Title: Hidden, visceral and traumatic: a dramaturgical approach to men talking about their penis after surgery for penile cancer

Authors: Peter Branney[1] & Karl Witty[2]

1 Division of Psychology, University of Bradford, UK

2 Institute for Health & Wellbeing, Leeds Beckett University, UK

Declarations of Interest: The authors have nothing to disclose.

Short Biographies

Peter Branney is a Social Psychologist at Bradford University and has undertaken a programme of award-winning, internationally leading work exploring how men and women engage with healthcare, how they experience threats to their health, and how to improve their experience of healthcare. Dr. Branney co-authored the UK Department for Health report *The Gender & Access to Services Study* and led the first national study of Patients' Experiences of Penile Cancer (PEPC), published on www.healthtalk.org.

Karl Witty is an experienced Team Lead with a demonstrated history of working in the higher education and the voluntary sector. Skilled in relationship management, brokerage and qualitative research. Excellent knowledge of third and public sector working. An undergraduate degree in Sociology and Social Policy and a Master's Degree in the Sociology of Contemporary Culture, both from the University of York.

Acknowledgements: This paper presents independent research commissioned by the National Institute for Health Research (NIHR) under its Research for Patient Benefit (RfPB) Programme (Grant Reference Number PB-PG-0808-17158). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health. We would like to thank Julie Evans (Oxford University) for her guidance throughout the project and the PEPC co-applicants for their support; Kate Bullen (Bournmouth University), Alan White (Leeds Beckett University) and Ian Eardley (Leeds Teaching Hospitals NHS Trust). Last, we are grateful for feedback from the advisory panel members; Brendan Gough (Leeds Beckett University), Kate Hunt (Glasgow University), John McLuskey (Nottingham University), Clare Moynihan (Institute of Cancer Research and the Royal Marsden Hospital Trust), Rebecca Porter (Orchid Cancer), Vijay Sangar (Christie Hospital NHS Foundation Trust & University Hospital of South Manchester NHS Foundation Trust), Sarah Seymour-Smith (Nottingham Trent University), Zoë Skea (Aberdeen University), Anne Storey (Leeds Teaching Hospitals NHS Trust), and David Wilkins (Men's Health Forum). Early versions of this paper were presented at *Explorations of contemporary masculinities through the*

dismemberment, feminisation, self-management and commodification of men's bodies symposium at the 2013 British Psychological Society Annual Conference and the University of Bradford Psychology seminar series in October 2017 and we would like to thank attendees for their feedback. Last, we would like to thank the editor and anonymous peer reviewers for the attention and care they took in reviewing an earlier version of this manuscript.

Abstract

Drawing upon concepts of expressive equipment and body image, the aim of this study is to explore how men diagnosed and treated for penile cancer construct their penis and its surgical disfigurement (penectomy). Using maximum variation sampling with the intention to acquire the broadest range of experiences of stage of disease and treatment, 27 cisgender men (aged 48-83, x=63) who had surgical treatment consented for their data to be archived for analysis. From a dramaturgical perspective, the constructionist thematic analysis explored direct and indirect talk about the penis after surgery. The analysis showed that through graphic and sequential narratives of dismemberment revealed, participants constructed a post-surgery period in which they both wanted and did-not-want to see their penis. Additionally, participants constructed themselves managing difficult emotions through others and seeing themselves being rejected by a potentially desiring (female) Other. The findings extend research on male genitals by showing how the post-surgery penis can function as something hidden but visceral and traumatic when revealed. Importantly, this paper illustrates body image as expressive equipment where body and identity are formed in the image of manhood, which is an intersubjective (sexual) object between self and other.

Keywords: penis; cancer; dramaturgy; expressive equipment; body image; surgery; penectomy; manhood

Hidden, visceral and traumatic: a dramaturgical analysis of men talking about their penis after surgery for penile cancer

As potential site of disability, disease and infection, we need to broaden our concerns with male genitals beyond considerations of size in young and healthy men. As life expectancy increases so does the prevalence of non-communicable age-related disease (United Nations, 2013), such as cancer, and as treatments emerge and improve, we need to understand how older men live with body-modifying conditions. Cancer of the penis is one such body-modifying condition that is likely to impinge both on urological function and gendered and sexual identities.

In this paper, we will argue that our research shows manhood is (in part) embodied in the penis and that this combination of masculine self and male body is dismembered through surgery for cancer. After explaining how we shall conceptualise penises as expressive equipment, we consider the potential of genital body image research before presenting an interview study of men diagnosed and treated for penile cancer.

Penises as Expressive Equipment

Taking drama as a metaphor for understanding everyday life (Goffman, 1959), our theoretical position is that a penis is – following Lessing (2019) – a part of a performance and its meaning or meanings depends on the characters, objects and their interactions. Using Goffman's (1959) concept of *expressive equipment*, a penis is an object that the characters "intentionally or unwittingly" (p. 13) use in their performance. Expressive equipment can take material form and may be visible, obscured or hidden, such as by clothing. Additionally, expressive equipment relate to each other and form what Goffman calls the "setting" (p. 13), giving a sense of location or place. For example, naked men (and absence of women) and lockers can

create a scene of a male-only changing room while the orientation of the bodies to objects and the use of clothes, towels, etc., may nevertheless largely conceal penises from the gaze of the characters in the scene. Expressive equipment can also form the "personal front" (p. 14), which is similar to James' (1918) notion of the *material self*; the "innermost part of *the material self* in each of us is the body; and certain parts of the body seem more intimately ours than the rest" (p. 292, emphasis in original). That is, expressive equipment, whether body parts, how we carry ourselves, clothes or objects, have a role in the performance of our self. Indeed, objects can have agency, such as a penis that takes an "executive position" in sexual activity (Potts, 2000, p. 85) yet is driven to coercive and risky behaviour by its embodied, irrational and base animalistic desires and therefore acts as alibi for its owner (Cameron, 1992; Potts, 2001). Goffman's use of the word 'equipment' for this concept is unfortunate because it orientates us towards the mechanistic and normative aspects of masculinities (see e.g., Gough, 2009).

That we can even write about penises as body parts is a consequence of the contemporary atomistic ontology of the human body where it can be "*cut open*, breached, treated in its parts and reorganized" (Shildrick, 2008, p. 31). As genitals, penises are therefore anatomy that give a body the potential to perform as *naturally* male but not female (Laqueur, 1992). Indeed, the biomedical model for understanding the world (Flowers et al., 2013) means that a penis can demonstrate masculinity through erection, penetration and ejaculation while also offering it up as an anatomical site of disability and disease and of urinary function and dysfunction. For example, Frith (2013) found that in the absence of orgasm, sexual interaction was positioned as failure or dysfunction. In turn, "the loss of the penis-body's power to pierce and thrust extends to the entire male body, disabling him, de-sexing him, and

submitting him to powerlessness"(Potts, 2004, see also 2000, p. 94). This is arguably illustrated in the focus on penis size in the young and healthy in the psychology of men and masculinity (Brennan et al., 2015; Johnston et al., 2014; Lever et al., 2006; Martins et al., 2008).

Penises as Body Image

Body image offers a potentially complementary approach to thinking about penises[1]. Stemming from the Cartesian split between the rational, masculine mind and the corporeal, feminine - to use Doyle's (2008) term - 'raw material' of human bodies, body image research has traditionally focused on women. This parallels the focus in psychology on abnormality and the way in which the biomedical sciences developed (e.g. epidemiology, anatomy), treating male bodies as the unproblematic, medical norm (Grosz, 1994) and elevating the *man*ual labour of surgery as 'physical courage' (Doyle, 2008). As the historian Doyle puts it, "the female body is over-invested as a site of scientific inquiry and of sexual difference" (ibid., p. 10-11), explaining Sheets-Johnstone observation that the "male body is not anatomized nor is it ever made into an object of study" (Sheets-Johnstone, 1992, p. 69). Consequently, body image research has focused on women's body dissatisfaction, particularly pathological eating (see eg., Rumsey and Harcourt, 2012; Smolak and Levine, 2015). As male bodies emerge as commodities for the marketing and consumption (Grogan, 2008) of products such as moisturisers and makeup (Hall et al., 2012), researchers are starting to consider body image and men, particularly for male identities where appearance is ostensibly foregrounded, such as 'big handsome men' known as 'bears

[1] Given our focus on penile cancer and limits of space, we have focused on penises. A broader review would find, for example, work on testicles as well.

(e.g., Monaghan, 2005), body builders (e.g., Monaghan and Hardey, 2009), gay men (Jankowski et al., 2014) and in the new self-conscious forms of masculinity called metrosexual (e.g., Hall et al., 2012). There is also work looking at modifying the genitals, such as circumcision (e.g., Rudrum et al., 2017), groin shaving (e.g, Hall, 2015) and penile enhancement (e.g., Brubaker and Johnson, 2008)

There is a small body of research on genital body image although it has neglected the role of body modifying illness and disease. This psychometric research has focused on satisfaction with the appearance, size and feelings towards the genitals in general as well as the appearance, colour, shape, size, smell, and texture of the parts (see Table 1 for a summary of genital body image measures; DeMaria, Hollub, & Herbenick, 2012; Herbenick, Schick, Reece, Sanders, & Fortenberry, 2013; Morrison, Harriman, Morrison, Bearden, & Ellis, 2004; Winter, 1989)(Table 1 for a summary of genital body image measures; DeMaria et al., 2012; Herbenick et al., 2013; Morrison et al., 2004). While genital body image research has focused on a much broader age range (from 18 to 68) than traditionally in body image work[2], it nevertheless focuses on ostensibly healthy adults and we need to consider the role of disability and disease.

Insert Table 1 around here

The notion of biographical disruption (Bury, 1982; Williams, 2000) helps connect the psychological notion of body image with the dramaturgical approach in this paper. Chronic illness create a biographical disruption in the performance of identity that illustrates how the body (and therefore body image) (dys)appears when it struggles to function, highlighting how body parts become salient when they fail. The

[2] In a stark illustration of the age limitation of body dissatisfaction research, Feingold and Mazzella (1998) categorised and grouped 222 studies by mean age of participants and the oldest of the six age groups was 35+.

penis may, for example, impinge on the self (Kelly and Field, 1996) through age-related increases in post-void residual volume, detrusor instability and decreases in flow and amount voided (Madersbacher et al., 1998). Importantly, Paxton and Phythian (Paxton and Phythian, 1999) found body image satisfaction is mediated by health. The role of health is reinforced by qualitative studies that show older men reject what Gilleard and Higgs (Gilleard and Higgs, 2000, p. 59) term 'age-resisting practices' focused on aesthetics for those they define as health and performance enhancing (Drummond, 2003; Ojala et al., 2016). Penile cancer is one such body-modifying condition in which we could expect male genitals to (dys)appear as expressive equipment that is impinging on identity.

Penile Cancer

Rare in Western populations, incidence rates of penile cancer are less than 1 in 100,000 in Europe and the United States. Guidelines (Pizzocaro et al., 2010) recommend a surgical cure, which means excising the tumour and some of the surrounding ostensibly healthy tissue (at least 2cm although there is some evidence to suggest that less may be safe; Minhas et al., 2005; Smith et al., 2007). Hospitals stays are short, and patients recover good physical health quickly. Surgery provides a high chance of cure with over 80% of those diagnosed with early stage disease living for at least five years (Pizzocaro et al., 2010). A small body of research has identified reductions in sexual function, desire and satisfaction (Branney et al., 2013; Maddineni et al., 2009); the greater the tissue removed, the more extensive the impact on quality of life (Opjordsmoen and Fosså, 1994). In reviewing this research, Branney et al. (2013) argue that while the questionnaire methodologies employed might be easy to implement in clinical settings, time would be better spent on in-depth and sophisticated analyses. Indeed, qualitative studies illustrate how the impact of surgery

is connected with broader events in the lives of those involved (Witty et al., 2013) as well as their sense of masculinity (Bullen et al., 2010), showing both humour (Branney et al., 2014) and emotional breakdown (Branney and Witty, 2016).

Aim

Patients Experiences of Penile Cancer (PEPC; Branney et al., 2011) was an interview study and analyses of it were used to create an information resource of short videos, audio clips and quotes on the award winning healhtalk.org. Many participants gave permission for the data to form an archive for further analysis. Given the difficulty of studying rare conditions, there is an obligation on researchers to make best of participants' time and the data recorded, conducting analyses of data available before commencing new research. The PEPC interviews are therefore a rare opportunity to explore some cisgender men talking about their penis and surgery on their penis. Taking a dramaturgical approach, our aim in this paper is therefore to explore how men diagnosed and treated for penile cancer talk about their penis and its surgical disfigurement. Like Shaw, Smith and Hiles (2018), we use abductive reasoning to make plausible interpretations about penises from the accounts presented in this paper (see also, Peirce, 1992/1903; Shaw & Hiles, 2017), rather than verifying a hypothesis.

Method

We used what Plummer calls a 'short life story' (2001, p. 19) design in collecting a series of focused hour-long interviews rather than, for example, one long, in-depth and broader autobiography. The interviews started with a broad opening question: '*Please describe your experience of illness, from the point at which you first suspected that there may be something wrong*'. From across the UK, 28 cisgender men interviewed and 27 consented for their data to be archived for further analysis.

Aged 48-83 (X=63) at interview, the participants were 0 to 15 years (x=3) post-treatment. All the interviewees had surgical treatment, from circumcision to total penectomy. The mean age at diagnosis was 63 years (range = 41-82) and 17 declared that there were married or in a relationship at the time of interview. Reflecting UK prevalence, 27 participants described themselves as White and one as Asian.

It is important to outline that theoretical perspective of this research is based upon a social constructionist epistemology (Burr, 2003) and a critical realist ontology, or what Madill, Jordan and Shirley (2000) refer to as contextualism. Following Bunge (1993) and Watkins (1994), we contend that there is an inherent subjectivity in the production of knowledge, including about penises. At a micro level, this means we are focused on the both the phenomena and action-orientation of performance; with the experiences of the characters and the actions to which performance are orientated. At a macro level, this means that – to paraphrase Gergen – penises are "social artefacts, products of historically and culturally situated interchanges among people" (1994, p. 49). Past performances are therefore both creative and constraining in making possible and limiting the meanings that penises can express while the past is also reworked, reinterpreted and reconstructed in the present performance. As Lacan put it, "history is the past in so far as it is historicised in the present" (1988, p. 12).

Analysis

Rather than exploring all the issues raised in the interviews, our intention with the constructionist thematic analysis was instrumental in taking what Madill and Gough call an 'overarching commitment' (2008) and use abductive reasoning to ask what the data adds to our understanding of how to conceptualise penises. In defining a 'theme' in this analysis, we follow Madill, Flowers, Frost and Locke (2018) in

taking Braun and Clarke's (Braun and Clarke, 2006) four discreet dimensions of a theme. In this study, a theme, first, provides a detailed analysis of one particular aspect – their penis after surgery – of the interviews rather than a detailed description of them; second, is abductive in building up from the data, recognizing that the accounts present a partial picture of the performance of penises (and a completeness is elusive), to dialogue with established theories in body image; third, they were latent rather than semantic in trying to examine the "features that gave it that particular form and meaning" (Braun and Clarke, 2006, p. 84); last, the themes are presented through a critical-realist and dramaturgical approach in which the interviewees accounts considered as historically and culturally situated performances that created and constrained the possibilities through which penises could express meaning. Rigour in the analysis was enhanced through the use of multiple researchers and by sharing the findings with an advisory group of charitable representatives, clinicians and researchers (Pope et al., 2000). Extracts are presented in the findings section and then discussed in detail, which means we do ask the reader to move from one to the other (from the illustrative extracts of the interviews to our analysis of them). The topics discussed were extremely challenging for both the participants and the researchers (but also at times funny and humbling) and it is likely that they will also be for the reader.

Findings

The constructionist thematic analysis of talk about and, allusions to, the penis after surgery identified two themes; dismemberment revealed and intersubjective manhood. Taking each theme in turn, they are described providing extracts from the interviews to illustrate the analysis.

Dismemberment Revealed

In talking about their experiences, participants constructed what could be called a post-surgery period where their penis was an ambivalent object of gaze, thought and touch. This time-period was constructed through a sequential narrative (with a beginning, middle and end) that occurs days or weeks after the operation when circumstance (removal of bandages/having a shower) revealed their penis to them. Prior to starting the sequential narrative, participants talked of not wanting to look at their penis in a way that that suggested that they did want to see it, creating a sense of ambivalence and tension building up to the end revelation.

Extract 1

> *"Erm.. and I knew…I didn't want to, I didn't want to have a look at what they'd done. I didn't want to put my hand down there. I just didn't. I knew that something had gone on but I didn't know what it was…" (Mark)*

Extract 2

> *"[B]eing a coward I daren't look. Erm….I could see the tubes coming from err my pyjamas and a bag that I knew I'd I'd got a catheter in. But erm I didn't erm look erm […]And I I went in and had the shower and er..but er then I looked down [slight chuckle] and see what's happened and […]Erm….well shock really" (John)*

Mark (see Extract 1) illustrates the ambivalence towards looking in his '*I didn't want to… I didn't want to… I didn't want to*', which through repetition continually refers the thing he doesn't want to look at and therefore potentially

presents the thing denied as desired. John (see Extract 2) is explicit about this fear, saying that he, '*being a coward, daren't look*' and yet the medical paraphernalia drew his gaze and thoughts to his penis. Extract 2 illustrates the sequential narrative ('*I went in the shower'*) inviting the audience to imagine John transitioning from dirty to clean, as if his seeing is a revelation of more than just what remains of his penis but him purged of his cancer.

The post-surgery period builds up to and ends with a graphic re-telling of what participants were doing as their new penis was revealed. In their account, participants talked of either seeing their penis with healthcare professionals in a hospital bed or alone in a bathroom, in both cases usually needing support to sit up or access the toilet and shower facilities. The revelation of their penis was followed by their subjective experience through description of their emotions and evaluation of what they saw.

Extract 3

> *[B]less her it was the Macmillan nurse came out and said "oh, I hear they've taken the band….and hear everything's alright um [Name]" [Name] then became [Name] at the end um your, your um, you know, so she sat me up and I could see it and it, you know, obviously it was a bit shocked because it wasn't um…the size it was when I last seen it, [Chuckles] (Frosty)*

Extract 4

> *And when I see it I thought well….it's just going to..it just looks the same. It was a little bit smaller right but it's just the same. Same penis like you know. It was same you know..end. I thought no it's just that stitching round it was..that was it. I couldn't see it properly because it was bandaged up. You know what I mean you*

are bandaged up round there..'til they they take it off when you go and get your..your..your bag away from you, when you go back the second time. You get the bag, they take it off. And when I looked..oh. They haven't err you know never did what they said they're going to do. I thought they must have just skinned it and just wrapped it, you know took all the badness away, all the…the cancer away, what there was there and what they thought it was. And they must have checked it and then like rolled it up somehow and just stitched it. (Mick)

Both accounts from Frosty (see Extract 3) and Mick (see Extract 4) illustrate the graphic and sequential narrative that builds up to the particular moment when he looked at his penis. While Frosty discounts his shock ('*obviously*' and '*a bit'*), the chuckle adds an emotional tone to the incongruity in the size of his penis in this moment compared to '*when I last seen it'*. Mick's account is similar, moving straight from seeing 'it' to his reflections ('I thought'), including about size ('*its just the same size*'). Mick's account has two moments of seeing because first time he could not '*see it properly because it was bandaged up*'. Like Frosty, Mick shifts from the subjective first person ('*I*') to the second ('*you*'), addressing the audience personally. Indeed, Mick is inviting the audience to imagine themselves in the scenario he is narrating as if they have had surgery ('*your bag'*) and are returning for a follow-up appointment ('*when you go back the second time'*). Yet the perspective shifts back when he sees his penis again ('*And when I looked..oh'*), emphasising the subjective aspects of this moment of seeing. While graphic ('*skinned it', 'rolled it up'*), the details are insufficient to be able to draw a picture of what has happened. Additionally, the failed commitment ('*never did what they said they're going to do'*)

remains unexplained, which conveys (along with the unclear graphic imagery) a sense of confusion about what Mick sees when he looks at his penis in this moment.

The post-surgery moment of looking at the penis was also constructed as eliciting a visceral response in the speaker. Interviewees accounts presented a dramatic shift from seeing to how their felt about what they saw, emphasising the immediate, felt and bodily over the cognitive. Distinguishing four levels of embodiment (experiential, pragmatic, normative, and visceral), Watson (2000) outlines the visceral level as a 'deep' non-conscious and pre-social individual experience that 'surfaces' or 'penetrates'. This is similar to the break-down of what Giddens' (1991, p. 36) calls ontological security when the bracketing of "quite trivial aspects of day-to-day action and discourse" fails: "this chaos is not just disorganisation, but the loss of a sense of the very reality of things and of persons".

Extract 5

> *But when I went into the bathroom and saw myself in the mirror [pause 3 secs] well I nearly died of shock. Um [pause 3 secs] you know when you see that there's hardly anything left (Paul)*

Extract 6

> *I wanted to tidy myself up. So the girls, couple of them, got underneath my arms and I'm a big fella, I take a bit of carrying. But they took me to the lavatory. And I took my underpants down and when I saw what they'd done, I collapsed […] But I can only describe just being.. I just.. I'd never been as horrified in my life. I'd never seen anything as bad….on anything, as I, as the sight that I saw when I erm when I saw my penis for the first time after that. I can't describe how it felt, I can't. I can see it in my mind's eye*

now and I just…it was just horrific. And I know that it had to be done and I know that…that that's clearly because that was…that's I presumed that that was a dorsal slit. He's told me I was going to have one so I presumed that this is what it is. But I just remember thinking 'Jesus, there's got to be an easier way of doing it than that'. You know did I have to have this happen to me? Did this really have to be done? And I just…I did honestly feel like a piece of meat […] it was…it was horrific. Absolutely horrific. I understood it had to be done Erm and I've never collapsed in my life. Never ever. I've never fainted, never collapsed. But I did. Just I'd never..I..just just the shock of it, I'd never seen anything like it. It was awful. (Mark)

Paul's quote (see Extract 5) is unusual for having a break (rather than being immediate) between seeing and responding although the unusually long pause (before and after) adds drama to his, '*I nearly died'*. Paul sees him*self* ('*myself*') in the mirror and therefore the visual imagery he draws ('*there's hardly anything left'*) suggests the excision of flesh is equally a loss of self. The extended quote from Mark (see Extract 6) is a tragic illustration of the difficulty of putting his experience of seeing into words ('*I can only describe just being.. I just..', 'I can't describe how it felt, I can't'*). Indeed, Mark's contrast between his knowledge of what occurred ('*I know it had to be done', 'I understood it had to be done*') and what he sees is profane ('*Jesus*') and graphic, emphasising confusion ('*I presumed that that was a dorsal slit*') and inhumanity in his experience *('I did honestly feel like a piece of meat'*). Mark closes his sequential narrative by highlighting the distinctiveness ('*never, ever*') of his

experience, conflating fainting with seeing ('*never fainted, never collapsed… never seen anything like it'*).

Intersubjective Manhood

In talking about their response to and recovery from the operation to what some called their 'manhood', participants referred to themselves and others, constructing emotions within intersubjective self-other relations. Interviewees talked about family, friends, healthcare professionals and, occasionally, other patients. The emotions expressed are initially difficult but are transformed temporarily to something positive through interactions with others. In these descriptions, self and other sometimes blurred with a lack of clarity about the self-identity and who is experiencing the emotions. Additionally, the term 'manhood' combined the anatomy of their penis with their identity as men.

Extract 7

> *You know it's a tonic in life where you can… and it eases the burden better. And people who you talk to, instead of them crying in front of you and saying 'oh you know, oh you know, oh, you know' one thing or another as regarding 'heard of this and heard of that'. It's it's a humorous where they can laugh with you. Even though they're upset, they have a tendency to be erm…that humour seems to get… bring you all closer together. You know you're not all individual (Colin)*

Extract 8

> *I think people see me as, you know, Tim's had that, had that operation done that none of us would like to have done, and err, so I'm officially brave, you know [chuckles] (Tim)*

Extract 9

> *[I]n terms of my my self-esteem the main thing is and I I again this is important, I've had to learn that erm if someone is concerned about you and asks you, I told you I find it very difficult to des.. to talk. Now if someone offers something I I I don't. If someone is if someone is wanting to do something and be helpful then I I say 'yes alright'. Even if I can do it myself sometimes occasionally I'll I'll let them do it (John)*

Colin (see Extract 7) talked about being upset '*together*' through humour, in which he contrasts people crying and talking '*in front of you*' to '*where they can laugh with you*'. Indeed, Colin seems to compare being alone ('*individual*') and watching others' distress ('*crying*') to being part of a group in which emotions are experienced in close relation ('*closer together*') to others. Tim's example (see Extract 8) further illustrates this blurring between self and other as he moves from the third person narrative ('*Tim's had that…none of us would like'*) to exclaiming in first person that, *'I'm officially brave'*. Similarly, John (see Extract 9) talks about his self-esteem through the concern of others. The repetition of 'I' throughout and the unfinished phrases *('I find it very difficult to…', 'I don't.)* creates a sense that this is a difficult topic, with his self-esteem being expressed only partially formed. John is presenting a contrast between his contained and competent self – note the single 'I' in *'I can do it myself*' – with a more fragile self-through-others ('*I'll I'll let them do it'*).

Before moving onto the next aspect of this theme, it is important to pause and consider a counter-script in which participants presented distressing accounts of themselves alone.

Extract 10

> *But it's when I wake up in the mornings, this is important in the conversation, when I wake up in the morning for about quarter of an hour, twenty minutes I'm scared, [pause 2 secs] you know. And I mean that seriously. I'm scared, you know (John)*

The example from John (see Extract 10) is an interjection when he was talking about how grateful he was to be alive. The discursive discounter ('*But*') emphasises the importance of what is to follow, with him noting conspiratorially that '*this is important in the conversation*', which he later reinforces ('*I mean that seriously'*). John draws a graphic image of himself waking up in bed and apart from being '*scared*' there is nothing else in his description. This is an account of being alone that is vast in its emptiness (devoid of anything but fear), which is emphasised by the length of time ('*quarter of an hour, twenty* minutes') and daily repetition ('*when I wake in the mornings'*). In another example, Paul described how he "*just sat away on my own*" at a wedding reception, with the ritual of marriage emphasising his solitude and lack of connection with a "*lady friend*". These accounts of the horror of being alone serve as a counter-point, highlighting the importance of relationships. Nevertheless, the findings also showed that relationships can be destructive for the sense of self, which we consider next.

In talking about themselves through others, participants drew upon an imaginary Other that was looking at (and rejecting them) as a potential romantic interest or object of sexual desire. Rather than referring to a specific person or group with whom they are affiliated, such as a manager (specific person) or family (specific group), this character is unknown or fictional. This character emerged when participants talked about their gendered and sexualised identity in a relationship, as

either a '*proper man*' or '*our sex life*'. In these accounts, these characters are other to the interviewee who is speaking as the narrator of their experiences. Consequently, these accounts provide a moment of inter-subjectivity in which the narrator sees themselves as the Other sees them.

Extract 11

> *I don't feel a proper man. I feel… completely emasculated and it's difficult, it's difficult to explain but I still have, erm, a problem wearing jeans. I still have a problem wearing shorts. Because I think that people know. And it's silly I know, but I think that people will look and realise that I haven't got a penis. (Mark)*

Extract 12

> *Um, if you look at it, look at it logically and objectively, I've got a wife who's quite happy. Um, as I say, our sex life is back to something approaching normal or something slightly different and, and certainly no worse than it was before. Perhaps after nearly thirty years of marriage then perhaps things had got a bit, a bit, bit routine, a bit regular, and this has, you know, forced us to spice things up. So that's, so that's helped, yeah, so that's a positive reaction on that line. Yes that's the bit that, all the bit that thinks, you're still – you, you may be in your fifties and married thirty years, and you still want to go out and think, think 'Oh that pretty girl down the road, if yeh, she's really just dying to,*

for me to ask her.' And then you think, 'No that can't happen now,' or, 'it probably won't happen' (Tim)

Mark's example (see Extract 11) uses the gender neutral and plural '*people*' who know through seeing ('*people know…people will look and realise*'). Beginning with a lack ('*I don't feel'*), the pause after '*I feel*', the repetition of '*it's difficult*' and the description of '*silly, I know*' orients us towards the difficulty of seeing bodies through clothing. Followed by the discursive first-person discounter ('*but I think that'*), the purported silliness of seeing through clothing is dismissed. Instead, the account draws a picture of someone seeing Others see Mark lacking a penis, emasculated and not-a-proper-man. Similarly, Tim's example (see Extract 12) follows the same formula; Tim asks us to look at his sexual relationship with his wife ('*our sex life'*) '*logically and objectively'* but the repetition of '*so that*' and the unemotional logical and objective conclusion ('*wife who's quite happy'*, and *'positive reaction on that line'*) indicate some uncertainty; the ostensibly happy sexual marriage is discounted ('*you may be … married… and you still want'*) before constructing the imaginary character whom desires. The subtle shift from second-person plural ('*you*') to first-person emphasises Tim's experience ('*she's really just dying to, for me to ask her out'*) before presenting its unlikelihood *('that can't/won't happen'*). Again, the account invites us to imagine Tim seeing an Other see him as undesirable.

Discussion

Taking a dramaturgical approach, the aim of this paper was to explore how men diagnosed and treated for penile cancer talk about their penis and its surgical disfigurement. Through a constructionist thematic analysis focusing on talk about, and allusions to, the penis after surgery, we identified the revelation of

dismemberment and intersubjective manhood as themes. The findings echo penis-related research that in everyday performance it can function as something largely hidden but shocking when visible. Through graphic and sequential narratives of dismemberment revealed, participants constructed a post-surgery period in which they both wanted and did-not-want to see their penis. Creating a sense of tension in building up to when participants looked at their penis, these narratives parallel appearances of penises in fiction where it is visible in a climactic moment, revealing a hitherto unknown truth. Del Rosso's (2011) ethnography of a support site for men who consider their penis too short could be read as a counter-narrative; the website shows anxiety over being seen whereas the narratives in this study show the protagonist looking at themselves post-surgery. Nevertheless, there is a similarity in that the act of seeing or being seen may reveal something traumatic (a penis too short, unable to function). Emphasising the ambivalence of the penis as object of the gaze, thought and touch, what participants saw remained absent from these accounts (they described seeing but not what was seen) but this is potentially illuminated in the theme of intersubjective manhood.

The theme of intersubjective manhood illustrates how body image can be expressive equipment. In this theme, interviewees constructed themselves managing difficult emotions through others and seeing themselves being rejected by a potentially desiring (female) Other. That the Other is at times potentially desiring and rejecting indicates something about what is traumatic; that they are no longer attractive as a sexual object. As Flowers et al. (2013) and Potts, Grace, Gavey and Vares (2004) illustrate, male sexuality is read through biomedical knowledge of bodies and penises and representations of penis dysfunction therefore disable and desex the identities available. Interviewees accounts in this paper echo the concept of

body image, particularly evaluation and orientation to appearance (being/not being sexually appealing and looking/not-looking at the body) such as in Brown, Cash and Mikulka's (1990) Body-Self Relations questionnaire. We follow Featherstone (2010) in seeing body image as a vehicle of expressing identity because these accounts show the work of language in constructing meaning about the speaker and their body and its parts. Other than to brief allusions to size, the interviewees give little, if any, description of the anatomy of their penis. Instead, the body image they construct is of manhood as potential sexual object between self and other. While the male body image offered up is shocking and traumatic, particularly when revealed, some of the accounts show the intersubjective transformation of emotions, indicating body image as process rather than fixed mental construct.

Whilst the PEPC project offers the largest, most diverse and in-depth qualitative dataset of the experiences of penile cancer, there are practical limits. As research asking people to undertake interviews of a personal and rare condition, it is unsurprising the sample lacks ethnic and socio-economic diversity. Additionally, the sample lacks inclusion of those with the mildest form of cancer that could be treated with laser therapy or those with metastatic disease under palliative care. Witty et al., (2013) provide reflections about engaging such participants in research that will be useful for future studies attempting achieve greater diversity in their study samples.

The penis is arguably tied up with the body as a project of identity but conceptually the body-with-cancer in this paper lacks a sense of agency in transforming itself. Featherstone (2010) argues that practices of transformation, such as dress, hair style and cosmetic surgery, are used to create a *body image* that is traded to achieve a 'good' identity and thus allow access to the interpersonal benefits on offer. That is, a beautiful body image is offered up in return for glances that confirm their

moral worth. What PEPC shows is that the agency for a 'good' outcome lies with specialist treatment centres and the participants instead have a body image of their penis that is largely hidden and traumatic when revealed. Future research could bridge these conceptual difficulties and build on work by Cameron (1992), Potts (2001) and Del Rosso (2011) by exploring, first, experiences and representations of cosmetic and elective male genital surgery and male genital mutilation (either accidental or deliberate); and second, the everyday experiences of having a penis, such as hygiene, public concealment and private display.

It is important to recognize the potential limits of the social constructionist approach taken in this paper. First, the analysis lacks detailed consideration of the biographical or personal aspects of each account (although biographies are available at www.healthtalk.org). As is common with social constructionist approaches, it risks leaving participants with a blank subjectivity that is over-determined by macro-level factors (Parker, 1994). Future studies could take a case study approach. For example, with Mick it would be illuminating to contrast the clinical description of his treatment with his visceral and dehumanising experiences of it within the context of his biography. Second and in contrast to the first limitation, the perspective of this research risks underplaying the role of structure in determining the legitimate (even if distressing) experiences and meanings available to participants and the authors in interpreting accounts from the interviews. The risk of this perspective is that it naively takes their ability to be strategically motivated language users for granted (Madill and Doherty, 1994). The contemporary atomistic ontology of the human body was mentioned in the introduction but it would be instructive for future research to consider widely available accounts and representations of penises modified by illness and diseases; not just those in the medical literature but, for example, news reports of

accidental and deliberate castration or the eunuch in fantasy fiction so widely popularized by the Game of Thrones. Nevertheless, the strength of the social constructionist perspective taken in this paper is that it allowed us to hold a delicate balance between the micro and macro; exploring the richness of these challenging and, at times, distressing accounts while considering the penises constructed as social artefacts.

This research is unique for documenting and exploring the experiences of men talking about their penis after surgery to excise a tumour. The constructionist thematic analysis in this paper extends research on male genitals by showing how the post-surgery penis can function as something hidden but visceral and traumatic when revealed. Importantly, this paper illustrates body image as expressive equipment where body and identity are formed in the image of manhood, which is an intersubjective (sexual) object between self and other. While the findings show the trauma of the self-as-sexual-object being rejected by the Other, they also illustrate difficult emotions being transformed through intersubjective relations.

References

Branney, P., Raine, G., Witty, K., Braybrook, D., Bullen, K., White, A.K., Eardley, I., 2013. Clinical practice as research for a rare condition: systematic research review of qualitative research exploring patients' experiences of penile cancer. Clinical Nursing Studies 1, 70–76. https://doi.org/10.5430/CNS.V1N3P70

Branney, P., Witty, K., 2016. Ostensibly inappropriate humour: A case study of an emotional rupture, in: Phillips, H. (Ed.), Humor: Emotional Aspects, Role in Social Interactions and Health Effects. Nova, NY, pp. 115–136.

Branney, P., Witty, K., Eardley, I., 2014. Psychology, men and cancer. The Psychologist 27, 410–412.

Branney, P., Witty, K., Eardley, I., 2011. Patients' Experiences of Penile Cancer. European Urology 59, 959–961. https://doi.org/10.1016/J.EURURO.2011.02.009

Braun, V., Clarke, V., 2006. Using thematic analysis in psychology. Qualitative Research in Psychology 3, 77–101. https://doi.org/10.1191/1478088706QP063OA

Brennan, D.J., Souleymanov, R., George, C., Newman, P.A., Hart, T.A., Asakura, K., Betancourt, G., 2015. Masculinity, muscularity, and HIV sexual risk among gay and bisexual men of color. Psychology of Men & Masculinity 16, 393–403. https://doi.org/10.1037/A0038725

Brown, T.A., Cash, T.F., Mikulka, P.J., 1990. Attitudinal Body-Image Assessment: Factor Analysis of the Body-Self Relations Questionnaire. Journal of Personality Assessment 55, 135.

Brubaker, S.J., Johnson, J.A., 2008. 'Pack a more powerful punch' and 'lay the pipe': erectile enhancement discourse as a body project for masculinity. Journal of Gender Studies 17, 131–146. https://doi.org/10.1080/09589230802008899

Bullen, K., Edwards, S., Marke, V., Matthews, S., 2010. Looking past the obvious: experiences of altered masculinity in penile cancer. Psycho-Oncology 19, 933–940. https://doi.org/10.1002/PON.1642

Bunge, M., 1993. Realism and antirealism in social science. Theory and Decision 35, 207–235.

Burr, V., 2003. Social constructionism. Routledge, Oxford, UK.

Bury, M., 1982. Chronic illness as biographical disruption. Sociology of Health and Illness 4, 167–182. https://doi.org/10/bsjg8m

Cameron, D., 1992. Naming of Parts: Gender, Culture, and Terms for the Penis among American College Students. American Speech 67, 367. https://doi.org/10/fr2zkk

Del Rosso, J., 2011. The penis as public part: Embodiment and the performance of masculinity in public settings. Sexualities 14, 704–724. https://doi.org/10/gd3xf4

DeMaria, A.L., Hollub, A.V., Herbenick, D., 2012. The Female Genital Self-Image Scale (FGSIS): Validation among a Sample of Female College Students. Journal of Sexual Medicine 9, 708–718. https://doi.org/10.1111/J.1743-6109.2011.02620.X

Doyle, J., 2008. The Spectre of the Scalpel: The Historical Role of Surgery and Anatomy in Conceptions of Embodiment. Body & Society 14, 9–30. https://doi.org/10/c2t3qb

Drummond, M.J., 2003. Retired men, retired bodies. International Journal of Men's Health 2, 183. https://doi.org/10/bsg4hn

Featherstone, M., 2010. Body, Image and Affect in Consumer Culture. Body Soc 16, 193–221. https://doi.org/10/fqtb3r

Feingold, A., Mazzella, R., 1998. Gender Differences in Body Image Are Increasing. Psychological Science 9, 190. https://doi.org/10/d9jmzg

Flowers, P., Langridge, D., Gough, B., Holliday, R., 2013. On the biomedicalisation of the penis: the commodification of function and aesthetics. Journal of Men's Health 12, 121.

Frith, H., 2013. Accounting for orgasmic absence: exploring heterosex using the story completion method. Psychology & Sexuality 4, 310–322. https://doi.org/10/gfknts

Gergen, K.J., 1994. Realities and relationships: Soundings in social construction. Harvard university press.

Giddens, A., 1991. Modernity and self-identity: Self and society in the late modern age. Stanford University Press.

Gilleard, C.J., Higgs, P., 2000. Cultures of ageing: Self, citizen, and the body. Pearson Education.
Goffman, E., 1959. The presentation of self in everyday life. Harmondsworth, Middlesex, UK.
Gough, B., 2009. Analysis of men's health promotion with particular reference to an obesity reduction manual, in: Hall, Matthew, Robertson, Steve (Eds.), Men, Masculinities and Health: Critical Perspectives. Macmillan, p. 125.
Grogan, S., 2008. Men and body image, in: Body Image: Understanding Body Dissatisfaction in Men, Women and Children. Routledge, Sussex, UK, pp. 81–107.
Grosz, E.A., 1994. Volatile bodies: Toward a corporeal feminism. Indiana University Press.
Hall, M., 2015. 'When there's no underbrush the tree looks taller': A discourse analysis of men's online groin shaving talk. Sexualities 18, 997–1017. https://doi.org/10/f7wv3q
Hall, M., Gough, B., Seymour-Smith, S., 2012. "I'm METRO, NOT Gay!": A Discursive Analysis of Men's Accounts of Makeup Use on YouTube. The Journal of Men's Studies 20, 209–226. https://doi.org/10.3149/JMS.2003.209
Herbenick, D., Schick, V., Reece, M., Sanders, S.A., Fortenberry, J.D., 2013. The Development and Validation of the Male Genital Self-Image Scale: Results from a Nationally Representative Probability Sample of Men in the United States. The Journal of Sexual Medicine 1516–1525. https://doi.org/10.1111/JSM.12124
James, W., 1918. The Principles Of Psychology. Dover Publications, New York.
Jankowski, G.S., Fawkner, H., Slater, A., Tiggemann, M., 2014. "Appearance potent"? A content analysis of UK gay and straight men's magazines. Body Image 11, 474–481. https://doi.org/10.1016/J.BODYIM.2014.07.010
Johnston, L., McLellan, T., McKinlay, A., 2014. (Perceived) Size Really Does Matter: Male Dissatisfaction With Penis Size. Psychology of Men & Masculinity 15, 225–228. https://doi.org/10.1037/A0033264
Kelly, M.P., Field, D., 1996. Medical sociology, chronic illness and the body. Sociology of Health & Illness 18, 241–257. https://doi.org/10.1111/1467-9566.EP10934993
Lacan, J., 1988. The seminar of Jacques Lacan. Book 1, Freud's papers on technique 1953-1954. Cambridge Univ. P.
Laqueur, T.W., 1992. Making sex: Body and gender from the Greeks to Freud. Harvard University Press.
Lessing, G.E., 2019. The Hamburg dramaturgy. Routledge, Milton Park, Abingdon, Oxon ; New York, NY.
Lever, J., Frederick, D.A., Peplau, L.A., 2006. Does size matter? Men's and women's views on penis size across the lifespan. Psychology of Men & Masculinity 7, 129–143. https://doi.org/10/bsxj8h
Maddineni, S.B., Lau, M.M., Sangar, V.K., 2009. Identifying the needs of penile cancer sufferers: A systematic review of the quality of life, psychosexual and psychosocial literature in penile cancer. BMC Urology 9. https://doi.org/10/bjxs2v
Madersbacher, S., Pycha, A., Schatzl, G., Mian, C., Klingler, C.H., Marberger, M., 1998. The aging lower urinary tract: a comparative urodynamic study of men and women. Urology 51, 206–212. https://doi.org/10/c23jw2

Madill, A., Doherty, K., 1994. 'So you did what you wanted then': Discourse analysis, personal agency, and psychotherapy. Journal of Community & Applied Social Psychology 4, 261–273. https://doi.org/10/dh3sn6
Madill, A., Flowers, P., Frost, N., Locke, A., 2018. A meta-methodology to enhance pluralist qualitative research: One man's use of socio-sexual media and midlife adjustment to HIV. Psychology & Health 33, 1209–1228. https://doi.org/10/gf3m8c
Madill, A., Gough, B., 2008. Qualitative research and its place in psychological science. Psychological Methods 13, 254–271. https://doi.org/10/crckhx
Madill, A., Jordan, A., Shirley, C., 2000. Objectivity and reliability in qualitative analysis: Realist, contextualist and radical constructionist epistemologies. British Journal of Psychology 91, 1–20. https://doi.org/10/bkrsn4
Martins, Y., Tiggemann, M., Churchett, L., 2008. The shape of things to come: Gay men's satisfaction with specific body parts. Psychology of Men & Masculinity 9, 248–256. https://doi.org/10/bv595j
Minhas, S., Kayes, O., Hegarty, P., Kumar, P., Freeman, A., Ralph, D., 2005. What surgical resection margins are required to achieve oncological control in men with primary penile cancer? BJU International 96, 1040–1043. https://doi.org/10/br3ts9
Monaghan, L.F., 2005. Big Handsome Men, Bears and Others: Virtual Constructions of 'Fat Male Embodiment.' Body & Society 11, 81–111. https://doi.org/10/bkcjft
Monaghan, L.F., Hardey, M., 2009. Bodily sensibility: vocabularies of the discredited male body. Critical Public Health 19, 341–362. https://doi.org/10/cmd72z
Morrison, T.G., Harriman, R., Morrison, M.A., Bearden, A., Ellis, S.R., 2004. Correlates of Exposure to Sexually Explicit Material Among Canadian Post-Secondary Students. Canadian Journal of Human Sexuality 13, 341–362.
Ojala, H., Calasanti, T., King, N., Pietilä, I., 2016. Natural(ly) men: masculinity and gendered anti-ageing practices in Finland and the USA. Ageing and Society 36, 356–375. https://doi.org/10/gf3m8d
Opjordsmoen, S., Fosså, S.D., 1994. Quality of life in patients treated for penile cancer. A follow-up study. British Journal of Urology 74, 652–657. https://doi.org/10/c9qphb
Parker, I., 1994. Reflexive research and the grounding of analysis: Social psychology and the psy-complex. Journal of Community & Applied Social Psychology 4, 239–252. https://doi.org/10/bqhhww
Paxton, S.J., Phythian, K., 1999. Body image, self-esteem, and health status in middle and later adulthood. Australian Psychologist 34, 116–121. https://doi.org/10/bqpwcc
Pizzocaro, G., Algaba, F., Horenblas, S., Solsona, E., Tana, S., Van Der Poel, H., Watkin, N.A., 2010. EAU Penile Cancer Guidelines 2009. European Urology 57, 1002–1012. https://doi.org/10/d3pmrk
Plummer, K., 2001. Documents of Life 2: An Invitation to A Critical Humanism. SAGE.
Pope, C., Ziebland, S., Mays, N., 2000. Qualitative research in health care: Analysing qualitative data. BMJ 320, 114–116. https://doi.org/10/bmj3cp

Potts, A., 2004. Deleuze on Viagra (Or, What Can a 'Viagra-Body' Do?). Body & Society 10, 17–36. https://doi.org/10/ddwftf
Potts, A., 2001. The Man with Two Brains: Hegemonic masculine subjectivity and the discursive construction of the unreasonable penis-self. Journal of Gender Studies 10, 145–156. https://doi.org/10/bkkjsn
Potts, A., 2000. "The Essence of the Hard On": Hegemonic Masculinity and the Cultural Construction of "Erectile Dysfunction." Men and Masculinities 3, 85–103. https://doi.org/10/fnfmck
Potts, A., Grace, V., Gavey, N., Vares, T., 2004. "Viagra stories": challenging 'erectile dysfunction.' Social Science & Medicine 59, 489–499. https://doi.org/10/dqtz2m
Rudrum, S., Oliffe, J.L., Benoit, C., 2017. Discourses of masculinity, femininity and sexuality in Uganda's Stand Proud, Get Circumcised campaign. Culture, Health & Sexuality 19, 225–239. https://doi.org/10/gfzr52
Rumsey, N., Harcourt, D. (Eds.), 2012. Oxford Handbook of the Psychology of Appearance, 1st ed. Oxford University Press. https://doi.org/10.1093/oxfordhb/9780199580521.001.0001
Shaw, R.L., Smith, L.J., Hiles, D.R., 2018. Exploring the felt sense of chronic ill-health: dialoguing between IPA, lifeworld theory and narrative inquiry to make sense of feelings and affect. Qualitative Research in Psychology 1–19. https://doi.org/10/gf3m8f
Sheets-Johnstone, M., 1992. Corporeal Archetypes and Power: Preliminary Clarifications and Considerations of Sex. Hypatia 7, 39–76. https://doi.org/10/dd6szv
Shildrick, M., 2008. Corporeal Cuts: Surgery and the Psycho-social. Body & Society 14, 31–46. https://doi.org/10/d8jd5t
Smith, Y., Hadway, P., Biedrzycki, O., Perry, M.J.A., Corbishley, C., Watkin, N.A., 2007. Reconstructive Surgery for Invasive Squamous Carcinoma of the Glans Penis. European Urology 52, 1179–1185. https://doi.org/10/d8hhzz
Smolak, L., Levine, M.P. (Eds.), 2015. The Wiley Handbook of Eating Disorders: Smolak/The Wiley Handbook of Eating Disorders. John Wiley & Sons, Ltd, Chichester, UK. https://doi.org/10.1002/9781118574089
United Nations, 2013. World Population Ageing 2013 (No. ST/ESA/SER.A/348). United Nations, New York.
Watkins, J.M., 1994. A postmodern critical theory of research use. Knowledge and Policy 7, 55–77. https://doi.org/10/c8dc53
Watson, J., 2000. The idea of embodiment, in: Male Bodies: Health, Culture, and Identity. Open University Press, Buckingham ; Philadelphia, Pa, pp. 109–123.
Williams, S., 2000. Chronic illness as biographical disruption or biographical disruption as chronic illness? Reflections on a core concept. Sociology of Health & Illness 22, 40–67. https://doi.org/10/b29htg
Witty, K., Branney, P., Evans, J., Bullen, K., White, A., Eardley, I., 2013. The impact of surgical treatment for penile cancer – Patients' perspectives. European Journal of Oncology Nursing 17, 661–667. https://doi.org/10.1016/J.EJON.2013.06.004

Table 1: genital body image items

Item	**MGIS*** [Winter, 1989]	**FGIS*** [Morrison et al., 2004]	**MGSIS-7**** [Herbenick et al., 2013]	**MGSIS-5**** [Herbenick et al., 2013]	**FGSIS**** [DeMaria et al., 2012]
Length of my non-erect penis	X				
Length of my erect penis	X				
Circumference of my erect penis	X				
Appearance of my non-erect penis	X				
Appearance of my erect penis	X				
Colour of my vulva (i.e. external genitals)		X			
Attractiveness of my vulva		X			

The attractiveness of my clitoris		X			
Size of my testicles	X				
Way my testicles “hang”	X				
The tightness of my vagina		X			
Appearance of my scrotum (i.e. sac)	X				
Shape of my outer lips (i.e. labia majora)		X			
Size of my outer lips (i.e. labia majora)		X			
Shape of my inner lips (i.e. labia minora)		X			

Size of my inner lips (i.e. labia minora)		X			
Texture of my pubic hair	X	X			
Amount of pubic hair		X			
Appearance of my pubic hair	X				
Smell of my genitals	X	X			
Overall appearance of my genitals	X	X			
Overall size of my penis	x				
I feel positively about my genitals			X	X	X
I am satisfied with the appearance of my genitals			X	X	X

I would feel comfortable letting a sexual partner look at my genitals			X	X	X
I am satisfied with the size of my genitals			X		
I think my genitals work the way they are supposed to work			X	X	X
I feel comfortable letting a healthcare provider examine my genitals			X		X
I am not embarrassed about my genitals			X	X	X
I think my genitals smell fine					X