is van iemand. Met deze formulering als uitgangspunt voor de analyse of lichaamsbeelden in relatie staan tot kwetsbaarheid wordt duidelijk welke verschillende aandachtspunten behandeld moeten worden om te constateren of lichaamsbeelden kwetsbaarheid teweegbrengen.

Vervolgens wordt een model ontwikkeld om te achterhalen op welke momenten kwetsbaarheid een moreel probleem wordt. Niet alle vormen van kwetsbaarheid zijn een morele zaak. In sommige gevallen echter, met name wanneer mensen ongewild risico lopen om geschaad te worden, kan er zeker sprake zijn van morele problemen.

6. Morele verantwoordelijkheid

De constatering dat er morele problemen kunnen ontstaan wanneer mensen kwetsbaar worden in relatie tot culturele en persoonlijke lichaamsbeelden, doet vragen rijzen omtrent morele verantwoordelijkheid. Kan er sprake zijn van morele verantwoordelijkheid en zo ja, wie kan er moreel verantwoordelijk zijn?

Het spreken over morele verantwoordelijkheid in relatie tot lichaamsbeelden en *enhancement* leidt tot een complex netwerk aan vragen en thema's die overdacht moeten worden binnen deze studie. De complexiteit van het culturele fenomeen lichaamsbeelden die in dit boek gearticuleerd is, maakt het moeilijk te achterhalen wie moreel verantwoordelijk is voor wat. Er is een aantal punten dat voortdurend aandacht behoeft wanneer we spreken over morele verantwoordelijkheid in relatie tot lichaamsbeelden.

Enerzijds is het ingewikkeld om morele verantwoordelijkheid toe te kennen wanneer een proces gekenmerkt wordt door een ambivalente relatie met het menselijk handelen. Volledige controle op lichaamsbeelden is nauwelijks voorstelbaar. Zelfs als we concluderen dat specifieke actoren er moreel verantwoordelijk voor zijn om te zorgen dat lichaamsbeelden geen kwetsbaarheid teweegbrengen, moeten we ons ervan bewust zijn dat er nog altijd processen kunnen plaatsvinden buiten hun handelingsbereik, waardoor mensen kwetsbaar worden of blijven door die heersende lichaamsbeelden.

Anderzijds is er voortdurende aandacht nodig voor het feit dat de culturele productie van lichaamsbeelden processen zijn waaraan vele actoren hun bijdrage leveren. Aan de hand van studies van Robert E Goodin en Iris M. Young is gereflecteerd op het thema collectieve

verantwoordelijkheid in relatie tot culturele processen. Welke mogelijkheden zijn er om morele verantwoordelijkheid toe te wijzen wanneer op verscheidene niveau mensen handelen zonder dat ze concreet samenwerken aan een te realiseren doel?

Het zesde hoofdstuk levert een overzicht van de vele vragen die opkomen op het moment dat er gesproken wordt over morele verantwoordelijkheid in relatie tot lichaamsbeelden en *enhancement*. Hoewel het niet de intentie is geweest met deze studie tot sluitende antwoorden en aanbevelingen te komen, geeft dit hoofdstuk een palet aan onderwerpen die overwogen dienen te worden op het moment dat men zich afvraagt wie er verantwoordelijkheid zou kunnen en moeten nemen. Aan de hand van de bespreking van de verschillende niveaus van actoren in de context van deze studie (individuen, gemeenschappen, professionals, instituten etc.) worden suggesties gedaan op welke wijze morele verantwoordelijkheid vorm gegeven kan worden. Om te komen tot een definitieve ethische evaluatie van het geheel is echter nadere studie noodzakelijk. Dit hoofdstuk bevat niet meer dan de intentie op verkennende wijze het veld bloot te leggen en aan te geven met welke thema's men te maken krijgt wanneer lichaamsbeelden geïntegreerd worden in het ethisch debat.

7. Conclusies

Hoofdstuk 7 belicht de hele studie vanuit een overkoepelend perspectief met herneming van de centrale vraagstelling.
De doelstelling van het onderzoek was aan te tonen dat lichaamsbeelden ethisch relevant kunnen zijn voor het *enhancement* debat. Maar waarom precies is deze vraag zo belangrijk? Ligt de focus op een verandering van het *enhancement* debat? Of is de eigenlijke bedoeling te tonen dat persoonlijke en culturele lichaamsbeelden ethisch relevant zijn? Het blijkt dat beide perspectieven elkaar versterken.

De context van *enhancement* is ideaal om aan te tonen dat persoonlijke en culturele lichaamsbeelden relevant zijn voor het ethisch debat. De context laat zien dat juist het streven naar verbetering van het lichaam sterk is geïntegreerd in onze samenleving in brede zin en ons persoonlijke wezen in smalle zin. Juist in een context die gekenmerkt wordt door motieven en belangen die spelen op allerlei niveaus in de samenleving, zijn de continue interacties tussen de verschillende vormen lichaamsbeelden herkenbaar en wordt duidelijk hoe zij kunnen samengaan met morele problemen, zoals kwetsbaarheid, marginalisatie en dominantie.

Tegelijkertijd levert de focus op lichaamsbeelden een waardevolle bijdrage aan het *enhancement* debat. Met de focus op de beweegredenen die mensen hebben om het lichaam

te verbeteren, is de aandacht minder gericht op het gebruik van specifieke technologieën, en meer op het streven naar verbetering in algemene zin. Juist op dat terrein liggen de uitdagende morele vragen die spelen rondom *enhancement*, zoals in deze studie geschetst wordt. Het thema lichaamsbeelden stelt ons in staat op een diepgaande manier te reflecteren op de complexiteit van culturele aspecten die invloed hebben op de motieven die aanwezig zijn bij het gebruik en de ontwikkeling van technologie. Zo zagen we aan de hand van feministische studies hoe thema's als macht en 'empowerment' relevant blijken te zijn bij het bestuderen van deze culturele aspecten. Daarmee kwamen nieuwe morele aspecten voor het *enhancement* debat aan het licht.

De focus op lichaamsbeelden en het verstaan van *enhancement* als streven naar lichamelijke verbetering levert bovendien op dat *enhancement* niet langer in sterke mate gedacht hoeft te worden als tegengesteld aan medische behandeling, wat de oorspronkelijke definitie dicteerde. Hiermee wordt een problematische discussie losgelaten. De nadruk op het begrip van *enhancement* als streven naar lichamelijke verbetering creëert tevens de openheid om ons bij zogenaamde medische handelingen de vraag te stellen vanuit welke vooronderstellingen en motieven deze uitgevoerd worden, met name wanneer deze de functie hebben om te 'normaliseren' (bijvoorbeeld bij het aanbrengen van bepaalde protheses).

Terugkijkend kunnen we het streven naar lichamelijke verbetering, ofwel *enhancement*, ook beschouwen als een cultureel lichaamsbeeld. De gedeelde wens om de menselijke vorm en het functioneren te verbeteren is gebaseerd op culturele beelden die door de tijden heen gestalte hebben gekregen in wisselwerking met de technologische mogelijkheden die ontstonden. Dat betekent dat het *enhancement* debat niet alleen bepaalde situaties samenvoegt waarin lichaamsbeelden leiden tot het gebruik van technologie, het geeft ook aan dat *enhancement* zelf een cultureel fenomeen is en dat het gedeelde streven naar verbetering als zodanig kwetsbaarheid teweeg kan brengen. Als we *enhancement* leren begrijpen als een cultureel lichaamsbeeld dat deel uitmaakt van culturele productie, kunnen we het begrip op nieuwe wijze interpreteren. Deze studie laat zien welke thema's binnen ethische reflectie dan ten minste aan de orde dienen te komen.

Curriculum Vitae

Annika den Dikken was born in Katwijk aan Zee on February 16, 1977. She studied theology at Utrecht University and graduated in 2001 in Christian Ethics with a master's thesis on the position of Christian ethics in public and political debates. After her graduation she worked as a junior researcher at the Centre for Bioethics and Health Law in Utrecht, now known as the Ethics Institute. She wrote two publications in commission of the Ministry of Health, Welfare and Sport. The first publication was on intercultural ethics in the health care system (2003). The second was about body enhancement (2005). As a documentalist she has been a partner in the European documentation project 'Eurethnet'. Since 2004 she has been a PhD-student in the Department of Theology (now known as the Department of Religious Studies and Theology) and the Ethics Institute at Utrecht University, writing a dissertation about body enhancement and body images. The dissertation was supervized by Prof. Dr. Anne-Marie Korte and Prof. Dr. Marcus Düwell. From 2004-2007 she was a research partner in the European project 'Challenges of Biomedicine'. In 2006 she spent a semester as a visiting researcher at Boston College in Boston. Since 2010 she is the coordinator of the IWFT Expertise network Gender and Religion.