

The Body in  
Autobiography and  
Autobiographical  
Novels



# The Body in Autobiography and Autobiographical Novels:

*The Importance of Being Normal*

By

Menotti Lerro

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The Importance of Being Normal

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To my mother, to her beauty

Remember thee?  
Yea, from the table of my memory  
I'll wipe away all trivial fond records,  
All saws of books, all forms, all pressures past  
That youth and observation copied there,  
And thy commandment all alone shall live  
Within the book and volume of my brain,  
Unmixed with baser matter.

*Hamlet*

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This essay is mainly based on my earliest work which is a combination of literary criticism with sociology and history of science. I started writing it while I was studying for my Master of Arts, “The Body and Representation,” at the University of Reading some years ago, and just in the last two years I decided to update it due to the increasing “modernity” of those issues. I guess that originally it was the work of a young poet becoming a man and a young man becoming a poet. Therefore, I think it is full of all the enthusiastic illusions and limitations typical of that age. I wish to thank Carolyn Williams Lyle, who was both a lovely teacher and friend to me at this important stage of my life. I also wish to thank the University of Reading for all the support they gave me in different ways. Last but not least, I wish to thank the University of Salerno, which supported my studies financially.



## PROLOGUE

I write these pages as I am meditating on the world and the men and women who inhabit it—including myself. I think that we too often seem to be at war with each other; too eager to show our physical or intellectual superiority to those around us; too scared that others enjoy life more than we do; too unable to raise our mentality and social status, and we are therefore ready to demean others' status, perhaps so we can deceive ourselves into feeling better.

I believe that all wars come from these selfish attitudes that, unfortunately, characterize the human race. Therefore, we are ready to invade other people's boundaries, to colonize, to steal, and to decrease what others possess and what we believe makes them happy (happier than us), to the point of so much envy that we will fight in order to deprive them of their supposed joys.

We are “different” when we are in what Immanuel Kant called a “minority state.”<sup>1</sup> We have deceived ourselves, ever since the Enlightenment, into believing that we do not occupy this state. (It is, however, relevant to remember that one of the key characteristics of the Enlightenment is that some thinkers, albeit a tiny minority of the population as a whole, were beginning to feel less certain that the standards of the community in which they had been brought up were not only normal but perfect and that those who differed were somehow mentally, physically, or morally deficient.)

Sometimes, this “minority state” is confused with the “status of *being* a minority.” And now we are ready to rage against those who are exceptions to the “normal,” our perception of the norm.

For Westerners, these false distinctions have led to war among “races” of different colours and shades, war among religions, etc. Among these groups not recognized as “similar” and worthy of common respect—albeit with a substantial difference—there were and are homosexuals. The main difference is that homosexuality, until recently, was not just considered abnormal but, by definition, a disease. Homosexuals were considered sick

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<sup>1</sup> Valerio Rohden, Riccardo R. Terra, Guido A. de Almeida, and Margiti Ruffing, *Rech und Frieden in der Philosophie Kants* (Berlin: De Gruyter, 2008), 583.

people in need of nursing and guidance.<sup>2</sup> It was only in 1973 that the American Psychiatric Association removed homosexuality from the handbook of mental disorders, followed in 1990—*seventeen* years later—by the World Health Organization, which removed homosexuality from its International Classification of Diseases.<sup>3</sup>

This event marked a revolution, especially concerning gay rights. This new equal vision soon initiated new struggles for equal rights and new victories, including the rights of gay couples to adopt children, a right recognized today by many countries around the world. Research suggests that the likelihood of these children being homosexual is the same as that of children adopted by heterosexual couples. Arguably, children raised by same-sex parents start from the most modern and flexible educational foundation possible, based on respect for others and rejection of racial and sexual prejudice (though scientific opinion is divided).<sup>4</sup> In other words, the struggles of the last fifty years have achieved tremendous results in social equality and opportunity. Certainly there is still a lot to figure out in order to find an acceptable “truth” moving forward, but the chosen path seems to be the right one.

However, this work is more of a literary than a psychological or sociological study. It analyses the texts of selected authors and attempts to understand and outline the thinking and specific ideas within each. Through their works the authors express not only their personal beliefs but their personal experiences (that is what differentiates an autobiographical text, like autobiographies and autobiographical novels, from a novel *tout court*).

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<sup>2</sup> It is also important to bear in mind that classifying homosexuality as a disease was also partially intended as a way of being *kind* to homosexuals. In other words, it was better than seeing it as a form of lust that people were free to choose or resist, so there could be no injustice in punishing it—and punishments were sometimes severe (of course, this varied from country to country). Medicalizing a state of mind may be bad, but criminalizing it is generally worse, especially in its consequences for the person under consideration.

<sup>3</sup> See WHO: the Bulletin of the World Health Organization, <http://www.who.int/bulletin/volumes/92/9/14-135541/en>.

<sup>4</sup> Walter R. Schumm, “A Review and Critique of Research on Same-Sex Parenting and Adoption,” *Psychological Reports* 119. Article first published online, September 12, 2016.

<http://journals.sagepub.com/doi/abs/10.1177/0033294116665594>; Donald Paul Sullins, “Emotional Problems among Children with Same-Sex parents: Difference by Definition,” *British Journal of Education, Society and Behavioural Science* 7 (2) (2015): 99–120.

## INTRODUCTION

### IS GENDER WRITTEN “WITHIN THE BODY” OR “UPON THE BODY”?

This work seeks to determine if one can consider gender to be written “*upon* the body,” i.e. when one accepts that gender is established at birth due to a person's sex, determined only by physical traits and distinguished by material things such as clothes, or whether gender is written “*within* the body,” i.e. when one contends that gender is defined through a person's own feelings; that is to say, where one might find a “male” who feels “himself” to be female, or a “female” who self-identifies as a male.

“Gender role” or gender presentation means how a person looks, dresses, and acts. A person who wears women's clothes, has a job that women usually have, and acts in a feminine way has a “female gender presentation.” This is completely different from “gender identity” because people can decide to act one way even if that is not how they feel inside. Sometimes, people call this “presentation.” In other words, “while gender identity is subjective and internal to the individual, the presentation of one's self either through personality or bodily habitus is what is perceived by others, and may be labelled pejoratively.”<sup>1</sup>

Should one assert that gender is a concept more closely related to a person's inner feelings than their physical traits, and that gender is therefore written *within* the body, as its real existence manifests itself not only in the sex of the body but, more particularly, in how a person “feels.” In such circumstances, the body can be a prison, enclosing a person who wishes to be in another body and of another sex. In more complex cases, where the body itself turns out to be ambiguous in sex, the person's sense of gender may run counter to initial appearances. Ideas of gender are also intimately affected by social change. For this reason, one must analyse the processes by which standards of beauty regularly change, for both genders, so that nowadays such standards for men and women are markedly

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<sup>1</sup> S. L. Bem, “The Measurement of Psychological Androgyny,” *Journal of Consulting and Clinical Psychology* 42 (2) (1974): 155–62.

different to those paradigms we had a century ago, for example.

In a “complex society,” as our own society is defined, the concept of beauty is itself also becoming more and more complex. As we lose so many certainties, nothing appears to be “certain.” Similar changes characterize the body, and consequently we no longer have as strong an image of “maleness” that is absolutely different from that of “femaleness.” In fact, images of maleness and femaleness are now fusing with each other, creating men who look similar to women and women who appear more similar to men. For instance, we can draw reference to modern magazine covers where the gender of the model is often unclear. On the other hand, we also have examples of images showing men who are big and hirsute, and presenting these qualities as features of attractive masculinity, while images of women who are deemed attractive often show them as more slender, and with carefully epilated bodies. Body-altering activities ranging from plastic surgery to exercise have also changed. For example, it is now seen as “normal,” and indeed beautiful, for women to have visible arm muscles. Previously, exercises for women tended to be aimed at improving posture and grace of movement, or, in the 1950s and 1960s, increasing the size of the breasts. Present-day uncertainties may simply be part of a process that can be traced back for thousands of years: we can see similar confusions in the androgynous beauties of classical Greece and Rome, and in the cross-dressing heroines (played, of course, by boys) in the comedies of Shakespeare.

Therefore, an important and necessary question to ask is: what genuine differences (if any) exist between men and women these days? And if such differences do exist, are they so very important? In addition, it is interesting to analyse where ideas of beauty have their origins, and how they change as society itself changes; how sexual inclinations appear and how one decides unconsciously whether one prefers men or women. Regarding personal preferences, an important role is surely played by the concept of “health” and how one person might attribute it to another notion. For this reason, one must also investigate the importance of the physical condition of members of either sex, for this might be considered one of the fundamental factors determining our idea(s) of beauty. The relationship which exists between society and human biology must additionally be examined, as well as ways in which gender reflects society and society influences biology itself. In addition, linguistic problems will be considered in order to provide potential evidence that men and women are indeed quite different, in terms of their vocabulary and, consequently, their behaviour.

In conclusion, the overall aim of this work will be to attempt to investigate whether gender is linked to physical sexual characteristics only or is simply a mental construct, or whether it is a combination of the two.

## **What Differences Exist Between Men and Women? The “Obvious” Differences**

The first main step in studying gender is to examine the psychological and physical differences believed to exist between men and women and to assess their importance.

The most common conception of the psychology of gender is that woman and men as groups have different traits: different temperaments, characters, outlooks and opinions, abilities, even whole structures of personality.<sup>2</sup>

It is necessary to understand whether these differences are secondary or insuperable; if they apply only to the body or also to the mind; and, finally, if they are obvious or difficult to see. R. W. Connell affirms that there are certain traits that characterize men in general, defined as “masculinity,” and other features more typical of women, defined as “femininity.”<sup>3</sup> This unitary model of sexual character can regularly be made explicit—“typical of a man,” “just like a woman”—yet is also very often an implicit supposition. Either way, there are many points of distinction which are impossible to deny, as Hara Estroff Marano says:

Get out the spittoon. Men produce twice as much saliva as women. Women, for their part, learn to speak earlier, know more words, recall them better, pause less and glide through tongue twisters ... Males and females, it turns out, are different from the moment of conception, and the difference shows itself in every system of body and brain.<sup>4</sup>

It is clear the male and female sex are different from birth. However, many seldom reflect on “gender,” and it often seems self-evident to them that one belongs to the male/female sex or masculine/feminine gender. Many accept their gender without reflecting upon the differences derived from playing a male or female role, though this aspect influences so much of their future life and being. Eleanor Maccoby and Carol Jacklin analyse

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<sup>2</sup> R. W. Connell, *Gender and Power* (Cambridge: Polity Press, 1987), 167.

<sup>3</sup> Ibid.

<sup>4</sup> Hara Estroff Marano, “The New Sex Scorecard: Men and Women’s Minds Really Do Work Differently – But Not on Everything.”

<http://www.psychologytoday.com/articles/PTO-20030624-000003>.

this topic in their vast compendium *The Psychology of Sex Differences*. They distinguish between differences which appear fairly consistently in studies of certain features, and those which do not appear constantly. Verbal ability, visual/spatial ability, mathematical ability, and aggressiveness all belong to the first group; other traits, such as sociability, suggestibility, self-esteem, types of learning, cognitive styles, achievement motivation, and sensory modality, belong to the second. In fact, one of main elements that one always notices and never forgets whenever one sees or meets someone else is their gender (or, to be more exact, their sex).

According to Vivien Burr, one can remark upon many differing aspects between men and women. In particular, she claims that men use different body language. Moreover, she notices how men often interrupt their interlocutors, while women prefer to listen and interject only with words such as “yes,” “sure,” “well,” and the like.<sup>5</sup> Concerning such dissimilar behaviours, one might declare that men are usually more violent than women, and it is noticeable that male children often enjoy playing more “dangerous” games, such as fighting among themselves, and might prefer cartoons concerning war and violence. On the other hand, female children might prefer cartoons which deal with themes such as love and sentiment.

It is very interesting to point out those phenomena which men and women “feel” in differing ways. Firstly, one might begin by analysing sexual relationships. Women, for example (especially from a “male” perspective on female sexuality in patriarchal societies) may feel “guilty” or “ashamed” after losing their virginity before marriage. Virginity seems to be particularly important, not only because of the issue of pregnancy, but also because virginity in many cultures has always been considered to be a “precious thing” that a woman should lose only with her husband. On the other hand, men are frequently ashamed for the opposite reason. Prestige within male groups is often gained when virginity is lost before adulthood. For this reason, men might “look forward” to losing it. A particularly negative effect stemming from this situation is an increase in rapes, which happen frequently in our society and are overwhelmingly committed by men on women. Furthermore, rape is felt to be one of the worst things that might happen to a woman, and the mental consequences are often terrible and permanent. (The abuse of men's bodies often happens in places such as prisons, of course, and one must presume that the psychological consequences are also very significant for them.)

Concluding this section, however, one can affirm that men and women have many different traits, both physical and mental.

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<sup>5</sup> Vivien Burr, *Gender and social psychology* (London: Routledge, 1998), 14–15.

## What is Gender?

The sex of every human being is established at birth, when we are identified as either a male or female individual (with some rare exceptions, such as hermaphrodites). However, one must assert that gender is a different matter, as it is not only related to physical difference.

As the child grows, it usually accepts the gender assigned to it by the family and the society. This acceptance establishes gender identity. Gender identity is the personal conviction that each of us has about his/her femininity or masculinity ... When the child accepts and becomes comfortable with its gender, it also follows the appropriate gender role. Gender role is the set of rules that are laid down by the society to tell us how to behave according to our sex or gender. These rules are made by our culture and not by biology. The rules of the gender role apply from the moment of birth. If there is any confusion or non-acceptance of one's own gender, then it leads to a gender identity crisis.<sup>6</sup>

It seems to be a certainty that both the masculine and the feminine have prescribed roles in society. It is not by chance, for example, that parents usually give girls and boys different toys and different clothes, as they are eager to confer upon them a specific identity. Parents often present toy soldiers (or their equivalent) to male children and dolls to female children, for they are already convinced about their preferences. This might perhaps be true in certain respects—one might consider, for example, the theory which claims that women have a stronger innate instinct for looking after children. This is a view shared by Marilyn French:

Females are given by nature a powerful social role: females conceive, bear children and feed them from their bodies, and have always taken responsibility for maintaining them—that is maintaining the entire human race. The male contribution to procreation not being obvious, no male role beyond sexual drive seems “given” by nature.<sup>7</sup>

Men, on the other hand, may have a stronger aggressive instinct. Such biological instincts might, therefore, lead little girls to look after a toy doll as if it were a child, while a boy might enjoy himself playing with a toy gun or fighting with his friends. In this way, “gender” can often be

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<sup>6</sup> “Gender Identity.” [http://www.webhealthcentre.com/general/sexual\\_medicine\\_ident.asp](http://www.webhealthcentre.com/general/sexual_medicine_ident.asp).

<sup>7</sup> Marilyn French, “Power/Sex,” in *Power/Gender Social Relations in Theory and Practice*, H. Lorraine Radtke and Henderikus J. Stam (eds.) (London: Sage, 1994), 15–35.

identified with people's sex. As consequence, one might declare that gender can be written *upon* the body—it is determined by our being male or female—by our sex, but only when the physical and psychological traits are the same.

However, gender is not only about people's sex.<sup>8</sup> One can also extend the meaning to their inner feelings and, in particular, one must consider circumstances when physical traits do not coincide with mental states—in other words, when a person wishes to be the very opposite of their physical sex. This can happen, for example, to transsexual<sup>9</sup> people, who show such feelings and desires openly, but it can also be the case for those who do not reveal these sentiments in such an explicit way. Moreover, it can also occur to those who might never admit it even to themselves, because they know it only subconsciously. According to Eila Estola, “The border identity highlights the significance of embodiment because many characteristics of identity are written in the body, including sex, gender, race, religion and class.”<sup>10</sup> By “transsexual,” one means a person whose feelings are diametrically opposed to their physical sex. In other words, one could define transsexualism as a variant of the feminine mind within a masculine body, or vice versa. It is also being defined “gender dysphoria.”<sup>11</sup> A typical statement from such a person would be “I am Valentin, when you look at me you think I am a girl, but I am not a girl yet!”<sup>12</sup>

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<sup>8</sup> “The difference between sex and gender is that sex is a biological concept based on biological characteristics, whereas gender deals with personal, societal and cultural perceptions of sexuality.” <https://www.scienceabc.com/eyeopeners/what-is-the-difference-between-sex-and-gender.html>.

<sup>9</sup> People who have a gender identity that is different from the sex of their body are defined as transgender. Some of them change their body to make it more like their gender identity. Sometimes, these people may take medicines or have surgery to change their body. They are called transsexual. According to a medical dictionary, a “transsexual is a person whose external anatomy has been changed to resemble that of the opposite sex.” <http://medical-dictionary.thefreedictionary.com/transsexual>.

<sup>10</sup> Eila Estola, *In the Language of the Mother—Re-storying the Relational Moral in Teachers' Story* (Oulu: University of Oulu Press, 2003), 78.

<sup>11</sup> Hudson, “Gender Dysphoria: Also Body Dysphoria. The State of Discomfort Felt by Transsexuals and Some Transgender People Caused by the Incongruity between one's Physical Sex and One's Gender-identity.” <http://www.ftmguide.org/terminology.html>.

<sup>12</sup> Ellen de Visser, “Wrong body ... They have that ‘pecker’,” *Volkskrant Magazine* (September 13, 2003). <http://ai.eecs.umich.edu/people/conway/TS/Netherlands/Wrong%20Body.html>.

Transsexual people therefore reveal the reasons why gender cannot be written *upon* the body only, and that it runs deeper. We can, all told, affirm that gender and sex are not the same thing (even if sometimes they may seem to be very similar). Transsexuals are testament to how gender/sex can change during the life of a person. In order to better understand this, one can refer to the deep, gradual changes that characterize the feelings of a transsexual. They will cast away their previous gender identity to join the opposite gender. Gender, therefore, is not so much a consequence of sex as a mental state; indeed, it is in clear opposition to “sex” as strictly characterized by the physical elements of the body.

This is borne out by Harold Garfinkel’s discussion of a person with an ambiguously developing body but a strong sense of identification with what would initially have been perceived as the “wrong” gender:

Agnes was born a boy with normal-appearing male genitals. A birth certificate was issued for a male and she was appropriately named. Until the age of seventeen she was recognized by everyone to be a boy. In the biography furnished to us over many hours of conversations, the male role was both consistently and insistently described as a difficult one and poorly managed. Her accounts exaggerated the evidences of her natural femininity and suppressed evidences of masculinity. Secondary feminine sex characteristics developed at puberty.<sup>13</sup>

Garfinkel’s objective account gives further details of her self-contradictory anatomy:

To summarise her medical, physical, and endocrinological characteristics, prior to any surgical procedures she appeared as a person with feminine body contours and hair pattern. She had large, well-developed breasts coexisting with the normal external genitalia of a male. An abdominal laparotomy and pelvic and adrenal exploration, performed two years before she was first seen at UCLA, revealed no uterus or ovaries, no evidence of any vestigial female apparatus nor any abnormal tissue mass in the abdomen, retroperitoneal area, or pelvis.<sup>14</sup>

When she speaks for herself, however, it is with absolute certainty: “Agnes vehemently insisted that she was, and was to be treated as, a natural, normal female.”<sup>15</sup> She insisted repeatedly, “I’ve always wanted to be a girl; I have always felt like a girl; and I have always been a girl but a

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<sup>13</sup> Harold Garfinkel, *Studies in Ethnomethodology* (Cambridge: Blackwell Publishers, 1967), 120.

<sup>14</sup> *Ibid.*, 119–20.

<sup>15</sup> *Ibid.*, 122.

mistaken environment forced the other thing on me.”<sup>16</sup> Her claims were supported by a remarkably selective autobiography, in which evidence of her original femininity was exaggerated, while evidence of a mixture of characteristics, let alone clear-cut examples of a male upbringing, were rigorously suppressed. The “child Agnes” of Agnes’s account did not enjoy rough games like baseball; Agnes was more or less considered “a sissy”; Agnes was always the smallest child; Agnes played with dolls and cooked mud patty cakes for her brother; Agnes helped her mother with the household duties; Agnes could not remember what kinds of gifts she received from her father when she was a child.

She insisted that her male genitals were a trick of fate, a personal misfortune, an accident, above all “it was beyond my control” whose presence she never accepted. She treated her genitals as an abnormal growth. Occasionally she would speak of them as a tumour. With genitals ruled out as essential signs of her femininity, and needing essential and natural signs of female sexuality, she counted instead the life-long desire to be a female and her prominent breasts.<sup>17</sup>

One can also make mention of another interesting example when attempting to understand the complexities of gender—that of transvestism.<sup>18</sup> Transvestites are often grouped together with homosexuals, but they are, more often than not, heterosexual. There are, in fact, many ways to define a transvestite:

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<sup>16</sup> *Ibid.*, 130.

<sup>17</sup> *Ibid.*, 131–2.

<sup>18</sup> “Magnus Hirschfeld coined the term *transvestism* around 1915 in Berlin (from Latin *trans-*, ‘across, over’ and *vestere*, ‘to dress or to wear’). He used it to describe those persons who habitually and voluntarily wore clothes of the opposite sex. (The distinction between sex and gender had not been made at that time.) Hirschfeld’s group of transvestites consisted of both males and females, with heterosexual, homosexual, bisexual and asexual orientations. Hirschfeld operated very much in a *three-gender* framework: *male*; *female*; and *other*, or *third gender*. Included in this *third gender* were all who, in today’s terms, violated heteronormative boundaries. Again, in today’s terms, this is very much equivalent with the queer community—lesbian, gay, bisexual, and transgender persons. There was, therefore, no pressing reason to find different terms for the different shades of Hirschfeld’s *transvestism*. He also noticed that sexual arousal was often, but not always, associated with transvestite behaviour; he also clearly distinguished between transvestism as an expression of a person’s “contra-sexual” (transgender) feelings and fetishistic behaviour, even if the latter involved wearing clothes of the other sex.” <http://t-vox.org/information/definitions/transvestism>.

The word “transvestite” means “a person who likes to wear the clothes of the opposite sex ...” Recent research has confirmed that most of these people are not homosexual ... The vast majority of male transvestites like being men. They do not feel that they are women trapped in male bodies and they have no desire at all to “become female” by taking hormones or having surgery to remove their male genitals.<sup>19</sup>

What seems to be clear is that transvestism differs from homosexuality. Nevertheless, both examples are of great interest to this study as a means of attempting to understand how gender can be written *within* the body.

In contrast to homosexuals and transvestites, it was Agnes’ conviction that she was naturally, originally, really, after all female. No mockery or masquerading accompanied this claim that we were able to observe. In this respect Agnes shared, point for point, the outlook of “normal.”<sup>20</sup>

## Gender and Society

It is interesting to note how the society in which a human being lives influences their gender and even physical biology:

The human body and biology are not “givens,” but are subject to human agency and personal choice within different social contexts. According to such a perspective, writers who focus on gender roles and role learning implicitly accept that there is a biological basis to gender differences. In the socialization approach, a biological distinction between the sexes provides a framework which becomes “culturally elaborated” in society itself. In contrast to this, theorists who believe in the social construction of sex and gender reject all biological bases for gender differences. Gender identity emerges, they argue, in relation to perceived sex differences in society and in turn help to shape those differences. For example, a society in which ideas of masculinity are characterised by physical strength and “tough” attitudes will encourage men to cultivate a specific body image and set of mannerisms. In other words, gender identities and sex differences are inextricably linked within individual human bodies.<sup>21</sup>

Many books have been written to promote genetic explanations for the behavioural differences between men and women. Yet, for Connell, gender is neither an expression of biology nor a fixed difference.

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<sup>19</sup> Christine Webber and David Develine, “Transvestites and Cross-dressing.” <http://www.netdoctor.co.uk/menshealth/feature/transvesticism.htm>.

<sup>20</sup> Garfinkel, *Studies in Ethnomethodology*, 164–5.

<sup>21</sup> Anthony Giddens and Simon Griffiths, *Sociology* (Oxford: Blackwell Publishing, 2006), 462.

According to him, “gender is, above all, a matter of the social relationships within which individual and groups act.”<sup>22</sup>

Another issue is society’s influence on biology. In Italy, a book which refers to this has been published by Stefano Carnazzi and Stefano Apuzzo.<sup>23</sup> In their research they observe how “junk food” is regularly eaten nowadays, as well as setting out extensive lists of other unhealthy products (including water in plastic bottles and the meat of animals treated with antibiotics), and all the negative consequences arising from people consuming this “junk food.” Moreover, men are undergoing a physical, genetic modification, for example in the breast region, and new lifestyles are also changing people's body shapes due to there being less need for muscular activities. In the past, people of course worked with their hands, doing manual labour; today, however, people mostly work in offices and do more “intellectual” jobs. For these reasons, it is arguable that male bodies are becoming increasingly similar to female bodies.

Indeed, the perspectives of Carnazzi and Apuzzo, in some respects, exemplify the attitudes to masculinity mentioned above in the quotation from Giddens and Griffiths.

It is also worth observing those images of men and women which magazines regularly portray in their pages. In so doing, it is very interesting to examine how images of beauty can change with time and societal development. For instance, if one considers the type of woman appreciated in Hellenic society, it was seldom thin or slight, as the ideal of vigorous and strong women was not associated with such an image. Therefore, the ideals of health and vigour—ideals which are held by every kind of society—are always fundamental in determining the standards of beauty. This is due to males and females always desiring signs of good health in members of the opposite sex, driven as they are by the instinct to procreate. In poorer countries, such as certain African nations, to be “fat” means to be rich and vigorous, as it signifies the individual is eating abundant food. Thus, overweight women are more appreciated by men who live in such countries. On the other hand, in the West, to be overweight is not a sign of fitness but often of poverty. Richer people usually do not eat fatty foods but a varied diet which results in a healthy physical shape. As a human being always looks for the best partner to generate children, their “preference” is therefore often related to such conscious or unconscious choices. Considering anorexia, for example, one notes that some years ago, when exceptionally thin women were not

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<sup>22</sup> R.W. Connell, *Gender* (Cambridge: Polity Press, 2002), 9.

<sup>23</sup> Stefano Carnazzi and Apuzzo Stefano, *Quattro sberle in padella. Come difendersi dall'inquinamento alimentare* (Roma: Nuovi Equilibri, 2000).

necessarily considered to be “sick,” many men were attracted by such levels of leanness. It is also relevant that, as soon as being “skinny” began to be associated with “sickness” and poor health, men began to change their minds.

Such predilections are strongly associated with one's unconscious need to guarantee the best health for one's sons and daughters. Beginning with this point of view, however, one might consider all deviations from one's sexual preferences as mental deviations. In other words, every man or woman whose choice of partner is not based on the central wish to create a healthy child strays far from those “rules” imposed by nature, that is to say, continuing their genetic heritage in the best possible way.

### **“In the Body”: Gender and Problems of Linguistics**

It is very interesting to observe the differences in language-use between men and women. A woman often talks and writes in a notably different manner from that of a man. In fact, generally, the language used by a woman can be characterized by more polite terms and a less-aggressive style. In speech, for instance, she might use words such as: “cute, lovely, delicious, sweet, darling”—all examples of words that a man might use less. This difference regarding the use of language has been noticed in particular by Deborah Tannen, who claims that there are cultural reasons which determine the different ways men and women talk and write.<sup>24</sup> Men and women also use a slightly different written language; for example, when one reads a given book it is sometimes possible after only a few sentences to ascertain the sex the writer belongs to.

In the past, women could not, in fact, always use the same language as men due to the rules of a patriarchal society. Consequently, one can observe that society influences the use of language which characterizes the different genders. It is important to remember that in many parts of the world, for many centuries, there were a great many limitations regarding what a woman could say or write. In such periods, the choice of the words was strongly determined by society, not just by gender and free stylistic choices. Penelope Eckert and Sally McConnell-Ginet stress this point to interesting effect:

Women's language has been said to reflect their (our) conservatism, prestige, consciousness, upward mobility, insecurity, deference, nurturance, emotional expressivity, connectedness, sensitivity to others,

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<sup>24</sup> D. Tannen, “Gender, Sexuality and English,” in *Varieties of Modern English*, D. Davies (ed.) (Harlow: Pearson Longman, 2005), 83.

solidarity. And men's language is heard as evincing their toughness, lack of affect, competitiveness, independence, competence, hierarchy, control.<sup>25</sup>

It seems, therefore, to be clear that the word choice and language used by women is notably different from that utilized by men. Moreover, it is useful to note that certain expressions are more often used by women while others are more often used by men. This is often due to certain groupings of words deriving meaning from experiences had by members of one particular sex exclusively. In fact, it is fascinating to highlight those words and phrases that characterize a man or a woman exclusively.

A woman, for instance, could write extensively about her menstrual cycle or her pregnancy, describing exactly how it felt to bear a child inside her for nine whole months. She could describe what she felt when her baby gave her the first kick; what she felt when her child moved in her womb, or when she had "expectations." All these experiences are completely denied to a man, who could only express his own "waiting" in very different ways. What is more, thanks to this exclusivity of feelings, a person might even create new words. A mother, for example, might invent certain words that a man could not hope to create because he did not undergo the same experiences. Therefore, we can assert that new expressions generally appear in relation to female or male experiences, and consequently to physical sexual identity.

## Conclusion

If gender is more related to a mental condition and, in particular, refers to how a person perceives themselves, regardless of their physical features, we can affirm that gender is more properly written *within* the body. Yet, it is important to remember that physical and biological elements often determine how the individual feels about themselves in the first place. For this reason, one can note that gender is written at the same time *upon* the body due to these physical traits, often establishing and, consequently, also determining a person's masculine or feminine identity.

However, even if it is not easy to give a definitive answer to the question of whether gender is written *within* or *upon* the body, one might argue that it seems to be written more *within* the body for, as has been

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<sup>25</sup> Penelope Eckert and Sally McConnell-Ginet, *Language and Gender* (New York: Cambridge University Press, 2003). Also in Penelope Eckert and Sally McConnell-Ginet, "Think Practically and Look Locally: Language and Gender as Community-based Practice." *Annual Review of Anthropology* 21 (1992): 90.

asserted, gender is defined more as a result of a person’s feelings and, moreover, “gender” itself is a cultural definition.

The question of “what gender is” has also been considered: is it something that everyone decides for themselves continuously, and that can, consequently, be changed; or does it have a biological source? If so, is the biology incapable of change? Much remains to be discovered about the ways in which society manipulates and influences biology; for example, oestrogen in the food and water supply is capable of increasing the amount of female hormones within male bodies. Nature, too, includes psychological features which might determine a change of gender. Overall, it is not easy to define exactly what might be considered to be written *within* the body and that which can be judged to be written *upon* the body. Furthermore, there are other elements which help to establish gender, such as society, personal experiences, and traumatic events, and these could create permanent alterations where biology allows such changes. Furthermore, some individuals are predisposed to change themselves.

These difficulties therefore make it impossible to define gender precisely. Thus, we were born male or female, or somewhere in between, but we cannot know for certain if this gender might change during our lifetimes.



## CHAPTER ONE

# FRANKENSTEIN'S NEW CREATURE: HOW CAN SCIENCE IMPROVE SOCIETY'S "MONSTERS"?

The main aim of this work will be to analyse the role and treatment of people who are defined as "different"; those human beings born with physical deformities who, for this reason, belong to a category of people defined in opposition to the "normal." (Individuals will be defined as "normal" or "abnormal" based upon a definition provided by Erving Goffman.) Moreover, there will be a discussion of the reasons why "abnormal" children are often made (by their parents) to undergo plastic surgery in order to remedy defects or physical imperfections causing aesthetic problems/malformations of the body.

Firstly, one should consider how an individual is affected by physical ailments which might make their life extremely hard. For instance, it is evident how many difficulties and functional issues a new born with a so-called harelip (afterwards identified as a "stigma") will have to overcome. However, the decision to operate on every child suffering from any kind of deformity since their birth is connected to numerous problems and, particularly, to the rights of the infant to choose if they "want" to be operated on at all. One can develop this topic to consider modern plastic surgery as well as those scientific methods which date back several centuries.

A famous literary character of the early nineteenth century will be considered in order to analyse a past representation of a deformed human being—someone "different" since his very creation. Frankenstein's monster, created by Mary Shelley in 1818, will thus be investigated, as he has long been considered a symbol *par excellence* of the "different," of a human being born with problematical physical deformities who is consequently rejected by society because of his ugliness. This will proceed to a discussion of how society itself could lead the "different" person to hate other human beings, even if they love them at the beginning. This problem will be analysed and examined from various points of view. In

addition, it is also interesting to highlight that the monster's story is presented to us as a fictional autobiography that is partly conveyed within Victor's autobiography and entirely within Walton's letters, which form a fragmentary fictional autobiography.

Attention will also be focused on difficulties which have to be overcome by isolated people, and especially how the problems arising from physical appearance often originate in a lack of acceptance by other people. Frankenstein's monster is, of course, a creation of science formed from the dead bodies of different individuals,<sup>1</sup> while children born with deformities are creations of nature. However, these cases can easily be compared, after all, both those children who arrive in life with physical problems and Shelley's creature can be considered "newborns," characterized by different origins and parents. For example, in the very beginning their minds could be considered "tabula rasa," according to John Locke—neither evil nor good in and of themselves:

In Locke's philosophy, *tabula rasa* was the theory that the (human) mind is at birth a "blank slate" without rules for processing data, and that data is added and rules for processing are formed solely by one's sensory experiences ... Each individual was free to define the content of his or her character—but his or her basic identity as a member of the human species cannot be so altered.<sup>2</sup>

As the novel progresses, the creature's mind seems to be corrupted by society: "The creature, instead of being elevated to divine status by his exploits, becomes Satanic as a result of human prejudice."<sup>3</sup> The "monster" is thus corrupted by society at the moment in which it rejects his "ugliness" (or rather what "normal" people perceive as ugly). Therefore, for both children with physical deformities and the creature himself, the problem with their ugliness arises only when others emphasize existing

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<sup>1</sup> As Judith Halberstam stresses, "the monster, in its otherworldly form, its supernatural shape, wears the traces of its own construction. Like the bolt through the neck of Frankenstein's monster in the modern horror film, the technology of monstrosity is written upon the body. And the artificiality of the monster denaturalizes in turn the humanness of his enemies." "Technologies of Monstrosity: Bram Stoker's *Dracula*," *Victorian Studies* 36 (3), *Victorian Sexualities* (Spring 1993): 333–52.

<sup>2</sup> John Locke, *An Essay Concerning Human Understanding*, Kenneth P. Winkler (ed.), (Indianapolis, IN: Hackett Publishing Company, 1996 [1689]), pp. xix (editor's introduction) and 33–36 (Book II, Chapter I, 1–9).

<sup>3</sup> Carolyn Williams, "'Inhumanly Brought Back to Life and Misery': Mary Wollstonecraft, *Frankenstein*, and the Royal Humane Society," *Women's Writing* 8 (2) (2001): 231–4.

differences, and these differences are considered a symbol of inferiority and hideousness.

Scientific works are also useful when attempting to explain how, until just a century ago, techniques of plastic surgery were extremely painful and dangerous. It was, back then, very difficult, or rather impossible, to satisfactorily amend a deformity related to lips or other parts of the body touched by abnormality or malformations. Moreover, it is clear how children affected by these problems had to cope with other troubles, such as their difficult integration with other children, older individuals, and even their parents:

Father: We have nothing to ask. We should have killed this monster the minute he was born.

Mother: It's not yet too late ... You can still kill him now ...

Doctor: But he is a healthy child in every respect. Except for his legs.

Mother: So use his good organs for other children ... Take out his eyes and give them to someone else ... Take out his nose ... And his hands ... I give you my permission.

Surgeon: (shocked) I promise you that after a series of orthopaedic operations your child will even be able to walk. His disability can be repaired.

Mother (interrupting): It's a pity to waste electricity on this child ... really a pity, all the electricity ... I don't want to know what happens with him, what will be with him later ... for me, he's dead.<sup>4</sup>

Consequently, the final aim of this essay will be to stress the current limits of surgery—how much it has improved through the centuries, yet how far it remains from a complete resolution of the problem; whether it represents the only way to enable people to accept the “different” child and, as a consequence, the only way they might become integrated into society.

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<sup>4</sup> Meira Weiss, *Conditional Love: Parents' Attitudes towards Handicapped Children* (Westport: Bergin & Garvey, 1994), 67–8. The author, a social scientist, investigated parents' behaviour towards 1,450 children born with defects in three hospitals in Israel. In addition, she conducted other studies of two hundred families in their homes over a period of six years. She discovered a massive tendency in parents to reject deformed children. In her work, Weiss stressed that parents often abandoned their children in the hospitals, which often happened when the parents were assured by doctors that their children would not require special care. It is interesting to emphasize that, according to Weiss, children who suffered physical deformity due to accidents were also rejected by their parents.

## **Who is the “Normal”?: The Rights of “Abnormal” Children**

Since time immemorial, “society,” the agglomeration of human beings who live on earth, seems to have been divided into two categories: the “normal” and “abnormal.” According to Erving Goffman, “normal” are those people who do not have a “stigma” attached to them, that is to say an undesired “difference.” Goffman claims that a stigma can belong to three distinct categories:

First there are abominations of the body—the various physical deformities. Next there are blemishes of individual character perceived as weak will, domineering or unnatural passions, treacherous and rigid beliefs, and dishonesty, these being inferred from a known record of, for example, mental disorder, imprisonment, addiction, alcoholism, homosexuality, unemployment, suicidal attempts, and radical political behaviour. Finally there are the tribal stigmas of race, nation, and religion, these being stigmas that can be transmitted through lineages and equally contaminate all members of a family.<sup>5</sup>

The stigma at play here is the first, arising from “abominations of the body,” and particularly physical deformities found in children. These malformations are often subjected to surgical treatments a few months after birth. Therefore, it is obvious that the decision for the child to go “under the knife” is taken by the child's parents and them alone. The central reason for such an operation is usually connected to practical problems, and parents decide that their child should be operated upon in order to improve the quality of their life. An infant with a harelip, for example, might have many difficulties in comparison with “normals”:

- Difficulty with sucking
- Repeated chest infections
- Ear infections
- Speech defects
- Teeth alignment<sup>6</sup>

However, as is the case with all deformities which characterize a child after birth, the decision to operate should be taken carefully, especially

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<sup>5</sup> Erving Goffman, *Stigma* (New Jersey: Penguin 1990), 14.

<sup>6</sup> Dr. Anurag Krishna, “Cleft Lip and Cleft Palate,” <http://www.doctorndtv.com/topicsh/Cleft%20lip%20and%20cleft%20palate.asp>.