



What Makes Bodies Beautiful

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ABSTRACT

Health and beauty are the most important physical ideals. This paper seeks to compare and contrast these ideals, based on a value theory of human abilities. Health is comprehended as a potential ability to act grounded in bodily functions. Beauty is explained as a symbolising reference to happiness, physical beauty as a combination of organic orientation to purpose and virtuous orientation to action. Physical beauty is the implicit symbolic expression of mental and physical health. This teleological theory is tested and exemplified using current stereotypes such as youthfulness, slimness and shapeliness.

Keywords: concepts of health/disease, functions, philosophy of medicine, physical beauty

I. ABILITIES AND VALUES

We seem to be on the threshold of a new era in which the biological sciences have an increasing power to design the human body, and that against a background of modern medical progress which, seen from an historical perspective, is duly impressive anyway. To date, medicine has always been geared towards illness. Traditionally its task has been to alleviate physical suffering caused by disease, or to prevent suffering in the first place. Medicine in the future, however, will increasingly become oriented towards design. Its task will be to design the body according to particular ideals, and of all these ideals, health and vitality will only be two, maybe not even the most important. The first harbingers of this shift are already visible in the fields of sports medicine, cosmetic surgery, prenatal diagnostics and different types of geriatric medicine, as for example treatment of the menopause with hormones.

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In view of this redistribution of the importance of medical tasks, or of this new branch of “bioshaping disciplines”, the urgency of deliberating our body ideals is obvious.

Body ideals exist as norms pertaining to medical health, as well as perceptions of fitness and well-being extending beyond health. They also exist in our notions of physical beauty. According to popular opinion, health and beauty do not have very much in common, except for both being ideal physical states. They are actually very closely connected. Both health and beauty are ideal physical states deriving their function from within a common normative framework, namely our understanding of the “good life”. Since even popular opinion deems both health and beauty important for a good life, this claim may on first sight not appear to be particularly risky, and could even be considered trite. And yet I am not simply placing health and beauty in the normative framework of the good life conceptually or definitionally, but argumentatively. I believe, to put it somewhat drastically, that the ethics of the good life can tell us, normatively and as regards content, what health and beauty *are*.

The hypothesis that health and beauty are thus linked is sure to be doubted by medics and philosophers alike. The best way to confirm it would be to work out a detailed philosophical theory. Since, however, health and beauty are extraordinarily comprehensive and complex phenomena, even the detailed comments within this article will fall predictably short of this requirement. Because I am unable here to give a satisfyingly detailed foundation to my claims, I would like to start by naming my general reasons why health and beauty, or more precisely physical health and beauty, have to be connected as evaluative phenomena. Our everyday views (including those related to medicine and the cultural sciences) towards health and beauty are diametrically opposed in one point. We presume health to be biologically and therefore ultimately objectively anchored in the constitution of the human (or animal) body. Beauty is something perceived, is subject to many social and individual influencing factors, and as such not comparably “objective”. Medical evaluations of health and disease are basically agreed throughout history and across cultures; not even experts agree in their evaluations of beauty and ugliness, which have changed throughout the ages and which differ between cultures.

Put very simply, we are generally “*naturalists*” with regard to health and “*social constructivists*” with regard to beauty. The mere introduction of these terms shows, however, that they cannot be totally mutually exclusive. Naturalistic theories about central human characteristics are problematic

because they tend to disregard human creativity. “Naturalism” means, after all, the reduction of human characteristics to given characteristics – and necessarily ignores any new and different creation of these characteristics. Socio-constructive theories are subject to the opposite tendency to overvalue social creation and neglect the natural productive conditions of human self-creation.

In order to circumnavigate both dangers, it seems a good idea to link the naturalistic and socio-constructive elements, not forgetting that they may still be weighted very differently, depending on the topic. It seems obvious that health is more “naturalistic” than beauty, that beauty is more socially “constructed” than health. But this is only true in general terms: some diseases (hysteria, anorexia) are well known to be dependent on time and society, and some perceptions of beauty (height, size) are well known to be historically almost universal.¹

All the same, a hybrid natural-social view requires suitable categories in which its naturalistic assumptions are formulated. These assumptions should be conceptualized in a manner which does not distort, but which attempts to explain the socio-historical changeability of the phenomena, or at least contributes to its explanation. However such categories are to be exhaustively formulated, the concept of *abilities* will play an essential role. I maintain that “human *abilities*” represents a category of natural characteristics without which particular human traits could neither be explained nor understood.

This theory, which I share with several contemporary philosophers,² requires more precision in two ways: firstly, conceptual accuracy about what abilities actually are and, secondly, accuracy as regards content, i.e., which abilities do we wish to speak about? In the first sense, a differentiation between *functions* and *abilities* seems important. Aristotle and several Neo-Aristotelians (like Nussbaum) speak of abilities as functions, emphasising the natural determinateness of ability. In order to underline the specifically human, namely self-reflecting and autonomous quality of abilities, Nussbaum then additionally speaks of *capabilities*. In my opinion, this divides the line in the wrong place. A plausible and clear distinction, on the other hand, seems to be that between natural physical/mental *functions* as opposed to *actions*. And talk of human actions necessitates talk about human *abilities*, too. In this sense, “abilities” would always be abilities to act, i.e., the abilities involved in action itself or which the components of action pre-require.

Everyday language usage is more comprehensive with regard to this linking of abilities to actions, and therefore more vague. We speak, for example, of the

ability to hear or see, which could mean *both* the organic function *and* the ability applied actively and consciously to hear or see *something* (intentionally). A functional description *can* thus be used so widely that it not only includes the purpose of particular organs, but also conscious action. Observing (intentionally) and the mere processing of the light rays into a three-dimensional picture (non-intentionally) would then both be functional abilities, abilities subsumed by the generic term “function”. We may thus distinguish between a *functional* and an *action-related* concept of ability, the first of which appears to be the more comprehensive of the two. An ability to act may be classed as a function, but not vice versa. In order to avoid functional-reductive naturalism, I shall adhere to my concept of ability as action-related, even though it is clear that from a purely terminological point of view “abilities” cannot be limited to the ability to act.

In a narrower sense, disregarding intention, abilities *also* have a functional side to them, as is shown by the intentions themselves. The ability to form an intention is, on the one hand, an ability controlled by intention – intentions are formed intentionally, are thus a type of action; on the other hand, it presupposes a non-intentional ability, i.e., a functional ability in the narrower sense. This presupposed or inclusive ability comprises at least the ability of the brain to provide the resources of the conscious mind required in order to form intentions (intentionally) at all. In a differentiated view of non-conscious and therefore not intentionally controlled presuppositions for the formation of intentions (such as unconscious desires, habits, instincts), these too would belong to the group of functional abilities. Since we speak of abilities in connection with non-human organisms, it would be artificial not to use this term for human beings.

Within the framework of the action-related concept of ability, intentions and actions are interdependent. If an *intention* is involved, then so is an *action*, since we cannot intend things which we cannot causally influence. One could be sceptical towards the conclusion that intentions and actions are inextricably linked only because actions require bodily movements, whereas mental actions do not include any. And yet the linking of actions to bodily movements (“basic actions” (Danto, 1965)) is not crucial, and it seems reasonable to talk of “actions of the mind”. Accordingly, abilities are always the ability to achieve something which is to be achieved through intentional action (see also Hornsby, 1980, chaps. 1–3).

Let me now try to be more *concrete* regarding these abilities to act: which ones are we talking about? According to the Aristotelian tradition, these

abilities are basically the ones to be found in a “typical human being”. And they are abilities without which the “good life”, as we humans understand it, is impossible. What are “human” abilities, i.e., abilities typical for human beings? Even if we take them as meaning typical abilities *to act*, in line with the above explanation, this still does not mean they have to be ones possessed only by human beings. Superior mammals are also capable of action, and it is not important in this context whether their actions are different from those of human beings in every case. “Typical” just means typical for human beings, without having to be typical *only* for human beings.

Faced with defining concrete abilities, the best solution since Aristotle, proposed by many writers, has been an “open list”. An open list would include abilities such as thought and perception, communication and argument, sentiment, concern and love, work and production, imagination and play. The list is open in its own patent way. In principle, ability after ability can be added, the list is never closed. And – in the same way – the abilities can always be described in different ways, linked differently. This does not mean that our types of ability are endless. This principal patency is a consequence of human creativity, which may in itself be an ability open to endless description, but which is always structurally bound as well.

In some ways this openness of the human abilities list counters the frequently raised objection that natural abilities cannot be the basis of ethics or the good life because biological facts (like abilities) cannot *as facts* be values and cannot therefore be good. The answer to this comes in two parts. Firstly, abilities are not themselves facts, but *facilitate* facts, plus of course values or goods. Abilities are potentials to act, and potentials are not facts, for the simple reason that they cannot be described exhaustively.³ Secondly, every ability necessarily has an *ideal form*, without which it cannot be defined. For example, any mention of extinguishing fires insinuates fire extinguishing in its ideal form. Realisation of this ideal form is to strive towards a good. The concept of ability therefore unites what in other terminologies appears to be impossible: certain characteristics may be both naturally given and ideal or good.

A theory of body ideals requires the inclusion of two further observations about abilities as comprehended above, referring to the two “ends” of abilities: their origins from human biological facts and their qualities as values. Firstly, abilities require *functions*, being taken to mean physical/mental functions. It is obvious that we could not act if we did not have the relevant functional abilities at our disposal within our bodies. Thus, functions

facilitate particular abilities to act and, by the same token, abilities are limited by functions. The relationship between the two is flexible, but not arbitrary. The “scope of ability” open to human beings is laid down by the functions of the human body.⁴ An appropriate relationship between functions and abilities will therefore always be a precondition for any attempt to be more clear about body ideals.

Secondly, if the appropriate normative conceptual level for human characteristics is the level of abilities, then *all values* possible to man are anchored in abilities or, to put it another way, they are nothing other than abilities in their ideal forms. The adequate value theory is in one sense “monistic”, attributing values to human abilities, and in another sense “pluralistic”, heeding various abilities, and open abilities at that. *Health*, *beauty* and *morality* are often taken to be completely separate value categories, representing value judgements which are mutually incommensurable. According to an ability-based value theory, they may be linked to different abilities, but they are also linked to each other regarding the abilities of every *one* single individual. Let us take a more precise look at this.

The goals or themes of these three value categories could be described as follows: *vitality* as the goal of health, *harmony* of beauty and *consideration for others* as the goal of morality. Functions and abilities connected with vitality, or simply the preservation of life, are well known to us on an everyday basis, even if that relationship is difficult to define in precise terms, as we shall see shortly. Abilities aimed at “harmony” remain unclear, as this whole goal itself is unclear and poorly defined. Later on I shall propose a slightly less formal analysis. Consideration for others is certainly linked to abilities such as concern, sympathy and communication. It is ethically debatable, however, how these abilities are inter-related and whether they sufficiently constitute morality, or whether something like “self-interest” or “practical reason” has to be added. For purposes of simplification I shall call the ability aimed at morality “practical reason” and leave its exact contents open. In the narrower sense of the word, i.e., relating to others, we can certainly leave morality aside in our analysis of the issues surrounding body design.⁵

Assuming that *health* is goal-linked with vitality, it is easy to see which form a more detailed discussion on health would take. Vitality can either be seen in a narrower sense, in which case a biological/functional theory will be favoured, or in a broader sense, in which case a theory of abilities is more likely to be favoured. Although in principle the biological/functional level can be abstracted from others, it seems inappropriate with a view to phenomena

like health and disease. Both are states not merely of the body, but of the entire human being in question, i.e., a particular human being's self-reflective relationship should be taken into account in any analysis of these two states. From this point of view, a theory of abilities seems altogether more appropriate, although it would, of course, have to include bodily functions. Because the self-reflective relationship, for example in the form of self-interpretation, is not as objective regarding abilities as it is regarding physical functions, it is not easy to formulate a theory of this kind.

It is far less easy to see which form a more detailed discussion of *beauty* would take, especially physical beauty. *Harmony* as a goal is really just a keyword taken to provide orientation for such further discussion. It seems important that this goal is a kind of meta-goal, or that beauty is a characteristic of other characteristics, for example of the relationship between other characteristics. This is in line with the impossibility of defining abilities geared directly towards or even connected with beauty. As an ultimate explanation for beauty, the "aesthetic sense" postulate is just as fruitless for all things beautiful as the "moral sense" postulate is for all things morally imperative. Beauty is always an extra, crowning something else. In my quest to develop an explanation, I shall commit myself to Stendhal's famous hypothesis: beauty as a symbolisation of happiness or the good life. The idea behind this hypothesis is that beauty comes into play wherever the good life acquires a concrete form or is anticipated.

I shall attempt below to put this theory into more concrete terms, in particular for physical beauty. Because physical beauty, like health, is also linked to functions and abilities, these elements, as well as their relationship to each other in a healthy state, must first be made more clear. In some ways, physical beauty presupposes, but is not meant to be identified with physical health. In order to have a better understanding of physical beauty, we therefore need to understand health, too.

II. HEALTH AS A POTENTIAL ABILITY TO ACT

What is the relationship between the *functions* of the human body and our *abilities to act*, seen normatively? This somewhat ideosyncratically formulated question takes up the point of contention within a recent debate of several years raging between a large number of medical philosophers.⁶ My formulation picks up on one of the views central to the debate: I, like

C. Boorse, initially assume that disease could be interpreted as a functional disorder. Rather than restricting disease solely to the functional level like Boorse, however, I advocate interpreting it as including abilities. Overall my proposal is this: that we comprehend disease as a disturbance of *function-based abilities*.

In order to defend this definition adequately, one has to show firstly that functions and abilities differ with regard to health/disease; secondly, that neither of these two terms could ever provide a satisfactory explanation reductively, but that both are required; thirdly that in this reciprocal relationship, abilities seem to outweigh. The second and third of these points not only oppose Boorse's claim that functions form the reductive element in the explanation, but also oppose the view long shared by him and others that a broader definition of health has to take subjective feelings into account, for example suffering.⁷ Talk of abilities does not exclude such subjective states, even (depending on the type of ability) partially including them, but instead encompasses an internal objectifiability lacking in mere wishes and pains.

My presentation thus far may be clear enough concerning abilities, but has left quite open what functions are meant to be. A precise analysis of functions is controversial (see Boorse, 2001) and under one reading they would range in the proximity of abilities. I shall return to this shortly. In examining why abilities should be taken into consideration at all, we should address Boorse's attempts to interpret disease purely as a functional disorder (1975; 1977; 1987; 1997). The basic idea behind this attempt is "biomedical" in the literal sense. The biological-evolutionary history of the human race has inscribed in the human body a wealth of systematically ordered functions; modern medical science takes this model of bodily functions as its chief orientation. Because this model provides not only biologically established functions, but also statistically ascertained normal standards, it is also known as the "biostatistic" model of disease (see Boorse, 1997, p. 4).

This model does not cover certain types of disease known as "universal" or "structural", as for example widespread caries or cardiac right-sidedness. These diseases cannot be described in functional terms, and neither do they play a significant role in the overall class of diseases. Clearly a functional disorder must also be based on endogenic causes and not on external factors such as a lack of oxygen or excess air pressure. Accepting these limitations, disease can be specified in terms of biology and statistics as follows: on the one hand through "species design", the assumption of a patent and inter-systematically ordered functionality of all bodily elements, at the top of their

functional pyramid geared towards the evolutionary goals of survival and reproduction; on the other hand through an evaluation of the efficiency of bodily functions “typical for reference classes.” The basic idea here is that the functional constitution of an individual organism is interpreted by comparing it to the representative efficiency of a relevant group. Groups are formed according to age and sex, sometimes race, and comparisons are, of course, only made within the same species. (Although this definition of disease can be applied to all other species, too.)

This, then, is Boorse’s definition of *disease*. “Health” is defined *negatively*, as the absence of disease. Health and disease are opposing predicates. This minimalistic comprehension of health is still preferable to the very broad definition put forward by the WHO, identifying health as happiness and well-being.⁸ One problem with this is that positive, i.e. enhanced health cannot be specified or isolated as such (see Boorse, 1977, pp. 566–572; 1987, p. 370; Schramme, 2000, pp. 101–104). The problem is really one of finding a statistically ascertainable norm, which will inevitably involve a certain degree of arbitrariness.

Two aspects in Boorse’s proposal are mutually conditioned: the *value neutrality* and *theoretical character* of his definition. In clinical terms, medicine is a practical science intent on treating disease in accordance with its subjective manifestations. It focusses on practical success within a framework of socio-culturally encountered and interpreted symptoms. In contrast, the biostatistical definition touches only on the theoretical aspect of medicine, for which pathological studies of the (usually dead) human body stand. Pathology is not only able to study individual bodily functions to any degree of deviation from the normal state – however slight – and without having to condense them to an overall organic deficit; it can also totally abstract from subjective patient evaluations, the patient usually being dead. In this sense the value neutrality of disease seen biostatistically can be conceded, assuming a few weak evaluative presuppositions.⁹ It is not a practical way of grasping disease, it has to be said. And a “practical” definition of disease is surely of primary importance to the very genuinely practical field of medicine. Value neutrality, on which so much emphasis is placed, is gained at the expense of any practical relevance for everyday medicine. Medicine *is* practice, not theory.

To what extent is a biostatistical view of disease practically irrelevant though? Some philosophers (Hesslow, 1993) have opted for the radical retort: completely. Boorse himself is of the opinion that functional disorder is a *necessary condition* for a practical understanding of disease, so that the task

remaining would be the finding of a “disease-plus” concept (1997, p. 55). Others, like Nordenfelt (1987; 1993), reject this necessary condition, formulating instead a disease concept completely independent of functional disorder. In my opinion, the solution lies in *linking* the last two proposals, which are only mutually exclusive on the surface. This is important because the biostatistical concept, even in its extended form, guarantees the objectifiability of disease. The practical significance this objectifiability actually has becomes clear if we take a look at the problems surrounding a pragmatism without principles, as advocated by G. Hesslow, for example.

Hesslow attempts to demonstrate that in the three most important medical contexts – the meriting of medical treatment, insurance cover and criminal liability – the mere assumption that certain physical/mental states can be “subjectively undesirable” is in normative terms totally sufficient for the presence of disease. As Hesslow sees it, since disease states cannot be objectified within the practical contexts of medicine, it would be better to give up talk of disease altogether and simply replace this deceptively objective parameter with what (from the point of view of the patient) is practically desirable or to be avoided wherever possible. Medical treatments should not be oriented towards restoring the body to its natural state, but rather to a state *desirable* to the patient. Hesslow believes the orientation inherent in all this seemingly objective talk about disease to be superfluous and even damaging.

Whilst this attack on the theoretical concept of health has arguments to support it, they are at best those connected with the unrealistic nature of the biostatistical concept. This concept’s greatest weakness appears to lie in its inability to evaluate functional disorders as experienced subjectively by *patients themselves* in terms of disease. The goals of survival and reproduction postulated by evolutionary biology are much too general for an individual patient, and they also presuppose a natural historical environment which is no longer relevant to modern-day life. Moreover, it is doubtful whether *all* interlocking bodily functions can be evaluated as contributing to these goals. Turning this argument on its head, not all disorders *per se* can be functional disorders of the entire organism (for more detail see Pawelzik, 1990; 1999, pp. 49–63). The biostatistical model alone can therefore not evaluate functional disorders in individual patients with any practical relevance. Conceding this criticism, this does not disqualify some other, or even all other attempts to objectify disease.

Incidentally, the claim that medicine could fulfil its social tasks just as well or even better *without* an objective understanding of disease is highly

implausible. There is no reason to believe that society would be able to agree on the “good” or “bad” consequences of a particular medical treatment *without resorting* to objectifiable criteria for health and disease. These criteria are eminently important in establishing the social responsibilities of the medical system. Indeed, it seems impossible to be precise on medicine’s social tasks without such criteria.

This point can be illustrated using *two examples* from the problematic field of extended medical treatment, symbolising the continuing expansion of medicine in the future: cosmetic surgery and sex-change operations. According to an objective understanding of health, these interventions are indicated *as long as* a physical or mental functional disorder exists, for example an “unnatural” distortion of the face or real suffering in connection with one’s biological sex. If we ignore the objectifiability of these disturbances and concentrate instead on the mere “undesirability” of negative states or the mere “desirability” of positive ones, we lose sight of any limitations as to what could *not* become the subject of medical treatment. The fact that in a liberal society this kind of consumer-orientated medicine could well be politically tolerated, even if it contributed to enforcing patient neuroses rather than curing them, is not in itself a reason to relinquish objective views of health and disease as points of medical orientation.

Thus an objective understanding of disease seems to be of practical importance: but is it theoretically justifiable? What other objectification attempt could be substituted for the biostatistical attempt? Like Nordenfelt (1987) I too believe that health should be comprehended *as a fundamental ability to act* and disease as an absence of this ability.¹⁰ This interpretation seems reasonable because bodily functions can only be collectively appraised within the framework of abilities to act. To this extent my interpretation seems inevitable. And yet what exactly are fundamental abilities to act? This concept could either mean a class X referring to a group of fundamental abilities, or a class X referring to a group of abilities, the fundamental quality of which needs to be defined. It is the second of these alternatives which is closer to the truth, meaning that we require two different kinds of information. We have to find out *which* abilities to act are fundamental and to what *degree* they have to be mastered as fundamental abilities.

One method of presenting abilities to act in these two dimensions more precisely could be as follows: firstly, to formulate the list mentioned earlier. It contains abilities which are *prerequisites* for a good human life, but which do not provide complete characterisation of that life. A line is drawn here

between well-being or happiness on the one hand and the biological prerequisites for them on the other, meant in a broad sense not reduced to functions alone. Secondly, definition of degree. As actions indicative of health, the abilities thus distinguished must be mastered to the degree that they really do provide the agent with his or her options to act. The criterion for degree is the difference between *potential and actualisation*. This difference is bound to actions and can only be made both more concrete and precise in connection with actions.

Health as a fundamental ability to act is an idea of health which adopts a position *between* health as an ability to function (Boorse) and health as the good life or happiness (WHO definition). The abilities to act concept is the appropriate level of specification because, firstly, it permits evaluation of *which* bodily functions have to be *how* in order to contribute to human well-being and because, secondly, they can *exist* without having to be good or in any way *applied*. A person has the potential to run if he or she has the ability to act in this way. What that person does with this ability is no longer a question of health, but of personal lifestyle under the special social circumstances.

Thinking and walking are certainly both actions within the group of actions relevant to health. One is only healthy if one *can* think and walk – in the sense that one has the ability to carry out the actions pertaining to thinking and walking if one wishes to. There are different manners of thinking and walking, though. A further differentiation *within* these abilities to think and walk requires functional medical knowledge about neurological and physiological disturbances in the brain and legs. The functional analysis of body and soul cannot be substituted, only enlarged upon. The difference between potential and actual abilities to act should be able to withstand even this definitional restraint. Thinking concentratedly is potential, thinking precisely is actual realisation and has to be learnt; walking without pain is potential, walking carefully is actual realisation.

My proposal may be summarised as follows: health is a *potential to act at our disposal*, referring to actions which in turn are *prerequisites* for a good life. Disease is the breakdown of this potential. Although different in the longer term, health and disease do not have to be easily visible at any given moment. This is not true of physical beauty and ugliness. Despite this limitation it seems reasonable, at least following the assumptions made earlier on about the origins of value – and beauty like health is a type of value – that structural analogies and dependencies exist between physical health and

beauty, disease and ugliness. And yet health is not the *same* as beauty. What exactly is then the relationship between health and beauty?

III. BEAUTY, PURPOSES AND HAPPINESS

Let us begin with general statements. Things are beautiful if they visibly fulfil their purpose. Artefacts are beautiful when they fulfil the purpose for which they were constructed, natural things beautiful when they fulfil the purpose corresponding to or arising from their natural organisation. Snakes are accordingly beautiful because of the suppleness of their bodies, seagulls because of their ability to change direction suddenly even in strong winds, elephants because of the way their sheer mass asserts itself against the environment. This explanation becomes increasingly unsatisfactory the less directly an artefact or creature is connected with a single purpose. It is far more difficult to deduce the beauty of elephants or dogs from their purpose since they have a variety of purposes or goals in life. In the same way, maybe one explanation why modern racing cars do not appear as beautiful as older ones is because they are no longer supposed to be just fast, but also good at accelerating, safe, light and many other things besides. Their essential characteristics have practically ceased to be visible. Human beings represent the most extreme case in this respect: they seek their own purposes and we observed this attribution of purpose to be open. How can human beings be beautiful then?

These considerations introduce a “teleological” perception of beauty, the motives of which follow on from the origins of the value inherent in abilities outlined at the beginning of this sketch.¹¹ Abilities are always abilities to do something or abilities to act, and actions are also always directed towards something, a purpose. It is not clear, however, just how beauty, abilities and purposes are connected. And yet a link between beauty and purposes, which some of our intuitions permit us to comprehend, will come as no surprise if we assume that beauty is a value and, like other values, can only emerge from abilities. A more precise analysis of this assumption regarding beauty naturally presupposes that we wish to and must view beauty normatively, that beauty can exist in ideal forms and that all versions of realism or intuitionism are just as unconvincing with regard to beauty as to morality. “Aesthetic facts” are ontologically just as problematic as “moral facts”. Like ethics, aesthetics has to be able to explain the connection between beauty and other real things.

And yet we find not only human beings beautiful, but also objects and phenomena, especially *artificial* and *natural* things. Since artificial things are man-made and natural things given, the relationships between the purposes behind things and the actions associated with them must be different. The purpose of a pencil is the action we can perform with it, but the purpose of a snake is not a comparable action. Since Darwin we believe that nature knows no purposes and that apparent purposefulness is the result of selection controlled by success, so that the purposefulness of natural things can only be taken less literally: if we view the body of the snake as having a purpose, we fictitiously render the snake the subject of its own action. It *would* have constructed its body thus if it *could* have done so. In general terms, we perceive the beauty of natural objects by projecting semi-human intents and purposes onto them. Our partially shared biology makes it fairly easy to recognise patterns of purpose in biology which we consciously follow in our human lives.

To a certain extent, human bodies are located *between* natural and artificial things. On the one hand, human bodies are of course like the bodies of other biological creatures too. Underlying their biology is a natural history un-influenced by human purposes. On the other hand, they bear an artificial element, in that over a longer period of time the activities of a body owner take an effect on his or her body, not to mention the body-shaping activities now common which impress themselves on the body directly. These two aspects correspond to two ways in which the body can be seen as purposeful. The first way is the “quasi-teleological” view, according to which bodies are seen as artefacts even though they are not. They are viewed as if they were constructed things, with a simultaneous awareness that they are not. The extent to which this quasi-teleological view of things makes sense is open to criticism. I shall return to this point shortly. The second way corresponds to the extent to which the body can actually be shaped. In this case the most general norms of human action we know become relevant to the body. These most general norms are the ways in which human action is *good* or, in the Aristotelian sense, in which it is “virtuous”. The second way of viewing the body is thus the virtue-orientated view.

And yet neither the quasi-teleological nor the virtue-orientated view appear to explain why we use the expression “beautiful”. They seem to offer a *substitution* for beauty rather than provide a *yardstick* for beauty. This is clear from the way that a racing car is beautiful because its ability to be fast is apparent. The beauty of the car lies not in its speed, but in its *expression* of the

same, in its shape suggestive of speed. The car could actually be quite slow without losing its aesthetic character. The relationship between beauty and purpose is therefore *indirect* in at least two ways. Firstly, the characteristic of being beautiful refers to the external appearance of a thing and not necessarily to the whole thing. The more the function of the thing captures the composition of the thing, the more it will be beautiful as a whole thing. Otherwise, as is typical with human beings, beauty will only be an external feature, not at all representative of the thing as a whole.

Secondly, the appearance or external form is not in itself the purpose or function it indicates. It *symbolises* this purpose, points to it. The way in which that is possible is differently given depending on the purpose, by the conditions for that purpose succeeding. Symbolisation can also exceed these conditions. The best symbolisation is not necessarily the “most real”, i.e., the one corresponding to the most purposeful form. The shape of the old racing car symbolises speed much better than the new one, although the old design is technically inferior to the new one.

So much for the definition that beauty lies in the symbolic power of a purposeful appearance. And yet this formulation says nothing about the extent to which beauty has its own value dimension which cannot be reduced to the value of the corresponding purpose or be completely deduced from the latter. Beauty could still, taking its value, coincide with purposefulness or the value of the purpose in question. Especially if we share the background assumption that all valuableness must stem from one *single* value dimension, namely that of human abilities, a reductionistic understanding of beauty, as of all aesthetic characteristics, seems reasonable.¹² The non-reductionistic alternative would be to see symbolisation as having a *value in its own right* which can be reduced no further.

This can be illustrated using Stendhal’s more precise formulation, according to which beauty is a “promise” of happiness.¹³ This turn of phrase on the one hand involves what the reductionists also claim, namely that happiness has particular contents which can be distinguished from others. Not just any appearance can promise happiness, rendering differing appearances different in their degrees of beauty or ugliness. On the other hand, the structural and symbolic anticipation of happiness involves a value in its own right, just as a promise is usually worth less than what is promised, but without in itself being worthless. Even more than with a promise, beauty could be interpreted as a partial anticipation of happiness. Because notions and experiences of happiness are both hazy and diverse, its symbolic anticipation

can assume both very clear and very vague forms, and as such is notoriously contentious. This is precisely the case in our everyday encounters with beauty.

An improved definition of beauty would then be that beauty is the symbolic power of a purposeful appearance which indicates or anticipates happiness. A *more general* version of this view would relinquish purposefulness as an element. This broader, “*eudaemonistic*” definition of beauty corresponds directly to Stendhal’s words. It is true that purposefulness is especially relevant to the external design of natural and artificial things, and thus also for their beauty or ugliness, but happiness cannot be reduced to purposefulness. Virtuousness is only purposeful in the broadest sense, and yet it is still a necessary element of happiness only. Ultimately, success and, even more generally speaking, everything which happens to someone is also a necessary element of that person’s happiness and certainly something which does not just follow on from purposes behind actions, or at least not directly.

Within the framework of the eudaemonistic view of beauty, it can simply be left up to general experience which appearances are capable of indicating or anticipating happiness. Clear water, bread, a green meadow, a baby, dewdrops on a rose are all undisputed symbols of *life*, for example, each one of them beautiful, whereas old car tyres, dried-up plants, a burnt-out house, spilt milk, a ravaged face are all symbols of *destruction*, each one of them ugly. The eudaemonistic comprehension of beauty does not rule out being able to find old car tyres or burnt-out houses beautiful in principle, but in order to do so a link must be found to a vision of what is positive, what is conducive to human life. Since human and, generally speaking, all forms of biological life include a development towards death, happiness is not limited to the things associated with the beginnings or openness of life either.

Anybody unconvinced by the examples just cited is maybe concerned with the difference between beautiful *things* and beautiful *pictures*. When the twin towers of the World Trade Center were destroyed, the media immediately swamped us with countless “beautiful” pictures: bizarrely warped steel foundations, firemen seemingly dusted in flour, papers fluttering through the streets, etc. Beautiful pictures of destruction are obviously possible, but they are not pictures in which destruction is visible. Beautiful pictures of destruction deny the destruction itself, are beautiful pictures of things which are not beautiful. Beautiful pictures can be created by adopting a certain angle and ultimately by adopting a certain attitude of mind, by seeing or choosing not to see what is real. The papers scattered throughout the streets fool us into forgetting that they have come from a building which has just exploded, the

grey dusty faces conjur up images of bakeries, etc. And yet what should interest us is the beauty of *things*, and not of pictures, for the latter's quality can only be measured against the quality of things.

IV. BODY PURPOSES AND PHYSICAL BEAUTY

In what follows I shall predominantly limit myself to the teleological view of beauty, as applied to the human body. When is a body beautiful, when is it not beautiful or even ugly? (I use "ugly" as the superlative of "not beautiful".) As I have already stated, two levels at which bodies can be viewed teleologically in a broad sense of the word are the quasi-teleological level and the virtue-orientated level. In line with the first way of thinking, the body is viewed as though it were constructed according to a purpose; in line with the second way it is viewed according to the extent to which it symbolises human virtues. Virtuousness is an orientation towards purpose in a broader sense because human beings require virtues in order to pursue their purposes.

But the body is also a biological body and the first, quasi-teleological view is not rendered superfluous by the second, virtue-orientated view. The difference is to be found in the fact that virtues take effect within the framework of the naturally given, being unrelentlessly conditioned by this. Our biological body is part of the naturally given – and we can also ask of our body whether or why it is beautiful. The quasi-teleological view cannot be disregarded for precisely this reason.

This viewpoint is called "quasi" teleological because it is only based on "as if" purposes and not on the real purposes of real agents (for example, a divine designer). If we look more closely, this attempt to rescue the purposefulness of the biological body now seems able to succeed for its internal structure, but not for the overall body or for its overall design. The same doubts would also be true with regard to other biological creatures, so that to a certain degree Kant's theory of the purposelessness of the beautiful comes into its own here, albeit differently from how he saw it.¹⁴

Internal purposefulness is concerned with how the parts of the body are interlinked or related to each other. We know that this internal functional coherence is linked to our experience of beauty, not only from our direct contemplations, but also from well-known historical attempts to find formulae for ideal proportions between body parts. The biological components of the body, like blood cells, muscles, bones or organs, are only beautiful when they

are recognisable in their functional context. X-ray pictures, microscopic smears or blood samples are as aesthetically neutral as a slice of bread or a piece of coal. An amputated arm is a neutral thing. In contrast, an arm which can turn around its axis at the shoulder joint is aesthetically pleasing. All destructions of the human body are ugly, and all of them impair the functional context of the body.

Various artists like Leonardo and Dürer, different architects and mathematicians have undertaken diverse arithmetical and geometrical attempts to record the proportions of the limbs, of the upper body and the torso, of the head to overall height, of the various parts of the face.¹⁵ These attempts could at best be interpreted as attempts to bring coherence to the proportionality of the body. According to which other criteria should proportionality be evaluated though, if not the functionality of body parts within the framework of the overall organism? A particular length, division and movement of the arms, for example, is most favourable in conjunction with a particular overall body size. Arm and leg lengths have to be in proportion if both sets of limbs are to perform comparable tasks. In this respect, the human body is biologically unique, its functions are balanced and not specialised. Ideal proportionality therefore amounts to balanced functionality.¹⁶

Let us now address doubts about the purposefulness of the body as a whole. From an evolutionary point of view we could, like Boorse, turn to survival and reproduction and assume that the body ideally fulfils these purposes. And yet the quasi-teleological view poses difficulties in this case because it assumes that purposes of action can be transferred to the body. If we take the body as a whole, however, this transfer breaks down because the mere structure of these actions in turn *presuppose* the human body. The quasi-teleological standpoint is circular when applied to the body as a whole, and therefore not elucidating.

The human body and the most important human actions are *mutually conditioned*. Actions we take for granted include, for example, picking things up and holding them aloft. Our hands and arms are well suited to this purpose and we could therefore call them beautiful when they fulfil this purpose and ugly when they do not. It is true that the “purpose” of our hands and arms, in the sense of an ability to act, consciousness, intentions, etc., is not strictly to grasp and raise things. But our hands and arms are shaped for these types of actions, and without the arms and hands at our disposal we would not form the intentions, would not actually grasp and raise things. The purposefulness of actions and of parts of the body are therefore not only linked but mutually

dependent. This dependency is at least true for all actions based on bodily movements. Mental actions are removed from such movements. Nevertheless, mental and physical actions alike presuppose the body and a framework of physically viable options. This is why we cannot construct an alternative body, not even from the standpoint of mere mental actions.

In the face of these contemplations, two questions arise. Firstly, does this mutual dependency not also mean that we are unable to perfect the body, simply because we can possess no yardstick of perfection *independent* of the body? For truly trenchant alterations this appears to be crucial. To the extent that we can perceive structural alterations, as have been illustrated in diverse books and films for example, they usually assume an animal-like specialisation: human beings with gills, with wings, with the teeth of a wolf, with the eyes of a fly, etc. In order to think in terms of other body forms, we would have to make fundamental changes to our *human* purposes of action and in life – something that seems impossible without possession of these new forms already, and jumping into some of them would be arbitrary.

Secondly, do we not have an impression of beauty when viewing the body as a whole, and how is this impression to be explained if the quasi-teleological view, being circular, does not really provide an explanation? The same is true of animals and plants, which we also tend to view as a whole and declare beautiful, provided they are not deformed or sick. Here it is helpful to return to the eudaemonistic definition of beauty. The body *as a whole* is not an end to other things, but – with its abilities to act – an end in itself. Kant attributed this status only to reason, overlooking the body because he believed reason to be ontologically independent of the body. Revising Kant's deliberations on this point, the body can also be deemed to be a purpose in its own right through its reciprocal connection with abilities to act and reason. Because actions cannot take place without the body, it is a component of this end in itself, of its "intrinsic" value.

Symbolisations are, of course, concrete and express this fundamental dependency in their own way. To a certain extent, observation of the human body anticipates what the good life could (partially) consist of for a human being. The beauty of a body as a whole arises from a reference to the potential physical life of that being. In the same way, when we observe a cat, a snake or an elephant and deem them beautiful, we glance at the outlines of what life ideally signifies for these creatures. When we find a human nude beautiful, we have a vague vision of what it is like to live with this body. These insights are not purposeful; we do not know which purposes will characterise this

particular life. They are insights into the *possibilities* of that life, into the outlines of what happiness can be.

The question raised at the beginning of this section was: how is the teleological explanation to be plausible for creatures like human beings who can confer upon themselves *any number* of purposes? The answer lies in reducing these purposes to *possibilities*, within the framework of a materially defined body. Mutilations or deformations of the body, considered ugly, also comply with this explanation, restricting as they do the potential of the body in its natural construction. A glance at a crippled leg is also a glance at a life which will be less good, have fewer possibilities, and this is why we find it less attractive.

V. VIRTUE AND PHYSICAL BEAUTY

The most simple teleological explanation for physical beauty would consist in citing the natural purpose. And yet this explanation, as we have just seen, does not do justice to the beauty of the body as a whole. I would now like to examine another difficulty arising from an inclusion of virtues. This will be followed by a more precise analysis of youth, slimness and shapeliness as three stereotypical ideals of physical beauty. It is probably transparent that the flip-side of a normative theory of beauty as outlined here amounts to a criticism of many notions of beauty common today.

Virtues are correctives of human actions and abilities. I shall explain shortly what exactly they are. Because virtues usually refer to actions and not to the body, it is necessary to refrain from ambiguity when speaking of physical beauty in this context. We can speak of how particular parts of the body function, as well as of how the person belonging to that body, the agent, moves his or her body. One function of the leg is stretching; the ability to stand presupposes this function but also goes beyond it. In the first case the material body is moving in accordance with the functions open to it, in the second case *somebody* is moving his or her body. In line with my proposed terminology, this is the difference between *functions* and *abilities*.

In the tradition of German anthropology (Plessner, Jonas, Schmitz), this difference is also defined as that between “body” and “*Leib*”.¹⁷ Stretching is a function of the body, standing is a movement of the *Leib*. Functions are *phenomena of the body*, abilities *phenomena of the Leib*. *Leib* is usually defined as a “subjectively animate body”, including actions in our sense of

“abilities”. Accordingly, in conjunction with bodily functions we also have to speak of *physical events*, in conjunction with *Leib*-based phenomena to speak of completed actions and thus of *bodily movements*. Correspondingly, aesthetic evaluations are based on different things. Standing up straight, at ease or bobbing slightly, is considered beautiful because it expresses the ability to be ready for action, take on tasks, possess self-confidence and self-assurance. The stretched leg is beautiful as a function when we perceive it as suitable for standing. The “body” is beautiful as a *tool*, a means, the *Leib* is beautiful as part of a successful and good *action*. Here an overview:

Status	Orientation	Physical dynamics	Direct source of beauty
Body	Functions	Physical events	Purposes
<i>Leib</i>	Abilities Actions	Bodily movements	Virtues

The view of beauty connected with virtues, the explanation of beauty based on the good of human abilities, is most manifest in conjunction with bodily movements, and standing up straight is certainly a bodily movement. Standing is a movement because the body has to be balanced in order to stand straight and firm. A number of movements like walking, running, jumping, hitting, etc. could be added. Beauty can express itself more easily in these movements because intended movements are actions, and actions directly illustrate abilities. *Expressing* is not the same thing (in my use of the term), however, as *symbolising*. Standing up straight expresses assurance and at the same time *is* assured. A straight and strong leg symbolises assurance without having to be assured. The connection between *Leib*-based phenomena and abilities and virtues is obvious, and with it the aesthetic evaluation of the *Leib*. I am not concerned here with the beauty of actions or of persons, however, but of the body, i.e., the beauty of the mere physical form. This beauty is not as easy to explain because of the less direct, merely symbolic relationship between the material, external form and abilities.

Admittedly: to what extent is it even possible to view the body in accordance with ideals of ability *without* viewing it as a *Leib*, too? Functional observation can abstract from the *Leib* viewpoint because it sees the body only as a biological construction – the point of view adopted by biologists and pathologists.¹⁸ When, on the other hand, abilities are taken to mean abilities to

act, then observations about abilities, including their symbolisation, presume the existence of an agent, seemingly forcing the body into becoming the *Leib*. In one fundamental sense this is correct. And yet a symbolising reference to abilities only requires the concept of the particular abilities it then visualises. The physical form visualises ability in a general way; application of that ability as a movement is unnecessary. Just as the *Leib* is comprehended as an animate and activated body, symbols of beauty abstract from this *Leib*.

Physical beauty refers to the quality of abilities or to virtues – what does that mean? Virtues are human abilities in their ideal form. If we adhere strictly to Aristotelian virtues, then we mean abilities referring to lifestyle, abilities which are necessary in an average human life in order to lead a good life. They include courage, moderation, perseverance, generosity, justice, friendship and practical reason (moral and intellectual virtues). P. Foot (1978) has pointed out that these abilities all require a will, that they are *correctives*, holding their own against typically human weaknesses, and that precisely this link with the will separates these abilities from physical characteristics like health, strength or – in our case – beauty.

Virtues controlled by the will are without doubt the epitome and most important component of our selves as agents. All other abilities which could additionally be named require these virtues if they are to be applied well. Because the will and self-control are at the centre of our active abilities, all significant activities in life require these central abilities. But this does not mean that all other abilities and characteristics are lacking in significance. Strictly speaking, health and physical strength are not virtues because they are not *per se* linked to the will. It would nevertheless be inappropriate to view them as having no value in our lives. Were the value of acting and living to be governed *solely* by the will, then this would be a very extreme standpoint indeed.¹⁹ Virtues could therefore be viewed in a *narrower* and a *broader* sense, with the former referring to actual virtues of action and the latter to mental and physical abilities based on arbitrary biological manifestations like physical strength and health, talents, psychological strengths and potentials. These abilities, removed from total control in the broader sense of the term virtue, are also among the qualities making up an agent.

In our context this differentiation is important because physical beauty, were it to be understood solely as a symbolisation of virtue in a narrow sense, would easily lose its symbolic power. Taking moderation, for example, how is a body to represent moderation if it is not the body of someone who practises moderation? Especially when the owner is young, a body will not necessarily

express the characteristics of that owner, whereas even a body with the best constitution will with time assume the features of a life that has been led without moderation. Beauty would then cease to symbolise, instead simply existing in the physical expression of virtue (or vice), similar to physical movements. Symbolisation only comes into its own if virtues are included in the broader sense of the term.

It is probably no coincidence that the facial features are more capable of reflecting virtues in the narrower sense and the body of reflecting virtues in the broader sense. A “virtuously symbolised”, i.e., beautiful face, would accordingly be one expressing the ability to form opinions and control passions, but also *joie de vivre*, sympathy and benevolence. The study of physiognomy has found, albeit somewhat controversially, facial features corresponding to these expressions: a high forehead as an indication of intelligence, a strong chin for vigour, a wide mouth for *joie de vivre*, strong lips and cheekbones for friendliness and sensuality, etc.²⁰ This symbolism is based on a manifold network of associations which uses typical actions and types of behaviour to assign to the different parts of the face appropriate references to the quality of virtue. The mouth is associated with eating as the absorption of vitality, the lips and cheeks are associated with tenderness, the chin with clenched teeth, the forehead with thinking, etc.

What would the ideal, virtuously symbolised body look like? A detailed answer depends on a more precise interpretation of the virtues involved and their relationship to one another. A first, rough answer could be that a beautiful body certainly requires power, strength, stamina and moderation. Height, youth and a lack of deformity indicate strength and vitality, a proportionality of the limbs could symbolise the universality of these abilities. Slimness symbolises self-control, skinniness by contrast self-denial and a lack of zest, plumpness beyond a certain point symbolises a weak will or even lethargy, or a strong will in connection with uncontrolled pleasure-loving urges and egoism.

A detailed description of beautiful bodies could either be developed following a more exact analysis of the virtues involved, or by taking a critical look at the currently fashionable stereotypes of physical beauty. The latter path seems the more viable option, especially when one has doubts about the meaningfulness of a general ethics of anthropological virtue. Which of the stereotypes known to us can be justified rationally in the sense proposed here? We could start by observing that stereotypes urge us to standardise physical beauty, whereas a less stereotypical view would permit different combinations of symbolised virtues. Analogous to this, Aristotelian ethics is dominated by a

pluralism of virtue combinations. Let us take a closer look at three concrete manifestations affecting the beauty of bodies: youthfulness and age, slimness and strength, shapeliness and deformity.

A. Youthfulness

We often think that a younger body, ideally that of a healthy 20-year old, is more beautiful than an older one, but that the way the older one is more able to express the person inside it renders it more beautiful. This latter point is a phenomenon of the *Leib*, and I should like to abstract from it. Taking physical appearance on its own, the quasi-teleological view would confirm youth as a constituent of physical beauty. Youthful bodies obviously fulfil their biological purposes better than older or old ones. Just like the bodywork of the racing car symbolising speed: the firmness, freshness and hue of the young body even symbolise biological vitality when the person in question is already dying of a disease not yet apparent. Visible vitality promises the good life and as such is beautiful.

If we only think in terms of the biological body and the person-related *Leib*, this devaluing of old bodies can only be countered by the comfort that they express the virtues of the older person far more extensively.²¹ The quasi-teleological view of beauty is only one view, however, and the virtue-orientated view should not be forgotten at this point, addressing physical form and not physical movements. As we saw earlier, the physical form symbolises traits of character and virtues in various ways. If our evaluation of straight noses or full lips is only to be taken in this context, why should biographical development and application of the virtues themselves not play a role? Virtues are the abilities of an agent with a *life history*, and ideally they are not lesser (or greater) in old age than in youth. Ideally, virtues are “adequate relative to age,” that is in harmony with the inevitable process of human ageing. The quasi-teleological view and the virtue-orientated view therefore conflict with each other: the former champions youth, the latter champions adequacy relative to age.

Within this conflict, the virtue-orientated view should be deemed the more important because, compared to biological functions, human abilities generally represent the more important reservoir of meaning. One could assume that the difficulty we may have with finding older bodies beautiful is simply due to the influence of body-cult industries which for economic reasons have elevated youthfulness to such an ideal (the ideal of adequacy relative to age would not earn them as much). This explanation is not quite

correct because the ideal of a good life relative to age is not independent of the biological conditions of life, and these conditions have improved dramatically, at least in the rich western societies. Only an ideal of life relative to age which is *independent* of biological existence would permit symbolisation of this ideal within the body to prevail *without contest*. Such an ideal can hardly be formulated, however, which is why this conflict between the body ideals of youthfulness and those relative to age remains unsolved.

B. Slimness

The conflict between the quasi-teleological view and the virtue-orientated view is continued in the slimness ideal, since the way in which this ideal is currently interpreted in western culture elevates the natural (healthy) constitution of 20-year olds to the only stereotype. Many human beings, especially women, are extensively occupied with orienting their bodies towards this stereotype as they get older (for more detail see Posch, 1999, pp. 48–72). Pregnancies and careers make this fairly difficult for the majority of them. Here too, an alternative to the biological view would be a view of slimness relative to age. This would be expressed by a robuster or heavier body (not one-sidedly deformed as a result of particular activities) that does not correspond to the fat-free and firm body of a 20-year old. Turning this argument on its head, a body that is inappropriately slim for its age symbolises not only one-sided self-deprivation, but also a refusal to accept the ageing process bordering on self-deception.

C. Shapeliness

As with youthfulness, the quasi-teleological view supports shapeliness. In contrast to youthfulness, virtuous symbolism hardly provides a compensation. Shapeliness is always beautiful, deformity always ugly. We only have to think of bodies with brittle-bone disease or fingers bent by rheumatism. If a tall, straight and strong body is beautiful because of these features, a small, crooked and weak body cannot also be beautiful. If it is deemed to be beautiful nevertheless, then this will be due to something other than the body, usually the *Leib*, i.e., the person behind the body. (This is why it is possible to find even a physically very deformed person beautiful after a period of accustomisation.)

In addition to personal beauty, the imagery of beauty may also play a role. A bent finger may appear beautiful because it is so perfectly curved, a scar for its clear geometric pattern, etc. In these cases we do not see a beautiful body or

a beautiful part of the body, but beauty in the body. Purpose-free observation does not draw upon other sources either, a glance at how it is to live with a body not necessarily inferring happiness. The difficulty we experience when trying to find a deformed body beautiful is of course a consequence of this whole attempt at an explanation. A body can only be found beautiful to the extent to which it can symbolise abilities. A damaged body will still be capable of doing this, but nearly always to a lesser degree than a healthy body. It will therefore usually be less beautiful.

With all three ideals it should be noted that – disregarding personal beauty or beauty of the *Leib* – a physical asymmetry exists between the potential of the face and of the rest of the body to be beautiful. The face comes closer to virtues than the rest of the body. Because of its complexity, it has a far larger range of symbolisation at its disposal than the body, which is really astonishing considering the discrepancy in their sizes. Maybe this is why the ugliness of a deformed body can be neutralised or even compensated by a beautiful face. It is far more difficult to offset a not very beautiful or even ugly face with a beautiful body. A beautiful body can distract from an ugly face without making it any more acceptable.

VI. THE INTRINSIC VALUE OF A GOOD BODY

Bodies can be healthy and beautiful. We all think it important to have healthy bodies, and not unimportant to have beautiful ones. And yet just how important is beauty, for example compared to health, with which it is increasingly conflicting in contexts like cosmetic surgery? In order to answer this question, we have to comprehend more fully why our bodies are important or, to put it more technically, how a healthy body comes to have a value. Why is health valuable?

According to one view which is widespread even amongst philosophers, health only has an *instrumental* value.²² This means that health possesses a value as a means for other goods in life and is only as good or as bad as these goods. Analogous to this is the view that the value of physical beauty is to gain social recognition and especially wealth (see Etcoff, 1999, chap. 2). We vaguely suspect that at least beauty cannot be reduced to an instrumental value. A beautiful face is not a selling point because it sells well. Its beauty consists not merely in the fact that it makes money, otherwise nobody would know why they buy beauty. Examining this suspicion more deeply reveals that

the instrumental way of thinking is in both cases completely misleading and wrong!

If we view the body predominantly from the aspect of *abilities*, human characteristics cannot be divided into two groups, with one group being instrumentally good for the other. This is clear for the relationships existing *within* an ability. Abilities can be developed to different extents and yet the weaker development is not good for the stronger development, but is its beginning. It seems feasible that some abilities could be instrumentally good for other abilities until we look at them more closely. Those abilities which could be suited to such an instrumental relationship quickly prove not to be. Health could be good – this is roughly how we would have to put it – for earning an income. This relationship would be instrumental if health then possessed its *only* value from that income. And that is absurd. Health cannot be expressed in terms of money, health is worth far more than money or is worthy in a different way. And the same is true on closer observation of all other comparable instrumental reasons, rendering health not the means for other goods, but the *prerequisite*.

The idea of health and beauty having instrumental values can only take hold if we believe these goods to be more or less random, external human characteristics. A substance-dualistic philosophy seduces one to this view. According to Descartes and Locke, a person cannot be defined by his or her physical qualities, but only by his or her existence as a mental person. Physical health and beauty are thus external to the person. When people have them at their disposal they can do something with them, like make money from them. But surely substance dualism is not tenable. Mental characteristics *as such* require a body. With the differentiation between body and *Leib*, this also means that the physical qualities health and beauty are *not* features which are particularistically person-related.²³

Comprehending health as a fundamental ability to act, it seems more reasonable to view health as an intrinsic good. If health lies in the *potential* of actions which are *prerequisites* for a good life, then the relationship between health and all other human goods – i.e., all things which can be good for human beings – is surely not an instrumental, but a constitutive one. Health *facilitates* all things in life which are good, without being identified as the same. In a global sense, health has such an outstanding value because all other goods are *only possible as a result*.

When we normally ask how much *health* is “worth”, we hardly mean health in a global sense, completely encompassing our physical and mental

existence as agents. We refer instead to particular functional restrictions which reduce our potentials to act. Objectively speaking, the meaning of health and disease, the value of health, the demerits of disease or damage are all established in very limited terms, namely the functions and abilities affected and their relative importance to others. The demerits of the damage depend in each case on the merits or demerits possessed by the potentials to act in our individual lives, or the merits or demerits we choose to give them, be it fundamentally or at a particular period in time. Actual health is as valuable as we make it; actual disease is as harmful as we are forced to allow it to invade our lives.

Where does the intrinsic value of *beauty* lie, and how is it to be viewed in comparison with other values? More so than with health, in our everyday dealings with beauty we waver between two extremes, namely complete devaluation of physical beauty and instrumental high regard. This wavering is due to an influential, one-sidedly mentalistic concept of the person especially persistent in Christian culture, together with the view that physical beauty is unearned and thus without value. Instrumental regard does not have to be of a purely economic nature; it could also refer to the ability of beauty to arouse desire and joy. Physical beauty would then derive its value from the fact that it brings joy to others, as well as to the beautiful person in question.

Although it is the most plausible kind of esteem, this last interpretation also comes up against a well-known *objection* to hedonism: it is unable to explain just why beauty is capable of giving pleasure. It is more or less beyond doubt that beauty does give joy, but an instrumental evaluation of beauty along these lines should also include an explanation of *why* beauty gives joy and not simply postulate it. Only a conceptual analysis of beauty will be able to provide an answer, and only if criteria are also established as to what constitutes beauty. In my view, the analysis I have proposed is certainly suited to this purpose. If physical beauty is a symbolic reference to elements of the good life, it is easy to see why the contemplation of beautiful physical attributes arouses joy and desire in the way experience has taught us. In addition, a version of the good life based on virtues has provided us with criteria enabling us to adopt a critical stance towards our practised and stereotypical perceptions of beauty.

In comparison, beauty is thus *less valuable* than health and the elements of the good life to which it refers, simply because it can only refer and not express. *Beauty is an extra*, to the extent that it translates real elements of

happiness into perceivable visions, or anticipates and symbolises them. The more it succeeds in this, the more dangerous it becomes because it can easily be confused with happiness itself. When happiness is symbolised with complete success it is easy to forget that it is just a symbolisation. On the other hand, it is also an indication that happiness really can exist, at least as a fundamentally realisable, albeit not easily realised state. It makes a credible promise or gives hope.

Two *practical conclusions* are reasonable to assume. Firstly, one should not endeavour to create beauty at the price of health. Certain excesses of aesthetic body design are sometimes admired because a person is unwaveringly following his ideals at a high risk to him or herself. In the cold light of day, it is really a special type of self-mutilation and denial. Radical aestheticism is irrational when it slights health, the prerequisite of beauty.

Secondly, beauty should not be pursued for its own sake. This conclusion is not to be taken strictly, but to the extent suggested by the symbolisation of good within beauty. Symbolisations are as good as they are required to be. They do not have any original intrinsic value. And yet a symbol is usually easier to create than whatever it is meant to symbolise. Children can live with the fantasy that their toy money is real money, or at least as valuable as real money. In reality symbols are always worth less than the objects they symbolise. If a symbol is easier to create than the object, it is easy to dedicate oneself falsely to the symbol. In principle there is nothing wrong with taking great effort to make or keep one's body beautiful. But we should never forget that a beautiful body is only an *image* of those goods which we are really supposed to be attaining. When it comes to the crunch, those goods are more important.

When the value of symbols is high, as is the case with medals for bravery, then this is only because of what they stand for. The high value of the medal is of course not for its general reference to the virtue "bravery", but for its reference to an act of bravery which has actually taken place. In the same way as this real and individual act is necessary in order to show the value of a virtue, beauty cannot have a high value when it only refers to virtues in general. It could only attain a comparably high value (akin to the act meriting a medal) if it were to refer to real actions. And the person who is beautiful will not be able to ascribe such actions to him or herself in advance. The beautiful person has to learn how to realise them first. Beauty thus remains a hope and is only as valuable in each individual case as the extent to which that hope proves justified.

NOTES

1. See Brumberg (1988) and Bordo (1993) for the former, Gilmore (1994) for the latter. In the current debate, the 'socio-constructive' aspect of disease has far more weight, however, than the anthropologically-universal one. Explanations for anorexia and bulimia which are not culturally-sociological almost seem to be under the pressure of self-legitimization. For the usual culturalist approach see e.g., Winkler & Cole (1994).
2. Especially with M. Nussbaum, A. Sen, G. Cohen, R. Arneson and others. These philosophers concentrate on the significance of our abilities with regard to justice, and do not necessarily concern themselves with more general anthropological considerations. L. Nordenfelt uses abilities to support his theory of health. For an overview see Schramme (2000, pp. 154–159, pp. 193–200). In contrast, many feminists make the mistake within their socio-constructivist analyses of believing that they could survive without ideal/normative foundations. See e.g., Bordo (1993, 1999); Davis (1995); Posch (1999); Winkler (1994).
3. Can there be such a thing as vague facts? Potentials are not vague, but sources of different developments. The extent and structure of these developments cannot be precisely stated. The existence of a potential is certainly a fact. We can normally ascertain whether somebody has the potential to be a good swimmer, for example. But the object of a fact is not necessarily a fact itself.
4. It seems reasonable to claim that mental abilities exceed mental functions to the extent that it is no longer appropriate to speak of limitation. For example, we can construct machines which operate beyond our mental functions, e.g., computers with fast processors and good memories. A second-level limitation underlies this extension though, with qualities from our thought processes being transferred to machines, which in turn are conditioned by our functions.
5. This would be different if we took a concept of morality as for example Kant's, which includes *obligations towards oneself*. The part of morality aimed at the self is, however, also included in the concept of virtue for beautiful bodies, addressed in this article later on.
6. Once again, this debate has followed the well-known alternatives: are the criteria for health and disease naturally-empirical or socially-evaluative? Is health a collection of facts to be discovered or a collection of norms which are to be *invented*, or have already been invented? This is the famous debate between "naturalists" and "constructivists" or "normativists". C. Boorse was and is the most important naturalistic proponent in this debate, whereas H. T. Engelhardt or P. Sedgwick are rather meek proponents of such notoriously wide-ranging socio-constructive views as are known to come from M. Foucault or (less so) I. H. Hacking. For reports on this debate see Boorse (1987, pp. 366–369; 1997, pp. 4–5); Reznek (1987, chap.1); Schramme (2000, chap.4). For Hacking see (1989; 1999, chap.4).
7. For a theory of disease pertaining to suffering, see e.g. Cassell (1991).
8. "Health is a state of complete physical, mental and social well-being, and not just the absence of disease and infirmity."
9. These presuppositions include a) that the functional goals can be limited to those two named or that they themselves can be empirically ascertained and b) that the formation of classes of reference does not exceed the degree of conventional evaluative presuppositions essential to the empirical sciences.
10. I would not like to follow, however, Nordenfelt's views of the exact relationship between health and disease (1987, pp. 65–80). See Schramme (2000, pp. 154–158), for a critique.

- Neither does his attempt seem tempting to me to elaborate on abilities via goals of minimalistic welfare and not, as I suggest, by looking more closely on abilities per se.
11. As could be expected from an Aristotelian, Thomas Aquinas was one of the first to advocate teleological aesthetics of the organism, albeit in scattered asides and not as a systematic theory. See Eco (1987, chap. 8).
 12. Hume put forward such a definition for both morality and aesthetics. Since the teleological view of beauty proposed here shares Hume's anti-realism, a stronger dissociation from Hume would be necessary. For a defence of Hume's aesthetics, see Railton (1998). For criticism against Hume see Kant (CJ §§12–14).
 13. "La beauté est une promesse de bonheur."
 14. Kant suggested a similar idea of beauty that he called "annexed beauty", contrasting it with his foremost ideal of a "pure" or "free" beauty. He explains the latter from a purposefulness without concrete purposes. It is impossible to do justice to his theory here, which is obviously also of a teleological cast. See CJ, §§1–22, esp. §§10–17.
 15. For a contemporary attempt to measure the face in this way, see Schmidhuber (1998).
 16. This biological explanation is still shrouded by the above mentioned symbolisation of various virtues and physical abilities. We find overly long and thus disproportional legs more beautiful than simply long legs, especially in women, a longer neck more beautiful than a short one, etc. Biological or functional explanations cease to be helpful in such cases; in functional terms a longer neck could even be disadvantageous. Functional explanations for evaluations or beauty are particularly weak in conjunction with the face, for a fat, bulbous nose can be just as functional as a slim one, which will generally be considered more beautiful. For the face in particular, but also for other parts of the body, the symbolisation of *abilities* plays a far greater role, exceeding mere physical functionality.
 17. The German word "Leib" has no adequate English translation other than "body", which is already used extensively in the English text as the translation of "Körper". As stated in the text, "Leib" means more than body in a pathological sense: it is an animate body, the encasement of a person.
 18. This abstraction is harder for the face than for the rest of the body. It is difficult to observe Madonna's facial features (pointed chin, short nose, low forehead) without the impression of a slightly fanatical severity emerging, or the round and elderly features of the Pope without his withdrawn inwardness taking over.
 19. On closer inspection, this extreme becomes no less peculiar in the knowledge that it corresponds to Kant's theory of values. According to Kant, the value of actions can only be found in practical reason or "good will".
 20. Physiognomy, like common opinion, has falsely identified the outward appearance of the face with actual traits of character. Taking naturally given features like high cheekbones or a long nose, this amounts to a kind of "character-based racism". A similar "beauty-based racism", the theory that beauty corresponds to good traits of character, is also rife, especially amongst sociobiologists: see e.g., the sociobiologist Etcoff (1999), or for common opinions Gilmore (1994). Overviews on the history of physiognomy can be found in Blankenburg (1989) and Schmölders (1995).
 21. When they *are* expressed: not all people are more virtuous in old age than previously, many have simply become more passive. Many are just as mentally ruined as they are physically wrecked. A certain physical visualisation of this situation could be thought to be "beautiful". If so, then at least according to the eudaemonistic interpretation of beauty, such a visualisation of old age or even death would have to reveal something good about these situations.

22. "Health itself, we sometimes need reminding, is a means and not an end. We can do nothing with good health itself; it makes other goods possible" (Callahan, 1987, p. 81).
23. This sounds like a relapse into substance dualism. And yet it is possible to concede the bodily existence of a person without having to link it to a *particular*, for example healthy and beautiful body. Functionalist mentalism allows such a relation.

REFERENCES

- Blankenburg, M. (1989). Physiognomik, Physiognomie. *Historisches Wörterbuch der Philosophie*, Bd. 7, 955–963.
- Boorse, C. (1975). On the distinction between disease and illness. *Philosophy & Public Affairs*, 5, 49–68.
- Boorse, C. (1977). Health as a theoretical concept. *Philosophy of Science*, 44, 542–573.
- Boorse, C. (1987). Concepts of health. In: D. Van DeVeer and T. Regan (Eds.), *Health care ethics: An introduction*. Philadelphia: Temple University Press.
- Boorse, C. (1997). A rebuttal on health. In: J.M. Humber and R.F. Almeder (Eds.), *What is disease?* Totowa/NJ: Humana Press.
- Boorse, C. (2001). A rebuttal on function. In: A. Ariew, R. Cummins, and M. Perelman (Eds.), *Functions: New essays in the philosophy of psychology and biology*. Oxford: Oxford University Press.
- Bordo, S. (1993). *Unbearable weight: Feminism, Western culture, and the body*. Berkeley: University of California Press.
- Bordo, S. (1999). *The male body. A new look at men in private and public*. New York: Farrar Straus & Giroux.
- Brumberg, J.J. (1988). *Fasting girls. The emergence of anorexia nervosa as a modern disease*. Cambridge: Harvard University Press.
- Callahan, D. (1987). *Setting limits. Medical goals in an aging society*. New York: Simon and Schuster.
- Cassell, E.J. (1991). *The nature of suffering*. New York: Oxford University Press.
- Danto, A. (1965). Basic actions. *American Philosophical Quarterly*, 2, 141–148.
- Davis, K. (1995). *Reshaping the female body. The dilemma of cosmetic surgery*. New York: Routledge.
- Eco, U. (1987). *Kunst und Schönheit im Mittelalter*. München: Hanser.
- Etcoff, N. (1999). *Survival of the prettiest. The science of beauty*. New York: Doubleday.
- Foot, P. (1978). *Virtues and vices*. Berkeley: University of California Press.
- Gilmore, D.D. (1994). The beauty and the beast: Male body imagery in anthropological perspective. In: M.G. Winkler and L.B. Cole (Eds.), *The good body. Asceticism in contemporary culture*. New Haven: Yale University Press.
- Hacking, I. (1998). *Mad travelers: Reflections on the reality of transient mental illnesses*. Charlottesville: University Press of Virginia.
- Hacking, I. (1999). *The social construction of what?* Cambridge: Harvard University Press.
- Hesslow, G. (1993). Do we need a concept of disease? *Theoretical Medicine*, 14, 1–14.
- Hornsby, J. (1980). *Actions*. London: Routledge.
- Nordenfelt, L. (1987). *On the nature of health. An action-theoretic approach*. Dordrecht: Kluwer Academic Publishers.

- Nordenfelt, L. (1993). On the relevance and importance of the notion of disease. *Theoretical Medicine, 14*, 15–26.
- Pawelzik, M. (1990). Krankheit als Funktionsgestörtheit. Eine Kritik an C. Boorses “objektiver Krankheitstheorie”. *Analyse & Kritik, 12*, 5–33.
- Pawelzik, M. (1999). *Krankheit, das gute Leben und die Krise der Medizin*. Münster: Verlag für Psychotherapie.
- Posch, W. (1999). *Körper machen Leute. Der Kult um die Schönheit*. Frankfurt: Campus Verlag.
- Railton, P. (1998). Aesthetic value, moral value, and the ambitions of naturalism. In: J. Levinson (Ed.), *Aesthetics and ethics. Essays at the intersection*. Cambridge: Cambridge University Press.
- Reznek, L. (1987). *The nature of disease*. London: Routledge.
- Schmidhuber, J. (1998). Facial beauty and fractal geometry [On-line]. Available: www.idsia.ch/~juergen
- Schmölders, C. (1995). *Das Vorurteil im Leibe. Eine Einführung in die Physiognomik*. Berlin: Akademie-Verlag.
- Schramme, T. (2000). *Patienten und Personen*. Frankfurt: Fischer.
- Winkler, M.G. (1994). *Model women*. In: M.G. Winkler and L.B. Cole (Eds.), *The good body. Ascetism in contemporary culture*. New Haven: Yale University Press.
- Winkler, M.G., & Cole, L.B. (Eds.), *The good body. Ascetism in contemporary culture*. New Haven: Yale University Press.