IN VULVA VANITAS – The Rise of Labiaplasty in the West

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Abstract

Since the turn of the 21st century, more and more women choose to undergo Female Genital Cosmetic Surgery (FGCS) to fit a vulvovaginal aesthetic ideal. With a focus on reduction labiaplasty as the currently most widespread of these procedures, this article examines FGCS through a critical cultural studies lens to position it within larger feminist debates about body image, consumer culture, and female agency. A central question is where our Western ideal of female genital appearance comes from that incites the desire to undergo surgical body modification? Against the backdrop of post-colonial criticism, the article challenges the distinction between FGM in non-Western cultures and FGCS in the West through questioning the notion of informed consent associated with the latter. By bringing together otherwise separate voices from various disciplines, the overall aim is to present FGCS as an intricate interface between biology, psychology, culture, and media discourse.[1]

"It's time to let my labia rip and rearrange this."
– from "Pussy Manifesto" by Bitch & Animal

1 Try this: walk into a drug store, grab a shopping cart, and put inside every product designed to optimize the female-coded body. Spoiler alert! One cart will not be enough. Shampoo to make our hair shiny, lotions to make our skin smooth, toothpaste to whiten our teeth, concealer to hide our freckles, gloss to boost our lips, face masks to make us look like we had enough sleep, fake nails, fake lashes, fake tan – the assortment is as endless as its subtext is loud and clear: your body needs modification! A plethora of anti-something products provide an exhaustive list of things we are supposed to work on: frizz, cellulite, pimples, puffiness, dark circles, body hair, brittle nails, stretch marks, belly fat, to name just a few; and of course, any sign of aging whatsoever, from grey hair to wrinkles to saggy arm skin. "We are bombarded everyday with countless thousands of messages informing us that we do not look young enough, slim enough, white enough" (Penny, *Meat* 1). Flawless faces smiling from posters and labels provide the counterimage, the – often unattainable – goal.

[1] I am fully aware of the trans-exclusive politics inherent in wordings such as "female genitals" and of the fact that neither *only* women nor *all* women are vulva-owners. To avoid reinforcing the genitalia-centered gender binary our culture has so successfully constructed turned out to be an insurmountable task for me in writing about a subject matter basically originating from that very construct. Especially as a white cis-woman writing from a position of privilege, I can only apologize for my inability to find a solution to this dilemma here and express my hope to see the day when language and ideology alike are fully capable of both, trans inclusivity and gender fluidity. The complex question of how trans, gender-reassigned, or intersex people feel about their (neo-) vulvas is one I lack the expertise and data to tackle but would love to see answered comprehensively and respectfully in future research.

Through dictating particular beauty ideals, these grooming products create the body dissatisfactions to which they then offer ready-made purchasable solutions. Modifying female-coded bodies has long been and continues to be a huge market that capitalizes on cis-, and often even more on trans-, women's insecurities about the way they look. "The pursuit of beauty is big business in modern societies" (Sullivan 1). Even at a time when we have more access to power, knowledge, and resources than ever before, anxious Western women invest a lot of energy, time, and dollars every day by cleansing, scrubbing, moisturizing our way towards some feminine ideal constructed by a powerful consumption machinery.

2 "The perfectionist body project" (Tiefer 475) does not stop above the belt. Body-altering, supposedly body-improving, practices and products do also target female genitalia. Shavers, depilatory cream, and wax strips are supposed to help get rid of its natural hair, just like vaginal deodorant and washing lotions eliminate its natural smell, intimate bleaching creams its natural color, and pads and tampons "help keep your period invisible" (Tampax n.pag.) – the ideal pussy is hairless, odorless, colorless, stainless; in short, unobtrusive. Again, the message to women is clear: what 'Mother Nature' has given you needs to be improved; "It looks bad. Shave it. It smells bad. Wash it. Scour it. Deodorize it. It tastes bad. Wash it more. It's dry. Lubricate it" (Greer 74). To achieve genital perfection, more and more women are willing to go even further in modifying their bodies. The 'designer vagina' has become a buzz word in contemporary public discourse – Female Genital Cosmetic Surgeries (FGCS) are on the rise.[2]

The Vulva in the Age of Surgical Reconstruction

3 While exact figures seem hard to obtain[3], it is by now common sense that there is a current trend of increased popularity of FGCS (cf. Braun, "Pleasure" 407; Méritt 180; *ISAPS* 27; Veale et al. 57). As one US gynecologist put it: "It's basically where breast augmentation was 30 years ago" (Jacobsen qtd. in Gurley n.pag.). FGCS is an umbrella term for all genital surgical procedures for which there is no medical necessity. These include vaginal procedures

[2] None of this is to suggest that male-coded bodies are not also put under social pressure to fit a certain prototype. As Naomi Wolf acknowledges in 2002, "a male beauty myth has established itself in the last decade" (*Beauty* 8) – obviously, "men experience body policing, too" (Penny, *Unspeakable* 31). They seem to be targeted by the cosmetics industry, however, for the sheer market opportunity (cf. Wolf, *Beauty* 7) rather than for age-old cultural assumptions about masculinity and are, in turn, not socialized to value their beauty as essential to their identity in the same way that women are. Body dissatisfaction is still found to be more prevalent in the latter (cf. Sullivan 28). While men have increasingly become customers of the cosmetic surgery industry, too (cf. Berer 4; Sullivan 30), women – with 86% of all performed procedures (cf. *ISAPS* 53) – remain their primary consumer (see also Davis 117ff; Meßmer 8; Blum 86ff). So the context is and remains gendered.

[3] This is mainly due to the fact that data are collected by national societies which only survey their members (cf. Méritt 180; Meßmer 9) and that privately paid procedures are not recorded in national registers (cf. Mowat et al. 2) – figures are thus likely to represent just a share of the entirety of surgeries.

such as G-spot[4] amplification (often called 'the G-shot'), vaginal tightening (*perineorrhaphy,* often referred to as 'vaginal rejuvenation'), or hymen reconstruction (*hymenorrhaphy*, 'revirginization'); but – other than the term 'designer vagina' implies – also comprise vulvar procedures such as clitoral hood reductions, repositioning of the glans clitoris, liposuction of the *mons pubis* ('mound of Venus') or the *labia majora*, *labia majora* augmentation, and reduction of the *labia minora* (cf. Cartwright & Cardozo 285; Braun, "Pleasure" 407; Zwang 81; Mowat et al. 1; Meßmer 9).[5] Some of these can be argued to be of functional motivation: both G-spot augmentation and vaginal tightening, for example, aim at heightening female pleasure during intercourse.[6] Others obviously originate in tradition, such as the temporary reconstruction of the hymen requested by women who have had pre-marital sex but want to 'fake' the loss of their virginity in their wedding night.[7] The rest is of merely aesthetic function – "Too big, too small, too narrow, too wide, too high, too low, too flabby, too wrinkled. The permutations are endless. What a great way of making money!" (Berer 5).

4 In one way or another, all of them aim at surgically creating an ideal female genital appearance or experience and thereby reinforce the idea that such an ideal even exists. Given that vaginal laxity, the loss of the virgin state, and the development of the *labia minora* and *mons pubis* are connected to processes of aging or at least maturing (cf. Standring 1288), that ideal is undeniably: young. "A new beauty ideal is looming, according to which vulvas and vaginas are not supposed to show any traces of childbearing, (sexual) experience, or age" (Méritt 181, my transl.). FGCS can thus largely be seen as attempts "to restore the prepubescent look" (Zwang 85) – and feel, for that matter – of female genitalia. This, of

[4] As so many terms used in reference to female genitalia, the word *G-Spot*, named after German gynecologist Ernst Gräfenberg, is misleading since it suggests something like a button you simply need to locate and then press for orgasm. Rather, it is a particularly erogenous several centimeters wide area of the vagina wall (Laura Méritt speaks of "Genuss-Fläche" (72)), the existence, location, and function of which is still disputed among experts (cf. Burri et al. 98ff; Hines 359). Its promotion diverts attention away from the clitoris, the actual center of female sexual pleasure, reinforces a heteronormative and penetration-centered understanding of sex, and perpetuates "the myth of the vaginal orgasm" (Koedt 134) invented by Freud in his 1905 *Three Essays on the Theory of Sexuality*. Many studies – most famously by Masters & Johnson – have shown that only a small percentage of women can reach orgasm through vaginal penetration alone (cf. 64ff). Adherence to the idea of the G-spot may therefore, again, lead to women feeling dysfunctional (cf. Boynton qtd. in Allerhand 72; Wolf, *Vagina* 19).

[5] Feminizing intersex surgeries which are current standard practice for children with ambiguous genitalia as well as male-to-female sex reassignment surgeries are often also referred to as FGCS. However, I find it problematic to refer to procedures of such highly complex psychosexual motivations as 'cosmetic;' plus, they are part of a whole different cultural debate about the gender binary. Although informing an important, and timely topic, they are therefore not discussed in this article.

[6] There is no evidence for an actual pleasure increase of these procedures (cf. Lloyd et al. 645). For the function – and instrumentalization – of female pleasure in framing FGCS see Braun 2005.

[7] The idea of a membrane that completely seals the vaginal opening and ruptures when penetrated 'the first time' is a myth (cf. Valenti (esp. 17ff) or Bernau). Surgeons reinforce this misconception through the procedure of 'revirginization,' some going as far as to implant a capsule containing a blood-like substance to guarantee post-coital bleeding (cf. Cartwright & Cardozo 286). On the more accurate renaming of the hymen as "vaginal corona" see the information booklet by *RFSU* (5ff).

course, ties in not only with the trend of body hair removal but also with a larger endeavor to stop, rewind, delay, or hide the signs of aging; the beauty industry's ultimate nemesis. Needless to stress here that these body-modifying procedures "are never purely about anatomy and physiology but are intrinsically entangled with cultural norms and ideology" (Johnsdotter & Essén 34).

5 Currently, the most common FGCS in the West is reduction labiaplasty (*nymphectomy*), showing a significant increase over the last decade (cf. Cartwright & Cardozo 285; Liao et al. 20; Sharp & Tiggemann 70; Meßmer 9). "An alarmist would be justified in thinking that the start of the 21st century would mark the start of the gradual disappearance of natural vulvar anatomy" (Zwang 84). In 2016, according to the *International Society for Aesthetic Plastic Surgery*, almost 140.000[8] women underwent labiaplasty worldwide (cf. *ISAPS* 7). This development reflects "the rise of a new genital aesthetic ideal" (Johnsdotter & Essén 32) that has been given many names: the "clean slit" (McDougall 776), the "tucked-in look" (Schick et al., "Evulvalution" 79), the "Barbie Doll ideal" (ibid. 78), or German "Brötchen-Ideal" (Méritt 179). In medical terms, this means the procedure's aim is to trim and oversew (labial trimming) or excise and suture (wedge resection)[9] the inner *labia minora* (also: *nymphae*), using laser or harmonic scalpel, to such an extent that they do not protrude beyond, but rather lie 'hidden' beneath, the outer *labia majora* (cf. Liao et al. 20; Aleem & Adams 50). Other than the horizontal, oral lips that the beauty industry has convinced us should be voluminous and red and shimmering to draw as much attention to them as possible, the vertical, genital lips are rendered indiscernible through FGCS. True to the motto "only an invisible vulva is a beautiful vulva" (Sanyal 184, my transl.), protruding inner lips have come to be considered undesirable – "the ideal is one of absence" (McDougall 775).[10] Clearly, it is also one of adolescence. Once again, we are confronted with the ideal of a young, even prepubescent, female in which the *labia minora* are not yet fully developed. Commenting on the result of a labiaplasty, (in)famous L.A. cosmetic surgeon David Matlock proudly proclaims: "She is like a 16-year-old now" (qtd. in Tiefer 469), reminding us one more time "that the Western feminine ideal is a child-like body" (Bramwell et al. 1497).

[8] As outlined before, this figure, too, is most likely to be underrepresenting the overall prevalence of the procedure.

[9] For a detailed description of various techniques to perform reduction labiaplasty, see Goodman's chapter on "Surgical Procedures I: vulva and mons pubis" (esp. 51-87).

[10] Obviously, this happens in contrast to the phallus, as any random peek into the phallocentric literature of psychoanalysis from Aristotle to Freud to Lacan will underline, which relentlessly constructs the feminine as the castrated, lacking, envious opposite of the presence of the phallus (cf. Braun & Wilkinson 19ff). It seems only logical that the framing of the female genital as 'absent' translates into a procedure of cutting away, whereas the most popular male genital cosmetic surgery – penile enlargement – aims at making the phallus more 'present.'

6 There is a tendency among surgery-seeking patients to frame labiaplasty as functional: "I can't go by bike," "I have to rearrange them before sex," and similar complaints about physical symptoms are commonly brought forward as arguments for the procedure (cf. Braun, "Pleasure" 410; Cartwright & Cardozo 285; Aleem & Adams 50; Smarrito 85).[11] The *labia minora* are, however, not medically linked to any pathological disorder or development that may impede hygiene, urination, or sexual and sportive activities (cf. Zwang 82; Moran & Lee 761). As they are mucosal tissue, "chafing"– another common pre-surgical complaint (cf. Goodman vii; Bramwell 187) – is not actually possible (cf. Zimmermann & Richarz n.pag.). It seems evident that "women's intolerance of the physical sensations of their labia is at least partly informed by a psychological 'discomfort' about how their genitals present" (Liao & Creighton, "Dilemma" 7).[12] The treatment rhetoric used in these cases therefore appears to mainly serve as a justification of labiaplasty against patients' own doubts or against sceptics and possible social shame (cf. Tiefer 470); not least that of the performing doctors themselves: "women seeking such surgery may see medical staff as 'gatekeepers' and tailor their reasons for seeking surgery accordingly" (Bramwell et al. 1493).[13] Several empirical studies have clearly shown, however, that women primarily[14] turn to surgical modification of their vulva for aesthetic reasons (cf. Smarrito 85; Aleem & Adams 52f; Zwier 20; Cartwright et al. 102); their motivation is hence of psychosocial rather than physical origin (cf. Moran & Lee 764).

Vulva Normativa – Am I Normal?

7 The notion of normalcy plays a major role with regard to the phenomenon of labiaplasty. "Implicit in a woman's desire to alter genital appearance may be the belief that her genitals are not normal, that there is such a thing as normal female genital appearance, [and] that the operating surgeon will know what this is" (Lloyd et al. 643). Indeed, many patients presenting for the procedure utter the concern of being "abnormal" (Veale et al. 58) or "defective" (Bramwell et al. 1493), thinking that "there's something wrong down there" (Zwier 16). Without a doubt, women's well-established breast-size anxiety has recently found

[11] Interestingly, this is already to be found in the case report of the very first documented labiaplasties, where one patient complained about "increasing discomfort" because "the protuberant tissue became irritated in walking, sitting, after voiding and having a bowel movement," and the other claimed that her labia "interfered with intercourse" and caused "difficulty with personal hygiene" (cf. Radman 78f).
[12] The fact that men experience similar sensations but do not seek a surgical fix underscores this point (cf. ibid.).
[13] One study of women's motivation for labiaplasty confirmed this assumption in that distress about vulvar appearance was more freely communicated in online communities than in clinical encounters (cf. Zwier 20f).
[14] Some clinical studies suggest that not just most, but *all* labiaplasties are aesthetically motivated (cf. Zwier 21).

a new genital companion: labia-size anxiety.[15] Repeatedly, negative comments – primarily by male sexual partners[16], but also by family members or friends – are named as sources of this insecurity (cf. Veale et al. 59f). 'Labia shaming' is also prominent in online forums, where users – of all genders – often speak pejoratively of "beef curtains," "flaps," or "outies" to refer to larger labia (cf. *reddit.com*).[17] Even when patients have not directly experienced such negative reactions, they tend to fear them, worrying their partners are or will be dissatisfied with what they see (cf. Schick et al., "Dissatisfaction" 401). In some cases, this genital anxiety leads to women refraining from sex altogether or at least from certain sexual practices: "I'd never have oral sex because I couldn't bear him seeing me up close" (qtd. in Braun, "Pleasure" 411; see also Schick et al., "Dissatisfaction" 396).

8 The obsession with fitting the norm and the level of distress this brings to women is particularly upsetting once we ask what actually *is* 'normal' when it comes to labia size; because up until very recently, there had not been any scientific research into the average variation in the anatomy of the vulva (cf. Bramwell 187). The first medical study to try to even answer this question through measuring external female genitalia was carried out in 2005.[18] The first modern-day cosmetic labiaplasty published in medical literature, however, was performed as early as 1976, where a woman's "labia minora protruding in wing-like fashion" is referred to as one of the "abnormalities of the vulva" and "corrective" surgery was applied to achieve "normal female genitalia" (cf. Radman 78f). Despite its rather small and homogenous sample group, the results of the recent, long overdue study into female genital appearance reveal a much wider variety than previously documented; with the width of the *labia minora* ranging from 7 to 50 mm (cf. Lloyd et al. 644ff).[19] Based on these findings, the study concludes that anybody's understanding of what 'normal' female genitalia in general, and labia in particular, look like and, likewise, any surgeon's idea of how it can be achieved

[15] Again, I do not intend to frame genital anxiety as an exclusively female phenomenon. While the penis has an entirely different cultural history marked by positive connotations of power etc. it is also connected to an influential, if different, genital ideal. While our culture's penis size obsession causes emotional distress in many men, it does not result in even closely as many cosmetic procedures as vulva-anxiety (in 2016, a little over 8000 penis augmentations were carried out worldwide – and almost 140.000 labiaplasties (cf. *ISAPS* 7)).

[16] Though male attitudes are often mentioned in this context, there is a paucity of data regarding male perceptions. A 2015 empirical study tried to fill this gap and found that vulvar aesthetics impacts sexual desire for about 50% of the male subjects but that "while smaller and more groomed labia were described as attractive more often … many [men] remained neutral about labial appearance" (Mazloomdost 731.e6).

[17] Already in 1975, gynecologist Jeffcoate referred to protruding *labia minora* as "Spaniel ears nymphae" (151), which was uncritically reproduced in other, also more contemporary, medical publications (cf. Rouzier et al. 35).

[18] Measurements for male genitals, by contrast, were taken and published as early as 1899 (cf. Loeb).

[19] A 2015 study of a similar set-up arrived at slightly different but equally wide-ranging results in all assessed parameters of female external genitalia (cf. Krissi et al. 46).

through surgical procedures is entirely subjective (ibid. 645).[20] In other words: there is no such thing as a normal vulva, or more precisely: "variation is the norm" (Yurteri-Kaplan 428 e2).

9 And yet, our culture has successfully created a genital beauty ideal that thousands of healthy women are so eager to live up to that they are willing to pay money for, and hazard the pain or risks of surgery "to create morphological changes to their *normal* vulva" (Liao 20, my emphasis). The modified genital created through labiaplasty "is one in which diversity is replaced with conformity to this particular aesthetic" (Braun, "Pleasure" 413). The lack of an actual (biological) norm raises the pivotal question: where does our Western idea of 'normal' and thus desirable female genital appearance come from?[21] As Naomi Wolf reminds us, "ideals don't simply descend from heaven" (*Beauty* 3) – they are culturally constructed. So what agents are at play in forming our aesthetic notion of the perfect pudendal cleft and thereby causing genital dissatisfaction or anxiety in so many women?

Vulva Culpa – Who to Blame?

10 The increased attention paid to vulvar appearance is often considered "a result of the new genital visibility" (Tiefer 472). First and foremost, it is argued that the practice of pubic hair removal, which has come to be normative in Western cultures over the past 20 years (cf. Toerien et al. 403; Yurteri-Kaplan 428.e5; Kelly & Hoerl 141f), has exposed the previously hidden vulvar region (cf. Zwang 84f; Johnsdotter & Essén 31; Sharp et al. 183). Protruding inner labia that may have been obscured by body hair before, now come in plain sight and may appear more prominent. The fashion of skimpy under- or swimwear, possibly showing "a bulge," contributes to this factor, even when not naked (cf. Laufer & Reddy 3; *RACGP* 6). Moreover, the use of tampons as well as the gradual removal of taboos about, and thus rising prevalence of, female masturbation increased women's contact with their genitalia. All of these lifestyle, grooming and fashion trends "render the vulva more visible than ever and contribute to genital appearance consciousness" (Liao & Creighton, "Dilemma" 7). For dissatisfaction, and thus a desire for surgery, to arise from pudendal preoccupation, however, women – being "cognitive averagers" (Placik & Arkins 1084) – must have a means of

[20] Moran & Lee confirm this claim by finding that there is a gendered tendency of male practitioners, gynecologists or cosmetic surgeons being significantly more likely to approve or perform a labiaplasty (cf. 764).

[21] It would be interesting in this respect to look at alternative beauty ideals of the vulva in other cultures and how they possibly come into being. In Japan, for example, the "butterfly appearance" of the labia is considered to be particularly attractive (Scholten 291); and in many African countries, such as Uganda, Rwanda or Mozambique, long labia are praised and therefore, deliberately 'stretched' through a traditional procedure of pulling and applying herbs (cf. Bennett & Tamale 75ff).

comparison, i.e. mental images of the vulva against which we can weigh what we see between our legs.

11 In real life, "women have no direct visual acquaintance with the vulvae of their adult peers" (Zwang 82). A heterosexual woman, unless a midwife, gynecologist, etc., is seldom really exposed to other vulvas, especially labia, up close.[22] Given such absence of 'real' vulvas in everyday life, we must ask what medial representations of the vulva we consume? The first thing to come to mind is, of course: pornography; which serves as the number one scapegoat for the growing popularity of FGCS (cf. Liao & Creighton "Dilemma" 7, Sharp et al. 184; Johnsdotter & Essén 32; Lloyd et al. 645). "The popular porn thesis is based on the assumption that women consume pornography and internalize its norms, which then drives genital dissatisfaction and surgical modification of the labia" (Jones & Nurka 64). While intuitively convincing, it has not been empirically tested and is based on some misconceptions; first and foremost, on the supposition that all women consume pornography.[23] Various practitioners take the fact that women seeking surgery bring pages from porn magazines as an indicator of their impact (cf. Liao & Creighton "Request" 1091; Braun, "Pleasure" 413). Further inquiry reveals, however, that most patients actively researched these images to illustrate their desired 'look' rather than being regular consumers (cf. Yurteri-Kaplan 428 e6; Veale 15); i.e., the images were used to demonstrate dissatisfaction but have not necessarily generated it.[24]

12 Even if women do consume pornography, the widely held notion that it only shows "unreal vulvas" (Braun, "Pleasure" 413) and "standardized versions of labia" (Wolf, *Vagina* 302) is equally debatable. What such a claim – and the discourse at large – fails to do, is to differentiate between 'soft-core' still images in porn magazines, on the one hand, and 'hard-core' moving-image porn, on the other. In the former, it is indeed common to present a uniform 'clean slit' aesthetic through selecting models accordingly or, more commonly, through digitally removing any protruding *labia minora* (cf. Zimmermann & Richarz n.pag.). Other than usually assumed, however, this does not have to go back to heterosexual male preferences (cf. Jones & Nurka 63) but is also rooted in issues of censorship.[25] To let soft-

[22] We tend to, in fact, "have more opportunities to observe young children naked than adults" (Bramwell et al. 1497) which could be argued to contribute to our child-like genital ideal.

[23] Though only an approximation, *Pornhub* reports 26% of their users in 2016 were female (n.pag.).

[24] One may argue that men's consumption of porn can indirectly affect women's dissatisfaction through negative comments but, so far, that has not been confirmed, either (cf. Miklos & Moore 2008).

[25] According to Australian classification law, for example, "realistic depictions [of nudity] may contain discreet genital detail but there should be no genital emphasis" (Office of Legislative Drafting and Publishing n.pag.), i.e. showing the inner labia would render an image "restricted" content. The British Board of Film Classification (BBFC) has similar guidelines.

porn magazines stand in for all porn means to deny this medium its heterogeneity and to overlook the development of porn consumption.

13 In the age of free internet porn, tube sites such as *Pornhub* or *YouPorn* are way more frequently used than *Playboy* magazine is read.[26] Even videos on these 'malestream' pages, not to mention more queer porn, display a wide variety of female genital appearance.[27] In fact, popular female porn performers such as Stoya or Sasha Grey have publicly spoken up against vulva shaming; the former specifically addressing the wide array of shapes and colors in labial appearance she has seen in porn, as well as unashamedly commenting that her "own vulva, if it were a face, would constantly have an expression similar to this: :P" (n.pag.). The popularity of her movies just as the fact that her 'non-flattened' vulva was turned into a life-like Fleshlight® masturbator contradicts assumptions about male aesthetic preferences.[28] Likewise, performers such as Amy Faye or Bobbi Starr are bringing back 'the bush' to mainstream porn. Though we may find it hard to wrap our head around this, hard-core porn is, in effect, a rare place where vulvas with all kinds of labia – even when objectified, fetishized, abused, etc. – are shown and presented as desirable, are flood-lighted and zoomed into rather than hidden; and where genital dissatisfaction does not seem to play a role on screen.

14 This is markedly different in mainstream media. While there is a lack of actual images of female genitalia in popular media, they abound with stories of labia anxiety and suffering, often followed by those of relief through cosmetic surgery (cf. Berer 7; Liao & Creighton "Requests" 1091; Nurka & Jones 417). Especially popular medical reality TV shows like *Embarrassing Bodies* or *The Perfect Vagina* as well as women's magazines have been identified as key sources for information about labiaplasty (cf. Sullivan 159). Women reading or watching these stories may be prompted to think "if she/ her partner finds her/self ugly 'down there,' am I too?", "if she thinks she needs one, do I need one, too?", "if it made her happier, will it make me happier, too?" and so on. Accounts of post-surgical joy and pleasure – "I discovered how amazing oral sex can be" (Braun, "Pleasure" 413) – can have a particularly strong effect; but even when criticizing or ridiculing the popularity of labiaplasty, media representations still spread awareness of its existence. A majority of women claim that they only learned about the procedure through the media (cf. Veale 15; Pó 56). Unfortunately, media coverage often fails to stress the wide range of 'normal' genital appearance or

[26] In 2016, *Playboy* magazine had a circulation of almost 500,000; that is roughly the number of online visitors *Pornhub* attracts within every 11 minutes (cf. *Pornhub* n.pag.).

[27] Go to one of them, click on twenty random videos, and see for yourself!

[28] Fleshlight® is the self-proclaimed "#1 Male Sex Toy in the World" (n.pag.) modelled after the vulvas of popular female porn performers. The range of different Fleshlights exhibits a variety – if not of color or pubic hair – of vulvar shapes; of the 29 current "Fleshlight girls", no two look the same. Many of them, e.g. Brandi Love and Alexis Texas, show protruding, some asymmetrical labia.

reproduces other assumptions, such as functional motivation for labia reduction, and therefore always has the potential to fuel dissatisfaction and desire for surgery.

15 The most conscious and aggressive advertisers of labiaplasty, though, are the surgery providers themselves (cf. Cartwright & Cardozo 285). Just enter 'labia reduction' as a search term in *Google*, and you will be flooded with websites of private clinics sharing little clinical information (cf. Colwell et al. 5) but countless before-and-after-images of vulvas accompanied by their happy patients' testimonials. Economic and legal changes since the 1990s have erased any barriers – at least in the US, Australia, and the UK – to this kind of commercialized medicine (cf. Tiefer 467f). Online marketing can be said to fulfil three major functions in paving the way towards labiaplasty: "pathologizing the normal," in turn "normalizing modification," while suggesting "that cosmetic surgery is easy" (Moran & Lee 387ff; see also Mowat et al. 8). It creates shame around having a certain vulvar appearance, while simultaneously reducing shame around surgically changing it. Simply referring to labiaplasty as *correction*, for example, suggests a harmless and necessary procedure which seems to (re)create normalcy rather than producing artificiality. Just like the cosmetics industry, aesthetic surgery effectively and profitably provides both, the problem and the solution. Through reframing the perfectly normal labia of women as 'unhealthy' and offering a seemingly harmless cure, clinicians "have created an inexhaustible goldmine" (Zwang 85).

16 As already indicated, a major tool of such 'disease mongering' is language. If, speaking with Foucault, nothing exists before there is a word for it, any pathology requires a name: *labial hypertrophy* is the medical(izing) label given to protuberant *labia minora*.[29] While there is no consensus regarding objective clinical criteria (cf. Laufer & Reddy 3), practitioners usually stick to Franco's 1993 classification system, which identifies inner labia longer than 4cm from the vaginal introitus to the outer edge as *hypertrophic* (cf. Rouzier et al. 35).[30] Even though there are some early Western surgical texts about the existence and also the removal of larger labia (e.g. Arkwright from 1871), gynecological literature of the 1970s describes "the clinically symptomatic enlargement of the labia minora" as "a poorly recognized entity" (Jeffcoate 151). Several publications of this time still suggested a connection of labia size to sexual activity[31], considering excessive masturbation, early sexual

[29] While created within medical discourse, mainstream media reproduced this language and "contributed to making 'labial hypertrophy' a recognizable – and curable – disorder" (Nurka & Jones 417).

[30] Another classification measures only the protruding labia, with accordingly smaller numbers, and an alternative system based on shape, rather than length, has recently been suggested (cf. Smarrito 85f).

[31] The alternative Latin term for inner labia, *nymphae*, already indicates this connection; as does the German word *Schamlippen*. Up until today, the idea that long labia are a sign of being "worn-out," can be found in public discourse (cf. *reddit.com*). Research, however, shows no empirical evidence for any of this (Bramwell et al. 1493).

contact, hypersexuality, or promiscuity as etiology of 'hypertrophy' (cf. Honoré & O'Hara 61; Rouzier et al. 38f) – yet another chapter in the long history of moral panic about the female sex drive.[32]

17 The medicalization of normal labia not only ties in with the Western tradition of pathologizing female pleasure and the female body, but also has its roots in our colonial past: "This current linkage of 'hypertrophic' labia with ill health, deviance and sexual shame … is informed, in large part, by the discourses of early race science" (Nurka & Jones 418). While it is hard to tell since when exactly labia are being stigmatized in the West, an important historical moment occurred in the 19th century: Saartje (Afrikaans for Sarah) Baartman was brought from South Africa to Britain as a slave, and exhibited as the "Hottentot Venus" for her "large buttocks" and "strangely elongated labia" (Holmes 2). The latter were pejoratively termed "Hottentot-apron," a terminology uncritically taken up by 20th-century publications (e.g. in Jeffcoate 152), already giving away the problematic association with race. Natural scientist Georges Cuvier, in a text book example of scientific racism, interpreted the protruding labia found in Khoikhoi women as an indicator of their animal-like hypersexuality and as such as proof of their racial inferiority (cf. Meßmer 135f). He was a driving force in helping the "Saartjemania" (Sanyal 182), and with it the exoticization as well as stigmatization of larger labia, spread throughout Europe in the 19th century. Cuvier was so obsessed with Baartman that when she died in 1815, he preserved her vulva (cf. ibid.), which was exhibited in the Musée de l'Homme until 1985.[33] This is why a panel in Liv Strömquist's 2014 graphic novel *Kunskapens frukt* (meaning 'Origin of the World') concludes: "If you're having the inarticulate feeling that big labia are somehow more repulsive than smaller ones, and don't know where this feeling is coming from, this might be the source: Baron Georges Cuvier" (24, my transl.).

18 As the above discussion has shown, the question as to what causes genital dissatisfaction and thereby drives the growing desire for labiaplasty is a highly complex one, and the answer may range from seemingly obvious factors such as pornography to less overt influences such as racial stereotyping; from phenomena directly linked to our current digitalized world to remnants from our colonial past; from contemporary to age-old anxieties. To single out just one reason for the rising popularity of labiaplasty (as so fervently done with porn) means to oversimplify a multifactorial problem. Obviously, our "unrealistic genital ideal [of the 'clean slit'] did not develop in isolation, but rather as a function of broader

[32] On the similar pathologization of the ('oversized') clitoris, see Finzsch's article on clitoridectomy in this issue.
[33] In fact, her body parts were only returned to South Africa and finally buried as recently as in 2002.

sociocultural influences" (Sharp & Tiggemann 71). Any simplistic causality fails to acknowledge the intricate ways in which our bodies are interwoven with our culture. It is safe to say, however, that societal norms – especially with regard to an ideal femininity – and the corresponding pressure to live up to them, play a key role in giving each of the discussed agents the power they have.

Quod Licet Iovi, Non Licet Bovi; or: the Arrogant West

19 Given this long list of more or less overt messages to women about their ideal vulvar appearance and the immense psychosexual distress they put on them, it seems highly questionable to frame labiaplasty "as an uncomplicated lifestyle choice based on user autonomy" (Liao & Creighton, "Dilemma" 8) as is often the case. L.A. surgeon David Matlock, for example, (called the McDonald's of FGCS for using the franchise model for his procedures (cf. Tiefer 469)) – considers himself a feminist, because he is "all about the women" (qtd. in ibid). Especially the fact that patients claim to feel more sexually confident with their post-operative vulva is effectively (mis)used to deem the procedure "a liberatory action for women" (Braun, "Pleasure" 417) – neglecting how their genital shame was created in the first place. Paradoxically, "contemporary beauty culture celebrates women's sexual agency by urging them to purchase products and engage in practices designed to prepare their vaginas for sexual activity with men" (Kelly & Hoerl 141). Whereas surgery providers pretend to "address a neoliberal subject who is an informed decision-maker and is both desiring and deserving of bodily modification" (Moran & Lee 388), they often promise potential patients untested benefits[34] and do not usually inform them sufficiently about possible risks and consequences.[35] It would, therefore, be more appropriate to speak of "misinformed consent" (Tiefer 472; see also Liao 23); and even if women *had* all the necessary knowledge to theoretically make a rational choice, we would, in practice, still be controlled by irrational social norms about our bodies. Without a doubt, FGCS are "culturally imbued practices" (Dodge 135).

20 And yet, choice is commonly argued to be the distinguishing feature between FGCS in the West and female genital mutilation (FGM)[36] as practiced in non-Western, mainly African, countries. As a result, the two are framed very differently in public discourse: the former "is

[34] There is no empirical evidence that such procedures *per se* enhance physical, psychosexual or relationship wellbeing for any female population (Lloyd et al. 645; see also Moran & Lee 764).

[35] Labiaplasty involves the removal of tissue and potential disruption of nerves or blood vessels essential to female sexual functioning and may thus impact genital sensation and the ability of arousal (cf. Aleem & Adams 50; Lloyd et al. 645; Moran & Lee 764; Méritt 182).

[36] On the terminology of mutilation vs. cutting vs. circumcision, see Johnsdotter & Essén 30f.

presented as a benign medical procedure while the [latter] is presented as a value-laden form of violence" (Dodge 141); one as a "simple and rewarding surgery" (Agrawal et al. 245), "new and enlightened" (Braun 694), the other as "a bizarre and cruel practice far away in Africa" (Johnsdotter & Essén 30); one as emancipating, the other as oppressing; and finally: one as legal, and the other as a crime and "violation of the human rights of girls and women" (*WHO* n.pag.). Such a strong distinction seems rather absurd considering the similarity of the actual modification: the definition of FGM by the *World Health Organization* – as "all procedures that intentionally alter … the female genital organs / that involve partial or total removal of the external female genitalia … for non-medical reasons" (n.pag.) – is just as applicable to FGCS.

21 Type 2 FGM, "excision," can be considered the equivalent of labiaplasty with (part of) the *labia minora* being cut away in both cases; but one procedure is understood as liberating – "Befreiungsschnitt" (Pó 57) – the other as traumatizing – "Schnitt in die Seele" (Terre des Femmes). Moreover, only the latter is associated with serious consequences for women's sexual pleasure and health (cf. Johnsdotter & Essén 34; *WHO* n.pag.), which means that these are either dramatized to condemn FGM, or downplayed with regard to Western practices. In either case, the disparate treatment seems illogical, which becomes particularly clear regarding legal treatment. There is legislation in both Europe and Africa against FGM, but none against FGCS (cf. Berer 6). This means, *de facto*, that practitioners "are expected to discriminate between European and African female genitals" to decide whether patients with the same request are either "a victim of African patriarchy" or "an adult woman, entitled to free choices concerning her own body" (Johnsdotter & Essén 33) – no need to explain the many ways in which this is highly problematic.[37]

22 I am neither trying to defend FGM or argue for its legalization, nor to deny the fact that it is often performed on young girls without caring about their consent and frequently under unsanitary conditions; but "we should not allow these extreme affronts to female agency to invisibilize the less obvert pressures that affect women in [Western] countries" (Dodge 142). As has been pointed out, "cosmetic surgery cannot be understood as a matter of individual choice" (Davis 117). Even though the rhetoric of normalcy and medicalization helped to construct it otherwise, labiaplasty is just as much driven by societal pressure and notions of ideal femininity as Type 2 FGM. For this reason, I agree that, at least to some

[37] "If this is purely a children's rights issue, then European laws need to include a paragraph stating that a woman above a specific age may choose to have her genitals modified, irrespective of ethnic background. That would protect children while placing adult women, of Western and non-Western origin alike, in the same category – that is, that they have the right to make decisions about their own bodies" (Johnsdotter & Essén 33).

degree, “any distinction is only a Eurocentrist fallacy” (Cartwright & Cardozo 285) and our condemnation of the former highly hypocritical in light of our endorsement of the latter. We need to reflect our Western filter through which we look at the world and automatically normalize what is ‘ours,’ while Othering and stigmatizing what is ‘foreign’. Painting this issue, literally, black and white does not do justice to women on either side, because “women in cultures that practice FGM are not totally void of agency, and women in the West who choose to undergo [FGCS] are not acting with pure agency” (Dodge 141) – we can, and should, reevaluate both sides through the eyes of the other.

Conclusion – Quo V(ulv)adis?

23 As this article has shown, the rise of labiaplasty in the West is a multidimensional phenomenon driven by a powerful gendered narrative about fitting into a perceived norm of femininity. More than ‘just’ another example of patriarchal and capitalist domination of the female body, of its pathologization and commercial exploitation, it turns out to be also a painful reminder of how our supremacist colonial discourse and mindset is still with us in many ways. Since the turn of this century, women have not only become increasingly dissatisfied with their labia, but surgery has also become more easily available – so how can we break this self-sustaining vicious circle of inciting insecurity and offering solutions?

24 Several pragmatic steps have already been suggested to fight the current development. Most importantly, we need to gain a better understanding of the subject matter. Across different disciplines, the literature points to the paucity of data and calls for more – quality multi-method, multidisciplinary, independent, long-term, evidence-based – research to fill the yawning gaps in knowledge about the prevalence, the motivation for, and the demographics of labiaplasty (cf. Meßmer 10; Moran & Lee 764; Tiefer 475; Liao 23; Mowak et al. 9), as well as the physical and psychosexual outcome and possible complications of the procedure (cf. Berer 7; Johnsdotter & Essén 31). Based on these findings, patients need to be adequately provided with information about risks and consequences on the one, and non-existing connections to sexual function and pleasure on the other hand (cf. Krissi et al. 46) – “we cannot emphasize enough the importance of fully informed consent” (Aleem & Adams 53). At the moment, FGCS is a largely unregulated industry which lacks transparency and medico-ethical guidelines (cf. *RACGP* 2). On top of that, there need to be alternatives to deal with genital dissatisfaction beyond the body-changing culture, such as counseling (cf. Moran & Lee 764; Lloyd et al. 645) and comprehensive sex education (cf. Tiefer 475) to foster the development of a healthy sexual self-concept – without a scalpel. Finally, the legislative body

needs to adopt non-discriminatory policies about vulvar modification (cf. Johnsdotter & Essén 35).

25 Eventually, however, we can only fight the symptom, if we overcome the roots: genital anxiety. All agents contributing to genital dissatisfaction need to use their power in positive ways to make more diverse "messages available to women as to what constitutes a normal or ideal appearance for their external genital area" (Bramwell 187). Both the media and frontline clinicians are in a position of challenging negative hegemonic socio-cultural representations and to educate women that their labia are not 'abnormal' (cf. Braun & Wilkinson 27). The problem is, however, that health and media professionals alike take their ideas about ideal female genitalia from exactly the same cultural context as women themselves (cf. Bramwell et al. 1497); and this context is one in which the vulva is made invisible. The lack of awareness of female genital diversity – as a result of underexposure to vulvar variation – has repeatedly been named a major reason for labia anxiety and fears of abnormality. If women knew more about our own bodies and the wide range of 'normal' when it comes to our genitalia, we would be less prone to outside voices telling us that we need to be fixed.[38] Therefore, what we need are more, and more realistic, and, most importantly, more positive images of the vulva. "Pudendal disgust is a social reality" (Tiefer 475) and we need to get rid of it.

26 Many projects have already taken up the task of ending labia-shaming through spreading body positivity and showing vulvar variety: collections of vulvar anatomy are springing up everywhere, such as *VulvaGallery.com* which "shows vulvas of all kinds, shapes, sizes and colors, and celebrates their diversity" (n.pag.), *pussypedia.com*, Dr. Laura Méritt's collection of pussy profiles, books like *Femalia* (2011), *The Big Book of Pussy* (2011) or *101 Vagina* (2013), or the Tumblr "Large Labia Project" collecting self-submitted photographs of female genitalia; a number of websites have been developed as freely available educational tools, such as *LabiaLibrary.org.au* which aims "to bust a few common myths about how normal labia look" (n.pag.); sex education programs are embracing shame-free tools such as the Wondrous Vulva Puppet® or the PAOMI model; artists around the world are spreading vulva art, such as Jamie McCartney's *The Great Wall of Vagina*[39], to demonstrate diversity, redefine its cultural meaning and, as Sophia Wallace and her #cliteracy-initiative, foster knowledge about female genitalia, and you can even have your

[38] A number of studies have already empirically tested to positive correlation of genital awareness and genital satisfaction (cf. Moran & Lee; Nurka & Jones; Lloyd et al.); see also Sanyal and Zwang.

[39] Note how even feminist artists mislabel the vulva (what you can see from the outside) as *vagina* (what is inside) and thus unwittingly perpetuate the penetration-centered understanding of sex in public discourse (cf. Lerner).

vulva cast in plaster or bronze, if you like; in 2011, UK Feminista organized a protest march, "the Muff March," against labiaplasty claiming that "there is nothing wrong with women's labia, [but] there is something wrong with a culture which makes women feel ashamed about their bodies" (Banyard n.pag.) – a real Labia Pride movement is in the making. Even if many of its voices were initially only heard within the feminist filter bubbles, they are beginning to reach a wider public. In other words: there is hope! Deconstructing beauty ideals is hard and tedious, but not impossible. Let the utopian fantasy of a more pussy-positive future be our motivation on the long road of creating a culture in which women leave the light on during sex and enjoy *cunnilingus* not because they had successful cosmetic surgery, but because they learned to accept and adore their body the way it is. Everybody repeat after me: all vulvas are beautiful. Viva la Vulva!

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[40] Fun fact: with the exception of all the texts serving as 'bad examples,' this is an almost all-female bibliography! Everyone in the academe knows how rare this is given the male domination of academic knowledge production overall; and even more so with a topic that involves a considerable amount of medical literature. This is not intended as self-praise; I did not even try, it just happened. Why? Presumably, because women care more about women, because they are tired of having their own body being commodified, and because they are not afraid to talk about the vulva. I am uncertain as to whether I should find that funny or sad or satisfying, but in any case, worthy of a very last footnote.

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