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# **the vagina: an analysis**

By

Virginia Braun

A doctoral thesis  
submitted in partial fulfilment of the requirements  
for the award of  
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**I dedicate this thesis to vaginas everywhere,  
in the hope for a better future!**

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## Abstract

In this thesis, I analyse socio-cultural representations of, and women's talk about, the vagina. The vagina is frequently represented in talk, texts, and imagery, giving us a range of socio-cultural meanings, but at the same time, is still taboo – a word that is difficult to say, and a topic that is hard to talk about. My research aims to demarcate and explore the meanings given to the vagina in western culture, and to examine women's accounts of their personal meanings and experiences in relation to these socio-cultural representations. Taking a feminist social constructionist approach, I move beyond the notion of a natural, pre-social body to a conceptualisation of bodies deeply embedded in the socio-cultural, and assume that socio-cultural representations form resources from which women understand and talk about our bodies. The research draws on three different data sources: genital definitions in medical and English language dictionaries, genital slang terms collected through questionnaires, and talk-data from 16 group and four individual interviews with women and one group interview with men. The analytic chapters are divided into two parts. In Part One, I present my analysis of socio-cultural representations, first providing an overview of themes found across a range of socio-cultural representation, and then focusing on two particular texts: dictionary definitions and genital slang. I use content analytic techniques to explore the ideological assumptions in dictionary definitions of women's and, comparatively, men's genitals, and to identify the semantic categories in genital slang. In Part Two, I analyse women's talk about the vagina, exploring the intersections between the socio-cultural and women's accounts of their own experience. In particular, I focus on talk about vaginal size, and talk about gendered identity. In my conclusion, I discuss the importance of such research for challenging, and changing, the way the vagina is constructed, and for women's sexual and reproductive health.

## Chapter 1

### Researching the vagina as a feminist social constructionist

Women's bodies are the battleground on which the gender wars are waged, and biologists and physicians from Galen to Freud have been patriarchy's conquistadors (Wooley, 1994, p. 24).

In my early teenage years, other school students teased me: with some, but not much linguistic creativity, they called me 'vagina'. Virginia vagina. At that time I knew, without a doubt, that this was utterly shameful, that I was being called something nasty, the most *awful* thing to be (a sentiment echoed in the widespread use of slang terms like 'cunt'). I (silently) cursed my mother for giving me this name, one so clearly related to *that* part of the female body. As I grew older, the teasing stopped, and I could dismiss, and forget about, the whole experience – while still acknowledging the phonological similarity between Virginia and vagina. I remembered this teasing while conducting this research, as I was also teased about my name across the course of the research. Here, however, it was with different intent, and with different results. It was friendly – I was Ginny Gyna, for instance – and my name was a source of (ironic) amusement, rather than shame and embarrassment. While my different reactions undoubtedly partly reflect the different person I am at these two points in time, one aspect of this research has been to explore the socio-cultural context in which those experiences could occur, and have those particular meanings.

In this thesis, I report on my feminist social constructionist research on the vagina. I take as my critical and analytic focus a wide range of texts, from socio-cultural representations to women's talk. This approach explores accounts of individual women's reported experiences, as well as analysing the broader context that is part of shaping those reported experiences. Studying both the socio-cultural context and women's talk and experiences fits with Jacobus, Keller, and Shuttleworth's (1990) assertion that "we should both politicize and historicize the very representations which produce the feminine body" (p. 8). The failure to examine the broader context in which the objects of our study exist has been described as a major limitation in much psychological research (Prilleltensky, 1989). Feminist psychologists, concerned with social/political change, have tended to consider context, but have still often given priority to 'women's voices'. A fundamental tenet of this thesis is that we cannot, and should not, separate the two: that women's talk reflects the socio-cultural, but also (re)produces it, and that any analysis of what the vagina means (to women) must examine both socio-cultural context and talk.

#### Feminist research and the vagina: Contexts

Many people have a professional interest in the vagina – gynaecologists, pornographers, and so on. Psychoanalysts have focused on the vagina and its symbolic meanings (e.g., Gray, 1985; Horney, 1933; Tarpley, 1993; see also Rudnytsky, 1999). But in the social sciences,



even in feminist social science, “literature about vaginas is rare” (Bell & Apfel, 1995, p. 4) (although see Ardener, 1987, for an exception; also Adams, 1997; Kapsalis, 1997; Laqueur, 1990; Shildrick & Price, 1994). When the vagina *is* discussed (in feminist social science writing), such discussion generally takes up less than a page or two, and the ‘nature’ of the vagina or its socio-cultural representation seems to be taken as given, and as something that, while challenged, does not need to be interrogated. This ‘dual’ position – present *and* absent – is represented socio-culturally as well. While there is a wide range of different socio-cultural representations of the vagina, representing it in both ‘negative’ and (to a lesser extent) ‘positive’ ways (see Chapter 2), the vagina is nonetheless something taboo. Kapsalis (1997) refers to this situation as one in which the vagina is simultaneously rendered ‘sacred’ and ‘profane’ – as taboo, private, not talked about, it is “eclipsed” (Dickson, 1985, p 44); as public, displayed in gynaecology and pornography, it is “exposed” (Dickson, 1985, p. 45).

That the vagina is ‘taboo’ can be evidenced in the difficulty many people apparently have talking about it. Despite living in a sex-saturated (or genital fixated; Cline 1993) society, research continues to find that that many people consider women’s genitalia to be difficult to talk about. In one study, only 7% of respondents (10% of men, 5% of women) considered the vagina to be freely mentionable (Allan & Burrige, 1991), and a more recent survey found that 53% of women “felt some discomfort using the word vagina” (Bulletin, 1994, p. 10). Women do not usually talk about their genitals, except in private (Laws, 1990), and women *and* gynaecologists have been shown rarely to mention the word vagina (or even a synonym) during gynaecological consultations (Weijts, Houtkoop, & Mullen, 1993). Female participants in focus groups looking at sexually explicit magazines “avoided referring to the genitals of the models” (Boynton, 1999, p. 454). Eve Ensler (1998), writing and performing *The Vagina Monologues*, observed: “it’s scary saying the word ‘vagina.’ At first it feels like you’re crashing through an invisible wall. You feel guilty and wrong, as if someone’s going to strike you down” (p. xxiii).<sup>1</sup> Evidence from these different contexts demonstrates that the vagina remains a taboo or private topic (Braun, 1999).

It has been asserted that “breaking the taboo on talk is an act of resistance” (Creith, 1996, p. 63), and, in relation to genital art, Corinne (1996) writes of the “radicalism of turning the lights on in secret, darkened places and making that enlightening into a public record” (p. 130). Perhaps for this reason alone we as feminists need to research taboo topics – such as the vagina. Exposing problems that do not have a name has, of course, been at the forefront of feminist psychological research that brought formerly ‘invisible’ problems like ‘acquaintance’ rape, child sexual abuse, and domestic violence into public discourse (and into the courts). It is, in a slightly different form, encoded in the feminist principle, ‘the personal is political’. However, there are reasons other than simple transgression for why feminists (and others) should study the vagina – reasons relating to women’s health, psychological wellbeing, and oppression/liberation. Beliefs about the vagina, who it belongs to, and what it is for, are

implicated not only in women's relationship to our bodies, but in cultural practices like episiotomy, elective caesarean section, and vaginal tightening procedures. We cannot ignore these.

As a feminist, I believe that (western) women live in a society that has been, and remains, oppressive of women, and our experiences (of our bodies), in both explicit and implicit ways. I see women's experiences and realities as constructed in a socio-cultural context in which to be a woman is to frequently be dismissed, derogated, and abused. As the quotation with which I started this chapter indicates, women's bodies are deeply implicated in practices of oppression and subordination (K. Davis, 1997b) and these practices have ramifications for how we, as individual women, live our lives and experience our bodies. Women's bodies have been identified as "a site of struggle, definition, and control and are extensively regulated and confined by societal mores and norms" (Beveridge & Mullally, 1995, p. 247). It has also been observed that:

Although the struggle for women's liberation is not entirely equivalent to a struggle for women's bodies, equality for women cannot bypass the female body. ... The struggle to reclaim the female body is a complex one, requiring analysis of the interrelationship between the cultural representation of women, through which the female body acquires meaning, and of the body practices affixed to claims about sexual (and racial) difference that underlie social organization and politics (Currie & Raoul, 1992, p. 22).

Second wave feminism brought the body to the fore as political, with the vagina symbolic of women's oppression.<sup>2</sup> The book *Vagina Rex and the Gas Oven* (Arden, 1971), for instance, was not a story about the 'vagina', but a 'thesis' on women's oppression. Likewise, *Vaginal Politics* (Frankfort, 1972). In the women's health movement in the 1970s (e.g., Dreifus, 1977; Frankfort, 1972; Marieskind, 1975; Marieskind & Ehrenreich, 1975), the vagina was (symbolic and material) evidence of women's disembodiment, their alienation from their bodies, and their oppression in the health care system. The "revolutionary" (Marieskind & Ehrenreich, 1975, p. 38) act of vaginal self-examination – whether alone or with a group of women – was seen as an inherently political act (Frankfort, 1972; Marieskind & Ehrenreich, 1975), as well as an act of personal 'empowerment' (Birke, 1999; Haraway, 1997; Osborne, 1984) – an act in which each woman 'demystified' her body (Briggs, 1974; Brumberg, 1997; Reitz, 1977), claiming (knowledge of) her body for herself (Dodson, 1974; Ruzek, 1978). More broadly, it was also about women as a group reclaiming bodily autonomy and integrity (from the medical profession, from men) (Dove, 1977; Federation of Feminist Women's Health Centers, 1981; Haraway, 1997; Ruzek, 1978). It recognised that medical discourse has constructed the female body as a problem (K. Davis, 1997b; Lupton, 1994), imperfect and inferior (K. Morgan, 1991).

---

<sup>1</sup> Jay (1977) suggested that 'vagina' and 'penis' are like 'dirty words' – they are 'taboo' in the same way, are avoided, and euphemisms used to describe them.

<sup>2</sup> The speculum became symbolic of women's freedom (Kapsalis, 1997).



Despite the successes of feminism and the women's health movement, it appears that problematic ideas and practices persist – and are even developing. As Bordo (1989) argued in relation to eating disorders, this feminist celebration of 'female flesh' has been culturally displaced by increases in the incidence of eating disorders. In relation to the vagina, many women apparently remain unfamiliar with their genitals (Crooks & Baur, 1999), and greet the thought of self-examination with discomfort (Crooks & Baur, 1999) or even horror (Dickson, 1985; Ussher, 1989). So-called feminine hygiene products still 'grace' the shelves of pharmacies – despite being condemned by both health professionals (e.g., Howard, 1998; Tindall, 1987) and feminists (e.g., Greer, 1971/1986; Laws, 1981/1987; Meulenbelt & Johanna's Daughter, 1981). At the same time as many feminists have been critiquing the (involuntary) genital mutilation of women in African countries (e.g., Walker & Parmar, 1993), and episiotomy in western countries (e.g., S. Kitzinger & Walters, 1993), cosmetic practices to surgically alter the shape or size of female genitals are being developed (e.g., Matlock, 1998), and are being 'voluntarily' consumed by women in the west (see Chapter 6). If western women were 'happy' with our genitals, and society regarded them 'positively', could or would this happen? Clearly, psychological research on what the vagina means at a socio-cultural level, and what it (thus) means to women, and how we experience it, is needed (Holtzman & Kulish, 1997).

#### *Academic contexts*

As well as being influenced by the women's health movement, there are a number of academic influences upon which my research on the vagina draws. I now consider the three main fields of influence: feminist psychology, sexology, and body research.

First and foremost, my work relates to feminist psychology, the field within which it is located. 'Common-sense' views have been influential in producing psychological knowledge (Archer & Lloyd, 1982), and psychological knowledge also influences 'common-sense' views (Crawford, 1998), such as the pathologisation of women and women's reproductive 'processes' (Ussher, 1989). While psychology has had an unclear relationship with the body (C. Scott & Stam, 1996), the body/embodiment are seen as increasingly important to (some) feminist psychological work. Specific strands of feminist psychology have explored the 'psychology of the female body' (Ussher, 1989) in relation to bodily concerns as varied as plastic surgery (e.g., K. Davis, 1995), 'eating disorders' (e.g., Fallon, Katzman, & Wooley, 1994; Malson, 1998; Noll & Frederickson, 1998), and bodybuilding (e.g. Choi, 1999; St. Martin & Gavey, 1996). Others have focused on reproduction or gynaecological issues (e.g., reproduction and infertility [e.g., Ulrich & Weatherall, 2000; Woollett, 1991, 1992]; hysterectomy [e.g., Dell & Papagiannidou, 1999]; menstruation and the menstrual cycle [e.g., Choi & Salmon, 1995; Chrisler, Johnston, Champagne, & Preston, 1994; Lovering, 1995, 1997; Swann, 1997; A. Walker, 1994]; menopause [e.g., Hunter & O'Dea, 1997]; as well as breast cancer, [e.g., Wilkinson, in press]). Within these areas, however, the vagina has tended to not feature as a *central* (or even peripheral) research focus, even though an interest in the vagina potentially fits within these frames of reference. Female sexuality/sexual activity has been another (vast)

area of interest for feminist psychologists (e.g., Fine, 1988; Frith & Kitzinger, 1998; Gavey, 1996; Gavey, McPhillips & Braun, 1999; C. Kitzinger, 1987; C. Kitzinger & Frith, 1999; McPhillips, Braun & Gavey, in press; Woollett, Marshall, & Stenner, 1998), but the vagina-as-topic has not tended to be considered. A focus on the *vagina as topic* develops what Ussher (1989) identified as a key contribution of feminist psychology: “psychology, within a feminist framework, can contribute to our knowledge about ourselves, our bodies, and our reproductive abilities, leading to the possibility of our reclaiming them with new power” (p. 142).

Research on the vagina also draws on ‘sexology’, a discipline that has been seen as “inextricably linked to sexual politics” (Irvine, 1990, p. 7), involved in ‘pathologizing’ female sexuality in many ways (Nicolson, 1993), and as producing sex and sexuality as it is understood (White, Bondurant, & Travis, 2000). As part of women’s ‘sexual organs’, the vagina has featured in sexological study, from Freud’s (e.g., 1931) assertions about the role of the vagina as opposed to the clitoris in mature female (hetero)sexuality, to Havelock Ellis and other’s attempts to identify the ‘pathological’ genital morphology of lesbians (Somerville, 1997; Terry, 1995; Ussher, 1997b), black women (Gilman, 1985; Marshall, 1996; L. Young, 1996), and prostitutes (Gilman, 1985). The vagina has thus been central in debates about what constitutes ‘normal’ female sexual behaviour and ‘normal’ female sexual organs. Other historians of anatomy/sexology have pointed to differing ways the object known as ‘the vagina’ has been constructed over the centuries (e.g., Laqueur, 1990; see also Lowry, 1978). However, despite constructing the vagina as central in notions of sexuality and (hetero) sexual behaviour, and recognising that western constructions of the vagina change across time, sexology has tended not to address what the vagina means to women, how socio-cultural meanings are deeply implicated in women’s experiences of our bodies, and the effects this has on women’s sexuality. This research, therefore, takes sexological ‘knowledge’ of the vagina a step further.

My research is also influenced by body research and theorising. While feminism has considered (the politics of) the body for decades, Grosz (1991) identifies feminist ‘theorising’ of the body as beginning in the early 1980s. ‘The body’ *as topic* only really entered the social sciences in general in the mid 1980s. Since then, there has been an exponential increase in ‘body’ research and writing, much of it feminist (e.g., Arthurs & Grimshaw, 1999; Bayer & Shotter, 1998; Butler, 1993; K. Davis, 1997a; Featherstone, Hepworth & Turner, 1991; Grosz, 1994; Harré, 1991; Price & Shildrick, 1999; Radley, 1991; Shilling, 1993; Stam, 1998; Welton, 1998). The body, and embodiment, are ‘hot’ topics, and the ‘turn to the body’ seems to be overtaking the ‘turn to the text’. Although I do not *directly* engage with these debates in this thesis – they are a whole different thesis, or many theses – my research is made possible by work that has previously been done in this area. From this, I recognise that having bodies, being embodied, is important to research, and that we should not ignore it. My research on the vagina is relevant to people interested in ‘the body’, in representations of ‘the body’ and how they impact on people’s lives, and in particular on women’s experiences of embodiment.



The vagina is not only part of the body most women have (and if they do not have one at birth, a neovagina is often constructed later), but is represented as *central* to womanhood, and implicated in many 'bodily functions' further associated with female identity (see Chapter 7). To consider what it means to be a woman is implicitly (and possibly explicitly) to question what it means to have a vagina.

### *Defining feminist research*

To talk about what doing feminist (psychological) research entails is to enter into a debate that has been ongoing for several decades. Over this time, feminist research has moved from a position of primarily studying women and girls to a situation where feminist psychologists now also study "boys, men, dyads, groups, social systems, and social products such as language and media images of the sexes" (Peplau & Conrad, 1989, p. 391). Language has been claimed to be particularly important in feminist research/epistemology (e.g., Fowlkes, 1987; Morawski, 1990; Worell & Etaugh, 1994).

Debates about what constitutes feminist research typically centre on questions of method, methodology, and epistemology. In relation to method, some researchers have claimed that qualitative methods such as semi-structured interviews (Reinharz, 1992) or focus groups (Wilkinson, 1999) offer distinctively feminist methods (Peplau & Conrad, 1989), partly because they give 'voice' to women in relatively unstructured, egalitarian contexts. However, we need to go beyond 'giving voice' (Gorelick, 1991), and there is increasing recognition of the diversity and complexity of feminist (qualitative) research (Olesen, 1994), and a rejection of the idea of any one single feminist method (e.g., Brannen, 1992; DeVault, 1996; Riger, 1992; Travis & White, 2000a). Various researchers have also called for the 'reclaiming' of methods previously considered 'non-feminist'<sup>3</sup> (e.g., quantitative surveys) (Jayaratne, 1983; Kelly, Regan, & Burton, 1992; Pugh, 1990; Reinharz, 1993; Riger, 1992; Russo & Dabul, 1994; Shields & Crowley, 1996), arguing that qualitative methods are not *necessarily* more feminist than quantitative ones (Ussher, 1999), and that quantitative research can be useful for feminists, as it can have powerful political/social effects (DeVault, 1996).

In this thesis I do not want to claim a specifically feminist method, or group of methods, as "no method comes with a feminist guarantee" (Peplau & Conrad, 1989, p. 380). Rather, I see various methods as tools that can all be (potentially) used for feminist research, and we need to consider, and employ, a diverse range of possible methods (Hawkesworth, 1987; Oakley, 1998; Russo & Dabul, 1994) to best answer our research questions and goals (Brannen, 1992). As Stanley and Wise (1983) argued, "feminism should borrow, steal, change, modify and *use* for its own purposes any and everything from anywhere that looks of interest and of use to it, but ... must do this critically" (p. 202, emphasis in original). We need critically to engage with the methods we use, and "be skeptical of the limitations of all research methods"

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<sup>3</sup> I do not intend for such comments to obscure the vast amount of feminist research done within a positivist empiricist paradigm using these very methods. Rather, these methods per se have not, typically, been seen as having 'feminist' qualities.

(Peplau & Conrad, 1989, p. 379), rather than simply assuming certain methods are the best way to do feminist research. The methods we choose/use should suit the questions we are trying to answer.

Questions of methodology and epistemology have also been considered crucial in defining feminist research. Feminist have been highly critical of traditional scientific practices on many levels (Gorelick, 1991), and while some authors argue against a specific feminist methodology (e.g., Clegg, 1985; A. Phoenix, 1990), the process of actually *doing* research has been a principal consideration for feminist researchers (Maynard & Purvis, 1994). Methodology is often talked about in terms of a “feminist orientation” (Crawford & Kimmel, 1999, p. 3) or perspective (e.g., Reinharz, 1992, 1993; Taylor & Rupp, 1991), where a feminist position is central to the research (A. Phoenix, 1990). Such research raises questions/issues of power, subjectivity and political commitment in research (Banister et al., 1994). Here, I outline some facets of what feminist methodologies entail. Such research often aims to build egalitarian research relationships (M. Gergen, 1988; Wilkinson, 1986), to minimise harm and control during research (DeVault, 1996), and to focus on ethical issues (Cook & Fonow, 1990). It frequently also acknowledges the interdependence of researcher and participant (Cook & Fonow, 1990; M. Gergen, 1988), the importance of the social and historical context (M. Gergen, 1988), and recognises, and articulates, values within the research context (M. Gergen, 1988). Increasingly important is doing research *for* women, not just *on* women (Allen & Barber, 1992; Edwards, 1990) which is socially relevant (Nielsen, 1990) and (most importantly) promotes social change (Allen & Barber, 1992; Cook & Fonow, 1990; Crawford & Kimmel, 1999; DeVault, 1996; Mahlstedt, 1999; Reinharz, 1992, 1993; Worrell & Etaugh, 1994). Worrell and Etaugh (1994) identified key components of transformative research, including: challenging traditional knowledge; focusing on the experiences of women’s lives; acknowledging power as a basis for social arrangements; recognising the social construction of gender; attending to language; and promoting social activism.

My research for this thesis is feminist not (primarily) in terms of its method (although it employs methods that have been popular with feminists, such as focus groups and semi-structured interviews), but through the (feminist) values informing the research. For me, feminist research requires an analysis of gender and power in making sense of our research topic, and a commitment to social change that improves women’s lives. This often involves looking at women’s ‘experiences’, but also requires us to go beyond ‘experience’, to ask questions about, and challenge, the conditions that produce ‘negative’ experiences, and critically to examine the ‘positive’ ones. Doing so recognises that our experiences and identities are as constructed, as political, as things like our bodies, or our sexuality (Travis, Meginnis, & Bardari, 2000). This perspective is not tied to any one methodological or theoretical approach. My approach fits within the criteria identified by Worrell & Etaugh (1994), and can thus be considered transformative research.

Reflexivity also is a key aspect of feminist methodology (Clegg, 1985; Cook & Fonow, 1990; Crawford & Kimmel, 1999; Edwards, 1990; Lather, 1988; Wilkinson, 1986, 1988) (and indeed



other critical research approaches; e.g., Coffey & Atkinson, 1996; Spears, 1997). A reflexive approach involves recognition of the locatedness of ourselves as researchers – that “our beliefs, attitudes, and values influence the process of research from the questions one asks; the language one uses; the methodology one selects, and the interpretations one makes” (Porter, 1999, p. 61). Researchers will always be influenced by prior knowledge of the literature, our knowledge as cultural members, and our political values (Brannen, 1992). Reflexivity also involves an awareness of the partial nature of knowledge produced as well as a critical engagement with the research, both during the research process, and after it has been completed. I have taken a reflexive approach throughout this research, both reflecting on my own experiences of doing the research (Braun, 1999), and on my (heterosexist) practices as a focus group moderator (Braun, 2000a). In Chapter 8, I take this reflexive approach further.

### *Social constructionist research*

My theoretical position in this thesis is a feminist social constructionist approach in which the body is central. ‘Social constructionism’ is a ‘umbrella’ term that covers approaches which see the body as “somehow shaped, constrained and even invented by society” (Shilling, 1993, p. 70). The body is understood to become ‘significant’ only by factors deemed external to the body (e.g., discourse, social systems). Constructionist frameworks have proved useful for researching ‘sex’ and sexual organs (e.g., Laqueur, 1990), sexuality (e.g., S. Jackson, 1999b; C. Kitzinger, 1987; Tiefer, 1995; Weeks, 1981), and gender (e.g., West & Zimmerman, 1987).

Social constructionism takes ‘reality’ as we know it to be a ‘social construction’ (e.g., Berger & Luckmann, 1967), meaning that it is socially and historically constituted as ‘real’ rather than being ‘naturally’ or ‘inherently’ so. The terms in which the world is understood are seen as social artefacts, products of historically situated interchanges among people, and as such, are social, cultural, moral, and political (K. Gergen, 1985). Social constructionist inquiry is “principally concerned with explicating the processes by which people come to describe, explain, or otherwise account for the world (including themselves) in which they live” (K. Gergen, 1985, p. 266).

Certain features of what constitutes a social constructionist take on the world within psychology have been outlined (e.g., Allen & Barber, 1992; Bohan, 1993; Burr, 1995; Cromby & Nightingale, 1999; S. Davis & M. Gergen, 1997; K. Gergen, 1985; C. Kitzinger, 1987). These include the absence of an ultimate truth, and the understanding that ‘knowledge’ and ‘truths’ are constructed and sustained through language, linguistic resources, and social processes within linguistic communities. Further, ideas about what is true or real are seen as historically and culturally located (including the ideas the researcher brings to the research), and a critical or sceptical stance is taken regarding perceived ‘truths’ and taken-for-granted knowledge. Knowledge and action go together. Such an approach is seen as anti-realist, anti-essentialist, focused on interaction, social practices, and processes. It recognises the cultural

and historical specificity of knowledge, and sees language as a pre-condition for thought, and as a form of social action.

A constructionist position does not deny the 'reality' or existence of the material, but sees this only as significant through social processes and practices. Douglas Crimp (1988) makes this point in relation to AIDS:

AIDS does not exist apart from the practices that conceptualize it, represent it, and respond to it. We know AIDS only in and through these practices. This assertion does not contest the existence of viruses, antibodies, infections, or transmission routes. Least of all does it contest the reality of illness, suffering, and death. What it *does* contest is the notion that there is an underlying reality of AIDS, upon which are constructed the representations, or the culture, or the politics of AIDS. If we recognize that AIDS exists only in and through these constructions, then hopefully we can also recognise the imperative to know them, analyze them, and wrest control of them (p. 3).

Although a relativist framework, social constructionism does not suggest 'anything goes' (K. Gergen, 1985; see also Hepburn, 2000), and an explicitly political stance is part of (some) constructionist work. As Celia Kitzinger (1987) has argued, social constructionist analyses "will offer radically different definitions of the world, which startle, shock, anger or surprise the reader in a way that focuses attention on the taken-for-granted nature of normative definition" (p. 190). Such analyses identify the moral, cultural and political concerns informing 'truths' (Henwood, 1996), and as such, they can disrupt the 'smooth flow' of culture and promote the possibility for resistance and change (Bordo, 1997). Furthermore, social constructionists have been encouraged to "engage in overt and explicit moral and political evaluation of the alternative constructions they present" (C. Kitzinger, 1987, p. 190), rather than presenting them as value free.

This political evaluation has, of course, been particularly true of specifically *feminist* social constructionism, which starts from the position that social life is constructed/ordered around gender (as well as other axes of oppression), and that constructions frequently serve to 'deny' women agency and subjectivity (and power) – in other words, to perpetuate oppressions. A constructionist approach is amenable to, and useful for, feminist psychology (Unger, 1988), because, while it can look at the 'bigger picture' and explore the production of certain identities, and 'realities', it also challenges any determinist interpretations that link those to biology or 'nature'. As Unger (1990) argues, "constructionist explanations can be useful at all levels of psychology and ... constructionist processes are not any less real than other psychological phenomena" (p. 130). Ideas about women and gender, for example, are not based in any biological essence that determines them forever more, but are historically and culturally situated 'truths' that produce individuals and social understandings in certain ways. The positive side of a constructionist approach is that since constructions produce 'reality', as constructions change, or are changed, 'reality' also changes. Because we see these 'truths' and 'reality' as socially constructed, however, is not to suggest they do not appear stable and



'true' to individuals, or that they are necessarily easy to resist or transform (Cream, 1995; also Vance, 1989).

A constructionist framework also raises questions of 'experience' that I will briefly address. A considerable part of feminist psychology has been about 'women's experiences', and "to speak 'from experience' has almost unquestionable authority in much feminist discourse" (Gavey, 1997, p. 51; C. Kitzinger, 1994a). Increasingly, feminists have recognised this as problematic, and recommended that we examine the politics of experience (C. Kitzinger, 1994a), and the conditions that 'produce' that experience (Olesen, 1994). Hence we need not to focus on assumed 'real' or 'authentic' experience, but rather think about the constructed nature of experience, and how subjects are constituted through it (J. Scott, 1991). Joan Scott identifies that "experience is, in this approach, not the origin of our explanation, but that which we want to explain" (p. 797). We need to be as critical about 'biological' experiences as about 'social' ones (Markens, 1996). As Sara Davis and Mary Gergen (1997) observe, "the social constructionist position does not allow exceptions to this skeptical stance, even when one's private sensory experiences are at stake. We cannot know ourselves, free of cultural constraints, any more than we can know other parts of the world" (p. 7). My position here is that experience is meaningful, and is constructed as meaningful, through language (Weedon, 1997) and social processes (Gavey, 1997), which is not to say that experience will not be interpreted as 'authentic' or beyond culture by women.

#### *Social constructionism and the body*

Constructionist research has tended to focus on language and discourse (Cromby & Nightingale, 1999), sometimes to the apparent exclusion of the material or the physical. This failure to engage with the body has become an increasingly common criticism of social constructionism (Cromby & Nightingale, 1999), and recently there have been calls to include the material or the body/embodiment in such analyses, or to move beyond a ('hard' or 'radical') social constructionist approach (e.g., Bayer, 1998; Bayer & Shotter, 1998; K. Davis, 1997a; Nightingale & Cromby, 1999; Sampson, 1998a, 1998b; Ussher, 1997a) to a 'material discursive' stance such as 'critical realism' (e.g., Ussher, 1996; 1999; Willig, 1999). Ussher (1999) argues that a critical realist epistemological standpoint "facilitates reconciliation of both the material and discursive aspects of experience, as well as acknowledges the cultural and historical context in which individual women are positioned and in which meaning about experience is created" (p. 45). By 'bringing the body back in', social scientists are retrieving a neglected topic and making it the focus, rather than the implicit backdrop, of their analyses (K. Davis, 1997b).

The work of Susan Bordo (e.g., 1988, 1989, 1993, 1997), a feminist cultural critic, is particularly relevant here. She analyses the socio-cultural, but insists that theory must be embodied, and that the concrete must be considered as well as the discursive (see also Grosz, 1994; Ussher, 1997a). Bordo's approach to the body is clearly a cultural one, where "our bodies, no less than anything else that is human, are constituted by culture" (1988, p. 90). She (1997) theorises the body and bodily practices as an arena where cultural fantasies

and anxieties are played out, and also (1989) represents the body as a locus of social control. For women in particular, “culture’s grip on the body is a constant, intimate fact of everyday life” (1993, p. 17). Bordo argues that cultural ideas and representations can be powerful in shaping the ‘reality’ of life:

The mind/body dualism is no mere philosophical position, to be defended or dispensed with by clever argument. Rather, it is a *practical* metaphysics that has been deployed and socially embodied in medicine, law, literary and artistic representation, the psychological construction of self, interpersonal relationships, popular culture, and advertisements (1993, pp. 13-14, emphasis in original).

Thus, through the practices it promotes and produces, ‘discourse’ has *material* effects, and impinges in concrete practical ways on women’s lives. This highlights the importance of analysing the cultural (to understand the ‘personal’ – language reinscribes this dualism), but not *only* the cultural. For Bordo, there is no point in trying to theorise the body *beyond* culture, because “the body that we experience and conceptualize is always *mediated* by constructs, associations, images of a cultural nature (1993, p. 35, emphasis in original). In this her position is similar to that articulated by Elizabeth Grosz (1994): “the body, as much as the psyche or the subject, can be regarded as a cultural and historical product” (p. 187).

Bordo departs from much (former) social constructionist work in insisting on the materiality of the body, and of having *the body* in theory. For Bordo, materiality signifies “our finitude. It refers to our inescapable locatedness in time and space, in history and culture, both of which not only shape us ... but also *limit* us” (1997, p. 181, emphasis in original; also Grosz, 1994), even in relation to the sorts of languages that we have developed. In this view, our materiality is something to be taken seriously, as it “shapes, constrains, and empowers us – both as thinkers and knowers and also as ‘practical’ fleshy bodies” (1997, p. 182; see also Cromby & Nightingale, 1999). The material is thus conceived of as central to knowledge and theory as well as to more ‘everyday’ daily practices. However, while she is more ‘materially inclined’ than many other constructionist writers, Bordo does not suggest some ‘essential’ female core.

In insisting on the materiality of gender I am not invoking ‘nature’ or importing covert essences.<sup>4</sup> Our materiality includes our biology, but that is for scientists to explore. As a cultural critic and philosopher of the body, I explore and urge that we not lose sight of the concrete consequences – for ‘our bodies, ourselves’ – of living in a gendered and racially ordered world (Bordo, 1997, p. 183).

The body’s materiality, then, “is first and foremost about concreteness and concrete (and limiting) *location*” (1997, p. 185, emphasis in original), and we need to pay attention to

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<sup>4</sup> In explicitly denying the invocation of essence, Bordo (1997) attends to the troubled status of the body in feminist theorising. Grosz (1995) identifies a reluctance in much feminist theory to consider the body as central to women’s oppression, as such theorising is frequently associated with charges of biologism, essentialism, ahistoricism and naturalism (see also Bordo, 1997).



concrete contexts – social, political, cultural and practical – in which bodily ‘texts’ are embedded. Thus, analysis of the cultural, of discourse alone, is not enough.

While these writers point to the importance of bringing the material into constructionist work, it is worth briefly noting that social constructionists who also claim a material body in some way (e.g., Harré, 1991, Ussher, 1989) have been critiqued for tensions in their work (e.g., C. Scott & Stam, 1996), for positing a ‘real’ and going *beyond* discourse. For “not dissociat[ing] the body from a linguistic understanding” or “resign[ing] the material world of the biological individual to one that is entirely linguistic” (C. Scott & Stam, 1996, p. 311). Scott and Stam (1996) acknowledge that this tension is perhaps unavoidable – language does not provide us with a clear way of talking about bodies in non biologically-determinist, yet fleshy, ways. It seems ironic, however, that people who are interested in bodies, or constructionism, or some such ‘post-positivist’ approach, are critical of work which tries to transcend the binaries that are paradigmatic of positivist inquiry *by* invoking those very binaries. The possibility of *either* material *or* linguistic/discursive seems to be implicitly preferable to *both/and*, possibly reflecting the pervasive strength of dualistic thinking in our culture. While researchers looking at the body *as* both material and discursive might not entirely resolve these tensions (myself included), and might come across theoretical stumbling blocks, doing the work in the first place is an important step in enabling others to go further.

Bordo’s work is important for demonstrating the way feminists have ‘denaturalised’ the female body (Bayer & Malone, 1998), for recognising the absolute interconnectedness of individual and social, and for emphasising the need to explore *both* socio-cultural representational practices *and* individual bodily practices.

#### *Feminism, social constructionism, and multi-methods*

Given the frequent constructionist focus on language and discourse, constructionist work *typically* employs qualitative methods (W. Miller & Crabtree, 1999), methods which have also been encouraged within feminist research. However, Ken Gergen (1985) has argued that within a social constructionist framework, “virtually any methodology can be employed so long as it enables the analyst to develop a more compelling case” (p. 273; Burr, 1995). Feminists, social constructionists, and others have pointed to the importance of choosing the most appropriate method(s) to address our research problem and answer our research questions (Allen & Barber, 1992; Brannen, 1992; Bryman, 1992; Crabtree, Yanoshik, Miller, & O’Connor, 1993; Ussher, 1999). As Henwood and Pidgeon (1992) argued, “methods are not so much valid in and of themselves, but rather will be more or less useful for particular research purposes” (p. 100). The methods used, then, should be seen as tools that *serve* the research inquiry, rather than driving it (Crawford & Kimmel, 1999). How useful a particular method will be relates to epistemology (Valsiner, 2000), and White et al. (2000) have argued for even using empiricist methods within a constructionist framework.

Multi-method approaches are becoming increasingly popular (Bryman, 1992; Deacon, Bryman, & Fenton, 1998; Reinharz, 1992) – not only within a ‘triangulation’ framework – and

have been used by feminists “to cast their net as widely as possible in the search for understanding critical issues in women’s lives” (Reinharz, 1992, p. 201; Cook & Fonow, 1990; Nielsen, 1990). As each method provides a different view of our object of study (Allen & Barber, 1992), a multi-method approach allows us to access to various ‘views’ of the ‘bigger picture’ in different ways (Deacon et al., 1998; Erzberger & Prein, 1997; McKendrick, 1999). Arguing for multi-methods, Jane Ussher (1999) employs a jigsaw metaphor (see also Erzberger & Prein, 1997): “it is only when we put the different pieces of the jigsaw together that we see a broader picture and gain some insight into the complexity” (p. 43) of our research topic.

### **My research: Aims, approach and overview**

The overarching aim that unites my thesis is a critical cultural examination of what a vagina is/means in western society, and how these socio-cultural meanings are inter-linked with women’s personal experience and identity (or not). It explores these through looking at both socio-cultural sources and through analysing women’s talk, and considers the relationship between socio-cultural representations and women’s accounts of their personal meanings and experiences.

In doing the research, I take a feminist social constructionist approach. The thesis takes as its central argument the social constructionist ideas about meaning/identity/experience not being natural, a-cultural, or a-historical, but rather socially, historically situated. But it is not a ‘radical’ constructionist thesis, in that I am ‘bringing the body’ in. My theoretical position is a stance on the body (the vagina) which sees it as both material and symbolic (e.g., Bordo, 1989, 1997), as “a site of social, political, cultural, and geographical inscriptions, production, or constitution” (Grosz, 1994, p. 23). It is cultural as well as biological, a body which has a history (Csordas, 1994; Currie & Raoul, 1992) and which is embedded in history: “simultaneously a physical and symbolic artifact, as both naturally and culturally produced, and as securely anchored in a particular historical moment” (Scheper-Hughes & Lock, 1987, p. 7). As these writers articulate, experiences of the biological body are shaped by social/cultural/historical context, and interpretations of bodies – indeed, parts of bodies – need to be considered within context.

I am taking a material body as given, and as the starting point for my analysis. I assume that there *is* a body part identifiable as the vagina, but I do not assume that the construction of it as a visualised, conceived of (and possibly experienced) *discrete* part of women’s bodies is in any way a natural state. Rather, it has been historically and socially constructed through scientific and medical discourse (e.g., see Laqueur, 1990) as a discrete object. What it *is*, then, is constituted through the social, through discourse, although it also has a material, physical existence.

What living embodied women (with vaginas) know about the vagina, how we experience our own, and how we ‘feel’ about it are inextricably linked to language, discourse and social



processes. I assume that socio-cultural practices and processes (e.g., talk, visual representations) are not 'neutral' but (help) create the means – the cultural resources – by which women (and men) experience women's bodies. It is therefore imperative that any analysis of what the vagina means to individual women goes hand-in-hand with an analysis of its socio-cultural meanings. As Ussher (1997a) writes in relation to understanding sexuality, reproduction and madness, "we need to study both bodily processes and practices, and the ways in which these processes and practices are constructed in the realm of the symbolic" (p. 7).

The chapters in the thesis address the issue of how the vagina is constructed, and why these constructions is important, in various ways, using a multi-method framework. They are presented in two parts. In **Part One, Researching socio-cultural context**, I use a range of methods to analyse socio-cultural representations. In **Part Two, Researching women's talk**, I analyse accounts in women's talk gathered using focus groups and interviews.

The chapters in Part One use different methods of data collection and analysis. The first chapter in this section, **Chapter 2, Socio-cultural representations of the vagina**, presents a thematic analysis of a wide variety of socio-cultural representations of the vagina, accessed from texts as diverse as newspaper articles, the theatre, and psychoanalysis. Representations have been organised into seven negative representations, each discussed and illustrated. Representations which challenge these are also considered. This approach allows for a thorough analysis of cultural meaning, but does not tell us anything about women's own experiences.

In **Chapter 3, Defining women's genitals**, I focus on the dictionary as one particular socio-cultural text. Entries for vagina, clitoris (and penis, for contrast) in medical and English language dictionaries were analysed using a detailed content analysis. The aim of this analysis was to explore the ways such definitions construct these parts of women's sexual/reproductive bodies in particular ways that exclude other possible meanings.

**Chapter 4, 'Snatch', 'hole', or 'honey-pot'? The vagina in slang**, focuses on the production of meaning in another socio-cultural text – female genital slang – and reports on two related studies. In the first, I used content analysis to identify semantic categories in slang terms collected from females and males by questionnaire, and test for sex differences in the generation of these terms. In the second, I addressed the question of specificity using data from a follow-up questionnaire where respondents identified the meaning of a selection of slang terms. Such approaches tell us about the meanings slang provides, but do not tell us anything about slang in use, or what it means to the individuals using it.

The data used in the three chapters in Part Two were primarily gathered using semi-structured focus groups and interviews, and were analysed from transcripts using thematic analytic techniques. In the chapters in this section, as well as identifying themes in women's accounts (of their experiences), I look at the intersections between socio-cultural representations identified in the earlier chapters, and women's accounts. **Chapter 5, Talking**

**about the vagina: Liability or asset?**, provides a partial overview of my talk data by exploring some features in women's talk about the vagina, and the way it reproduces, or resists, socio-cultural representations discussed in Part One. Here I consider ways in which talking about the vagina was not simple, and, when women did talk, ways the vagina was constructed as 'negative' or 'positive' in women's accounts. In **Chapter 6, The perfectible vagina: Size matters**, I focus on the issue of vaginal size, analysing women's talk about vaginal size in relation to the socio-cultural context where a tight vagina is represented as desirable. **Chapter 7, Woman equals vagina? Vagina equals woman?**, looks at women's talk about the relationship between having a vagina and gendered identity – a relationship which is part of both scientific accounts and common-sense. As these chapters show, there are strong links between socio-cultural representations and women's accounts, but there are also spaces of 'resistance' in these accounts.

My concluding chapter, **Chapter 8, 'Liberating' the vagina?**, summarises my findings across the thesis, and outlines the contributions this research makes to knowledge about the vagina, to feminism and feminist research, and to social constructionism. I also consider the limitations and omissions of this research. Finally, I revisit questions of social change and look at the effects this research has had on (some) people who have taken part, on my friends, and on myself.

## **Part One**

### **Researching socio-cultural context**



## Introduction to Part One

As I noted in Chapter 1, concerns about (the politics of) representations of sex, sexuality, and sexual organs have been at the centre of feminist movements (e.g., Dreifus, 1977; Marieskind & Ehrenreich, 1975; O'Sullivan, 1987). In the analytic chapters in this section, I am concerned with representations of the vagina evidenced in various socio-cultural texts rather than people's talk. In studying the socio-cultural, I have followed Crawford's (2000) assertion, in relation to sexuality, that "to understand sexuality we must look to its creation in culture, including the most mundane, taken-for-granted aspects of culture" (p. 214). And such a focus can tell us a lot about our object of study, and about society. As Ian Parker (1997) has observed, "the most innocent bits of consumer cultural can help us understand the workings of power, ideology and forms of subjectivity in a society if we ask what discursive conditions made them possible" (p. 287). In the chapters in this part of the thesis, I am interested in the particular object these socio-cultural representations construct, and the possibilities they allow for.

My theoretical framework for making sense of these data draws on work on the social construction of sex and sexuality (e.g., Foucault, 1978; Holland, Ramazanoglu, Scott, & Thomson, 1994; C. Kitzinger, 1987; Laqueur, 1990; Tiefer, 1995; also R. G. Parker & Gagnon, 1995), the women's health movement (e.g., Dreifus, 1977; Marieskind & Ehrenreich, 1975; O'Sullivan, 1987), and feminist research on language (e.g., Cameron, 1985, 1992a; Crawford, 1995; Kramarae & Treichler, 1985/1990; Weatherall & Walton, 1999) and the body (e.g., Bordo, 1993, 1997; Grosz, 1994). Challenging the assumption that the human body is natural, knowable, real and essential, I start from the position that it is always a socially constructed body, constructed through cultural representation and social practices. These representations and practices have effects, as Holland et al. (1994) noted: "young women's understandings of their bodies are shaped and constrained by the processes of social construction of gender which provide limited ways in which they can recognize and legitimate their bodily experiences and practices" (p. 65).

Women's (and men's) bodies are produced and defined through various scientific disciplines (Nicolson, 1994) and their representational practices. Those concerned with the meaning and impact of representational practices have often focused on texts and images which are imbued with the authority of revealing the 'truth' about bodies. Analyses of medical texts (e.g., Giacomini, Rozée-Koker, & Pepitone-Arreola-Rockwell, 1986; Lawrence & Bendixen, 1992; L. Moore & Clarke, 1995; Petersen, 1998; Scully & Bart, 1978; Shildrick & Price, 1992; also Martin, 1994), for example, have found entrenched practices of male-body-as-norm, and of under-representation of women's bodies, as well as sexist assumptions about women (e.g., Weiss, 1977). Kapsalis (1997) further points to the ways such representations reinforce the normative female body as white and thin. 'Science' is revealed not to be value free, and authors such as Wooley (1994) have commented on "how the scientific understanding of female anatomy and physiology was shaped by cultural imperatives" (p. 26; Bleier, 1984;



Martin, 1994). These influences between ‘science’ and ‘culture’ are reciprocal: Birke (1999) points to “the power of [bio/medical] narratives to structure practice” (p. 131), while Eithne Johnson (1998) postulates a link between Masters and Johnson’s (scientific) films of genitals and the advent of the (pornographic) ‘beaver’ film.

Both language and imagery have been recognised as key in such representation. Reitz (1977) asserted that, as “language is the symbolic representation of concepts, we must confront the language that is used to describe us. To make change, we must dig deep and interpret the meaning of words, for words make assumptions” (pp. 109-110). In relation to anatomy texts, Petersen (1998) claims that “exposing the representational practices of anatomy is integral to the effort to delegitimize the natural body and to counter biological determinism, and thereby open up some space for re-imagining the body”. In the three chapters in this section, I take up these challenges for the vagina, and look at the ways the vagina is represented, and thus constructed, in a range of texts (but not anatomy texts). I am interested in the construction of particular accounts of and around anatomy, and the work these do in producing certain truths about bodies. Sara Mills (1995) makes a similar point:

I have reviewed the semantic field of women’s genitals and more broadly sex, reproduction and the representation of women in order to illustrate how a language can have lexical gaps (i.e. no informal non-offensive words for female genitals) and can name objects and actions (e.g., the vagina as a sheath or birth canal, sex as active for males and passive for females). This perspective makes other perspectives very difficult to talk about, and it is hard to create other meanings which express a different viewpoint (p. 106).

As I will demonstrate across the following chapters, the production of certain realities is not seamless, and competing accounts (some contradictory, some complimentary) exist.

### **A definitional note**

Before I present my analysis, it is important to consider what I mean by ‘the vagina’. As I demonstrate throughout the thesis, biology is not *simply* biology, and the ‘meaning’ of the vagina is not reducible to an anatomical part. Instead, our bodies, and body parts, are ‘loaded’ with cultural symbolism (Synnott, 1993), and what the vagina *means* can be explored, and needs to be explored, at the medical, symbolic, sexual, social, and political levels (Ardener, 1987; Bell & Apfel, 1995; also Camphausen, 1996). In this section, however, I am concerned with what anatomical referent I invoke when I say ‘vagina’. What bit of the body am I referring to?

The question of ‘defining’ the vagina will be addressed in detail in more Chapter 3, but most dictionaries and anatomical texts concur that, anatomically, the vagina is “a distensible fibromuscular tube extending from the vestibule to the cervix of the uterus” (Dilly, 1995, pp. 12-13; Beckmann et al., 1998; Mackay, Beischer, Pepperell, & Wood, 1992). The term vagina has been used to refer to this ‘tube’ since the 16<sup>th</sup> or 17<sup>th</sup> Century (J. Mills, 1991; Sevely,

1987). However, the referent of the term vagina in 'lay' talk does not necessarily mirror its anatomical referent. As Ardener (1987) commented, "the vagina of the medical body seems only to be the hidden recesses of the wider category label 'vagina' in the sexual body" (p. 123). 'Vagina' is frequently used as a shorthand term to encompass women's genitals as a whole, or the more visible vulva (Allan, 1990; Ardener, 1987; Ash, 1980a, 1980b; The Boston Women's Health Book Collective, 1992; Richter, 1987; Rosenbaum, 1979). This probably partly arises from the fact that girls are often taught euphemisms for their genitals, or not given any names at all. If they *are* taught (anatomical) names, it is seldom more than 'vagina' (e.g., Fraley, Nelson, Wolf, & Lozoff, 1991; Gartrell & Mosbacher, 1984; Lerner, 1976; also Boseley, 1996; Friday, 1996). Regardless of the possible aetiology of this general use of the term vagina, it is interesting to consider that it is the word/part 'vagina' which has come to stand for the whole, rather than another term (see Ash, 1980a, 1980b commenting on this in relation to 'vulva'). We should consider what different kind of world we might be living in if 'clitoris' had come to mean the women's whole genital area. As I will discuss in Chapter 8, the shorthand use of vagina to designate women's genitals is both phallogentric and heterosexist.

This referential inconsistency raises the question of which 'vagina' I mean. Allan and Burrige (1991) contend that academics should use the term vagina in the sense that "most ordinary folk" (p. 245) use it – as 'the female genitals'. I do not agree, as this limits us to only talking about the female genitals in general, and perpetuates the problems of an imprecise (and phallogentric, heterosexist) language for talking about women's genitals (see Chapter 4).

When I envisaged my thesis topic – 'the vagina' – it was the anatomical vagina, and this is the primary focus in my work. So saying, that it is only my *primary* focus must be recognised. The distinction is difficult to maintain, both in literature which refers to the vagina, and in women's talk about the vagina (see Chapter 5), and as a result, my use of the term 'vagina' in this thesis fluctuates between lay and medical meanings to match the fluctuations in my data.

My definition of 'the vagina' does not include the clitoris, and Chapter 3 is the only place in the thesis where the clitoris features significantly. However, at virtually every feminist conference I have presented papers from this thesis, I have been asked 'what about the clitoris?' My choice not to include the clitoris derived from my primary interest in the anatomical vagina, and in women's health, but is not meant to undermine its importance. Furthermore, the clitoris has been claimed, and written about, by feminists (e.g., see Chalker, 2000; Downer, 1980; Federation of Feminist Women's Health Centers, 1981; L. Moore & Clarke, 1995) and, according to Lane and Rubinstein (1996), was, by the late 1970s, "a metaphor for women's power and self-determination" (p. 35). The clitoris can be considered the 'star' of feminist accounts of women's sexuality. It has a 'liberatory' appeal – it separates women's sexuality from notions of (compulsory heterosexual) vaginal penetration (with a penis), suggesting autonomy and freedom. It also places women's sexual pleasure as central – it is the only organ with no function other than pleasure. In contrast, it seems that since the 1970s, the vagina (*per se*, or as sexual) has often been ignored by feminists (Segal, 1994). Many relevant feminist books fail to include 'vagina' in their index, for example (a recent example is



Travis & White, 2000b). The vagina has also explicitly been rejected by feminists. A rejection is evident in claims that vaginal penetration is oppressive to women (e.g., Dworkin, 1987, MacKinnon, 1987) – whether heterosexual or lesbian – and/or will not result in orgasm (e.g., Koedt, 1972/1996).

### **Part One: Overview and approaches**

The chapters in this section explore the 'meaning' of the vagina in different contexts: In Chapter 2, I look across a wide range of socio-cultural texts containing reference to the vagina to identify broad themes within these representations. The aim of this chapter is to give a sense of the range of contrasting ways the vagina has been, and continues to be, represented in the west. Themes in this chapter were identified across writings and other places where the vagina was represented. Each theme was then illustrated from across the variety of texts I had read, and the complexities of each developed.

The other two chapters in Part One look in detail at two particular sites of representation – dictionaries and slang. I take these both to be cultural texts, heavily laden with meaning, and as sites for examining the constructed nature of what the vagina means. In Chapter 3, I look at a what can be considered a cultural authority on meaning, the dictionary, to analyse definitions of vagina (and clitoris), using penis as a contrast case. Given my concern with the construction of meaning around the vagina, the dictionary is a perfect site to examine this. Dictionaries are culturally privileged 'authorities' on what word meaning, providing succinct and authoritative 'definitions'. Whether the dictionary describes (the way 'real' people use a term) or prescribes (the way a term should be used) (Adler 1963) is an issue that has been debated. However, such a distinction relies on a transparent view of language as reflecting the world rather than constructing it. Moreover, regardless of which view one takes, dictionaries represent *themselves* as authorities on word meaning.

In Chapter 4, my analysis moves from the formalised realm of the dictionary to the informal realm of genital slang. In this chapter, I report on two studies – one looking at semantic categories, and the other assessing specificity in female genital slang. Slang data were collected via questionnaire. Questionnaires are probably the most common method in social science research (Fife-Schaw, 1995), and are the primary method in slang research which assess collections of slang terms (e. g., Aman & Sardo, 1982; Cameron, 1992b; Gordon, 1993; A. Grossman & Tucker, 1997; de Klerk, 1992; R. Walsh & Leonard, 1974; Wells, 1990). Not only is the questionnaire popular in slang research, but it also offers a simple and efficient means of collecting a large amount of data (Fife-Schaw, 1995), particularly where the task is straightforward (such as listing slang terms). Moreover, for a sensitive topic, it allows participants to provide terms (in this instance, anonymously) they might be uncomfortable

using in public,<sup>5</sup> and might not raise in an interview or focus group setting. However, questionnaires are not without disadvantages in slang research. For instance, you cannot access slang-in-use or, typically, people's responses to particular slang terms. Moreover, with a written questionnaire, the researcher cannot ask for clarification of results that appear ambiguous. In this research, however, as my focus was on the terms themselves, rather than on responses to them, I chose to use questionnaires.

Both dictionary and slang data were analysed using content analysis. Content analysis is an accepted method of analysing texts for both manifest and latent meanings (Dines & Humez, 1995; Henwood, 1996; Silverman, 1993). Coding often involves the fragmenting and coding of data into categories, which are developed either from the data, or from prior theoretical concerns of the analyst (Wilkinson, in press), but can also move to interrogate the texts/analyses for 'symbolic meaning' (Coffey & Atkinson, 1996). In both instances, the analysis was informed by feminist and constructionist accounts which look at the particular bodies (e.g., Laqueur, 1990; L. Moore & Clarke 1995) or metaphors (e.g., Cameron, 1992b; Weatherall & Walton, 1999) that were produced in these data.

While theorising language as key in the construction of meaning – about ourselves and about the world – I also assume that language exists in a socio-cultural context – so it provides both the tools for creating 'realities', and is the product of such constructions. If we consider that language is intimately and inextricably bound up in the construction of the meaning of the world, and of individual subjectivity and identity, then we cannot simply regard a word definition as a neutral description of what that word really means, or slang as simply a creative play with language. Definitions, such as those in dictionaries, or those in the world, not only reflect certain (changing) social values and ideologies (Kramarae & Treichler, 1985/1990; Landau, 1985), but also reinscribe these within a particular socio-cultural and historical context. In analysing these data, I take language in this way: I consider these two different cultural texts as products of, and evidence for, the socio-cultural context, but also as an inextricable part of that. I look at the stories they tell, and the possibilities they allow for.

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<sup>5</sup> This assumption was reinforced by the fact that some focus group participants referred to 'cunt' as 'the c word', despite it being the most frequently provided female genital term (see Chapter 4).



## Chapter 2

### Socio-cultural representations of the vagina

It's smelly, it's bottomless, it's devouring; or it's mystic, it's divine, it's nirvana  
(Weir, 1997, p. 50).

I tend to regard the feminine organ as something unclean or as a wound, not less attractive on that account, but dangerous in itself, like everything bloody, mucous, infected (Leiris, 1946, cited in F. Morgan, 1989, p. 119).

Socialization patterns have taught women to regard their reproductive organs and their functions as unclean, a 'curse,' and secret, yet nonetheless central to their identity as women (Marieskind, 1975, p. 219).

Women's bodies have been, and continue to be, a site of (political) struggle for definition and control (Beveridge & Mullally, 1995; Eisenstein, 1996). As Brownmiller (1984) commented, "the female body, often reduced to isolated parts, has been mankind's most popular subject for adoration and myth, and also for judgement, ridicule, esthetic alteration and violent abuse" (p. 27). While much has been written about the female body itself, and on specific aspects of that body, as I noted in Chapter 1, "literature about vaginas is rare" (Bell & Apfel, 1995, p. 4) in both the social science and popular arenas. Despite a lack of detailed attention to the vagina *as topic*, there are many varied and paradoxical socio-cultural representations of it, demonstrated in the quotes above. As Weeks (1986) comments, the meanings of the vagina (or other genital organs) "are not transparent" (p. 52). The vagina is, among other things, the toothed and dangerous vagina dentata; the (symbolic) absence of a penis; the core of womanhood; and a symbol of reproduction. Such meanings are found in a range of different contexts, from academic texts to myths, film and television to theatre, newspaper articles to fiction. Simultaneously with this widespread representation, the vagina maintains a seemingly 'taboo' position – a word that is hard to say and a topic that is difficult to talk about (Allan & Burrige, 1991; Braun, 1999; Ensler, 1998).

In this chapter, I aim to illustrate various (primarily western) representations of the vagina – both contemporary and historical. To do so, I draw on a wide range of different sources, from 'popular culture' (e.g., media, the Internet) to academic works. In this sense, I am following Bordo's (1997) recommendation to see academic culture as part of culture in general (and, indeed, the reciprocal relationship between these *is* recognised; Crawford, 1998). The sources I use could be considered both 'primary' and 'secondary'. By primary, I refer to instances of representation (e.g., slang, personal accounts); by secondary, to instances where other (often feminist) authors have commented on representations or practices (e.g., pornography, gynaecology). These commentaries are, of course, also representations in their own right, forming part of the cultural context. While the representations I discuss are not rigid or uncontested, many of them have persisted over time, as I will demonstrate.



'Negative' representations of the vagina predominate, and, as such, are the prime focus of this chapter. I outline seven key representations (although some of these are interconnected and inform each other): the vagina as inferior to the penis; the vagina as absence; the vagina as (passive) receptacle for the penis; the vagina as sexually inadequate; the vagina as disgusting; the vagina as vulnerable and abused; and the vagina as dangerous. In my concluding section "'My mighty muff': Powers and pleasures', I consider the importance of challenging such persistent negative representations, and highlight a number of representations which offer a positive alternative for women.

### **The vagina as inferior to the penis**

From the ancient Greeks to the 20<sup>th</sup> Century, women's genitals have been considered to be inferior to men's. Galen (1968), a 2<sup>nd</sup> Century Greek physician, considered a woman to be "less perfect than the man in respect to the generative parts ... imperfect and, as it were, mutilated" (p. 630). Freud (1925/1998) suggested that girls recognise the penis as "the *superior* counterpart of their own small and inconspicuous organ" (p. 22, emphasis added; 1931), a position embodied in his conceptualisation of penis envy and castration complex (Bem, 1993). That one female participant in Potts (in press) recent study endorsed this idea of male genital superiority – "boys outbeat us" – suggests that this view remains to some extent.

The "propensity to see the female body as a version of the male" (Laqueur, 1990, p. 96, emphasis in original), a 'one sex' model, dominated medical constructions of the body from ancient Greece until the mid-17<sup>th</sup> Century (Lawrence & Bendixen, 1992). The classical Greeks viewed the vagina as an inside-out penis (J. Mills, 1991). As the true genital form was considered to be exterior (i.e., penis and testicles) women's 'internal' genitals were inferior (Galen, 1968; Tuana, 1988), "a less than perfect ... version of the male's" (J. Mills, 1991, p. 49; Wooley, 1994). In Renaissance Europe, such representations remained. Laqueur (1990) quotes 16<sup>th</sup> Century physician Bouchet: "the matrix of the woman is nothing more than the scrotum and penis of the man inverted" (p. 63). In such accounts, "the vagina was the penis; the uterus the scrotum. The clitoris, in this series of homologues, rarely had a name or, if it did, a function" (Lawrence & Bendixen, 1992, p. 926).

The 17<sup>th</sup> Century saw a move to a 'two sex' model, where male and female sexual morphology was constructed as different (Laqueur, 1990). This meant "difference was recognized but the hierarchy was maintained" (Shildrick & Price, 1994, p. 165), or even, as Wooley (1994) argues, enhanced, as women had lost the "potential perfectibility" (p. 28) embodied in the construction of the vagina as internal *penis*. Women's genitals remained 'inferior', and there is *still* a tendency to compare the female body to the male-body-as-norm (e.g., Lawrence & Bendixen, 1992; Petersen, 1998).

### The vagina as absence

The vagina is represented as 'absence' in various ways. Psychoanalysis, which has given the vagina a central place (although less central than the penis), is informed by Aristotle and Galen's theorisation of woman as 'lack' (Penfold & Walker, 1984; Tuana, 1988). For Freud (1925/1998), the "lack of a penis" (p. 23) was key. Shildrick and Price (1994) note that:

In the discourse of psychoanalysis ... the material, and by now representational, absence of the penis has been taken as the defining factor of femininity. Women are castrated men, their bodies marked by lack, and what is hidden is just a hole. Where for men the phallus, real and symbolic, has become the signifier of presence and of wholeness, women, having no thing, are in consequence nothing (p. 176).

The vagina is frequently characterised "in negative terms, as what it is not rather than what it is" (Kalinch, 1993, p. 226; although see Horney, 1933; Mayer, 1985; for alternative accounts), as, indeed, are women (B. Davies, 1990; Kessler, 1990; Kessler & McKenna, 1978/1985). The vulva is said to resemble, to be perceived as, the wound of castration, a gash (Jayne, 1984). Angela Carter (1979) contended that "female castration is an imaginary fact that pervades the whole of men's attitudes to women and our attitude to ourselves, that transforms women from human beings into wounded creatures who were born to bleed" (p. 23). Female sexuality is also constructed through/as a series of 'lacks' (Chasseguet-Smirgel, 1976).

Psychoanalytic formulations based around a 'physical' absence are reflected in what might be called a 'conceptual' absence, based in and around language (Ussher, 1989). Language is rarely used to refer to the vagina (or women's genitalia more generally) in any detail (see Chapter 4), and little girls are frequently not taught the specific names for their 'bits' (or their sexuality) (e.g., Bernstein, 1990; B. Davies, 1990; Fraley et al., 1991; Gartrell & Mosbacher, 1984; Karpf, 1991; Lerner 1976). One recent study (Deehan & Fitzpatrick, 1993), which interviewed 62 mothers and 22 fathers of children aged three to 12, found that parents of 14% of boys, but 44% of girls were unaware of what term (anatomical *or* slang) their child use to refer to their own genitals. Parents of 65% of boys and 38% of girls did not know what term (if any), their child used to refer to the genitals of the 'opposite sex'. Another study (Fraley et al., 1991) which looked at the genital terms used by mothers with 1-4 year old found that only a minority used anatomical terms: 30% of boys were taught 'penis', while 21% of girls were taught 'vagina' (only one parent used 'vulva' and one 'clitoris'). More boys than girls were given a term for their own genitals, but more girls than boys were taught a name for the genitals of the opposite sex. These results compellingly demonstrate the comparative lack of naming around girls' genitals over boys' genitals, but also the relative silence around girls' talk about genitals. Sanders and Robinson (1979) similarly reported a tendency for girls to not name their genitals. Mild, non-specific (if not actually inaccurate) euphemisms are often employed to *not* name that part of women's bodies (see Chapter 4).



Germaine Greer (1970) wrote, “the vagina is obliterated from imagery of femininity” (p. 15) (although it is still assumed, see Chapter 7). Nowhere is this (still) more evident than girls’ dolls such as Barbie – whose sexuality and gender identity is overdetermined by her breasts and other features, while her sexual organs are absent (Bignell, 1999). One woman writing to *The Guardian* newspaper recently demanded “give Barbie a vagina for the millennium!” (Watson, 1998, p. 21). I do not think it has happened.

This conceptual absence leads to a situation where women are often ignorant about their genitals and their functions (e.g., some women believe they urinate through their vagina [Friday, 1996; Gartrell & Mosbacher, 1984; Rosenbaum, 1979; also <http://www.geocities.com/Wellesley/4568/female3.htm>]), and do not conceptualise or experience them as part of the lived body – they are a part of the body women are ‘dissociated’ from (Dickson, 1985). In Simone de Beauvoir’s (1949/1953) words, “the feminine sex organ is mysterious even to the woman herself” (p. 362; see also Kenyon, 1978). Decades later, the vagina was described as “the blank space on the map of our bodies” (Meulenbelt & Johanna’s Daughter, 1981, p. 49). There is little research on women’s awareness of their genitals. Studies of adolescent girls in the 1970s found that “their ignorance of female sexual organs ... [was] almost total” (S. Jackson, 1988, p. 135). Rosenbaum (1979) wrote of “many gaps in information, much confusion and misinformation and a gulf between intellectual knowing and body knowing” (p. 250). One study (Blum, 1978) used drawings as a way of accessing women’s knowledge. Most women produced ‘inadequate’ images of their reproductive organs, and 30% did not include the vagina. Blum (1978) contrasted women’s lack of ability to draw their organs with the climate of the time where “one would suppose that women by now should be well acquainted with their body organs – specifically the sexual system” (p. 867). A more recent study of 80 Chinese women undergoing gynaecological surgery (Tsoi, Poon, & Ho, 1983) found that the vagina was the best understood reproductive organ in terms of size and shape (although only two fifths of respondents gave ‘accurate’ or ‘near accurate’ answers), but the least understood in terms of ‘function’ (about half gave ‘accurate’ or ‘near accurate’ answers).

This conceptual absence maps onto accounts of the vagina that represent it as something that is physically concealed, a part of the woman’s body naturally hidden (e.g., Boynton, 1999; Kenyon, 1978; Tarpley, 1993; Wolf, 1990) by an “accident of anatomy” (Ruzek, 1978, p. 53). The external genitals are described as visible only through a girl or woman “adopt[ing] a highly unusual pose in front of the mirror” (Dickson, 1985, p. 43). Of course, it could be argued that the vagina *is* a “hidden organ” (Ash, 1981a, p. 173), in an absolute sense. However, two factors support my assertion that this representation is not ‘natural’. First, descriptions of the vagina as hidden tend to contrast this state with the ‘presence’ and visibility of the penis (e.g., Awad, 1992). Second, the organ the vagina is frequently compared to, the mouth, is not considered to be ‘hidden’. Hence, notions of privacy play into ideas of what is hidden and visible. The vagina is also represented as secret (e.g., Osborne, 1984), enigmatic (Montgrain, 1983) and “shrouded in mystery” (Collins, 1996, p. 106; Dickson, 1985; Hite, 2000; Misogyny Genitalia



[<http://www.uncarved.demon.co.uk/2012cunt.html>]). ‘Modern’ gynaecology was criticised at the end of the 19<sup>th</sup> Century as having “shorn the female genitalia of their mystery” (Moscucci, 1990, p. 110). But has it? Pearson (1967) referred to the genitalia as women’s “secret parts” (p. 4), and three decades later, despite the women’s health movement, and the ‘sexual revolution’, British Television Channel 4’s documentary *Sex and the Scientists: Woman: The Inside Story* described the vagina as “the most secret and under-researched part of any woman’s anatomy” (Barker, 1996, p. 7).

The vagina is also frequently absent from public discussion and representation. The genitals are represented as the most private (intimate, personal) part of the body, not to be displayed publicly, if at all, nor talked about. Women do not usually “refer to their sexual and reproductive organs in any way except in the most private of interactions” (Laws, 1990, p. 146). Even the *word* vagina has not easily entered public space. For example, as recently as 1995 the London Underground banned a birth control advertisement – deeming it ‘offensive’ for including the word ‘vagina’ (among others) (‘Vagina’ Banned in Tube Ads, 1995). Promotional material for theatrical pieces whose titles contained the word vagina has been censored in various ways (Chaudhuri, 1996; Ensler, 1997) so that the word vagina need not be on public display. The public performance of ‘vagina’ is shocking, newsworthy, even in the late 1990s. For instance, Eve Ensler’s (1998) *The Vagina Monologues* burst onto the British Stage in 1999, amidst a flurry of media attention. A gala performance in London on February 14<sup>th</sup> made the front page of the conservative broad-sheet newspaper, *The Daily Telegraph*, as well as the tabloids *The Daily Mail*, *The Express*, and *The Mirror*.

### **The vagina as (passive) receptacle for the penis**

The Captain of the 1980 English Women’s Cricket team, Rachel Hahoe-Flynt, is quoted as having responded to a question about female cricketers’ genital protection with: “we don’t call them boxes. We call them manhole covers” (cited in Hornadge, 1989, p. 205). Here, the vagina is (jokingly) represented as (only) a receptacle for the penis. Even the term itself – derived from the Latin ‘vagina’ meaning ‘sheath’ or ‘scabbard’ – “represents the vagina as a passive receptacle awaiting penetration as a scabbard awaits a sword” (S. Kitzinger, 1983, p. 38). We learn that “the purpose of the vagina is to receive the penis” (Brody, 1997, p. 442; also Delvin, 1983; Irigaray, 1996; Potts, 1998) in a wide variety of writings – ranging from medical and sexological texts (S. Jackson, 1988; Scully & Bart, 1978; Sevely, 1987) to dictionaries (see Chapter 3). The penis and vagina “fit together like the pieces of a jigsaw puzzle” (Moss, 1996, p. 6); they are “built to lock into each other” (Gavey et al., 1999, p. 41). Even the ‘active’ movement of the vagina in response to sexual stimulation has been conceptualised in such terms: “by [a] change in angle, the vagina becomes even more accommodating and receptive to the erect penis” (Sevely, 1987, p. 123). Such accounts construct the vagina as “*designed* to fit the penis” (L. Moore & Clarke, 1995, p. 285, emphasis added, Gavey et al., 1999). Moore and Clarke (1995) note that “in full-blown evolutionary functionalist theory, woman was *created* as a receptacle for male desire” (p. 285): the “penis

is to vagina as plug is to socket” (Wilton, 1996, p. 104). In work around HIV/AIDS risk factors, this perceived design and function of the vagina has been contrasted with the design of the anus, which is *not* meant for penile penetration (e.g., MacNair, 1992a; Treichler, 1988).

When represented in this way, the vagina is entirely passive,<sup>6</sup> mirroring women’s traditional (and assumed ‘natural’; White et al., 2000) passivity in western notions of normative femininity (Wetherell, 1986), heterosex (Doyal, 1995; S. Jackson, 1996; Roberts, Kippax, Waldby, & Crawford, 1995; Weeks, 1992), and the (heterosexual) ‘losing’ of ‘virginity’ (Holtzman & Kulish, 1997). With coitus described as ‘penetration’ or ‘insertion’ of the penis into the vagina, the female body becomes a passive receptacle for the male organ (S. Jackson, 1988), the vagina “merely a receptacle for the male seed” (Scully & Bart, 1978, p. 212) or body fluids (Grosz, 1994).<sup>7</sup> This construction is reinforced by sexology and medicine (Reitz, 1977; Scully & Bart, 1978; Tiefer, 1995). Gemma Mitchell (1996) reported the case of one woman who had been poorly and painfully stitched after childbirth, where “the consultant had offered her husband a spray to ‘numb the bottom half of his wife’s body to resume [their] lovemaking” (p. 24). The idea of penile receptivity informs vaginal reconstructive surgery, where functionality is equated with the ability to have heterosexual intercourse (Bell & Apfel, 1995; Cairns & Valentich, 1986; Freundt, Toolenaar, Huikeshoven, & Jeekel, 1993), and where ‘intercourse’ is seen as an important part of “the vaginal rehabilitation process” (Bancroft, 1989, p. 587). Surgery on intersex people to create a vagina, or lengthen a ‘short’ vagina, is intended to create a vagina that will fit an (‘average’ sized) penis (Dreger, 1998; Kessler, 1990; also Money & Tucker, 1975).

As I have indicated throughout this section, such an ideology pervades western societies’ notions of sex, sexuality, and genitalia. As Stevi Jackson (1996) noted, “we all learn to be sexual within a society in which ‘real sex’ is defined as a quintessentially heterosexual act, vaginal intercourse” (p. 22). The construction of the vagina as designed for a penis excludes (most) lesbian women’s vaginas, and portrays lesbian sex as not being ‘the real thing’ and as being unsatisfactory or lacking an ‘essential’ element.<sup>8</sup> To quote Diane Richardson (1992), the “view of sex as penis in vagina, as something done to a woman by a man, implies that lesbians don’t really have sex they have ‘foreplay” (p. 190). Lesbians are constructed as being “handicapped by having only half the pieces of the anatomical jigsaw puzzle” and thus are “looking for satisfaction where there can be no lasting satisfaction” (Reuben, 1970, cited in Creith, 1996, p. 6).

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<sup>6</sup> Psychoanalyst Karen Horney (1967), writing early last century, however, comments in a footnote that her writing about a girl’s ‘biological conditioning’ to receive is “not to be equated with passivity” (p. 142).

<sup>7</sup> The idea of passive receptivity also evident in historical ideas about reproduction, such as Aristotle’s, where the principle of life is carried by the sperm, and the female genitals offer a passive incubation site (Braidotti, 1994/1997; Money, 1982; Tuana, 1988). Women are seen as a “human petri dish to hold the male seed” (Allan & Burridge, 1991, p. 62).

<sup>8</sup> Laura Brown (2000) suggests that this construction of the penis (preferably in a vagina) as essential for real sex was the reason lesbianism was not criminalised in 19<sup>th</sup> Century Britain.



### The vagina as sexually inadequate

Despite, or perhaps because of, its representation as receptacle, the vagina is sometimes represented as sexually 'inadequate', as "structurally inadequate for intercourse" (A. Adams, 1997, p. 61, quoting surgeon James Burt; see also Altman, 1983). Inadequacy is particularly represented in relation to pain, lubrication and size (but sometimes lack of female pleasure as well; Hawkes, 1996). Dyspareunia ("recurrent or persistent genital pain"; Allgeier & Rice-Allgeier, 1995, p. 246) before, during, or after coitus, which affects both women and men, is noted as frequently resulting from the woman not being 'aroused' (Strong & DeVault, 1994) – that is, either too tight for penile penetration, or insufficiently lubricated. Too much lubrication, and also too little (as evidenced by the variety of 'lubricants' available), is problematic (e.g., No Orgasm During Sex, 1997), and the so-called 'atrophy' of the vagina during menopause (Rosotsky & Travis, 2000) is problematic because it results in 'inadequate' lubrication.

Vaginismus, the "involuntary spasm of the pelvic musculature surrounding the outer third of the vagina" (Allgeier & Rice-Allgeier, 1995, p. 246), constricts the vagina and results in an inability (in heterosexual women) to have intercourse or 'full sex' (Valins, 1992; Ward, 1993). Disregarding the distress it may cause, 'vaginismus' is a problem because it denies a penis entry to what is seen as its "lodging" (Irigaray, 1996, p. 79) place – Sevely (1987) notes that women with vaginismus *can* still (potentially) have orgasms. As Tiefer (1995) identifies, the notion of sexual dysfunction is not only located in the genitals, it is also about problems with heterosexual intercourse, rather than (women's) sexuality per se.

A cultural valuation of tightness also constructs a loose vagina as (heterosexually) inadequate, and women as responsible for male sexual pleasure (Collins, 1996). The vagina can be kept 'youthful' and tight by Kegel exercises (which strengthen the pubococcygeus, or 'pelvic floor' muscles) or cosmetic surgery (fat insertion, laser techniques) which tighten the vagina (Greer, 1999; Manderson, 1999). In the context of childbirth, caesarean sections have been promoted (in Brazil) as keeping the vagina "honeymoon fresh" (MacNair, 1992b, p. 18; Orr, 1998). Likewise, after an episiotomy – the cutting of the woman's genitals (with scissors) to enlarge the vaginal opening for the baby to emerge – the doctor will sometimes insert an extra stitch pulled tight, also known as a 'husband stitch' (S. Kitzinger, 1994). (See Chapter 6 for further discussion of 'tightness'.) A variation of such procedures was the 'lover's knot' – surgery performed between the 1920s and 1950s by some gynaecologists on young women who were to be married but were not 'virgins'. It involved several stitches in the labia, and resulted in blood and pain for the woman during 'first' coitus (Janus & Janus, 1993). As almost a flip-side, Brumberg (1997) describes young women who had a premarital hymenotomy to reduce sexual (vaginal) problems.

Another way in which the vagina is represented as sexually inadequate is its failure to reliably produce orgasms in women. Ladas, Whipple and Perry (1983) write about a "lack of physical fitness" (p. 95) of the pelvic floor muscles as one factor in vaginal "anesthesia (lack of sensation)" (p. 95). One US doctor, James Burt, operated – for three decades – to relocate the clitoris in heterosexual women to make it more amenable to stimulation during coitus



(‘love surgery’) (A. Adams, 1997; Bleier, 1984; Kapsalis, 1997). This included narrowing and tightening the vagina (Downer, 1980). (He subsequently lost his licence in 1989 for malpractice; A. Adams, 1997.) In a slightly different vein, Anne Koedt (1972/1996) critiqued the notion of ‘vaginal orgasms’, arguing that the vagina “is not constructed to achieve orgasm” (p. 111).

### The vagina as disgusting

The vagina is often represented as a part of the female body that is shameful, unclean, disgusting. Masturbation educator Betty Dodson (1974) observed that “many women feel that their genitals are ugly, funny looking, disgusting, smelly, and not at all desirable – certainly not a beautiful part of their bodies” (p. 18; see also Angier, 1999; Chandiramani, 1998; Gray, 1985; Hite, 1977, 2000; Laws, 1990; Osborne, 1984; Russell, 1998; Shaw, 1995; C. Thompson, 1950/1964; Wolf, 1990).<sup>9</sup> The reason one woman gave for being “furious” about the vulval film *Near the Big Chakra* (viewed with her husband) was that “she feared that her husband, having been exposed to the horror of the female genitals in such an unequivocal fashion, would never desire her again” (Severson, 1974/1982, p. 317).<sup>10</sup> Collins (1996) observes that women are not born feeling that our genitals are ugly or nasty or dirty, but that these feelings “are created around us” (p. 107).

Women “are brought up in a society which tells us that our bodies smell” (C. Smith, 1986/1987, p. 21), and where girls are perceived to “have a funny smell down there” (Grabrucker, 1988, p. 68). Genital slang often invokes smell (J. Mills, 1991; see Chapter 4); to be called a ‘smelly cunt’ is a horrible insult (C. Smith, 1986/1987). Laws (1981/1987) noted that “many women hate their discharges, and find them very smelly and unpleasant ... These attitudes come from our culture’s making out that women’s bodies are dirty, mysterious, oozing strange fluids – different from men’s, therefore wrong” (p. 13). Feminine ‘hygiene’ products – products designed “to do away with feminine odor” (A. Walsh, 1996) – include sprays (Lanson, 1981), ‘daily’ panty-liners to increase your personal hygiene (Sadgrove, 1992), and ‘scented drawers’, which *More* magazine approved of because “us girls prefer our smalls to smell as sweet as a daisy” (Scented Drawers, 1997, p. 11). Despite overwhelming critique of douching and attempts to describe the vagina as ‘sterile’ (e.g., Greer, 1971/1986) or “naturally clean” (Howard, 1997, p. 60), douching remains a tenacious idea and practice

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<sup>9</sup> This may be particularly the case during menstruation, which is itself constructed smelly, dirty, embarrassing (e.g., Kissling, 1996; Laws, 1990; Treneman, 1988). It is also interesting to consider that in places where female genital mutilation is common, ‘natural’ “noncircumcised adult female genitals are often considered disgusting” (Lane & Rubinstein, 1996, p. 35).

<sup>10</sup> However, there may be some changes: While 30% of US women in Hite’s 1970s surveys designated their genitals ugly’, research undertaken between 1994 and 2000 in the England, Scotland, Australia and New Zealand found lower percentages: between 12% (England) and 24% (Scotland) (Hite, 2000). Similarly, a survey by Susan Quilliam in 1990s Britain also found that about 45% of women designated their genitals ‘beautiful’ and 34% felt neutral (cited in Collins, 1996) – about 20% presumably have a negative opinion. While this suggests positive images are available, up to a quarter of women still think their genitals are ugly.

(Illman, 1992), performed mostly “for aesthetic reasons” (Lanson, 1981, pp. 168-169) to eliminate vaginal odour.

Smell ‘anxieties’ may be a common contributor to ‘sexual inhibition’ in women (Shaw, 1995), such as a reluctance to engage in oral sex (Allgeier & Rice-Allgeier, 1995; Collins, 1996; Strong & DeVault, 1994).<sup>11</sup> Many of Hite’s (1977) respondents noted concerns about smell in relation to cunnilingus – most extremely one woman talking about her partner who “thinks the vulva area smells ghastly and gags when he tries” (p. 362-363). Some (heterosexual) women also indicate they will only engage in cunnilingus if they have bathed beforehand (Roberts, Kippax, Spongberg, & Crawford, 1996; see also Chapter 5).

Smell is linked with notions of dirt, and “many women are brought up to believe that the vagina is ‘nasty’, ‘dirty’ or ‘not nice’” (Delvin, 1983, p. 121; Frankfort, 1972; Reitz, 1977; Weiss, 1977; Westheimer, 1995). Sex educator Judith Seifer commented that “girl babies are given a consistent message of contamination, that what you have down there is dark, it’s dirty, you don’t touch it” (cited in Friday, 1996, p. 149), and Scully (1980) reports an Ob/Gyn resident saying “the vagina is a dirty part of the body” (cited in A. Adams, 1997, p. 70). The conception of women’s genitals as dirty – indeed untouchable – is reinforced by tampon advertisements which advocate an ‘applicator’ on the basis that the fingers do not need to touch the vagina (Ussher, 1989). Another manifestation of the vagina as dirty is the perception that it carries, and transmits, sexually transmitted diseases (STDs).<sup>12</sup> Heterosexual men have reported not wanting to give ‘casual’ or ‘unknown’ sexual partners cunnilingus, or have other forms of sex with them, because of a fear of dirt or contagion (e.g., How was it for you Darling?, 1998; Roberts et al., 1996; Waldby, Kippax, & Crawford, 1993). Roberts et al. (1996) identified this as “an enunciation of a historical cultural connection between women’s genitals and filth and disease” (p. 112). It is also evident in fiction: in the story *Placenta Stew* there was demand for stew made with caesarean-delivered placenta as it was considered ‘cleaner’ than vaginally-delivered placenta (A. Finch, 1984).

Given representations of the vagina as smelly, dirty, and potentially diseased, it is not surprising that women’s genitals are often considered a source of shame or embarrassment – “shameful and unspeakable” (Ardener, 1987, p. 135; Ladas et al., 1983), a part of their body many women cannot bear to even look at (Howard, 1997).<sup>13</sup> Kapsalis (1997) identifies that the shame associated with displaying the genitals (for pelvic exams) can be “excruciating” (p. 4). In 16<sup>th</sup> and 17<sup>th</sup> Century France, women’s genitals were referred to as “parts of shame” (Darmon, 1985, cited in McAslan, 1992, p. 45) which ‘nature’ intended to be hidden, and the

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<sup>11</sup> Ironically, female genital ‘smells’ have also been of interest to scientists as ways of attracting male sexual partners (Sevely, 1987; see also Dwyer, 1998).

<sup>12</sup> In this equation, the woman herself becomes a vector of disease (e.g., Waldby et al., 1993). For example, see Zita’s (1998) account of ‘vaginal vilification’ in discourse around ‘Magic’ Johnson’s HIV, and Gilman’s (1988) analysis of the iconography of AIDS and syphilis.

<sup>13</sup> Ussher (1989) notes the contrast with boys who “learn to perceive their genitals as a source of pride and pleasure” (p. 19).



term 'pudendum' derives from the Latin *puđere*, meaning 'to be ashamed' (Mairs, 1997; J. Mills, 1991).<sup>14</sup> Centuries later, Ussher (1989) noted that "girls mainly develop a sense of shame, disgust and humiliation about [their genitals]. In this way, social stereotypes which define women's genitals as unpleasant, odorous and unattractive, are internalized by the female child" (p. 19). And Mairs (1997) identifies that "as a cultural woman I bear just as much shame as any woman for my dark, enfolded secrets" (p. 299).

### **The vagina as vulnerable and abused**

Bordo (1989) refers to the "the social and sexual vulnerability involved in having a female body" (p. 23), where women constantly live with "the threat of invasion of [their] body space" (I. Young, 1990/1998, p. 271). The vagina has been represented as "the place where [a woman] is most known to be vulnerable" (Prager, 1983, p. 89), on both a psychological and physical level. Schwichtenberg (1980) contended that "the girl may see her genitalia as a weakness, a vulnerability, a liability, and may wish to deny its existence altogether" (p. 87). The vagina as 'psychological' vulnerability is particularly evident in psychoanalytic work. Shopper (1979), for example, wrote that "since the vaginal orifice lacks a controlling muscular apparatus, penetration with threat to bodily integrity is an ever-present danger" (p. 216), and Bernstein (1990) reported penetration as a persistent genital anxiety in female patients (also Clower, 1980; Klein, 1952/1999).<sup>15</sup> Women may have fears and fantasies about their genitals as damaged, and likely to be hurt, and may experience a "sense of genital vulnerability" (Shaw, 1995, p. 326). Karen Horney talked of women's "physical vulnerability" (1933, p. 68) and concurrent "fear of vaginal injury" (1926/1998, p. 37). Others point to the normative feminine behaviour of sitting with legs closed as being "to guard the genital area" (Bartky, 1993, p. 459; also Haug, 1987; Sheets-Johnstone, 1992/1998).

Physically, the vagina is described as vulnerable to damage resulting from 'normal' childbirth, which can "overstretch and tear the mother's tissues" (Close, 1980, p. 157; Lovine, 2000). Ng (1999) hypothesises that vaginismus might result from a "biological vulnerability" (p. 12) of the vagina. "Being penetrated rather than penetrating automatically puts a girl in a more vulnerable position" (N. Lawson, 2000, p. 31) than a boy, and vaginal 'lacerations' can be a consequence of 'normal' penis-vaginal penetration (Esen, 1997). Brownmiller (1975) described the 'anatomy' of rape in terms of vulnerability: "man's structural capacity to rape and woman's corresponding structural vulnerability are as basic to the physiology of both our sexes as the primal act of sex itself" (p. 13-14). Others have considered infection: the biological mechanics of heterosexual (coital) transmission of many STDs mean the vagina is

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<sup>14</sup> S. Williams and Bendelow (1998) point to the misogyny of other 'female' terms, identifying that 'oestrogen comes from the Greek *oistros* "meaning 'insane desire'" (p. 114) while hysteria is a 'wandering womb'.

<sup>15</sup> Some teenagers in research on sexual initiation (Thompson, 1990) tell quite different tales – of using the vaginal muscles to expel an unwanted penis. Here, it is strong. Thompson (1990) notes that such anecdotes have a "triumphal quality ... virtually unparalleled in the other stories" (p. 348).



more vulnerable to infection than the penis (Doyal, 1995).<sup>16</sup> Berkley (1997) contended that “susceptibility [to pathogens] is high in the vagina because of its continual invasion by potentially damaging objects such as the penis during copulation, tampons during menstruation, and various instruments during gynecological and obstetrical procedures” (p. 375), and as such, it increases women’s vulnerability. Not only is the vagina itself vulnerable, but having one potentially damages an individual woman’s health status.

A sense of vaginal vulnerability may result from, or may be experienced in, a range of ‘abuses’ involving the vagina – on both a symbolic and material level (Dickson, 1985). Rape provides a widespread abuse of women through the vagina. Feminist writers have noted that (the fear of) rape functions as means of controlling women (e.g., Brownmiller, 1975; L. Clark & Lewis, 1977; Russell, 1974). Rape is also used as a deliberate, if not actually legally encoded, policy and practice by governments, armies etc “to coerce, humiliate, punish and intimidate women” (Doyal, 1995, p. 69). Eisenstein (1996) describes rape as part of systematic ethnic cleansing that happened in the Balkans. Similarly, women are tortured and threatened with torture, in the vagina. For example, Bates (1998) reported on the Bosnian war: “while A [the woman] was questioned, the other soldier present had threatened to insert a knife into her vagina if she did not tell the truth” (p. 17). Similarly, in Tibet, “reports of women being raped with cattle prods are numerous” (Gender Specific Torture, 1994, p. 7).

Another form of genital abuse is female genital mutilation (Walker & Parmar, 1993; Wright, 1996). While westerners typically associate such practices with ‘Other’ cultures (e.g., Sudan [El Dareer, 1982; L. Williams & Sobieszczyk, 1997]) – clitoridectomy, and sometimes removal of the labia, although not uncontroversial (see Sheehan, 1997), were recommended and indeed practised<sup>17</sup> by physicians in the west as a cure for masturbation, hysteria, vaginismus, nymphomania, deviance (e.g., ‘lesbianism’) and ‘insanity’ in the 19<sup>th</sup> and early 20<sup>th</sup> centuries (Barker-Benfield, 1977; Groneman, 1994; Scheper-Hughes, 1991; Sheehan, 1997; Showalter, 1985; Ussher, 1989) – as late as 1945 (Ehrenreich & English, 1978). Genital ‘mutilation’ practices continue today. Sheila Kitzinger (1994) argued that episiotomy is “our Western way of female genital mutilation” (p. 70), and some women have reported feeling damaged, mutilated and violated afterwards (S. Kitzinger, 1994; S. Kitzinger & Walters, 1993; K. Morgan, 1991). The practice whereby intersex children, who are born with ambiguous genitalia, are (usually) subjected to surgical genital alteration (‘normalisation’) without their knowledge or consent has also been compared to genital mutilation (Dreger, 1998; S. Jackson, 2000).

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<sup>16</sup> An interesting contrast to the vagina as vulnerable is the theory, developed in relation to HIV transmission, that the vagina is “rugged” while the anus is “vulnerable” (and the urethra “fragile”) (Treichler, 1988, p. 37). Treichler (1988) noted that the vagina is “rugged” as it is “built to be abused by such blunt instruments as penises and small babies” (p. 37; also Brody, 1997). Such rhetoric is also evident in the recent British Government debates about the Age of Consent for same-sex sex for men (Ellis & Kitzinger, 2000). Implicit in such arguments is the assumption that a 16 year old girl’s vagina is not ‘at risk’ from a penis, since it is intended for such things, but that a 16 year old boy’s anus will be damaged by a penis.

Language and imagery ‘symbolically’ abuses the vagina. Female genital slang is frequently derogatory, often making reference to violence (see Chapter 4). Woman’s genitals are also invoked to abuse others – the term cunt is still considered to be the *most* offensive in the English language (J. Mills, 1991; J. Smith, 1998), a term of “*utter* revilement and contempt” (Dickson, 1985, p. 45, emphasis in original), and it is far more offensive to be called ‘cunt’ than comparative male genital terms (Allan & Burrige, 1991; Cameron, 1985).<sup>18</sup> It is similarly evident in abusive ‘jokes’ (e.g., the awful ‘Vagina Research Institute’ website<sup>19</sup>). Pornography (symbolically, or perhaps actually in the case of the women’s bodies used in the images) derogates and abuses the vagina/women (e.g., Dworkin, 1979; Greer, 1971/1986). As “just holes asking to be humiliated and abused” (Wallsgrave, 1977, p. 44), women in pornography are frequently subjected to violence (Carter, 1979; Jensen & Dines, 1998).

### The vagina as dangerous

The (western) construction of women's bodies as a source of horror, fear, and danger (Allan & Burrige, 1991; Braidotti, 1994/1997; Suleiman, 1986; Ussher, 1989) is manifested in the (mythological) concept of the dangerous vagina (Beit-Hallahmi, 1985; Otero, 1996). The vagina dentata – a vagina equipped with teeth – is a mythological motif found around the world (Beit-Hallahmi, 1985; Gulzow & Mitchell, 1980; Komatsu, 1987; Otero, 1996; Pliskin, 1995; S. Thompson, 1966). In New Zealand Maori mythology, for example, the Goddess of death, Hine nui te Po, is described thus: “in the place where men enter her she has sharp teeth of obsidian and greenstone” (Alpers, 1964, p. 67). Lederer (1968) uses the ‘fairytale’ *Sleeping Beauty*, with its impenetrable wall of dangerous and deadly thorns – protecting the ‘prize’ that needs awakening in the inner chamber – as one western illustration.

This motif is evident in more contemporary settings. Erik Erikson (1968) drew on it: “Dreams, myths and cults attest to the fact that the vagina has and retains (for both sexes) connotations of a devouring mouth” (p. 267). American servicemen in Vietnam recounted hearing tales of prostitutes with razors, sharp glass, or even grenades in the vagina (Gulzow & Mitchell, 1980), and Prager’s (1983) short story *The Lincoln-Pruitt Anti-Rape Device* tells of American servicewomen in Vietnam who engaged the ‘enemy’ in coitus and killed them with an intra-vaginal spike. (Patent applications have been received for many such devices in the USA [Levins, 1996].) The vagina dentata has appeared in popular culture, such as jokes (e.g., see

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<sup>17</sup> Along with other ‘sexual’ surgeries such as hysterectomy and oophorectomy (Moscucci, 1990).

<sup>18</sup> Allan and Burrige (1991) link this to two ‘taboos’ – the pollution associations of the vagina (more so than the penis), and, importantly, that it is female. When applied to men, it is a ‘downgrade’ in status. They similarly identify that to ‘have balls’ is a compliment for both men and women (and ‘upgrade’ in status), and no-one talks about ‘having fanny’ if men (or even women) are brave and get things done. (I have tried doing this, but I think my circle of influence is relatively small!)

<sup>19</sup> I have chosen to *not* provide the URL for the web-site, as I do not wish to ‘promote’ it in any form. For information, it markets itself as a serious site for research, and uses this as a basis from which to produce highly derogatory, offensive material about the vagina. The ‘hate mail’ the site receives is ‘proudly’ displayed.



Crawford, 2000), fiction, pornography, pop music, comics, film (K. Adams, 1984) and slang (J. Mills, 1991, Otero, 1996; see Chapter 4). A website dedicated to it (<http://www.dnai.com/~ljtaflin/yoni/dentata.html>) reveals a photo of a woman's pelvis, with teeth protruding from her (shaved) vulva. Films in the thriller genre frequently employ vagina dentata imagery "for the purpose of portraying female sexuality as a monstrous threat to the male" (Galvin, 1994, p. 229). The *Alien* series provides a much noted example, with "creatures whose most notable characteristic is a mouth like a barbed vagina, dripping and drooling lascivious juices" (R. Williams, 1997, p. 9; Hunt, 1994; T. Young, 1992).

It has been argued that the vagina dentata motif represents men's fear of women's 'untrammelled' sexuality, of women's liberation, and of 'penis envy' and 'castration anxiety' (A. Lawson, 1990; Lederer, 1968; Montgrain, 1983; Stratton, 1996). Gay men purportedly fear "entrapment, engulfment, castration, and death during intercourse by the 'vagina dentata' of the female" (Ovesey & Person, 1973/1999, p. 98). The vagina is described as 'emasculating' (Doughty, 1992) to men because their erect penises, once inserted, subsequently emerge flaccid. Women's sexuality is represented as 'insatiable', 'devouring' or 'voracious' (Pliskin, 1995). For instance, Jean-Paul Sartre (1966) wrote "beyond any doubt, her sex is a mouth, and a voracious mouth which devours the penis (cited in Synnott, 1993, p. 56). Stratton (1996) suggests the vagina dentata (as mouth) makes links between eating and 'sexual intercourse', and the subsequent association that the penis could be bitten off. The ideas of devouring opening and insatiable sexual 'appetite' tie into another representation, the penis captivus myth (Beit-Hallahmi, 1985), which reflects the fear that, during coitus, the penis will get lost or captured, and removal will be impossible.

The vagina is also described as (potentially) damaging to the infant during birth. One participant in Weaver, Stratham and Richards' (2000) research observed that vaginal births are "full of danger", relating to the infant. Vaginal delivery is similarly listed as an adverse factor affecting embryo or foetus in a recent edition of *Handbook of Obstetrics and Gynaecology* (Leader, Bennett, & Wong, 1996; see also Boyd, Francome, Bartley, & Evans, 1983; Wren & Lobo, 1989). Caesareans were promoted in the USA in the past to save the infant the "struggle through the torturous passages of its mother's beleaguered genital tract" (Sandelowski, 1984, cited in Payer, 1996, p. 130).

As I have shown across these sections, the vagina has commonly and persistently been represented as absent, passive, vulnerable, dirty, smelly, shameful, sexually inadequate, and even dangerous. These representations can be seen as encapsulating (western) society's attitudes towards, and responses to, the vagina, as well as attitudes to women more broadly, and as part of what Eisenstein (1996) identifies as the writing of hatreds onto the body. As I have argued, representations are not simply 'ideas', but have material impacts on people's lives, with implications for women's sexual and reproductive health. Feeling comfortable with our bodies, including our genitals, and taking charge of them, may be important for women's health and well-being (Robson-Scott, 1991). As Collins (1996) writes, "the way we women feel about our bodies and our genitals can, and does, affect our enjoyment of sex – and indeed



whether that sex will result in orgasm” (p. 125). Cultural representations of the vagina affect women’s reported ‘concerns’ (e.g., being smelly [Laws, 1981/1987; Shaw, 1995]; not having a tight enough vagina [Greer, 1970; His Erection Rejection, 1998; Sex Taboos, 1997]). These women appear to have, in Beit-Hallahmi’s (1985) language, internalised cultural attitudes: “women have absorbed the cultural negativity and made it their own” (Dickson, 1985, p. 46). Moreover, “scientific ideas are infused by cultural assumptions” (Martin, 1994, p. 213; Jacobus et al., 1990; Spanier, 1995), and are implicated in (re)producing part of that culture (Kapsalis, 1997) – there is a reciprocal relationship between science and ‘culture’ (Rosotsky & Travis, 2000). When researching menstruation, Laws (1990) wrote of being struck by “how extremely unscientific medical discourse in fact is” (p. 135). Practitioners interested in women’s sexual and reproductive health develop their understandings of women’s genitals within cultural contexts. Pliskin (1995), who interviewed 57 San Francisco physicians about genital herpes, noted that “popular conceptions of men’s and women’s genitalia and behavior affect the production and interpretation of medical knowledge” (pp. 484-485). She concluded that “the speciality of gynecology informs the world of physicians and the public about women’s sexual bodies, and ... common representations of the female body, such as hidden, and therefore dangerous, genitalia, influence medical knowledge and practice” (Pliskin, 1995, p. 493). Similarly, Kapsalis (1997) identified that “in gynecology’s many and varied practices and representations are found condensations of cultural anxieties about women, female bodies, and female sexualities” (p. 6), and similarly points to gynaecology as producing (truths about) women’s bodies and genitals.

### **“My mighty muff”:<sup>20</sup> Powers and pleasures**

The picture I have presented thus far is a depressing portrayal, and one that needs to be challenged in order to promote women’s sexual and reproductive health. Feminist (and other) writings, art, and indeed practices (such as self-examination) *have* challenged these representations (Lane & Rubinstein, 1996), demonstrating that they are not an inevitable consequence of anatomy (e.g., S. Jackson, 1995), but rather are ideological. They have also sought to re-present the vagina in a positive light. As an alternative to viewing the vagina as something inferior and disgusting, which contaminates women (and those who come into contact with it), it has been represented as a “remarkable organ” that “cleans itself” (Llewellyn-Jones, 1978, p. 21; Howard, 1997). In contrast to seeing the vagina as vulnerable or as an absence, it has been symbolically used to signify womanhood (see Chapter 7) and power – a part of our body/identity that empowers us, of which we are proud. And rather than viewing the vagina as passive and sexually inadequate, its sexual activity and pleasures have been proclaimed.

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<sup>20</sup> This quote comes from a Ben Elton sketch, where he “contrasts male attitudes to penis size and performance with the inappropriateness of women’s presentations of their genitals as powerful: ‘you never hear a woman say, “beware my mighty muff!”’” (The Man From Auntie, BBC, 10 Feb 1994, cited in Holland, Ramazanoglu, Sharpe, & Thomson, 1996, p. 253).

Vaginal or genital imagery has fascinated a range of women artists in the past three decades – for example, visual artists Judy Chicago, Tee Corinne, Catherine Harper, Amada Moss, Georgia O'Keefe, Niki de Saint Phalle, Suzanne Santoro, Miriam Schapiro, Kiki Smith, and Helen Wilkes (Ardener, 1987; Chicago, 1975, 1979; Corinne, 1996; Hall, 1995; Harper, 1999; Jeffreys, 1993; M. Macdonald, 1995; Treneman, 1998), filmmaker Anne Severson (1974/1982), masturbation education Betty Dodson (1974), and writer/performer Eve Ensler (1998). These artists have noted the (potential) symbolic power of vaginal iconography (Corinne, 1996; Harper, 1999), which “attacks the idea of women’s genitals as mysterious, hidden and threatening, and attempts to throw off a resulting shame and secrecy” (R. Parker, 1977, p. 44). With such images, which “validat[e] the vulva” (Jeffreys, 1993, p. 30), these artists:

have attempted to change the significance of vaginal iconography from one in which it is either hidden in shame or else displayed for men in pornography, to one in which their depictions of vaginas serve as condensed symbols of female power (Caplan, 1987, p. 16; Harper, 1999).<sup>21</sup>

Camphausen’s (1996) book on vulvic imagery around the world is subtitled “sacred symbol of female creative power”, and images such as the sheela-na-gig, a carving of a woman spreading her vulva, found on old churches in Scotland, Ireland, England, France and Germany, have been taken as an image of power (Camphausen, 1996; Glenny, 1999).

A similar agenda is evident in the ‘anatomical’ images of the vagina/vulva in books like *Femalia* (Blank, 1993) *Cunt Coloring Book* (Corinne, 1989), and *A New View of a Woman’s Body* (Federation of Feminist Women’s Health Centers, 1981), and in the women’s health movement, which aimed (in part) to empower women by demystifying our bodies and the taboos surrounding them (Brumberg, 1997; Frankfort, 1972), through ‘consciousness raising’. By doing a vaginal self-exam, an act described (in the context of 1970s second wave feminism) as a “revolutionary step” (Marieskind & Ehrenreich, 1975, p. 38; Ruzek, 1978) women were able to see what had previously been ‘hidden’ to them (Federation of Feminist Women’s Health Centers, 1981; Haraway, 1997). Part of this involved women “developing their own standards of normalcy based on study of their own and other women’s bodies” (Marieskind & Ehrenreich, 1975, p. 38). Importantly, it also demonstrated the diversity of women’s genitalia (Federation of Feminist Women’s Health Centers, 1981; S. Kitzinger, 1993) and thus undermined the idea that ‘normal’ female genitals were, or should be, a particular way.

Images of women’s genitalia, or the act of looking at others’ and one’s own, have been employed with subversive and rebellious intent to challenge taken for granted representations

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<sup>21</sup> These images have also been critiqued as reinforcing woman as biology. For instance, Parker and Pollock (1981) write “such images [of shells/genitals, flowers/genitals] are dangerously open to misunderstanding. They do not alter radically the traditional identification of women with their biology nor challenge the association of women with nature. In some ways, they merely perpetuate the exclusively sexual identity of women, not only as a body, but explicitly as a cunt” (p. 127; see also Williams & Bendelow, 1998). However, Harper (1999) suggests a tactical deployment of vaginal iconography, and that it may also challenge popular conceptualisations.



and practices, and enable “the complete reversal of the way in which women are seen in culture” (Chicago, 1975, p. 143). The genital images displayed by feminist artists were (are) “designed to arouse women, but not sexually” (Rose, 1974, cited in Ardener, 1987, p. 130). In this sense, the vaginal image is seen as a social and political symbol (Ardener, 1987) that challenges male supremacy. Rose (1974) described such imagery as “propaganda for sexual equality” (cited in Ardener, 1987, p. 131).

As well as a powerful political symbol, the vagina has been represented as a source of sexual pleasure, for women.<sup>22</sup> Irigaray (1996) writes of “the pleasure of the vaginal caress” (p. 81), and in a letter to *Spare Rib*, Morgan and Nava (1977) described vaginal pleasure: “vaginas can want, reach, grip, throb, heat and do all sorts of other intensely pleasurable things. Movement and touch deep down inside them can send waves of energy and feeling outwards to every part of the body” (p. 9). Greer (1970) asserted that “a clitoral orgasm with a full cunt is far nicer than a clitoral orgasm with an empty one” (p. 307). Somewhat more ‘clinically’, the recent *Cosmopolitan Bedside Book of Orgasms* (1998) provides a discrete geography of vaginal pleasure. It includes the ‘cul-de-sac’, “located deep within the vagina” (p. 70), the ‘C-zone’, created if “you clench your pelvic floor muscles as hard as you can” (p. 75), the ‘A-spot’, “a few degrees north of the G-spot” (p. 75), as well that the ‘G-spot’, which only shows up “when you’re aroused” (p. 73).

In relation to sexual arousal, Sevely (1987) identified that “in passion, the vagina, far from being a passive space, is a complex entity of active space and deeper-lying sexual parts” (p. 103). Feminists writing about heterosex have attempted to disrupt representations of passive receptivity by rewriting heterosexual intercourse as ‘enclosure’ (Cameron, 1985; Ramazanoglu, 1989). Germaine Greer (1999) writes about her work in *The Female Eunuch*, “I attempted to provide a different version of female receptivity by speaking of the vagina as if it were active, as if it sucked on the penis and emptied it out rather than simply receiving the ejaculate” (p. 39). Cavell (1974, cited in Rohrbaugh, 1981), identified that:

there is no biological reason for thinking that the vagina is passive ... There are as many ways of being active as there are of being human, To pierce and to enter are one kind of activity. To grasp and to hold are another (p. 106).

In *The Joy of Lesbian Sex*, Sisley and Harris (1977, p. 168) described a sexually active vagina that “lubricates itself, changes in color, lengthens, expands; in orgasm, it contracts”. Similarly, in relation to childbirth, Sheila Kitzinger (1994, p. 250) observed that the vagina “can be powerful and active”, it “can actively open up, like the great, fleshy petals of a peony, to give

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<sup>22</sup> While I focus here on accounts of pleasure, it is worth noting that the vagina as pleasure zone has been problematic for feminists, often for political reasons, and some writers have also dismissed the physiological centrality of the vagina in women’s sexual pleasure (e.g., Koedt, 1972/1996). The vagina has often been relegated “to a subsidiary role” (Campbell, 1987, p. 32; Morgan & Nava, 1977), while the clitoris has been the star of feminist accounts of female sexuality. Segal (1994) noted that a 1994 feminist encyclopaedia (*The Sexual Imagination*) did not originally contain an entry for ‘vagina’, while the meaning and history of the clitoris were covered in detail. However, in contrast, Bennett (1993) has criticised (psychoanalytic) feminist silence on theorising the clitoris.

birth". Historical accounts of an 'active' vagina can also be found (e.g., see Kobelt, 1844/1978).

The various representations I have discussed, and the tensions between them, demonstrate that the vagina is a contested object, where meanings are neither singular nor fixed. Popular conceptions are being challenged, and feminist work has done much to present positive alternative representations of the vagina. However, the tenacity of negative representations suggests we still need to think critically about, and challenge, the way the vagina is constructed in popular media, and in contexts like medical training and interactions, sexual education in schools, and conversations between parents and daughters (and sons). As cultural representations affect women's sexual and reproductive health, women's sexual and reproductive wellbeing can only be enhanced by continued changes to the way the vagina is represented. Breaking the taboo of secrecy and shame that often surrounds the vagina by talking (seriously) about it, and by thinking critically about, and challenging, negative representations of the vagina, is crucial to this process, as is providing more positive representations.

In the next two chapters, I focus in more detail on two specific socio-cultural sites – on the dictionary in Chapter 3, and on slang in Chapter 4. Many of the representations discussed here are evident in these contexts. In Chapter 3, for instance, I identify assumptions about activity/passivity, absence/presence, and heterosexuality/heterosexism in dictionary definitions of vagina, clitoris and penis. In Chapter 4, I discuss 17 themes evident in female genital slang, including absence, abjection, and danger.



## Chapter 3

### Defining women's genitals

Vagina (or birth canal) The lowest part of the female reproductive system in mammals. It opens to the exterior via the vulval lips. In virgin females its opening is partly covered by the hymen, a thin, almost bloodless membrane, which is easily ruptured by direct force. The vagina is a muscular tube whose wall is collapsed except when it contains an erect penis or a baby on its way to birth. The neck of the UTERUS, the cervix, projects into the upper part of the vagina. The interior of the vagina is lubricated by secretions of glands stimulated by sexual arousal (*Oxford World Encyclopaedia*, 1998, p. 1385).

If you are unsure about what a word means, where do you find an answer? If you are having an argument with someone about word meaning, what becomes the arbiter? The answer is, usually, the dictionary, and while we might joke about the dictionary 'getting it wrong' (particularly if the dictionary definition has lost us the argument), the dictionary remains *the* authority on word meaning for many people.

Dictionaries are one authoritative site for the production and maintenance of particular narratives about women's genitals (and women's sexuality more generally). Dictionaries, while a very specific (and undoubtedly normative) data source, are worth considering and deconstructing for the values implicit in their definitions. The process of description or prescription<sup>23</sup> is not value-neutral. As Landau (1985) notes, "dictionaries, in choosing to recognize one set of values over other possible sets of values, give the values they select stability and authority" (p. 269), and they may reproduce, and reinforce, the status quo (Kramarae & Treichler, 1992). Kramarae and Treichler (1985/1990) claim that "dictionaries have functioned as linguistic legislators which perpetrate the stereotypes and prejudices of their writers and editors, who are almost exclusively male" (p. 155). The construction of author-less definitions furthers the seeming authority and 'factual' nature of these definitions (Potter, 1996b; Willinsky, 1987). As 'authorities' on what words *mean*, (e.g., the cover sheet of the 1998 edition of *The Chambers Dictionary* proclaims it to be "*the* authority on English today"; emphasis in original), dictionaries represent themselves as *the* place to find meaning. There is some (limited) evidence that (young) people do consult dictionaries to gain sexual information (Jackson, 1999b; Janet Holland, personal communication, March 2000), a

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<sup>23</sup> Whether the dictionary describes (the way 'real' people use a term) or prescribes (the way a term should be used) (Adler 1963), or even does both, is not relevant for this chapter. Such a distinction relies on a transparent view of language as reflecting the world rather than constructing it. Feminist critics have also raised the question, 'whose' meaning does the dictionary purport to represent? As Cameron (1992a) has pointed out, while 'usage' might be the criterion for dictionary definition, some people's usage is more powerful than others, and thus more likely to be encoded in the dictionary. While lexicographers claim to gather data from a wide range of sources, 'women's' uses and definitions have often been precluded (Cameron, 1992a; Kramarae, 1992; Kramarae & Treichler, 1985/1990). (Bracketing off the assumption of 'women's' use.)

process which fits within the dictionary's role as an "educational instrument" (Adler, 1963, p. 58).

Given their cultural status, and their popularity (Kramarae [1992] claims English language dictionaries as a group to be the second best-seller), the dictionary is a good place to start examining what the vagina means. In this chapter, then, I focus on the dictionary as a site of meaning, and as a site of concern over the representation of women's genitalia. If we consider that language is intimately and inextricably bound up in the construction of meaning, then we cannot simply regard a word definition as a neutral description of what that word *really* means. Definitions not only reflect certain (changing) social values and ideologies (Kramarae & Treichler, 1985/1990; Landau, 1985), but they reinforce and reinscribe these within a particular socio-cultural and historical context.

Feminists have been particularly interested in dictionaries, as "the dictionary's significant role as a cultural authority for meanings and usage makes it an important site for feminist analysis" (Kramarae & Treichler, 1985/1990, p. 155). An extensive feminist literature has focused on critiquing standard dictionaries as sexist (e.g., Gershuny, 1977; Kramarae & Treichler, 1985/1990; C. Miller & Swift, 1976).<sup>24</sup> Such analyses found that women were (under) represented in sexist and sex-stereotyped ways (Gershuny, 1977). In fifty pages of definitions culled from established dictionaries, for example, the *Intelligent Woman's Guide to Dirty Words* illustrated the extent to which "woman in our language is a sickening image: woman as object, woman as man has named and defined her" (C. Miller & Swift, 1976, p. 129). Cameron (1992a) also noted that dictionary definitions were "remote from [her] own usage" (p. 114), using the definition of clitoris as one example of this.

Apart from Cameron's (1992a) comment, feminists have not been particularly concerned about *genital* definitions in dictionaries, and only one previous (not explicitly feminist) study (Willinsky, 1987) has contrasted them. Comparing definitions of the *clitoris*, *penis*, and *vagina* in eight North American high school dictionaries, Willinsky (1987) noted the "inadequacy" (p. 153) of definitions of female genitals. His findings showed that definitions of the vagina never mentioned either 'sex' or 'copulation', whereas the terms 'sexual' or 'copulation' occurred in *all* eight definitions for penis. Similarly, although the penis was *always* defined as an 'organ' (likewise the clitoris) the vagina never was. Instead it was a 'canal' or 'passage' whose functions were left unspecified (although one dictionary mentioned childbirth). Summarising these findings, Willinsky (1987) noted that the "function" of the vagina was "something of a mystery" (p. 152). Definitions of the clitoris were equally concerning. In almost half of the dictionaries (3/8), there was no entry for the clitoris, and of the remaining five, only one used the term 'sexual' in its definition (the other four compared the clitoris to the penis – as in

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<sup>24</sup> As well as critiquing standard dictionaries, feminists have produced feminist alternatives (e.g., Daly & Caputi, 1987; Kramarae & Treichler, 1985, 1992; J. Mills, 1991) which challenge the sexist assumptions of standard dictionaries.



“homologous to the penis” [p. 152]). Willinsky (1987) concluded that while “the penis inscribes sexuality” (p. 151), female sexuality is denied in definitions of both the vagina and the clitoris.

In this chapter, I develop Willinsky’s (1987) research through an analysis of definitions of the clitoris and vagina (using penis as a comparative term) published in adult English language dictionaries, and in medical dictionaries, dating from 1989 to 1998. I have chosen to focus on clitoris as well as vagina to gain a fuller understanding of genital representations, and as the clitoris seems, at least theoretically, to be free from reproductive and heterosexist assumptions. (Moreover, as I demonstrate later, some people seem to include the clitoris in what ‘the vagina’ means for them; see Chapter 5).

### Method

This study aimed to examine the construction of meaning of women’s genitals via a content analysis of dictionary definitions of vagina and clitoris. Definitions of penis were used as a contrast case. In total, entries in 16 English language dictionaries and 12 medical dictionaries were analysed. The dictionaries were selected from those published between 1989 and 1998. This 10-year period was chosen as the time following the publication of the one other study in this area (Willinsky, 1987) and the time the research was conducted.

Dictionaries were selected non-randomly. The English-language dictionary sample<sup>25</sup> came from dictionaries held in Leicester University, Loughborough University, and Nottingham University general libraries, four personally owned dictionaries (two of which were designed for non-native speakers of English), and the new ‘up to date’ dictionaries published in late 1998 by Oxford, Chambers and Collins. The sample of 12 medical dictionaries contained all the medical dictionaries held in Loughborough University general library, and Leicester University and Nottingham University medical libraries. Table 3-1 shows a list of the dictionaries analysed.

Eight different dictionary publishers were included in the English language sample, and 11 in the medical sample. The English language sample covered all major British publishers (Cassell, Chambers, Collins, Oxford University Press, and Longman; Benson, Benson, & Ilson, 1986; Loughridge, 1990) and, with the exception of the *Readers Digest Dictionary*, contained all (British) dictionaries recommended for ‘quality use’ (Kabdebo & Armstrong, 1997; Loughridge, 1990).

Dictionary entries for vagina, clitoris, and penis were analysed using a two-way ANOVA, with post-hoc paired samples t-tests, to test for differences in word numbers across entries. Entries were then analysed using a content analysis, which was informed by feminist and constructionist analyses of the representation of sexual organs (e.g., Laqueur, 1990; L. Moore & Clarke 1995) or (sexed) bodies (e.g., Giacomini et al. 1986; Lawrence & Bendixen 1992;

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<sup>25</sup> I chose to focus on dictionaries classified as ‘desk’ or ‘concise’ size and larger.

Petersen 1998; Shildrick & Price 1992; Wooley, 1994; also Birke, 1999; Jordanova, 1989; Martin 1994; Spanier, 1995). I was interested in the particular body/person that was constructed through the definitions themselves and the assumptions informing them.

Table 3-1

Dictionaries analysed, and codes given

<b>Code</b>	<b>English Language Dictionaries</b>	<b>Code</b>	<b>Medical Dictionaries</b>
<b>D1</b>	American Heritage Dictionary of the English Language (1992)	<b>MD1</b>	Black's Medical Dictionary (1995)
<b>D2</b>	Cambridge International Dictionary of Language (1995)	<b>MD2</b>	Churchill's Illustrated Medical Dictionary (1989)
<b>D3</b>	Cassell Concise English Dictionary (1993)	<b>MD3</b>	Collins Dictionary of Medicine (1992)
<b>D4</b>	Cassell Student English Dictionary (1994)	<b>MD4</b>	Concise Colour Medical Dictionary (1998)
<b>D5</b>	Chambers 21st Century Dictionary (1996)	<b>MD5</b>	Dictionary of Medicine (1993)
<b>D6</b>	Collins English Dictionary (1998)	<b>MD6</b>	Dorland's Illustrated Medical Dictionary (1994)
<b>D7</b>	Collins English Dictionary and Thesaurus (1993)	<b>MD7</b>	Melloni's Illustrated Medical Dictionary (1993)
<b>D8</b>	Collins New English Dictionary (1997)	<b>MD8</b>	Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health (1997)
<b>D9</b>	Concise Oxford Dictionary of Current English (1990)	<b>MD9</b>	Mosby's Medical, Nursing, and Allied Health Dictionary (1998)
<b>D10</b>	Longman Dictionary of Contemporary English (1995)	<b>MD10</b>	Stedman's Medical Dictionary (1995)
<b>D11</b>	Longman Dictionary of English Language and Culture (1992)	<b>MD11</b>	Taber's Cyclopedic Medical Dictionary (1997)
<b>D12</b>	Longman Dictionary of the English Language (1991)	<b>MD12</b>	The Oxford Medical Companion (1994)
<b>D13</b>	New Oxford Dictionary of English (1998)		
<b>D14</b>	Oxford English Dictionary (1989)		
<b>D15</b>	The Chamber's Dictionary (1998)		
<b>D16</b>	Webster's Ninth New Collegiate Dictionary (1991)		



After reading all entries, a five-category coding frame was developed for coding each entry. Categories used were: a) *bodily location* (whether a bodily location was given for the organ, and if so, what); b) *sex or species* (whether sex or species was identified, and if so, what); c) *description* (the adjectives used to define the organ); d) *function* (whether a 'function' was provided, and if so, what); and, for vagina entries, f) *direction* (whether a 'direction' was given for the way the vagina 'runs', and if so, what). Each entry was coded on the basis of this system.

In performing the analysis, I compared each organ, focusing first on the number of words included in entries within each dictionary type. I then analysed the entries, comparing results across each organ, and between type of dictionary. The results focused on a detailed analysis of clitoris and vagina definitions in relation to three questions: 'what is [the organ]?', 'where is [the organ]?', and 'what is [the organ] for?'. Based on this analysis, I identified three assumptions embedded in these dictionary definitions.

### **A number of words**

On average, medical dictionaries gave significantly longer definitions than the English language dictionaries did, for each organ. A mean number of 51 words (range 16-143) were dedicated to the clitoris in medical dictionaries, compared to 18 (range 11-28) in English language dictionaries ( $F[1,25] = 10.856$ ,  $p < 0.005$ ). Medical dictionaries dedicated an average of 72 words (range 12-211) to the vagina, while English language dictionaries gave 20 (range 11-31) ( $F[1,26] = 9.757$ ,  $p < 0.005$ ). Eighty-three words (range 14-220) defined the penis in medical dictionaries, and 18 (range 5-37) in English language dictionaries ( $F[1,26] = 19.958$ ,  $p < 0.001$ ). In medical dictionaries (but not English language dictionaries), significantly fewer words were used to describe the clitoris than the penis ( $t[10] = -3.248$ ,  $p < 0.01$ ). There were no significant differences in the number of words used to define the vagina compared to the penis, in either medical or English language dictionaries.

If one assumes word length of entries correlates with the presumed importance of the term defined, then the clitoris is considered less important than the penis (and indeed the vagina) in medical dictionaries. Since medical dictionaries often included anatomical detail in their definitions, it also suggests that the penis is more complex than the clitoris – it requires more space to explain what it is, what it is for, and how it is constructed. What one could take from this difference, therefore, is a sexist assumption in medical dictionaries that the male body is more complex, and more interesting, than the female body (in relation to the clitoris) (Chalker, 2000). This is interesting reversal of what Tiefer (1995) identified as a sexual belief to which many men subscribe – that the male genitals, unlike the female genitals, are simple and straightforward – and of the (historical) notion of the female (body) as 'mysterious' (Rohrbaugh, 1981). Perhaps the female body (clitoris), once mysterious, is now 'known' and shown to be neither complex nor particularly interesting.

## Defining the clitoris

### *What is a clitoris*

The clitoris was defined in terms of the penis in the 11 medical dictionaries that contained clitoris entries. (One [MD12] omitted 'clitoris' altogether.) Eight of these definitions of the clitoris included information about it being “homologous with the penis” (MD2, MD6, MD7, MD10, MD11), “the female analogue of the penis” (MD3), or “the female counterpart of the penis” (MD4). One (MD9) noted specifically that it was “homologous to the corpora cavernosa of the penis”. Only half that number (4/12) made the symmetrical point in definitions of the penis – that it is “homologous with the clitoris in the female” (MD6, MD9, MD11, MD12).<sup>26</sup> (One of those that did [MD12] was, ironically, the only dictionary which omitted definition of the clitoris.<sup>27</sup>) According to the Oxford English Dictionary (OED; 1989, vol. VII, p. 342), “homologous” refers (biologically) to “having the same relation to an original or fundamental type; corresponding in structure (but not necessarily in function)”.<sup>28</sup> English language dictionaries told a similar yet different story of what a clitoris is. Like in the medical dictionaries, the clitoris was defined in terms of the penis (in 7/16 definitions): the clitoris was “homologous” (D1, D6, D14, D16) to, “corresponding” (D3, D4) with, or just “like” (D5) the penis. One complete definition read: “a homologue of the male penis, present, as a rudimentary organ, in the females of many of the higher vertebrates” (D14). Only one (D1) defined the penis as “homologous” with the clitoris.

Comparison with the penis was made in other ways. The most consistently noted aspect of the clitoris was its erectile capability: only one of the medical dictionaries (MD7) did not make some reference to the clitoris being “erectile”, or becoming “erect”. In some instances, the comparison with the penis was overt (e.g., “like the penis it becomes erect...”, MD4). Similarly 10 English language dictionaries (D1, D3, D4, D5, D6, D7, D9, D12, D13, D15) made reference to the clitoris as “erectile”, or mentioned “erection”. Even when comparison was not overt, there was an implicit comparison – the term “erection” is inferentially linked to the penis. Angier (1999), in contrast, points to the differences in “erection” between clitoris and penis (the clitoris does not go ‘rigid’, for example). Eight medical definitions of the penis (MD2, MD3,

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<sup>26</sup> Sevely (1987) challenges the (currently more popular) idea of the clitoris as the homologue of the penis and proposes “that the true male counterpart of the vagina is the penis” (p. 134). Here, however, she does invert the male-as-norm. She also proposes a *male* clitoris, which is not simply the penis.

<sup>27</sup> This is a significant improvement on Willinsky’s (1987) finding that three of his eight dictionaries did not include clitoris entries. However, this might also reflect the differences in sample, and the different audiences these dictionaries are intended for. (The omission of an entry for the clitoris in MD12 is presumably an oversight, since it was cross-referenced in the penis definition.)

<sup>28</sup> In contrast, ‘analogy’ refers to ‘resemblance of form or function between organs that are essentially different (in different species)’ (OED 1989, vol. I, p. 432). Thus to describe the clitoris as analogous to the penis seems incorrect. Angier (1999) also challenges descriptions of homology as “not wholly accurate” (p. 58), noting that women do not urinate (or ejaculate) through their clitoris, and Bennett (1993) argues that clitoris and penis have “very little besides excitability” (p. 250) in common. Sevely (1987) states outright that she “believe[s] that the penis/clitoris analogy is wrong” (p. 4), and talks about the idea of a male clitoris.



MD4, MD5, MD7, MD8, MD10, MD11), and one English language definition (D13) referred to its erectile capability, but *never* in comparison to the clitoris.<sup>29</sup>

Clearly then, when comparison was made between clitoris and penis as “corresponding” or “homologous”, the penis was the primary referent – the ‘norm’ with which the female body was compared and contrasted (see also L. Moore & Clarke, 1995; Petersen, 1998). But how far does this ostensible similarity with the penis extend? The penis was defined in *all* medical dictionaries, and 15 of the 16 English language dictionaries (*not* D2) as an “organ”, and typically a *male* organ. An organ is “a somewhat independent part of the body that performs a special function or functions” (*Dorland’s Illustrated Medical Dictionary*, 1994, p. 1189), or is a part of the body “adapted by its structure for a particular vital function” (OED, 1989, vol. X, p. 918-919). However, fewer than half the medical dictionary definitions (MD1, MD2, MD3, MD5, MD7) used the word “organ” in their definitions of the clitoris. Instead, nouns like “body” (MD6, MD8, MD10, MD11) or “structure” (MD9) were used to define the clitoris. One definition failed to define it independently at all, describing it only as “the female counterpart of the penis” (MD4). The clitoris is evidently not considered an organ in the same way the penis is in these definitions. This is surprising given that it does indeed perform “a special function” (*Dorland’s*, 1994, p. 1189) – female sexual pleasure – although perhaps one should not consider this function to be “vital” (OED, 1989 vol. X, p. 919). Unlike the medical dictionaries, however, English language dictionaries often defined the clitoris as an “organ”: eleven of the 16 clitoris definitions used “organ”, while two others used “body” (D3, D4), two used “part” (D9, D10), and one used “structure” (D15). English language dictionaries thus implicitly treat the clitoris as more equivalent to, or like, the penis than medical dictionaries.

Adjectives were frequently employed to describe the exact state of this “organ”, “body” or “structure” in a way that they weren’t in penis definitions. In addition to “erectile”, the adjective “small” was used in six of the 11 medical, and 13 of the 16 English language dictionary definitions of the clitoris (D1, D3, D4, D5, D6, D7, D8, D9, D11, D12, D13, D15, D16, MD1, MD5, MD6, MD7, MD8, MD11). When the clitoris is considered ‘small’ (a description which mimics, and reinforces, common sense), the implicit comparison is, again, with the penis. The two entries (MD10, MD11) which provided an ‘independent’ measurement of what ‘small’ meant, disagreed. Contrastively, only one (medical) dictionary made any reference to size in its definition of the penis (i.e., the penis was not defined as ‘large’ in comparison to the clitoris). The single reference to penis size claimed that “contrary to popular myths, the size of the normal penis has no physical bearing on the male’s or female’s enjoyment of sexual intercourse” (MD11), and reassured the (male?) reader that “the size of the flaccid penis does not necessarily correlate with that of the erect penis”. (There was no mention of the size of ‘flaccid’ and ‘erect’ clitorises in this, or other, dictionaries.)

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<sup>29</sup> It is interesting that the vagina is *not* considered to be an erectile organ, as Laqueur (1986) points to 17<sup>th</sup> Century accounts of it as having the ‘same action’ as the penis, erection.

Our findings support Moore and Clarke's (1995) conclusion that "scholarly focus on the clitoris appears to be minimal, relatively dwarfed by phallogentric narratives, images and fascinations" (p. 261). The ostensibly homologous relationship between the clitoris and the penis does not connote reciprocity – instead, the clitoris is represented as a less developed, or smaller form of the penis (Lawrence & Bendixen, 1992; Willinsky, 1987). This reflects 2000 years of medical wisdom: from Aristotle and Galen on, women's bodies (and genitals) have been constructed as inferior versions of men's bodies (as I noted in Chapter 2). Originally the vagina was considered the inferior homologue of the penis (Laqueur, 1990; Lawrence & Bendixen, 1992; Petersen, 1998; Shildrick & Price, 1994; Tuana, 1988; Wooley, 1994), now it appears that the clitoris is the physical mark of female 'inferiority'.

#### *Where do you find a clitoris?*

Of the 11 medical dictionary definitions, all but one provided information about the location of the clitoris – and details about its location comprised about a quarter of the total dictionary entry. On average 13 of 51 words were spent locating the clitoris. For example, it was described as being located "at the top of the female genitalia where the labial folds meet below the pubic bone" (MD1), or "at the anterior angle of the rima pudendi" (MD6). Sometimes entries contained the word "hidden" – for example, "partially hidden beneath the anterior extremities of the labia minora" (MD9). By contrast, of the 12 medical dictionary definitions of the penis, only four gave information about location, and this information comprised, on average, only about a tenth of the total entry. These entries typically noted that the penis was anatomically "attached to the pubic arch" (MD2), or attached "to the descending portions of the pubic bone" (MD6). Such information functions as an internal description of location rather than as a guide to finding the penis on the external body.

None of the English language dictionaries provided any information about the location of the penis (although two [D10, D11] referred to it as the "outer" sex organ). By contrast 14 gave information about where to find the clitoris. Their directions were not clear. Three located it in relation to the vagina: for example, "above the vagina" (D2; also D5, D7). The other 11 gave a vulval location: for example, "at the apex of the vulva" (D3, D4) or "at the front of the vulva" (D6, D8, D11, D15; also D1, D9, D12, D13, D16). This location information varies from possibly incorrect (e.g., "in front of the opening of the vagina" does not sound right), to vague and confusing (what is "the front" of the vulva, exactly?). Although directions were presumably included to help the reader solve the mystery of where a clitoris might actually be found, the directions given were generally not particularly helpful.

#### *What is a clitoris used for?*

Fewer than half of the medical definitions (5/11) made explicit reference to the sexual function of the clitoris. According to these five it was "the main erogenic centre" (MD3), which was ("highly") "sensitive" (MD1, MD4, MD11), could "be excited by sexual activity" (MD5) and might "be the focus of orgasm" (MD1). The lack of 'functional' information in the remaining six



dictionaries is a bizarre omission, as the clitoris has no function other than to give sexual pleasure (Bennett, 1993; Masters & Johnson, 1966). This omission can be contrasted with the fact that only two of the 12 medical definitions [MD1, MD5] defined the penis without mentioning its sexual function (in both of these the clitoris was clearly identified as sexual, however). According to these definitions then, the clitoris is less marked for sex and sexual pleasure than the penis, despite the fact that, unlike the penis, sexual pleasure is its only function.

Compared with medical dictionaries, sexual pleasure was slightly more likely to be referred to in English language definitions, more than half of which (9/16) described the clitoris in sexual terms. In these, the clitoris was defined as a “highly” (D5, D6, D7), or “sexually” (D8) “sensitive” (D13) “part of a woman’s outer sexual organs where she can feel sexual pleasure” (D10; also D2); “a centre of sexual sensation in females” (D11, D12). However, reference to sexuality was omitted from the remaining seven definitions. The penis, in contrast, was *always* described in sexual terms. Hence the exclusion of the sexual aspect of the clitoris did not reflect an avoidance of sexuality across these definitions generally (see also Willinsky, 1987). As with medical dictionaries then, the sexuality of the clitoris is obscured and neglected in some definitions.

### Defining the vagina

#### *What is a vagina?*

The question ‘is it an organ?’ is also pertinent in relation to vaginal definitions. The genitalia are “reproductive organs” (*Taber’s Cyclopedic Medical Dictionary*, 1997, p. 1355), and the vagina is included in listings of these, as an organ (*Dorland’s Illustrated Medical Dictionary*, 1994).<sup>30</sup> Given these understandings, the vagina clearly *could* be defined as an organ, but virtually never was, a finding that mirrors Willinsky’s (1987) results. Only three definitions in the entire set of 28 referred to the vagina as an organ in any way: two juxtaposed a general definition of ‘vagina’ with the specific definition for the vagina – “a sheath, a sheath-like envelope or organ; the genital passage of a female...” (D3, D4), and one noted that “it serves as the organ of copulation” (MD2, emphasis added). These findings can be clearly contrasted to the penis, which was defined as an organ in all but one definition (D2). Since organs are linked to specialised functions, penis definitions suggest function in a way that vagina definitions do not.

Instead, in both medical and English language dictionaries, the terms used to describe the vagina were “passage” (D1, D3, D4, D8, D10, D11, D12, D15, MD1, MD5, MD12), “canal” (D5, D6, D7, D9, D14, D16, MD6, MD8, MD9, MD10), “tube” (D2, D13, MD2, MD3, MD4,

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<sup>30</sup> However, in Taber’s (1997: 1355) description of the reproductive organs, both the vagina *and* penis are defined not as organs *per se*, but as ‘accessory structures’.

MD11), and “structure” (MD7). Various adjectives were used (alone or in combination) to describe these nouns in eight medical and eight English language dictionaries: “genital” (MD10, D3, D4, D15), “muscular” (MD1, MD4, D5, D13), “fibromuscular” (MD2, MD3), “tubular” (MD7, D12), “musculomembranous” (MD7, MD11), “membranous” (D14), “dilatable” (MD2), “sheath-like” (MD12), and “moist” (D6).<sup>31</sup> From this variation, there is clearly no agreed-upon description of what the vagina is *actually* like.

Common across almost all of these definitions is the representation of the vagina as an open, available space, rather than as a body part adapted for a particular function or functions. Only two definitions challenged the representation of the vagina as “space” in any way, by noting that “the canal is actually a potential space; the walls usually touch” (MD9; also MD11). Specifically, such detail came from medical dictionaries, some of which included detailed anatomical descriptions in their definitions. While four other medical dictionaries commented that the vagina “stretches readily” (MD3, MD5, MD8, MD12), specifically in relation to childbirth, and one mentioned “easy distensibility” (MD11), such descriptions do not necessarily disrupt the construction of the vagina as an open space.

Willinsky (1987) made the observation that “lexicographers have felt compelled to give this canal [the vagina] a direction, yet a direction which they cannot seem to agree on” (p. 153). This was also evident in my sample. Eleven definitions of the vagina (D2, D5, D6, D7, D8, D12, D15, D16, MD2, MD4, MD10) contended that it “leads from the cervix of the uterus to the exterior of the body” (D5), or, in two, “connect[s] the cervix of the uterus to the exterior” (D2, MD4). Another 12 (D1, D3, D4, D10, D11, D13, D14, MD1, MD6, MD7, MD8, MD9) described it as “extending from the vulva to the cervix uteri” (MD6). Only four definitions were non-directional (D9, MD5, MD11, MD12) – for example, it was described as “a musculomembranous tube that forms the passageway between the cervix uteri and the vulva” (MD11). (One [MD3] did not define the vagina in these terms at all.) This directional feature of vagina definitions only makes sense in relation to various potential ‘functions’ that the vagina might be involved in (E. Morgan, 1972). If it is described as leading towards the uterus, ‘penetration’ is implicitly highlighted – it is a “passage” into the body. If the vagina is described as leading to the vulva, then childbirth and/or menstruation are implicitly highlighted – it is a “passage” out of the body.

#### *Where do you find a vagina?*

The vagina was overwhelmingly defined by *where* it was on the female body – for example, “the muscular tube leading *from* the external genitals *to* the cervix of the uterus” (D13, emphasis added). In these accounts, the vagina relies, for meaning, on other parts of female reproductive anatomy – it does not have an ‘existence’ separate from the body parts between which it ‘leads’ (vulva and cervix). Like definitions of the clitoris, location description formed a

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<sup>31</sup> In contrast to the clitoris, and to socio-cultural representations discussed in Chapter 2, no reference



significant part of the definition, compared to definitions of the penis. In the average 20-word English language dictionary vagina definition, an average of 12 words related to location – about 60% (this increased to 16 words, or about 80%, if information about ‘being in women/female mammals’ was included). In the average 72-word medical dictionary vagina definition, an average of 13 words provided location information. While this absolute figure was similar across both dictionary types, it only made up a relatively small proportion of the average medical dictionary entry – just under 20%.

Again, the level of location detail found in vagina definitions can be clearly contrasted with the lack of location information provided in definitions of the penis. The noted absence of such information in penis definitions suggests that the penis need not rely on its local (bodily) context for definition or meaning. Interestingly only *one* (medical) dictionary mentioned scrotum/testicles, commenting that “the subcutaneous fascia of the penis is directly continuous with that of the scrotum, which contains the testes” (MD9). Such ‘location’ information relates to anatomy rather than external bodily geography, and to be comparable to vagina definitions it would need to read something like: “the penis hangs in front of the testicles (when flaccid)”. To some extent, then, dictionary definitions construct the penis as more ‘independent’ than the vagina (or indeed the clitoris) – both conceptually, and from the surrounding body – apparently mirroring the lack of conceptual separation of the vagina from the female body as a whole (as noted in Chapter 2).

#### *What is a vagina used for?*

Medical and English language dictionaries differed significantly in their description of vaginal function. What the vagina is actually or potentially used for was left a mystery in English language dictionary definitions. Not *one* single entry contained any information as to ‘function’. The implication of a *possible* function could be taken from five definitions which mentioned “genital” (D3, D4, D15) or “genitals” (D8, D13), from two references to the vagina as “in the reproductive system” (D5, D12), or from two references to the vulva as the “outer *sexual* organs” (D10, emphasis added; also D11). Unlike location, which appeared to be a ‘problem’ solved by including such information in the definition, function remained unaccounted for. An inference one could perhaps draw from this is that the ‘function’ of the vagina is common sense – everyone knows what it does. However, people are confused about what the word ‘vagina’ even refers to (as I noted in the Introduction to Part One, see also Chapter 4, Chapter 5), let alone what it does: some women apparently believe that they urinate from their vagina (Friday, 1996; Gartrell & Mosbacher, 1984; Rosenbaum, 1989). Moreover, such an inference does not hold up when one considers that the ‘functions’ of the penis – urination and ‘sex’ – are surely as common-sensical, if not more so, than functions of the vagina. Yet reference to sex was included in *all* 16 English language definitions of the penis. Indeed, the penis apparently *is* “the male organ of copulation” (D6). Urination was referred to in all but two (D12,

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was made to the vagina as ‘hidden’ or ‘partially hidden’.

D16) English language dictionary definitions. Thus the definition of what a penis *is* was not separated from what it *does*. Functionality was built into the very meaning of the term/organ, and sexual activity was mapped directly onto it: as Willinsky (1987) noted, “the male organ is marked by a sexuality which the female appears to be denied” (p. 148). This certainly holds true for penis/vagina comparisons in our English language dictionaries.

Since my inference about common sense does not seem to hold, I have an alternative hypothesis – that the ‘function’ of the vagina is relatively unimportant, compared to the function of the penis, or the location of the vagina. The crucial information in vagina definitions in English language dictionaries appears to be location and description, while for penis definitions, it is function.

Overall, medical dictionaries did provide the reader with some information about what a vagina is (potentially) used for – only three (MD7, MD9, MD10) did not mention function.<sup>32</sup> Of the nine that included such information, seven highlighted penile penetration as a function: the vagina “acts as a receptacle for the penis in coitus” (e.g., MD3), which, to some extent, maps onto the noted ‘openness’ of descriptions of the vagina. Another (MD2) noted that the vagina “serves as the organ of copulation”, with no explicit reference to a penis. However, as “copulation” in dictionary definitions generally referred to “the act of coitus or sexual intercourse when the man inserts his erect penis into the woman’s vagina...” (Macpherson, 1992, p. 137), the lack of explicit penis reference in MD2 was accounted for by the term copulation. Heterosexual coitus was included in all definitions which described function except MD5, and was the *only* function described in one third of the definitions.

The second most commonly noted function was childbirth, with five definitions making explicit reference to the vagina as the “birth canal” (MD3; also MD4, MD5, MD8, MD11). Four noted that “semen is ejaculated into the upper part” (MD1, MD4, MD8, MD11), and two noted that it is a “passage...for the discharge of the menstrual flow” (MD8, MD11). This relative infrequent noting of these possible or indeed ‘usual’ functions (and the total exclusion of others – such as secretions during sexual arousal; contraction during orgasm) can be starkly contrasted to the frequent noting of both copulation and urination in relation to the penis, as noted earlier. The difficulty in considering alternate ‘functions’ for the vagina demonstrates the pervasiveness of this particular version.

### Challenging genital definitions

Through analysing these medical and English language dictionary definitions of vagina and clitoris, particular versions of what female and male genitals are, where they are located, and what they are used for, are revealed. In many ways, the definitions remain remarkably similar

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<sup>32</sup> It is worth noting that the vagina definitions in MD7 and MD10 were the shortest of all the medical dictionaries, although MD9’s definition was the third longest. Thus it appears that ‘functional’ information is the optional extra in (short) vagina definitions.



to those found by Willinsky (1987) over a decade ago, presenting sexist accounts of the clitoris (particularly in medical dictionaries) and vagina (most strikingly in English language dictionaries), and demonstrating the continuity of a particular construction of women's (and men's) genitals. An independent female sexuality was omitted from almost all definitions. Sex and sexuality were inscribed on the penis – it remained “the organ of copulation” – but never, in English language definitions, on the vagina. And only half the definitions of the clitoris – the organ designed solely for sexual pleasure – mentioned or implied sexuality. Indeed, both the vagina and clitoris were overwhelmingly ‘organs’ of *location* – where their definition and meaning was primarily derived from their location in a female body. Moreover, the vagina and clitoris continued to be defined in relation to an implicit penile norm – they were either a homologue of the penis, small in comparison to the penis, or the receptacle for the penis. It seems that, as Laqueur (1990) has written, “the drive to see all genital organs with reference to man is ... deeply embedded in language’ (p. 97).

It is also worth considering the remarkable similarity of these late 20<sup>th</sup> Century dictionary definitions of the penis and clitoris with those contained in the major French medical reference text from the late 19<sup>th</sup> Century (cited in Laqueur, 1989). Laqueur (1989) commented that this work “describes the clitoris as an erectile organ situated at the upper end of the vulva which has the same structure as the corpus cavernosum of the penis, the same erotic functions, but lacks a urethra” (p. 97). Similarly, the vagina was defined “simply as the passage from the vulva to the uterus which serves to evacuate the menses, contain the male organ during copulation and expel the product of fecundation” (Laqueur, 1989, p. 97). I am not suggesting anatomy *per se* (i.e., material bodies) would change over a century, because one cannot talk about anatomy *per se*: rather, anatomy (as it is meaningful) is socially constructed (L. Moore & Clarke, 1995), and ‘ideology’, rather than ‘biology’, changes (Lorber, 1993/1998), and changes the way we see things. What is compelling is that the perceived significance of the clitoris and vagina, their described roles and functions, has remained the same – despite enormous social change, particularly around female sexuality.

In contrast to their seeming neutrality, I would argue that dictionary definitions are a form of politics which, as Willinsky (1987) noted, “subtly (sic) encode the dominant ideology of gender” (p. 147). Three themes reinforcing a hegemonic (heteropatriarchal) ideology of men and women, masculinity and femininity, and sexuality, were evident in these dictionary definitions: activity/passivity, absence/presence, and heterosexuality/heterosexism. I now outline these, and consider alternative representations which demonstrate that dictionaries present a ‘particular’ version rather than ‘facts’.

#### *Activity/passivity*

The implicit model of the vagina and penis disseminated by current dictionary definitions is one of respective passivity and activity. The vagina was, overwhelmingly, defined merely by location, and in this sense, it is entirely ‘passive’ – it only exists because of where it is and what is around it. Where ‘function’ was described, it was usually the passive one of ‘receiving’

the penis, a definition which reiterates the socio-cultural representation of the vagina as passive receptacle for the penis identified in Chapter 2. The penis, in contrast, was defined by its *activity* – whether that activity was urination, copulation, or ejaculation. Verbs commonly used in definitions of the vagina reinforce its passivity. The vagina “receives” (‘receives the penis’, MD1, MD4, MD6, MD8, MD12), “serves” (“serves as a passageway through which the fetus is delivered”, MD11; also MD2), and ‘allows’ (“allow the passage of the newborn child” MD4; MD5). The most active thing vagina does is “stretch” (MD3, MD5, MD8) and – in just one – “secrete” (MD8). By contrast, the ‘active’ penis “ejaculates” (MD1) or “discharges” (MD8) spermatozoa which actively “swim” (MD8) through the cervical canal, “enter” (MD8) the uterus and “fertilize” the ovum (MD1, MD4). A vagina which receives, serves, and allows offers an entirely passive imagery of heterosex, fertilization and childbirth, with the woman’s body as empty passage for the active penis/spermatozoa (going in) and the active baby (going out).

As I demonstrated in Chapter 2, I am not the first to comment on the ‘passivity’ of the vagina. Such imagery maps onto the historical construction of men, masculinity, and male sexuality as active, and women, femininity, and female sexuality as embodying passivity. This ideology of activity/passivity is not only evident in the language used to talk about heterosex (e.g., Money, 1982), but is built into the scientific language of biological reproduction – the active sperm, the passive egg (Martin, 1991; The Biology and Gender Study Group, 1988). Hence the ‘neutral’ representation of a ‘biological’ process is infused with cultural stereotypes that, by linking nature/culture so elementally, reinforce the naturalness of the stereotypes themselves (Martin, 1991; also Spanier, 1995). As Emily Martin (1994) commented, “it is difficult to see how our current scientific ideas are infused by cultural assumptions” (p. 213). Martin (1991) maintains that one feminist challenge is “to wake up the sleeping metaphors in science” (p. 500), and notes alternative ways to describe fertilisation. The egg and sperm can be seen as equally (but differently, interactively) active: “evidence shows that the egg and sperm *do* interact on more mutual terms, making biology’s refusal to portray them in that way all the more disturbing” (Martin, 1991, p. 499).

One needs to be equally critical with the notion of passivity and activity embedded in dictionary definitions women’s and men’s genitalia – they only offer one possible (albeit dominant) representation. Disruptions to the construction of passive vagina/active penis do exist. As noted in Chapter 2, feminists writing about heterosex, for example, have attempted to disrupt such imagery, rewriting heterosexual intercourse as ‘enclosure’ (Ramazanoglu, 1989), as “active” (Greer, 1999, p. 39) sexual activity. Others have described a sexually active vagina “plumping up and opening ... like a bud bursting into full flower” (S. Kitzinger, 1983, p. 48), or “ballooning outward” (Loulan, 1984, p. 35-6).<sup>33</sup>

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<sup>33</sup> An interesting flip-side is the-active-vagina-as-dangerous, even deadly, evidenced in the widespread vagina dentata motif – the vagina equipped with sharp teeth; (e.g., Beit-Hallahmi 1985), as discussed in Chapter 2.



Childbirth has been reconceived so that the vagina does not passively “allow” passage for the baby:

In giving birth a woman often discovers the female knowledge that the vagina can be powerful and active. A penis becomes erect, ejaculates, then goes down. A vagina can do a good deal more. It not only receives, takes in, and encloses, but can actively open up, like the great, fleshy petals of a peony, to give birth (S. Kitzinger, 1994, p. 250).

It is not only recent (feminist) writers who have described the active vagina. Germaine Greer (1970) quoted the following description of women’s genitals from Samuel Collins, a 17<sup>th</sup> Century gynaecologist:

The Nymphs ... being extended do compress the Penis and speak a delight in the act of Coition.... The use of the blood-vessels is to impart Vital Liquor into the substance of the Clitoris, and of the Nerves to impregnate it with a choyce Juyce inspired with animal spirits (full of Elastick Particles making it Vigorous and Tense).... The glands of the Vagina ... being heated in Coition, do throw off the rarified fermented serous Liquor... (p. 40)

In this active description, “the vagina *speaks, throws, is tense and vigorous*” (Greer, 1970, p. 40, emphasis in original). Such examples, which offer a version that directly contradicts the story the dictionary tells, serve to demonstrate the situated nature of all accounts; that what is ostensibly a neutral definition is rather an ideological story.

Passivity was primarily inscribed on the vagina – reflecting a heterosexualisation of the woman’s vagina as *the* receptacle for the penis. The clitoris, in contrast, which is ‘irrelevant’ to paradigmatic heterosex, was not entirely passive (“erectile” implies some activity) but only one dictionary described it as actually ‘active’. The description of the clitoris as enlarging and hardening during sexual excitement (MD1) connotes ‘activity’, but interestingly does not suggest that this activity relies on an external stimulus. This difference between ‘passive’ vagina and (possibly) active clitoris seems to reflect the psychoanalytic contrast between ‘masculine’ clitoral *activity* and ‘feminine’ vaginal *passivity* (Irigaray, 1996). Feminist writers have been more explicit in portraying the clitoris as active – for example, see the Federation of Feminist Women’s Health Centers’ (1981) *A New View of a Woman’s Body*, which challenged taken-for-granted ‘knowledge’ about what a clitoris was like.

#### *Absence/presence*

‘Absence’ was most strikingly evident in the one dictionary which did not include an entry for the clitoris (see also Willinsky, 1987). But notions of ‘absence’ and ‘presence’ were also subtly encoded in dictionary definitions themselves. Definitions of the clitoris in medical dictionaries contained significantly fewer words, on average, than either vagina or penis definitions. Vagina (and clitoris) definitions provided considerable location information, in contrast to definitions of the penis which rarely did, suggesting that the reader needs to be informed about where this

mysterious “canal” or “tube” (or “organ” or “body”) actually *is* on the female body. The necessity for this feature in definitions suggests that the vagina (and, indeed, the clitoris) do not occupy the same conceptual space as the penis: the penis, being conceptually present, needs no such explanation. Both the clitoris and vagina were also “absent” in comparison to the penis – the norm from which they differed, the “present” object they were defined in relation to. The emphasis on (lack of) size in definitions of the clitoris suggest a partial absence – not only is it “partially hidden”, but it is also “small” (and perhaps insignificant), not like the present, visible, ‘large’ penis. The use of terms like ‘tube’ or ‘canal’ for vagina also create an ‘absence’ in that “the vagina is actually more complex in its overall shape than these terms suggest” (Sevely, 1987).

Lisa Moore and Adele Clarke’s (1995) study of representations of the clitoris over the last century provides other examples of ‘absence’ – in some illustrations (and this has varied with decade), the clitoris has not been present, or, if present, not labelled. Certainly, the different *parts* of the clitoris were generally not identified (see also Downer, 1980). Moore and Clarke (1995) describe this practice as “clitoral deletion-visual clitoridectomy” (p. 284; also Kulish, 1991, and see Bennett, 1993). The idea of women’s genitals being an absence, a lack (of a penis) rather than as present in their own right, is common, as I discussed in Chapter 2, and as I will show in the next chapter, space – an absence – (and receptivity) are among the most common themes in slang terms for female genitals.

Instead of a diminutive homologue to the penis, missing from many anatomical diagrams, or included in a minimalist way as a tiny bump, the clitoris is transfigured in feminist writings into “the *raison d’être* of other organs” (L. Moore & Clarke, 1995, p. 280). As Loulan (1984) noted:

What was before identified as the clitoris is, in fact, only its visible-to-the-naked-eye part, the tip of the iceberg. The clitoris runs all the way through the pelvic platform from pubic bone to anus. The clitoris is made up of taut wire-like tissue surrounded by spongy tissue, nerves and blood vessels. (p. 31)

Research recently reported in *New Scientist* points to the accuracy of this ‘tip of the iceberg’ interpretation (Williamson & Nowak, 1998). In these writings, we do not have a small homologue of the penis, but an organ that is presented as, “as complex and active as the penis” (Downer, 1980, p. 265; see also Chalker, 2000), and as complex *in its own right*.

The vagina as absence has also been challenged. Recent books/performances such as *The Vagina Monologues* (Enslin, 1998) and *Cunt: A Declaration of Independence* (Muscio, 1998) follow a tradition of representing women’s genitals as present and active – such as the works of artist Judy Chicago (Ardener, 1987) and masturbation educator Betty Dodson (1974), and Anne Severson’s vulval film, *Near the Big Chakra* (Schwichtenberg, 1980).

### *Heterosexuality/heterosexism*

Heterosexuality is the taken-for-granted (but not unchallenged) norm of sex and sexual relationships. Institutions and accounts that represent heterosexuality as the only sexuality



obliterate other sexualities, and are therefore heterosexist (Braun, 2000a). A heterosexist bias was built into the few definitions that described a sexual 'function' for the vagina. As the only sexual aspects of the vagina involved it "receiving" the penis in sexual intercourse, 'sex' was both limited to heterosex and within heterosex, to coitus – the common-sense meaning of the term 'sex' (McPhillips et al., in press). As noted in Chapter 2, when vaginas are represented as 'passive' spaces awaiting penetration by penises, lesbian sex (and indeed gay male sex) becomes unimaginable, and what is imagined, is presented as lesser than the 'real' thing. Although there is a "range of possibilities for vaginal penetration – fingers, toes, tongues and thumbs, for example" (C. Kitzinger & Wilkinson, 1994, p. 333), as well as other objects, these possibilities are often described as involving the use of "phallic objects' or 'penis-substitutes'" (D. Richardson, 1992, p. 190). Diane Richardson (1992) notes that "from a different point of view we could define a penis as a finger/vibrator/dildo substitute" (p. 190).

Definitions of the clitoris were not explicitly heterosexist in the way vagina definitions were. Where sexuality was described in relation to the clitoris, there was no mention of a sexual partner, be they male or female. While a lesbian reading of the definition is presumably not intended, given the heterosexual norm, it is not *precluded* by the definition itself, in the way it is from vagina definitions. However, definitions of the penis, while not all mentioning a vagina, were heterosexist. As noted earlier, the "copulation" that the penis was "the male organ of" was entirely defined as penis-into-vagina heterosex in dictionaries (e.g., Macpherson, 1992; Collins New English Dictionary, 1997). Heterosexuality was also explicit in the three of the definitions referring to semen or ejaculation that related this to the vagina. In these definitions, sex is again limited not only to heterosex, but also to coitus.

### Summary and Conclusion

In this chapter, I have considered the dictionary as an authoritative and institutionalised site of meaning-making, looking at the implicit assumptions informing definitions of female genitals (in contrast to male genitals), and considering what 'clitoris' and 'vagina' are produced in these definitions. As I have shown, dictionary definitions of genitals are not neutral descriptions of the 'facts', but reinforce a (historically hegemonic) ideology of (dichotomised) gender and sexual relations. These definitions re-produce notions of absence and passivity in relation to women and women's genitals, and activity and presence in relation to men's. In this way, traditional notions of (heterosexual) masculinity and femininity are written onto the genitals. Likewise, the 'norm' of heterosexuality recreated in such texts implicitly as well as explicitly precludes the possibility of lesbian or gay male sex. Because of the authority and perceived impartiality of the dictionary, it can be a great influence in imparting and reinforcing such assumptions (Gershuny, 1977). What is particularly worrying about these definitions, and the reason feminists need to remain critical of them, is not simply that they are 'biased' in these ways, but rather that they are constructed and presented as ideology-free, neutral accounts that represent words/things *as they really are*.

In this chapter, I have attempted to reveal and disrupt the normative and ideological positioning of these dictionary definitions by both identifying them and by briefly looking at alternative accounts – in this instance feminist writings (see also L. Moore & Clarke, 1995). Representations of vaginal activity were contrasted with assumptions of passivity, descriptions of clitoral presence challenged representational absences, and accounts of lesbian sexual activity contradicted the heterosexualisation of the vagina. These contrasts demonstrate that descriptions of anatomy do not function as representations of ‘fact’, but rather construct a certain object as factual. As I have shown, dictionary definitions of women’s (and men’s) genitals re-present a common-sense account of traditional male-female sex role stereotypes embodied in the genitals as natural ‘fact’.

In the next chapter, I analyse an entirely different aspect of language – slang – and present the results of two related studies. In the first, I explore semantic themes across the diversity of female genitals terms, and in the second, I address questions of specificity in such terms.



## Chapter 4

### 'Snatch', 'hole', or 'honey pot'? The vagina in slang

As soon as you deal with [sex] explicitly, you have to choose between the language of the nursery, the gutter and the anatomy class (C. S. Lewis, quoted in G. Hughes, 1991, p. 241).

Words are scarce, much of what is available being medical, heterosexualised, pejorative or 'obscene' (Creith, 1996, p. 63).

Finding a common language with which everyone can talk comfortably about sex is a persistent problem (Grey, 1993, p. 12).

In this chapter, my focus remains on the meaning and implication of words, but shifts from the formalised realm of the dictionary to the 'most' informal and de-institutionalised of areas – slang. As I demonstrated in Chapter 1, the vagina has been found to be difficult to talk about in various contexts, is indeed still 'taboo'. Taboo topics tend to generate many slang expressions (McArthur, 1992), and these have been conceptualised as functioning to resist oppressive norms that deny voice to certain groups of people and render some subjects unspeakable (e.g., S. Hughes, 1992; McArthur, 1992). What slang *actually* is, is hard to define (de Klerk, 1990; McArthur, 1992), and the term is used in a variety of ways. In this chapter, I use it to refer to terms not accepted as 'good' and 'formal' English (Hummon, 1994), and as such, include speech terms characterised in other contexts as 'informal', 'euphemism', 'dysphemism', 'swear words' and 'taboo' terms.

Previous studies of slang terms for female and/or male genitalia (e.g., Aman & Sardo, 1982; Cameron, 1992b; McConville & Shearlaw, 1984; Richter, 1987) have found rich variety: "more than 1200 terms for 'vagina' and more than 1000 for 'penis' (with or without the testicles)", drawing on "every imaginable aspect of the appearance, location, functions, and effects of the genitalia" (Allan, 1990, p. 161; J. Green, 1999). Bardugo (1998) comments that "the vagina would make the perfect spy: It has a thousand names and yet no one wants to talk about it" (para. 1). Studies looking at sex differences in the production of genital slang have found that women are less likely than men to produce terms for their own genitalia (or for men's genitalia), more likely to produce euphemistic terms (J. Sanders & Robinson, 1979), and more likely to report using formal terms for genitalia (Simkins & Rinck, 1982), across different interpersonal contexts. Men have similarly been found to report using more derogatory words for both male and female genitals than women (Murnen, in press). These sex differences have been theorised in terms of women's supposed greater 'politeness' as speakers (Lakoff, 1975) (although S. Hughes [1992] notes that the idea that women *should* be polite and 'ladylike' functions as a form of social control).

It has been claimed that there is "no acceptable word" (Rees, 1993, p. 139) for women's 'private parts'. Many feminist commentators have noted a 'lexical gap' in female genital terms (S. Mills, 1995; Viner, 1992; also Dickson, 1985), which are divided between the anatomical,

the coy or euphemistic, and the derogatory (many of which are heterosexualised; Creith, 1996). This raises the question, “what can women call their own organs”? (McConville & Shearlaw, 1984, p. 11; Lees, 1993).

According to (feminist) commentators, anatomical terms, such as *vagina*, *vulva*, *clitoris*, are considered “clinical and impersonal” (J. Sanders & Robinson, 1979, p. 29; Caster, 1993; Dickson, 1985; Karpf, 1991);<sup>34</sup> “off the mark” (Held, 1980, p. 184). Coy or euphemistic terms, such as *down there*, *privates*, *crotch*, “strengthen the view that a woman's genitalia are something mysterious, vague and taboo: ‘eclipsed’ through the avoidance of naming” (Ussher, 1989, p. 20; Dickson, 1985; Weijts et al., 1993). Others, such as *cunt*, *gash*, *twat*, are considered to be derogatory, “epithets of hate” (Greer, 1971/1986, p. 77), in which “the enigma and mystery are replaced by more explicit, derogatory terms” (Ussher, 1989, p. 20; Dickson, 1985), and which sexualise women’s genitalia from a heterosexual male perspective (S. Mills, 1995). As Held (1980) commented, “better not to think of it at all than to think of it as a gash, twat, cunt, slit” (p. 184). The choice of words women have has been presented as more a case of what is least *undesirable* than most desirable (e.g., see Caster, 1993; Troche, 1994).

Genital slang, as well as slang with other referents, presents a conundrum for feminists interested in language. While it has been clearly critiqued as sexist and derogatory towards women (e.g., Greer, 1971/1986; Ussher, 1989, S. Mills, 1995), just as ‘standard’ English has been critiqued (e.g., see Cameron, 1992a, 1998; see also Crawford, 1995), it is a widely used means to talk about women’s genitals. Ammerman, Perelli, Adler and Irwin (1992) found that adolescents often knew slang terms instead of medical ones for genitalia, for instance. And, despite Grey’s (1993) query as to “how many doctors would feel comfortable talking to their patients about their ‘cunts’, ‘pricks’, or ‘willies’” (p. 49), various studies (e.g., Lloyd, 1999; McWilliam & O’Donnell, 1998; Weijts et al., 1993; also Emerson, 1970) point to the use of genital slang or euphemism by health professionals in medical interactions.

According to Gibbs and Nagaoka (1985), “the use of slang metaphors permits speakers to not only convey specific propositional information, but also some indication of their attitude towards this information” (p. 178). Slang evokes meaning by drawing on the shared cultural knowledge of the users (McArthur, 1992), and slang terms for female genitalia would thus be expected to encode ideas about women’s bodies, women’s place in the world, and women’s place in sex. As slang is a largely spoken and dynamic language (Coombs, Chopra, Schenk, & Yutan, 1993; McArthur, 1992) it evolves to meet the needs and situations of the moment (e.g., Hummon, 1994). There is some evidence that terms in use do change over time: for example, a tally of general slang terms in use at the University of North Carolina at Chapel Hill over a 15-year period (1972-87) showed a retention rate of less than 10% (McArthur, 1992, p.

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<sup>34</sup> Recently, two writers have commented that the term ‘vagina’ is also “dirtier” (Angier, 1999, p. 52) or “ruder” (Elton, 1999, p. 78) than the word penis, and Angier (1999) claims that it is simultaneously *more* clinical.



940) (although others disagree; see A. Grossman & Tucker, 1997). With three decades of feminist challenges to derogatory social attitudes to, and language around, women and women's genitalia, it is possible that terms for women's genitalia have moved beyond the euphemistic or the derogatory, and offer a comprehensive vocabulary for talking about it.

Many of the feminists who have commented on female genital slang (e.g., Greer, 1971/1986; S. Mills, 1995) have done so from the perspective of 'cultural member', drawing on their knowledge, experiences and perceptions as women and feminists, rather than basing their critique on empirical research. The aim of this chapter is to explore female genital slang in a more rigorous way, and the chapter considers the results of two related studies. In Study One, I examine the metaphors evident in female genital slang, and compare this to male genital slang. I consider the ways that the vagina is constructed in such terms, and question what effects this has. In order to better demarcate the specifics of female genital slang, I contrast these constructions with male genital terms. Part of a tradition of slang research has been statistical differences between men and women, and I have chosen to look for 'sex' differences within these data – both in terms of referent, and in terms of producer.

In Study Two, I examine the question of 'specificity' of terms, and raise the question of whether slang provides an 'adequate' vocabulary for women to communicate about our genitals. It is in this part of the thesis that I am least constructionist, as a certain one-to-one relation between the words and their referent is assumed, and I presume that there is something we would be able to call an adequate vocabulary. However, even this analysis is not without constructionist interpretation, as I show.

### **Study One: Themes in female genital slang**

Study One primarily aimed to explore the metaphors presented in female genital terms (FGTs), through categorising slang terms based on their semantic meaning, and looking at the "underlying logic" (Cameron, 1992b, p. 369) of the categories. In this study, male genital terms (MGTs) were taken as a contrast case, and were used to identify what was specific about the female terms. I also consider, overall, and within each category, who produced these terms.

#### *Method*

##### *Participants*

Data were collected from 156 women aged 18-50 (Mdn = 20) and 125 men aged 16-36 (Mdn = 20). Respondents were primarily undergraduate students at five universities in central and northern England, although 4% were non-student women who completed the questionnaire as the opening exercise in focus groups and interviews.

### *Materials*

The *Terms for Male and Female Genitals Questionnaire* (see Appendix 1) was designed to collect terms for male and female genitals. The anonymous questionnaire instructed respondents to list as many different terms as they knew for female and for male genitals, in two columns. Two additional columns were included which allowed participants to indicate if they particularly liked or disliked a term (not included in the analysis in this thesis). Eighteen spaces were provided in each column, with indications that respondents could continue on the back if they wished. Brief demographic information (age, sex) was requested at the end of the questionnaire.

### *Procedure*

Respondents were recruited in undergraduate classes, and in the Loughborough University Student Union building, and asked to complete the questionnaire, which took between 5 and 10 minutes to complete, at that time. They were instructed to list as many terms for male or female genitals as they knew. If they asked, they were told to include 'rude' words.

Slang terms were collated, and sex differences in the number of terms produced (overall) were tested for using two-way ANOVAs and t-tests. The slang terms themselves were subjected to a content analysis. Categories were identified through repeated reading of the data. An inclusive coding approach was taken, so that each term was coded into as *many* categories as were relevant (e.g., the term *beaver* was coded 'standard slang', 'animal', and 'hair'). One of my supervisors (CK) also coded slang terms, and inter-rater reliability was 0.80, with differences resolved by discussion. While I was primarily interested in FGTs, a comparison of categories for male genital terms (MGTs) was used to understand FGTs in the broader genital slang context. Within each category, one-way ANOVAs were used to test for sex differences in the generation of the MGTs and FGTs, and paired-sample t-tests were used to test for differences in the number of FGTs and MGTs generated.

### *Frequency of genital terms*

Although participants produced an average of around seven FGTs and seven MGTs (see Table 4-1), a two-way ANOVA showed significant effects for sex of participant ( $F[1, 279] = 246.78, p < .005$ ), 'sex' of genital term ( $F[1, 279] = 23.65, p < .05$ ) and for their interaction ( $F[1, 279] = 20.81, p < .05$ ). Overall, respondents produced fewer FGTs on average than MGTs (see Table 4-1),  $F(1, 279) = 23.65, p < .05$ .<sup>35</sup> Male respondents produced significantly more FGTs,  $F(1, 279) = 4.13, p < .05$ , and MGTs,  $F(1, 279) = 13.63, p < .00$ , than female respondents (see Table 4-1). Male respondents also produced more terms for their own genitalia than for women's,  $t(124) = -$

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<sup>35</sup> Many of the tests for sex differences in the generation of slang were not statistically significant, and throughout this chapter, I only report the significant findings. It is also worth noting that while there were some significant sex differences in the generation of FGTs and MGTs within a category, the magnitude of these differences was negligible in many instances (see Table 4-5), and points, perhaps, to an increase in the awareness of slang terms among women.



2.94,  $p < .00$ . In contrast, there was no difference between the number of terms produced by female respondents for their own and for men's genitalia. Compared to the number of FGTs produced by women, the average number of MGTs produced by men was about one third as many. This suggests that men (still) can produce a significantly more extensive vocabulary for talking about their own genitalia than can women.

Table 4-1

Mean (and SD) Number of FGTs and MGTs Produced, by Sex of Respondent

Respondents	FGTs	MGTs	Total
Women (N=156)	6.59 (3.50)	6.62 (3.35)	13.21 (6.41)
Men (N=125)	7.54 (4.31)	8.34 (4.46)	15.87 (8.23)
Total (N=281)	7.01 (3.90)	7.38 (3.97)	14.39 (7.38)

Unlike previous collections of genital slang (e.g., see Allan, 1990, J. Green, 1999), we collected fewer *different* FGTs than MGTs. Across all respondents, 317 different FGTs were produced. About a third (32%,  $n = 101$ )<sup>36</sup> of these were generated by two or more respondents (15% [ $n = 48$ ] were provided by at least five). The most common terms were *cunt*, *fanny*, *pussy*, *vagina*, and *muff* (see Table 4-2).

Table 4-2

Ten most Frequently given Terms for Women's Genitalia (FGTs), showing Number of Respondents, and Percentage of Total Sample, Generating that Term

Term	Number	Percent
Cunt	230	82.0
Fanny <sup>a</sup>	214	76.0
Pussy	167	59.5
Vagina	162	57.5
Muff	118	42.0
Beaver	82	29.0
Twat/twot	80	28.5
Minge	70	25.0
Vadge/vag/vaje/vage	37	13.0
Snatch	36	13.0

<sup>a</sup> This term retains different meanings on the two sides of the Atlantic – in Britain, the female genitalia, in North America, the buttocks (Wentworth & Flexner, 1975).

<sup>36</sup> All percentages have been rounded to the nearest 0.5%.

Similarly, across all respondents, 351 *different* MGTs were produced. More than one third (38.5%,  $n = 136$ ) were generated by two or more respondents (17% [ $n = 58$ ] were generated by at least five). The most common were *dick*, *willy*, *penis*, *cock*, and *(k)nob* (see Table 4-3). More than 60% of FGTs and MGTs were mentioned by only one respondent, and this considerable idiosyncrasy suggests that respondents might simply have ‘made up’ these terms. However, many were included in other collections and dictionaries of slang (e.g., J. Green, 1998; McConville & Shearlaw, 1984; Partridge, 1982; Wentworth & Flexner, 1975; also Richter, 1987), and only three (6%) of the terms included in the follow-up questionnaire (*quim*, *murtle*, and *camel’s hoof*) were *not* recognised by at least one respondent (see Study Two). Moreover, given my interest in cultural resources, the “underlying cultural and conceptual system governing the structure of this lexicon” (Cameron, 1992b, p. 369), idiosyncrasy and invention are not problematic.

Table 4-3

Ten most Frequently given Terms for Men’s Genitalia (MGTs), showing Number of Respondents, and Percentage of Total Sample, Generating that Term

Term	Number	Percent
Dick	243	86.5
Willy	183	65.1
Penis	175	62.5
Cock	168	60.0
(K)nob	136	48.5
Prick	79	28.0
Todger	58	20.5
Bollocks	55	19.5
Balls	46	16.5
Meat & two veg	30	10.5

In sum, men produced more slang terms for both men’s and women’s genitalia than did women. My findings mirror previous research (e.g., Cameron, 1992b; Gordon, 1993; A. Grossman & Tucker, 1997; R. Walsh & Leonard, 1974; see also Jay, 1980) which has found that men are more knowledgeable about, more frequent users of, and more frequent creators of slang than are women (although see de Klerk, 1990, 1992). Cameron (1992b), for example, who had four male college student friends and eight female college student friends produce slang terms for male genitals, found that males produced almost *three times* as many MGTs as females (144 compared to 50). While my results mirror this trend, the differences in real terms are far smaller. I also found that respondents produced more slang terms, and more varied slang terms, for men’s genitalia (compared with women’s), a finding that also mirrors



some previous findings (e.g., Aman & Friends, 1981; Cornog, 1981, 1986). However, while numbers might tell us something about the relative linguistic resources of men and women respectively, they do not tell us anything about the slang itself. To really understand what female genital slang is doing, we need to analyse the terms themselves.

*Themes in genital slang: Exploring semantic categories*

Analysis of the semantic or metaphorical categories in female genital slang is not common. Previous authors who have collected MGTs have noted categories of violence, weaponry, body parts, animals, food, meat, personification, tools, instruments, and romance among others (Allan & Burrige, 1991; Cameron, 1992b; J. Green, 1999; Richter, 1987). Themes in FGTs have been noted as including absence, violence/wounds, containers, hair, animals, fear, food, names, buildings, wealth, and euphemism (e.g., Allan & Burrige, 1991; Camphausen, 1996; J. Green, 1999; McConville & Shearlaw, 1984; Richter, 1987).<sup>37</sup>

My FGTs were coded into 17 different categories: Standard slang; euphemism; space; receptacle; abjection; hair; animal; money; personification; gender identity; edibility; danger; nonsense; sex and pleasure; plants; fantasy creatures; and urination (see Table 4-4 for examples), many of these are similar to the socio-cultural representations already outlined in Chapter 2. The same categories were used to code the MGTs, although an additional nine categories were used (musical instruments; vehicle; leisure or sporting equipment; size; [non-genital] body parts; tools; precious things; physical shape; and erection). These 26 categories accounted for 93% of the data. A full list of all FGTs and MGTs can be found in Appendix 2 and Appendix 3.

*Standard slang*

The most common FGTs and MGTs (see Table 4-2 & Table 4-3) were 'standard slang' – that is, conventional terms such as *cunt*, *pussy*, *prick* and *cock*. Respondents were more likely to generate standard slang terms in reference to female genitalia than in reference to male genitalia,  $t(280) = -4.194$ ,  $p < .001$  (see Table 4-5) (perhaps reflecting a wider variety of alternative terms for male genitalia).

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<sup>37</sup> The recently released *Big Book of Filth* (Green, 1999) categorises its 955 terms for vagina and 852 terms for penis into a comprehensive listing: For vagina: monosyllabic, buttocks, euphemistic, literary, myth and legend, a place for the penis, a receptacle for semen, equated with pubic hair, fear and loathing, the hole, the slit, objects and personifications, the money maker, topographical, centrality, the road or tunnel, the entrance, horticultural, aquatic, fishy, culinary, the patisserie, the butcher's shop, the cabbage patch, and the menagerie. He includes separate entries for the pubic hair, and the labia (which includes the clitoris, the hymen, and vaginal secretions). For the penis: the member, the weapon, the disturber, the knife, the gun, the stick, sweets, fruit and veg, the butcher's shop, names and personifications, the job holder, nursery rhymes, the shape, the instrument of intercourse, the burrower, the musical instrument, the engine, the tool, horticultural, zoological, anatomical, euphemistic, the wife's best friend, and the uncategorisable penis. Green also has entries for the testicles, the scrotum, the erect penis, the foreskin, the head of the penis, the glans penis, the urethra, the frenum, the large and small penis, the impotent penis, the circumcised penis, semen, and smegma. In addition, he lists general 'genital' terms for men (but not women).

Table 4-4

Examples of FGTs and MGTs for each Category (Excluding Standard Slang)

Category	FGTs	MGTs
<b>Euphemism</b>	bits, down below, downstairs, private parts, middle	bits, end, extension, member, privates
<b>Nonsense</b>	chuff, doot, hoo-hoo, tren, wanny	cham, diddle, dong, slomb, winks,
<b>Space</b>	cave, gap, hole, pit, slot	<i>No terms</i>
<b>Receptacle</b>	box, disk drive, gism pot, honey pot, spunk bin	ball bag, happy sack, love sac, nut sac, sac
<b>Abjection</b>	black cat with a cut throat, meat seat, slit arse, stench trench, tuna waterfall	chicken neck, custard chucker, lump of meat, one-eyed milkman, purple headed yoghurt thrower
<b>Hair</b>	beard, brush, fur jaw, hairy, moustache	Monkey, donkey wood, bald-headed monkey, one eyed woom weasel
<b>Animal</b>	beaver, cat, monkey, pussy, rat	bird, lizard, snake, monkey, worm
<b>Money</b>	penny, thrupenny bit, tuppence, two pence, fur purse	<i>No terms</i>
<b>Personification</b>	Bessy, Fanny, Fiona, Mary, Nan	Dick, John Thomas, Peter, Percy, Willy
<b>Gender identity</b>	girl patch, the old gal, old girl, womanhood, womanly bits	big guy, fella, lad, manhood, the guy
<b>Edibility</b>	beef burger, bean, fish, fudge, pie	gherkin, meat, pork, sausage, spuds
<b>Danger</b>	Bermuda triangle, black hole, growler, sharpener, squirrel trap	chisel, harpoon, lethal weapon, sword, weapon
<b>Sex &amp; pleasure</b>	fuck hole, gates to heaven, pink pleasure palace, spasm chasm, shagbox	big red fun bus, joystick, passion tool, sexual wand, veiny bang stick
<b>Plants</b>	bush, flower, jungle, forest	twig and berries, wood, woody
<b>Fantasy</b>	fairy, gremlin, hairy Cyclops, Smurf burger	purple monster, purple headed monster
<b>Urination</b>	pee hole, pee-pee, piss flaps, plumbing, wee wee hole	hose, little fireman's hose, pee pee, pissier, plumbing

The category of standard slang is not particularly interesting for my current analysis, except in so far as it illustrates the endurance of many ancient terms for the genitalia, and indicates the apparent resilience of particular connotative associations buried deep in the etymological origin of these terms. In addition to the well-known British slang terms, such as *cunt* (c. 1200; G. Hughes, 1991), *minge* (early 17<sup>th</sup> Century; J. Mills, 1991), *twat* (17<sup>th</sup> Century; Richter, 1987; J. Green, 1998), and *muff* (17<sup>th</sup> Century; Partridge, 1982; J. Green, 1998), some of terms generated by just one or very few respondents, which I initially took to be idiosyncratic, have long histories. For example, *queynte* (1 respondent) dates from Middle English and was used in Chaucer's *The Miller's Tale* ("and prively he caughte hire by the queynte"; Montagu, 1967, pp. 315-316; Allan & Burridge, 1991). *Cunnie/cunny* (3 respondents) was evident from the early 16<sup>th</sup> Century (G. Hughes, 1991, quotes a "jaunty verse" from 1720 – "All my Delight is a Cunny in the Night" [p. 28]). *Cunnie/cunny* is apparently not a diminutive form of *cunt*, but an obsolete form of *cony* or rabbit (Partridge, 1982), which Richter (1987) explains as arising out of a focus on female pubic hair.



Table 4-5

Total Number of Instances of FGTs and MGTs, by Sex and Category

Category	Type	Total number of terms generated within each category		
		By women (N=156)	By men (N=125)	Total <sup>a</sup> (N=281)
<b>Standard slang<sup>b</sup></b>	FGTs	623	533	1156
	MGTs	586	437	1023
<b>Euphemism<sup>b</sup></b>	FGTs	60	17	77****
	MGTs	25	21	46
<b>Nonsense<sup>c</sup></b>	FGTs	19	17	36
	MGTs	40	17	57*
<b>Space<sup>b</sup></b>	FGTs	32	56	88****
	MGTs	0	0	0
<b>Receptacle<sup>b</sup></b>	FGTs	104	104	208
	MGTs	13	14	27
<b>Abjection<sup>b</sup></b>	FGTs	59	106	165*****
	MGTs	16	32	48**
<b>Hair<sup>b</sup></b>	FGTs	237	230	467*
	MGTs	0	7	7***
<b>Animal<sup>b</sup></b>	FGTs	154	142	296
	MGTs	110	123	233***
<b>Money<sup>b</sup></b>	FGTs	19	4	23*
	MGTs	0	0	0
<b>Personification<sup>c</sup></b>	FGTs	150	83	233*****
	MGTs	284	214	498
<b>Gender identity<sup>c</sup></b>	FGTs	4	2	6
	MGTs	23	37	60*
<b>Edibility<sup>c</sup></b>	FGTs	41	61	102*
	MGTs	68	93	161**
<b>Danger<sup>c</sup></b>	FGTs	33	37	70
	MGTs	95	151	246*****
<b>Sex &amp; pleasure</b>	FGTs	0	10	10****
	MGTs	1	12	13****
<b>Plant</b>	FGTs	7	19	26
	MGTs	0	7	7
<b>Fantasy</b>	FGTs	7	5	12
	MGTs	0	2	2
<b>Urination</b>	FGTs	8	3	11
	MGTs	6	3	9

<sup>a</sup> In total, 1970 FGTs and 2071 MGTs were collected.

<sup>b</sup> Indicates significantly more FGTs than MGTs in that category.

<sup>c</sup> Indicates significantly more MGTs than FGTs in that category.

\* Significant differences in the mean number of terms generated by women and men for FGTs or MGTs in each category are indicated: \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .005$ , \*\*\*\*  $p < .001$ , \*\*\*\*\*  $p < .000$ .

Dictionaries of slang (e.g., J. Green, 1998) make various suggestions about the probable derivation of terms, but it is unlikely that contemporary users imbue standard slang terms with 17<sup>th</sup> Century connotations. I have therefore made no attempt to code slang terms in ways which reference their (putative) etymological origins (e.g., the derivation of *cunnie/cunny* was *not* used as a basis for coding it as [small furry] ‘animal’). Nonetheless, it is worth noting the extent to which the origins of many ancient slang terms reflect and map onto the semantic category system I developed here. I will return to this point in the conclusion.

### *Euphemism*

Terms coded as euphemism were those which made vague reference to a body area, but which removed the genitalia from the conceptual schema of the lived/experienced body (see Chapter 2). FGTs such as *down there*, *downstairs*, *front bottom*, *hairy area* and *middle* use mild, non-specific (even inaccurate) euphemisms to *not* name that part of women’s bodies. Many MGTs mirrored the FGTs – *bits*, *genital area*, *privates*, and *thing/thingy*, for example, although the genitalia were also an *extension* or a *member*. *Thing* has served for both female and male genitalia since Middle English (G. Hughes, 1988). In total, more ‘euphemistic’ genital slang was produced in reference to women’s genitalia than in reference to men’s,  $t(280) = 2.217$ ,  $p < .01$  (see Table 4-5), which was also found in Richter’s (1987) data. Women were more likely than men to produce euphemistic terms for female genitalia,  $F(1, 279) = 10.722$ ,  $p < .005$ , while there were no sex differences in the production of euphemistic MGTs.

Euphemistic genital slang is vague to the extreme, with no clear bodily reference point, which implicitly reinforces the idea that we should not talk, or even think, about genitalia explicitly.<sup>38</sup> Allan and Burrige (1991) claim that euphemisms are not contaminated by the taboo topics they denote. My findings suggest that euphemism is more often produced by women than men, and is particularly likely in relation to women’s bodies. One explanation for this is that it reflects previous findings that women are ‘polite’ speakers of English (Lakoff, 1975), and generally produce more euphemistic slang (overall) than do men (e.g., Gordon, 1993; J. Sanders & Robinson, 1979). It is also possible that young girls and women are exposed to euphemistic terms more frequently than boys are, and are hence more aware of them. However, regardless of why women produce more, the continued presence of euphemistic FGTs reinforces a situation where women talk about our bodies in “oblique and disconnected language” (S. Jackson, 1999a, p. 37), and encourages an ongoing mystification (and denial) of women’s genitalia.

### *Space*

The terms coded as ‘space’ referred to forms identified by material absences. Many of these referred to the landscape, to spaces created by ‘absences’ of land – a *cave*, a *hole*, a *love*

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<sup>38</sup> Ussher (1989) similar comments that menstrual slang promotes “silence and secrecy” (p. 32) around it, and Kissling (1996) refers to “strategies of linguistic concealment” (p. 306).



*canal, a tunnel, or the Grand Canyon.* They are what is left, or created, when the substance has gone or been removed. Such terms implicitly constitute the female body as a landscape, and carry connotations of exploration, colonisation and ownership. In these terms, women's genitalia are defined by *space*, by the "potential space" of the vagina (Loulan, 1984, p. 35), rather than by the *presence* of the different aspects of the female genitalia, which mirrors the representation of genitals as absent already discussed in Chapter 2. Moreover, as the vaginal walls usually touch when a woman is not aroused (Anderson, Anderson & Glanze, 1998; Angier, 1999; Boston Women's Health Book Collective, 1992), the metaphor of space reflects the vagina in an aroused state – the always-receptive (heterosexual) woman? (The vagina as "a gaping hole" [Downer, 1980, p. 257] has also been identified in medical representations of the vagina.) While space might appear to be 'common-sense' meaning that reflects 'reality' – the vagina is a 'hole' (waiting to be filled) – an aim of this part of the chapter is to identify, and thus problematise, metaphors which are so culturally embedded as to seem 'natural' and possibly incontestable. Space FGTs were more likely to be produced by male respondents than by female respondents,  $F(1, 279) = 11.381, p < .005$ . While the space category was common in FGTs, MGTs *never* invoked space (see Table 4-5).

#### *Receptacle*

Women's genitalia were represented in slang as (potential) containers (e.g., *bucket, box, hairy goblet*), places to put things in (e.g., *furry letterbox, disk drive, socket, slot*), containers for semen (e.g., *gism pot, spunk bin, honey pot*), and containers for the penis/sex (e.g., *willy warmer, wank shaft, shagbox*), as they are in other socio-cultural representations (see Chapter 2). The prevalence of these terms (and those of 'space') supports Penelope's assertion that paradigmatic women are "holes, receptacles, containers – things they [men] can or want to fuck" (1990, cited in Sutton, 1995: 286-7). (There was, however, no difference between men and women in generating these terms.) The proliferation of receptacle FGTs can be contrasted with very few receptacle MGTs,  $t(280) = -11.328, p < .001$  (see Table 4-5), most of which seemed to refer to the scrotum (e.g., *ball bag, nut sack, sac*).

#### *Abjection*

'Abjection' was another category more evident in FGTs than MGTs,  $t(280) = -7.630, p < .001$  (see Table 4-5), making reference to a leaky, messy, uncontained, 'abject' body (Kristeva, 1980/1982). Abjection was invoked in various ways: through reference to smell (e.g., *smelly hole, stench trench, & 'fish' terms*); dirtiness (e.g., *front bum, dirt box*); uncooked (bloody?) meat (e.g., *meat seat, chopped liver*); (excessive) vaginal secretions of all types (e.g., *oily cavern, tuna waterfall, the snail trail, slushing fuck pit*);<sup>39</sup> and wounds (e.g., *gash, slit arse; gaping axe wound*). Wound terms often made reference to a violent act (e.g., *black cat with its*

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<sup>39</sup> While 'sexual' vaginal secretions presumably have a positive coding in terms of 'being aroused' – the 'glistening wet pussy of porn' – secretions also make reference to the 'leaky' fluid female body, of unstable borders that leak in excess (Grosz, 1994).

*throat cut, sliced stomach*). Abjection corresponds, in part, to the ‘revolting effluvia’ theory (Allan, 1990) – that female genitalia are derogated because of their secretions and close association with excretion and urination. Such terms are part of the socio-cultural representation of women’s genitalia as disgusting (see Chapter 2). The association of the female genitalia with fish and hence unpleasant smells has frequently been noted (J. Mills, 1991). Abjection terms construct women’s genitalia (and women) as dirty and smelly, as leaky and uncontained. Abjection FGTs were far more frequently produced by men than by women,  $\underline{E}(1, 279) = 15.780, p < .001$ . Men also produced more abjection MGTs than did women,  $\underline{E}(1, 279) = 6.889, p < .01$ . However, it is worth noting that abjection MGTs never invoked dirtiness or wounds, and MGTs referring to *secretions* appeared comical (e.g., variations of *custard chucker, one-eyed yoghurt thrower*).

### *Hair*

Reference to ‘hair’ was far more frequently found in FGTs than in MGTs,  $t(280) = -22.327, p < .001$  (see Table 4-5). Hairiness was referenced directly, though the use of adjectives like ‘hairy’ and ‘furry’ (e.g., *hair pie, furry letterbox*), and invoked indirectly – through reference to items that are themselves hairy, or have a hair-like character (e.g., *muff* [the most common], *carpet*), and the use of the term *bearded* (e.g., *bearded axe wound, bearded cup of love*). The imagery invoked by furry animals (e.g., *pussy, beaver*) and vegetation terms (e.g., *jungle cunt, bush*) also suggested hair. The frequency of hair FGTs contrasted sharply with the *absolute* absence of *explicit* reference to hair in any of the MGTs.

It appears as if the ‘visibility’ of the penis and testicles/scrotum overrides the visibility and importance of men’s pubic hair. In women, in contrast, the presence of the pubic hair is foregrounded by its position in relation to the vulva – pubic hair is often all that is visible of (naked) women’s genitalia. Allan and Burrige (1991) commented that, “the correlation of the female pudend with furry animals may result from the fact that – in contrast to many men – on most women, public hair is the only substantial patch of body hair” (p. 99). Hair may be seen as concealing of women’s genitals – Person (1986/1999) suggested that the popularity of shaved genitals in male [hetero]sexual fantasies might reveal a wish for nothing to be concealed (although see Kapsalis, 1997, for other interpretations). Hair references can then be seen as a form of euphemism, because the genital structures are not directly invoked, but implied through association. It is also worth noting that in contemporary British and North American culture hairiness is highly undesirable on women: we are expected to remove any sight of it from much of our bodies (Basow & Braman, 1998; Greer, 1999; C. Kitzinger & Willmott, in press), and many women who eschew makeup still remove some of their body hair (Travis, et al., 2000). Such aspects of the female body are also represented as ‘unnatural’ (Holland, Ramazanoglu, Sharpe, & Thomson, 1994b).



### *Animal*

Reference to an animal (or part of an animal) was common in both FGTs and MGTs, although respondents provided more animal terms for FGTs than MGTs,  $t(280) = -3.821$ ,  $p < .001$  (see Table 4-5). There was, however, a contrast between the types of animals referred to. The types most frequently referred to in FGTs were small furry animals (e.g., *pant hamster*, *rat*, *cat*), although larger hairy animals (e.g., *beaver*, *badger*, *horse*), and aquatic animals (e.g., *kipper*, *prawn*, *fish*) were also commonly mentioned.<sup>40</sup> In contrast, the most common animals referred to in MGTs were snakes (e.g., *black mamba*, *trouser snake*, *python*), although some birds (e.g., *cock*), hairy animals (e.g., *monkey*, *donkey wood*), and elongated (leg-less) animals or animal parts (e.g., *maggot*, *worm*, *tail*, *chicken neck*) were also listed. Weatherall and Walton (1999) noted a similar contrast in sexual slang – female terms were domestic animals; male terms were wild beasts.

### *Money*

The 'money' category was evident in FGTs but *never* appeared in MGTs (see Table 4-5). FGTs contained both explicit (e.g., *tuppence*, *thruppeny bit*, *Mrs Penny*), and implicit (*fur purse*, *pocket book*) references to money. In most of these terms, the amount of money was very small, suggesting reference to money rather than value. Many FGTs *not* coded with this category – such as *fish*, *lettuce*, and *quiff* – have, historically, meant money (Wentworth & Flexner, 1975), and many have simultaneously meant prostitute – Jonathan Green's (1999) money category is identified as 'the money-maker'. These terms suggest women's worth and value to be in our genitalia, and commodify the genitalia as objects to be purchased. Indeed, 'commodity' was a 16<sup>th</sup> Century British term, now obsolete, for the genitalia (McConville & Shearlaw, 1984). Women produced more money FGTs than did men,  $F(1, 279) = 5.466$ ,  $p < .05$  (see Table 4-5).

While there were no references to money in MGTs, there was a contrast case of terms that depicted 'preciousness' (e.g., *crown jewels*, *sexual wand*, *Aladdin's lamp*). These items are precious to the extent that they *should* be retained, and cherished, rather than having the common transactional status of money. Their (often priceless) value is also higher than that of the money FGTs.

### *Personification*

Personification was a common category, with proper nouns being used to describe the genitalia – terms such as *Bessy*, *Lulu*, *Mary*, *Nan* and *Mrs Dinky* for women's genitalia, and *Benny*, *Jimmy*, *John Thomas*, *Peter* and *Tom Byron* for men's. Respondents produced significantly more personification MGTs than FGTs,  $t(280) = 16.761$ ,  $p < .001$  (see Table 4-

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<sup>40</sup> 'Animal' is a common category in slang terms for 'woman' as well (Baker, 1993; G. Hughes, 1991; Whaley & Antonelli, 1983).

5).<sup>41</sup> The personification of male genitalia has frequently been noted by other commentators who suggest that,

the common use of quite a variety of proper names for a penis in contrast with the few used for a vagina may derive from the belief that a penis leads a life of its own to a much greater extent than its female counterpart (Allan & Burrige, 1991, p. 103).

Cornog (1986) identifies personification as a category of genital pet names (for both penis and vulva), and similarly points to a separation of genital ‘personality’ from the individual’s personality. Elsewhere, she has identified this as part of a broader pattern of ‘genitomorphism’ (Cornog, 1981).

Female respondents were more likely to personify female genitalia than were male respondents,  $F(1, 279) = 20.991$ ,  $p < .001$ , but neither male nor female respondents gave female genitalia the elevated status accorded male genitalia in terms relating to ‘important personages’ (e.g., *general*, *bishop*, *little major*) – a finding also noted by Cameron (1992b).

#### *Gender identity*

Terms were coded as ‘gender identity’ when the genitalia were ascribed an ‘essence’ of maleness or femaleness. Only a very small number of slang terms ( $n = 6$ ) referred to ‘gender identity’ as female (e.g., *girl patch*, *old girl*, *womanhood*, *womanly bits*). This is a reversal of a common aspect of slang noted by others (e.g., Baker, 1993; Greer, 1970; G. Hughes, 1991; Hummon, 1994; de Klerk, 1992; McConville & Shearlaw, 1984; Sutton, 1995) – that terms used for women’s genitalia are often also used for the woman herself (and for prostitutes). Historically, various other FGTs also meant ‘woman’ in one form or another (e.g., *biff*, Wentworth & Flexner, 1975). In these terms, there is an elision between part and whole – woman and women’s genitalia are not separable, they are, to all extents and purposes, the same thing. I examine the link between genitals and gendered identity for women in more detail in Chapter 7.

Gender identity was significantly *more* evident in MGTs than FGTs,  $t(280) = 6.867$ ,  $p < .001$ , including terms such as *manhood*, *old man*, *man fat* and *the boys*. Common-sensical notions of the penis represent it as masculine, and indeed ‘maleness’ (Garber, 1993; Potts, in press). Male respondents were more likely than female respondents to describe male genitalia in such ways,  $F(1, 279) = 6.316$ ,  $p < .05$ .

#### *Edibility*

‘Food’ was more common in MGTs than FGTs,  $t(280) = 3.621$ ,  $p < .001$  (see Table 4-5). Wentworth and Flexner (1975) noted that food “is probably our most popular slang image” (p.

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<sup>41</sup> The terms *dick* and *willy* comprised 426 of the 498 MGTs. The term *fanny*, while now rarely used as a woman’s name in the UK, has been included in this category, and comprised 214 of the 233 FGTs.



xiii), being particularly common in relation to sex (McConville & Shearlaw, 1984; Richter, 1987; Weatherall & Walton, 1999), and frequently found as terms for 'woman' (Greer, 1970; G. Hughes, 1991; Nilsen, 1977; Sutton, 1995). However, the category 'food' glosses over the variability within it, which, for FGTs, included frequent reference to meat (e.g., *bacon rashers, kebab, meat curtains*); fish/seafood (e.g., *tuna waterfall; fish, clam*); and 'sweet titbits' (e.g., *love muffin, fudge, cake-hole*). Feminist writers have used the imagery of women as (a piece of) meat as a metaphor for women's oppression (C. Adams, 1990). However, meat was also common in MGTs (e.g., *meat and two veg, pork sword, T-bone*). Meat FGTs frequently referred to cooked/processed meat (e.g., *burger, badly wrapped kebab*), presumably a reference to genital 'shape' or appearance (and possibly secretions), while the meat MGTs only included three references to (elongated) processed meats (e.g., *salami, lunch sausage, sausage*). Given this, it is unclear what the image of meat does differently in relation to women's and men's genitalia, and raises the question of how we should theorise it differently.

While feminists such as Greer (1970) have argued, convincingly, that food terms for women and women's genitalia position women as "for consumption" (p. 265), the category of edibility was prevalent in MGTs as well (see also Weatherall & Walton, 1999), suggesting that both women's and men's genitals are so conceptualised. Men produced significantly more food terms than did women, both for their own genitalia,  $F(1, 279) = 7.347, p < .01$ , and for women's,  $F(1, 279) = 5.726, p < .05$ .

### *Danger*

'Danger' terms represented the genitalia as (potentially) harmful. Danger slang was produced significantly more frequently for MGTs than for FGTs,  $t(280) = 9.794, p < .001$  (see Table 4-5). However, the way danger was represented in each differed. FGTs generally signalled a 'passive' danger. The female genitalia were represented as places from which people/things never return (e.g., *the Bermuda triangle*) or get sucked into to (e.g., *the black hole, electrolux*), hidden dangers (e.g., *squirrel trap*), and warnings of danger (e.g., *hairy growler, bomb doors*). These terms invoked the vagina dentata motif (the vagina equipped with teeth and dangerous or deadly to penises) and the penis-captivus myth (where the penis is 'captured' and cannot be removed after coitus) (Beit-Hallahmi, 1985), and map onto, and re-produce, the socio-cultural representation of the vagina as dangerous (see Chapter 2).

In contrast, MGT danger was an attacking danger – implemented, used, fought. War/weapon imagery was common (e.g., *stabbing truncheon, heat seeking missile, torpedo, sword*), as noted by Weatherall & Walton (1999). Images of danger and violence frequently describe men's genitalia in mass-market pornography (Jensen & Dines, 1998), and when we consider FGTs as wounds (see 'Abjection'), we have a scenario where women's genitalia are wounds, and male genitalia inflict wounds. Men were more likely to generate 'danger' MGTs than were women,  $F(1, 279) = 22.430, p < .001$ . These data provide a striking contrast to the cultural stereotype in which women's genitalia are perceived to be as dangerous (to men) (e.g., Allan,

1990; Beit-Hallahmi, 1985; Lerner, 1976), while men's genitalia are not described as dangerous (to women) in the same way.

### *Nonsense*

'Nonsense' slang referred to vague, inoffensive terms that had little or no meaning in standard English: terms like *biff*, *foo-foo*, *minky* and *winkie* in FGTs, and *chod*, *dongce*, *spondoolies* and *winks* in MGTs. Such terms implicitly infantilised both female and male genitalia – they were frequently 'baby' language – and can be considered a form of euphemism. More nonsense slang was produced for male genitalia than for female genitalia,  $t(280) = -2.784$ ,  $p < .00$  (see Table 4-5), and nonsense MGTs were more frequently produced by women than men,  $F(1, 279) = 4.226$ ,  $p < .05$  (as Cameron, 1992b, also found). This relative frequency might reflect a phenomenon frequently found in female focus groups which I have dubbed the 'silly willy' phenomenon, whereby men's genitalia are mocked as ridiculous by women (see also Hill, 1998; and Boynton, 1999).

### *Sex and pleasure*

Reference to sex or (sexual) pleasure was *very* rare both in FGTs and in MGTs. Most MGTs focused on pleasure (rather than sex explicitly), and many emphasised *giving* pleasure (e.g., *joy giver*, *passion giver*, *wife's best friend*), although, with the exception of the latter, it was not entirely clear whose pleasure was at issue. Sex was referred to with terms like *veiny bang-stick*. FGTs invoked pleasure with terms such as *pink pleasure palace* and *rave in the cave*, and sex with terms like *slushing fuck pit*. A few of the 'sex' FGTs seemed to represent female genitalia as passive sites for male sexual activity (e.g., *fuck hole*, *wank shaft*). All FGTs, and most MGTs, were produced by men (see Table 4-5) (for FGTs,  $F(1, 279) = 11.064$ ,  $p < .005$ ; for MGTs,  $F(1, 279) = 11.227$ ,  $p < .005$ ). The sweet titbits FGTs (see Edibility) may also symbolise pleasure – women as sweet deserts – but it is not *clearly* sexual.

### *Other categories*

FGTs were coded into three additional (small) categories. The 'plant' category included terms like *bush* and *forest*, which presumably index pubic hair, as well as terms like *flower*. It is interesting that flower terms were not that common, given Bennett's (1993) assertion that flowers are the language through which "women's genitals have been represented and inscribed" (p. 242). The only reference to (dead) plants in MGTs was *twig and berries*, *wood*, and *woody*. The 'fantasy creature' category contained such imaginary creatures as *fairy*, *hairy Cyclops*, and *gremlin*. The only 'fantasy' creature in MGTs was also dangerous: a *purple (headed) monster*. All terms which referenced urination were coded in the 'urination' category: for FGTs, this included *pee-pee*, *piss flaps* and *wee wee hole*; for MGTs, *hose*, *pee pee*, and *pisser*. Because my focus in this chapter has been on FGTs, categories that were evident in MGTs, but not in FGTs, have not been discussed. These are worth noting for their contrast: musical instruments (e.g., *pink oboe*); vehicle (e.g., *big red fun bus*); leisure (e.g., *toy*) or



sporting (e.g., *mid wicket*) equipment; size (e.g., *Big Ben*), non-genital body parts (e.g., *main vein*, *love organ*), and tools or other useful implements (e.g., *jackhammer*, *chopper*, *tackle*).

### *Summary*

In Study One, I found that males produced significantly more slang than females, and sex differences in the production of slang were found for many categories. More FGTs than MGTs were coded in the standard slang, euphemism, space, receptacle, abjection, hair, animal and money categories, while more MGTs than FGTs were coded personification, gender identity, edibility, danger and nonsense. Reference to sex or sexual pleasure was rare in both FGTs and MGTs. The variety of terms demonstrates that slang is a potent source of metaphor about women's genitals. Some of these clearly link to the socio-cultural representations already discussed in Chapter 2, while others, such as nonsense, appear to be more specific to slang.

### **Study Two: The non-specificity of female genital slang**

Female genital slang provides an alternative to 'clinical' anatomical terminology, and might appear to offer a rich and varied vocabulary with almost endless possibilities for communicating about women's genitalia. However, I was struck by what seemed to be curious imprecision in female genital slang. Almost all of the 317 different FGTs I collected appeared simply to refer to the vulval area in general, without a clear and *specific* physical referent (e.g., vagina, clitoris, labia). My supervisors and I were unable unambiguously (and consensually) to attribute them specific meanings. And it seems we are not alone in this conclusion: in Jonathan Green's (1999) collection of almost 1000 FGTs, very few are designated as referring to specific parts like labia (27) or hymen (5).

Slang terms for 'clitoris', in particular, have been described as relatively non-existent. According to Sara Mills (1995), "there is, as far as I know, no word to refer to the clitoris, in a non-medical way" (p. 104), a situation McClintock (1992) refers to as "the blank balance sheet of our society's concern for women's pleasure" (p. 115). Neither 'clitoris' nor 'clit' is listed in *Roger's Profanisaurus* (1998), the swearing dictionary of 'over 2250 rude words and phrases', although there are dozens for the genitalia as a whole (although see Kanner, 1944). Even in Jonathan Green's (1999) comprehensive listing, only 21 (many of which were variations on a word/phrase) are specifically designated clitoris. The term clitoris first appeared as an anatomical reference in Rufus of Ephesus (1<sup>st</sup> - 2<sup>nd</sup> Century AD), and included with it were three synonyms, one of which was *myrtle berry* (based on the appearance of the berry) a term which also appeared in Aristophanes (Cohen, 1978; see also Kanner, 1944). *Murtle* was a term generated by one respondent (as were *bean*, *button*, and *little man in the boat*, all of which I thought probably referred to the clitoris, and with which J. Green [1999] concurs).

Slang terms for the labia seemed initially clearer: *beef curtains* (24 respondents) are defined as "labia minora, or small lips" in *Roger's Profanisaurus* (1998, p. 10), or simply "labia" in McConville and Shearlaw (1984, p. 12), although Jonathan Green (1998) designates it 'female

genitals'. I also understood the terms *flaps*, *fanny flaps*, or *piss flaps* to refer to (inner or outer) labia. Curiously, however, the *Blokes Dictionary* (<http://www.geocities.com/BourbonStreet/6518/dict.htm>) defines *flaps* as 'clitoris'.

Terms connoting receptacles or holes (e.g., *cave*, *hole*, *socket*, *slit*) seemed likely to refer specifically to the vagina (see J. Green, 1999; although one dictionary defines *slit* as a 'raffish' term for 'clitoris'; Partridge, 1982). There seemed to be some confusion between the vagina, and anus/rectum, and the urinary meatus. Some of the terms generated by one respondent (*slit arse*, *dirt box*, *duff*, *fudge*) are defined as anus or rectum in *Roger's Profanisaurus* (1988) (which also defines *chuff* as meaning *both* 'anus' and 'vagina'). Others such as *pee pee*, *pee hole* and *wee wee hole* would seem more appropriately to refer to the urinary meatus than the vagina. However, as I have noted in Chapter 2, some people apparently believe that urine is passed through the vagina – a notion evident in the derivation of *minge* (the Latin *mingere*, meaning 'to void urine'). *Minge* apparently originally meant 'urinate' when it entered the English language in the early 17<sup>th</sup> Century (J. Mills, 1991).

The apparently rich vocabulary of slang is illusory if it does not actually differentiate those parts of the genitalia about which one might wish to communicate during (for example) sex, gynaecological consultations, or childbirth. These might include the clitoris, inner labia, outer labia, perineum (for which there appear to be no slang terms at all), or more specific features of, for example, the clitoris (clitoral shaft, clitoral hood, etc.). This follow-up study aimed to investigate the extent to which slang terms for female genitalia were actually consistently understood to be referring to specific and precise genital parts.

## *Method*

### *Participants*

In total, 184 women aged 18-40 (Mdn = 19), 40 men aged 18-34 (Mdn = 19), and 27 respondents who did not indicate sex, aged 18-32 (Mdn = 20), answered the questionnaire. Respondents were all undergraduate social science students at Loughborough University. As respondents were given one of 10 different versions of the questionnaire, number of respondents per version varied between 19 and 34.

### *Materials*

The *Female Genital Terms – What Do They Mean* questionnaire (see Appendix 4) contained five different FGTs. Participants were asked to respond to four questions in relation to each term: 1) whether they had seen the term before; 2) what part of women's genitals they thought it referred to; 3) how sure they were about their answer to question 2; and 4) whether they would ever use that term to describe women's genitals. They were also given the opportunity to explain their answer to question 4. Demographic information (age and sex) was collected at the start of the questionnaire. Ten different versions of the questionnaire were used, which differed only in the terms included. In total, 49 different FGTs were included. These were



chosen from the FGTs generated by respondents to the *Terms for Male and Female Genitals Questionnaire*. They included the most common, and those I thought, based on my cultural knowledge, were most likely to refer to specific parts of female genitalia (e.g., *button* [clitoris], *bush* [pubic hair], *camel's hoof* [vulva], *cherry* [hymen],<sup>42</sup> *flaps* [labia minora], and *hole* [vagina]).

The questionnaire was accompanied by an anatomical drawing of the external female genitals with parts labelled for reference (K. Moore, 1992, p. 314), which was selected for its detail and 'realism'. Additional clarificatory labels (clitoris, clitoral hood, labia minora and majora, perineum, pubic hair, vagina) were added to the image, and it was given the title 'the external female genitals (the vulva)'.

### *Procedure*

Respondents were recruited during two lectures. Following a brief description of the research, and a statement regarding the voluntary nature of their participation, respondents were given time to complete the questionnaire in class. Responses were not provided for all terms on each questionnaire. Data were collated for responses to each term, and analysed for consensus in anatomical referent. An analysis of responses to Question 2 (what part of women's genitalia they thought it referred to) and Question 3 (how sure they were about their answer to Question 2) are included in this thesis.

### *Results and discussion*

The results confirmed my impression that terms for female genitalia frequently lack a precise referent. First, across all terms, an average of 3.9 different meanings were given per term, and there was *complete* agreement by participants on the meaning of only two words (4%): *beard* (meaning 'pubic hair' – although one participant designated in 'woman's carpet'<sup>43</sup>), and *clit* (meaning 'clitoris'). Second, respondents offered a range of meanings for 'standard slang' terms: for example, *pussy* ('vulva', 'vagina', 'pubic hair', 'clitoris', 'genital organ'), *twat* ('vulva', 'vagina', 'hymen'), *fanny* ('vulva', 'vagina', 'clitoris and vagina', 'pubic hair', 'cunt'), *minge* ('vulva', 'vagina', 'labia', 'pubic hair'), and *cunt* ('vulva', 'vagina'). Third, respondents also disagreed about the meanings of some terms my supervisors and I thought *were* quite specific. For example, *muff* (which we thought was 'pubic hair') was understood by some respondents to mean 'pubic hair' but by others to mean 'vulva', 'vagina; or 'bottom area';

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<sup>42</sup> The total of 49 terms across the 10 versions reflects the fact that cherry was included on two versions of the questionnaire. This was due to the fact that both my supervisor (CK) and myself were confident what it referred to ('clitoris' or 'hymen'), but could not agree.

<sup>43</sup> Despite being asked to provide an anatomical definition, slang terms were used on a number of other occasions to define the slang term given – for instance, *fadge* and *bush* were defined as 'fanny', *hole* was defined as 'cunt', and *tuppence* was defined as 'twat' – from which no conclusions can be drawn. Some participants also used terms like 'entire vagina' (defining *beaver*) or 'outer part of vagina' (defining *flaps*), which suggest a conflation of the anatomical vagina and vulva.

*Bermuda triangle* was understood by some to mean ‘public hair’, but by others to mean, ‘vagina’, ‘vulva’, or ‘labia’.

Other evidence for imprecision came from the proportion of respondents who indicated that they had ‘just guessed’ what a particular FGT referred to ( $M = 41\%$ , range 0%-100%). If meaning were fixed or certain, respondents would be expected to ‘know’ what a term meant if they had heard it. Moreover, even when participants did not ‘guess’ the meaning of a term (i.e., were either ‘quite’ or ‘very’ sure), they still frequently disagreed. For instance, in relation to the term *fanny*, the 12 ‘very sure’ answers were divided between ‘vagina’ (6 responses, 1 of which included ‘hole’, and 1 of which included ‘bum’),<sup>44</sup> ‘vulva’ (4), ‘clitoris’ (1, with ‘vagina’) and ‘cunt’ (1). The seven respondents who were ‘quite sure’ they knew what *fanny* meant were divided between vulva (4) and vagina (3). Using *bearded clam* as another example, three respondents were ‘very sure’ they knew what it referred to: one chose ‘vagina’, one chose ‘pubic hair’ and one chose ‘clitoris’. Eight were ‘quite sure’ about their answers: Three indicated ‘pubic hair’, two indicated ‘vulva’, one ‘the whole genital area’, one ‘pudenda’, and the other indicated ‘vagina’. Looking at the standard slang term *pussy*, of seven respondents who were ‘very sure’ of its particular meaning: six said ‘vagina’ (one added ‘pubic hair’), and the other said the ‘whole thing’. However, of the 15 respondents who were ‘quite sure’ of its meaning: five indicated ‘vulva’ (one added ‘pubic hair’), five indicated ‘pubic hair’, four indicated ‘vagina’ (one added ‘surrounding area’), and one indicated ‘clitoris’. Even though some participants appear to be certain of a particular meaning (e.g., vagina), others are not, or are certain of a different meaning. Clearly, what people are ‘quite sure’ or ‘very sure’ female genital slang terms refer to can differ quite dramatically.

The apparent interchangeability of the terms ‘vulva’ and ‘vagina’ (or ‘vulva’ and another part of the female genitalia) was widespread, and might reflect the metonymic relationship between vagina and vulva noted by previous authors (Allan, 1992; Aman & Sardo, 1982; Ash, 1980a, 1980b; Gartrell & Mosbacher, 1984; Lerner, 1974; Rosenbaum, 1979; also Ardener, 1987; Boston Women’s Health Book Collective, 1992; Hite, 1993; Kestenberg, 1968; *The Guide to Getting It On*, 1996). While ‘vulva’ is seldom spoken, ‘vagina’ comes to stand for it (Ash, 1980a, 1980b). (Note that in Study One, ‘vagina’ was generated by 162 respondents, but ‘vulva’ only by 4!) As Allan (1990) commented, “I use the term vagina with its *normal* meaning in our community, namely to denote ‘the female genitalia’ or ‘cunt’” (p. 192, emphasis added). Girls (or boys; Karpf, 1991) are rarely taught the anatomical terms which differentiate parts of female genitalia (e.g., the clitoris, the inner and outer labia) – the word ‘vagina’ covers the whole area (Gartrell & Mosbacher, 1984; Lerner, 1976; also Boseley, 1996; Friday, 1996). Despite having been given a labelled anatomical drawing, my respondents might have been uncertain about what ‘vagina’ and ‘vulva’ actually were, and how they differed from each other. Similarly, the apparently widespread ‘lay’ use of vagina as ‘female genitals’ might have over-ridden the

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<sup>44</sup> When more than one term was given, the first was taken as the main definition, and a note kept of additional definitions.



anatomically specific meaning I was trying to access (which was suggested by definitions like ‘outside of vagina’ [for *muff*]). This raises the question ‘what do you call the vagina, if ‘vagina’ means ‘the female genitalia?’ Similarly, ‘what is wrong with the term vulva?’ Why does it continue to be so unspeakable? Ash (1980b) identified the vulva as a ‘psycholinguistic problem’ and suggested that lack of use results from it being seen as a ‘nothing’ organ. While ‘vagina’ has effectively moved from a ‘medical’ to ‘lay’ register (although with an apparent partial change in denotation), ‘vulva’ appears to remain virtually solely within a medical register. Even there, lack of general understanding limits its use. As McWilliam and O’Donnell (1998) report their ‘case-study’ Lucy, a sexual health nurse and student midwife, commenting, “I never [say] ... can I just have a look at your vulva. You know you just don’t hear it, but that’s what you’re wanting to look at” (p. 96).

Female genital slang, then, does not appear to have precise or consistent meanings – it was either *not* perceived as referring to specific parts (just to ‘the whole thing’), or if some more precise meaning was given, then *different* genital parts were almost always attributed. This lack of precision and consistency makes it more difficult for women to verbally communicate with sexual partners about the location of sensations, to name what they are feeling, and to explore the range of sensations possible in different locations. Susie Bright (1997) notes a stark contrast between men and women:

‘I never met a man who told me he didn’t know how to come, or didn’t know where his penis was’. That pretty much sums up the dilemma of women’s sexual responsiveness. Lots of women have never even said the word ‘clitoris’, or touched their clit, and don’t really have a good idea about their genitals at all (p. 138).

Lerner (1976) warned, in relation to anatomical terminology, that “the failure [by parents] to explicitly acknowledge and label the girl’s external genitals, especially the clitoris, cannot help but have pathogenic consequences” (p. 275), later referring to it as “psychic genital mutilation” (Lerner, 1991, cited in Blank, 1993, pages not numbered). Brumberg (1997) suggests that the use of anatomical terminology over euphemism connotes a lack of shame that must be psychologically beneficial for girls in adolescence, while Ash (1980a) points to the importance of correct genital naming for sex and sexual knowledge. Lack of precision in naming genitalia may be problematic for girls and women learning to understand and appreciate our genitalia and our sexuality (Lerner, 1976; also Gartrell & Mosbacher, 1984; Holtzman & Kulish, 1997; Sevely, 1987; Tiefer, 1979; also Mayer, 1985). Without focusing on notions of pathology, I have a concern about the effects of *slang* on women’s experience of our genitalia and our sexuality. A language that does not enable women to talk about the different parts of the genitalia, or to conceptualise the genitalia as constructed of various parts, might perpetuate the ‘absence’ of women’s genitalia from the conceptualised body.

Issues around language, naming and communication also potentially affect women’s genito-urinary medical interactions and experiences of childbirth. McWilliam and O’Donnell (1998)

quote Lucy reporting that she was taught to “avoid slang terms because you can’t always be sure that the person understands your definition of it” (p. 96). Likewise, Lloyd (1999) points out that the use of euphemism (in particular around men masturbating to produce semen samples), “brings the risk that sometimes some people just do not know or that they do not understand” (p. 212). Even a supposedly commonly understood term like ‘having sex’ raises questions of definition and inclusion (see S. Sanders & Reinisch, 1999), as well as questions for sexual health education. Anatomical terminology and slang exist in competing registers, and offer different possibilities for communication in such contexts (see McWilliam & O’Donnell, 1998; also Ammerman et al., 1992). The lack, or imprecision, of language reinforces both the ‘passivity’ and powerlessness of the female ‘patient’ within this context, and the ‘power’ of the doctor to name and define (or not) the female body and genitalia. It can also affect women’s ability to communicate about our bodies and sexuality in research settings (e.g., see Bell & Apfel, 1995; Holland et al., 1994b).

### **Discussion and conclusion**

In this chapter, I have outlined sex differences in the generation of slang terms for the genitalia, examined the semantic categories evident in such slang, and explored non-specificity as a feature of FGTs. These studies generated a number of revealing features of female genital slang, not least that female genital slang does not overcome the problem of finding a common language with which to talk about sex (Grey, 1993), or many other things. They also contribute to a broader understanding of what the vagina means in our society.

In Study One, respondents generated significantly more slang terms for male than for female genitalia, and men produced significantly more terms than women, both for their own and for female genitalia – although in real terms the only notable difference was between men producing MGTs and women producing FGTs. This confirms previous findings in which men have competed to provide greater numbers of terms (Cameron, 1992b), and may reflect men’s purported greater ease in talking about genitalia and sexual issues (at least in the jocular language of slang). Stevi Jackson (1999a) notes a recent British project which found that among girls, “even when sexual knowledge is shared it is often piece-meal and shrouded with innuendo” (p. 35). However, despite the statistical significance, the averages between males and females, overall in the generation of slang, and in relation to specific categories, were not that great. At the most, two terms on average. This suggest that males and females who participated in this study are not so different in terms of slang terms they know. What is perhaps more interesting is the variability in the number of terms people – both men and women – provided. Thus, while sex differences were confirmed, they do not appear to be socially significant. What would perhaps be more interesting to examine would be the genital slang terms that are used, and how/when they are used, if sex differences were to be pursued.

Content analysis of the terms generated also confirms previous work (Richter, 1987; also J. Green, 1999) on categories found in FGTs and MGTs, which indicates that the female



genitalia are often either conceptually absent or constructed as smelly, dirty or disgusting. Compared with male genitalia, female genitalia were significantly more likely to be described euphemistically, or to be referred to with terms connoting space, receptacles, abjection, hair, animals, and money. The persistence of these associations with female genitalia over centuries of slang usage is also evidenced by the etymological origin of many other slang terms (which can reveal a history of sexism; Cameron, 1985). For example, the origins of many terms represent the female genitalia as 'receptacles'. A *beaver* was a hat made from felted beaver fur: "a hat is a concave object into which a man puts his head; and the *glans penis* ... is often referred to as its head" (Allan & Burridge, 1991, p. 111). *Growler* used to mean a large bucket or pitcher used to carry liquid (Partridge, 1982); *twat* may be derived from *twatchel* which meant passage (Richter, 1987); and *pussy* apparently derived *not* from a small furry animal, but from the old Norse *puss*, meaning a pouch or purse (Allan & Burridge, 1991). Recent coinages generated by my respondents which invoked modern technology to encode the same ancient idea of female genitalia as receptacle included *disk drive* and *input device*. Similarly, many slang terms which do not today have monetary meanings originally carried financial connotations: both *gee* and *lettuce* initially meant money (Wentworth & Flexner, 1975) and *lulu* meant "any item that may be listed in an official expense account and that is regarded as in lieu of money payment as part of a salary. (*from Lieu*)" (Wentworth & Flexner, 1975, p. 328).

I have not examined any comprehensive studies of slang terms for the female genitalia in other languages, but it may be that similar themes recur. For example, the conceptual absence embodied in terms like *private parts* or *privates* is represented in the Dutch *schmaadelen* ("shameful parts"), the Indonesian *kemaluan* ("shame, embarrassment"), and the Latin *Pudendum* ("that of which one ought to be ashamed") (Allan, 1990, p. 164). The financial implications (and those of receptacle) are embodied in the Japanese *isoginachaku*, a 'sea purse', a type a sea anemone which "has the senses 'round coin purse (which when squeezed, opens the slit)' and 'vagina' (Solt, 1982, cited in Allan & Burridge, 1991, p. 111). Research would be needed to ascertain whether such themes are consistently present the way they are in English slang.

The development of new slang terms, whether in 17<sup>th</sup> Century Britain or in the UK today, seems to draw on and encode conventional tropes of female genitalia. Despite the inventiveness of slang, and the (possibility for) "creative play with language" (Cameron, 1992b, p. 372; also Crawford, 1995), which is evident, the conceptual frameworks it draws on, and the meanings it thus implicitly and explicitly reproduces, appear to be robust and resistant to change. If we take these categories as providing a conceptual framework for making sense of female (and male) genitalia, for at least partially producing the object that they 'describe', then the questions we need to ask are what categories appear to make sense, what becomes relevant in these terms, and what do they implicitly tell us. Receptacle slang, for example, constructs the female genitalia as a place for the penis, mirroring a much more widespread socio-cultural representation of female genitals as receptacle (as already noted in Chapter 2 and Chapter 3).

Although these terms might have different connotations for the individual user, in specific contexts, they also carry category-bound assumptions. I am not suggesting that people necessarily consciously intend to invoke these implicit meanings with slang, but these assumptions are worthy of examination. Looking at one does not preclude an analysis of the other. So while Cornog (1986) suggests play and eroticism as one function of genital pet names, and while this is undoubtedly the case, other meanings can be simultaneously invoked.

So what does my collection of FGTs tell us about the way women's genitals are constructed in contemporary British society? Some neutral, if not actually positive, terms are available, and common categories like hair are primarily euphemistic rather than directly derogatory. The use of personification terms might suggest women are claiming their genitals through naming them. (Note, however, the much of the personification category reflected the widespread use of the term *fanny*). However, such terms have not displaced other terms such as *gash* and *cunt* that feminists have critiqued in the past. On the basis of my data, women's genitalia continue to be represented in a more derogatory way than are men's, and FGTs that convey disgust ('abjection' terms) are more likely to be produced by men. There were few MGTs, produced by either men or women that conveyed 'disgust' in the same way. In relation to FGTs, it seems that Geoffrey Hughes (1991) observation "that the preponderance of unfavorable terms [for women] continues unabated, and that this imbalance, deriving mainly from sexist assumptions, seems to be constant and unaffected by, or unresponsive to, social developments" (p. 228) still holds. The absences of 'positive' categories like leisure or sporting equipment, or musical instruments, for example, in FGTs, suggest that women's genitalia can (still) only be conceptualized in certain ways. So, while slang might be 'resistant' to some social conventions, it certainly is not resistant to wider socio-cultural representations. As a cultural text, we would not expect it to be, and indeed, as I argued in the introduction to this chapter, it appears to mirror most socio-cultural representations of the vagina outlined in Chapter 2.

As Study Two indicated, slang terms for women's genitalia are often also extremely imprecise and lack agreed meanings. I found that respondents disagreed about the specific meaning of even the most common slang terms. While it could be argued that I was asking the wrong question, and that slang is not a precise form of language, slang for other body parts demonstrates that it is not *necessarily* imprecise. In *Roger's Profanisaurus* (1998), terms for women's genitals are rivalled, both in number and specificity, by words which lovingly detail the distinctions between different kinds of excreta: it carefully differentiates between 'turds' of different consistency ("cable laying" and "bovril bullets" vs. "crop spraying" and "bum gravy"); size (from small "pebbles" through larger "brown trouts" and "chocolate sharks" to enormous "groaners" or "U-blockers"); relative buoyancy ("floaters", "chocolate icebergs", "depth charge", and "clarts"); and between the "turtle's head" (the initial protrusion of a stool) and the "tail ender"). Such slang provides a very detailed and specific vocabulary for talking about excreta.

Despite the 'sexual revolution' and the feminist movement, and despite decades of sex education manuals (such as *The Joy of Sex*; Comfort, 1996), for men, the clitoris is apparently



so insignificant as not to warrant an entry in *Roger's Profanisaurus* (1998). (This contrasts with a slang dictionary from 1916, *The Slang of Venery*, which provided *nine* terms for the clitoris; Richter, 1987.) The lack of precision, and the failure to name, the specific parts of the female genitalia in slang implies a corresponding lack of interest in, or attention to, the details of those genitalia, their functions, and their sensations. The absence of linguistic differentiation suggests an absence of conceptual differentiation: it invokes (hetero)sexual encounters predicated upon female genitalia as simply a 'hole' waiting to be plugged. Neither women (heterosexual or lesbian), nor men who sleep with women, have apparently found it necessary to develop a precise and specific language with which to describe and discuss female genital sensations during sex, childbirth or in health care contexts. Whatever slang terms women might use to refer to our genitals, it appears to primarily offer only general meanings. And this very lack of detail in language also constructs the female genitals in a vague way, as imprecise, and as difficult to talk about.

In summary, the prevalence of derogatory or dismissive terms for women's genitalia, and terms which are non-specific and vague, continues, reflecting and perpetuating a cultural context in which women's genitalia are either conceptually absent or perceived negatively. I have to conclude on the basis of this analysis of FGTs, that feminism has not yet achieved its goal of enabling women to explore, name, and enjoy our genitalia, and to communicate adequately about our genital sensations and experiences with sexual partners, friends, family, and health care providers.

## **Part Two**

### **Researching women's talk**



## Introduction to Part Two

Having considered socio-cultural representations of the vagina as evidenced in certain texts, my analytic focus now moves to women's talk data – to language in use in a social context. My take on language is that it is produced in context for particular purposes – that is, these women took part in research with the express purpose of talking about the vagina. The talk they produce in this context bears no *necessary* relationship to what they might say about the vagina in other contexts. However, I also see women's talk as constrained by a range of socio-cultural possibilities, so that what one could say is not potentially limitless. I see women as both subjects of/to discourse, and producers of it. What women do say reflects the socio-cultural, but while women's talk is constrained by the interpretative possibilities, they are not imprisoned by them. There is possibility for 'resistance', and for the creation of new meanings/representations. I also consider women's talk as a cultural text in and of itself, and as evidence for socio-cultural meanings in the same way that written texts, or movies, are. While talk is not typically considered a cultural text in this way, it fits in with a view of all texts as accounts (e.g., Potts, 2000), and to be treated equally.

Women's reported experiences are similarly constructed in this socio-cultural context. As I outlined in Chapter 1, my theoretical position is that socio-cultural practices and processes (help) create the means – the cultural resources – by which women (and men) make sense of, and experience, their vagina. So women's experience of their vagina, and their talk about that experience, does not reflect some pre-cultural 'truth' about anatomy. Rather, it is constructed in relation to broad cultural systems of meaning – such as those outlined in Part One.

### Method

The data analysed in the chapters in Part Two all draw on the same data set – data generated in focus groups and interviews on the vagina. In this section, I review and outline the methods used for collecting and analysing these data, the participants and recruitment procedures, and the ethics of doing such research.

#### *Focus groups and interviews as a method*

Focus groups were my primary method of collecting talk data, but I supplemented these with individual interviews. In doing so, I combined two methods that are only (comparatively) slightly different, although this has been advocated as an acceptable strategy for multi-method research (McKendrick, 1999). Focus groups and interviews are similar in that they access talk in a relatively unstructured, 'open' environment, but are different in relation to group interaction and researcher control. I will now briefly consider some of the general advantages of each method (looking first at interviews, to follow their chronological trajectory of use) before outlining what I did.

Semi-structured interviews have typically been considered the method *par excellence* for qualitative feminist (psychological) research (Edwards, 1990; Reinharz, 1992). Interviews have been favoured on the basis that they give the research participant 'their voice' and minimise researcher control. They are also flexible and versatile, allowing the researcher to clarify, discuss, and follow up (unanticipated) points of interest, if and when they arise, and to explore different responses participants may make (Reinharz, 1992). Interviews have been successfully used to explore topics related to, for example, women's (and men's) sexuality (e.g., Gavey, 1992, 1996; Gavey et al., 1999; Holland, Ramazanoglu, Scott, Sharpe, & Thomson, 1994; C. Kitzinger, 1987; J. Kitzinger, 1995).

Despite the enthusiasm with which interviews have been advocated, a number of researchers point to the complexities of interviewing (e.g., Cotterill, 1992; Edwards, 1990; J. Finch, 1984; Oakley, 1981; Ribbens, 1989), suggesting they do not offer a utopian feminist method, and focus groups have been advocated, at least in part, as a way of alleviating some of these 'problems' (e.g., the power and control of the researcher, the 'unnaturalness' of the situation). Focus groups have only relatively recently become popular among feminist psychological researchers, but in this time have been used to explore a wide range of topics related to women's sexuality (e.g., Espin, 1995; Frith, 2000; Frith & Kitzinger, 1998; Woollett et al., 1998), women's bodies and health (e.g., Fine & Macpherson, 1992; Kissling, 1996; Lovering, 1995; Wilkinson, 1998; Wilkinson & Kitzinger, 2000), and issues around identity (e.g., Macpherson & Fine, 1995; Walkerdine, 1996; Willott & Griffin, 1997).

In focus groups, a group of participants – generally recommended to be ideally between six and nine, although some advantages to smaller numbers have been raised (see Millward, 1995) – are gathered together by the researcher to talk about the topic in hand. The moderator guides the talk with the aim of creating a fairly free-flowing conversation. A number of advantages of focus groups are claimed across the literature (e.g., Crabtree et al., 1993; Frith, 2000; Jarrett, 1993; J. Kitzinger, 1994a, 1994b; Kreuger, 1994; D. Morgan, 1988, D. Morgan & Kreuger, 1993; Vaughn, Schumm, & Sinagub, 1994; Wilkinson, 1998, 1999), such as an open, supportive environment where participants can talk in-depth, even (or especially) about sensitive topics, and can interact with each other to ask questions, challenge each other, and disagree with each other. Through these interactional features, the data produced allow the researcher to (additionally) explore how the meaning of topics is negotiated and constructed interactionally. From a specifically feminist point of view, they also reduce the power and control of the researcher. It has also been suggested that some forms of social change can occur in focus groups (Plaut, Landis, & Trevor, 1993), and in this sense, they might be similar to, and have some of the potential of, consciousness raising groups (Wilkinson, 1999).

Focus groups, then, offer feminist researchers a way to avoid artificiality and decontextualisation, to research people and their interactions in social contexts, while still allowing us to choose the topic and research question. They also minimise the power and control the researcher has over the both the group and the discussion (Wilkinson, 1998, 1999). Moreover, by their very nature, focus groups may additionally allow for the



development of a (collective) critical consciousness, which may foster social change.

Interviews allow us to access individual narratives in depth (L. Green, 1999), and allow us to talk to women who might not feel comfortable in a focus group, or who may be silenced by particular social interactions in that setting.

These differences informed my decision to use both, which centred around two reasons. The first related to the 'delicacy' of the topic. Michell (1999) warns that in focus group settings particular voices may be silenced, and that interviews allow these people to speak (see also Crabtree et al., 1993). Existing social relations between participants may silence individuals, and the revelation of certain things in the group might have implications for the individual within their social context (Michell, 1999). As I had chosen to work with groups of friends or at least acquaintances (see Macpherson & Fine, 1995; Wilkinson, 1998), such concerns were relevant, and were particularly pertinent to research on a sensitive topic. Lee and Renzetti (1993) suggest that research which "intrudes into the private sphere or delves into some deeply personal experience" (p. 6) is potentially sensitive. What we consider to be sensitive "can be seen as situated and constructed within the context of cultural norms and taboos" (Farquhar with Das, 1999, p. 51). Talk about the vagina is sensitive in the sense that it transgresses certain normative boundaries for everyday conversation between strangers, and even between friends (see Braun, 1999). Moreover, it remains one (potentially) tied with other 'sensitive' topics, such as sexuality, sexual abuse, and rape. As the vagina is constructed as private, as taboo, as something that women do not talk about even with their closest friends and/or sexual partners, talking about this topic in a 'public' group setting (where they knew the other participants) might be difficult for some women. Indeed, I surmised that some women who might be willing and interested in participating might not wish to talk about the vagina with any women other than myself. The second reason was practical: some women who wished to take part could not easily do so, in a group. This second reason partly reflected the first, but also my desire that all participants be at least acquainted. If women did not know anyone else willing to take part, they would have been excluded had I only used focus groups.

Practical concerns also influenced my decision to use a combination of researcher-moderated and self-moderated groups. I chose to run self-moderated groups in situations where I could either not physically get to the location, or where my presence would introduce an element of 'difference' that would otherwise be excluded (e.g., a straight women in an all-lesbian group; a woman in an all-male group). While groups run without the researcher-moderator are not (yet) common (although see Buttny, 1997), they offer some benefits (as well as some disadvantages). The positive side of researcher absence is a narrowing of the power differential between researcher and researched (but not between members of the group), although the researcher's agenda is still evident in topic and questions. When working with friendship groups it also means that a stranger is not introduced into the group, and participants might feel more comfortable. The negative side is that the researcher has no control over what is actually talked about in the group, and is not able to follow-up points of interest throughout the discussion.

### *Participants*

In total, fifty-two women took part in 16 small-group discussions (size ranged from 2 to 5 participants), and four women were interviewed individually.<sup>45</sup> The women's ages ranged from younger than 20 to between 41 and 50, with a median age bracket of 21-30. Demographic information was not consistently provided by all women, although the women were predominantly white (92%), and all were able-bodied. Most identified as heterosexual, six as lesbian, one as bisexual, and six as 'other'.<sup>46</sup> Thirty-eight identified as full-time students in higher education, with one part-time student. Four men participated in one small-group discussion, which was run by a male moderator. They were all friends, and no demographic information was collected (see Table Two-1).

### *Materials*

Focus groups and interviews were guided by a schedule (see Appendix 5). Four variations of the schedule were used – the initial one, a revised one used in the later focus groups, one specific to the male focus group, and one designed for individual interviews. The initial schedule was developed through my knowledge and interests, revised, piloted, and then revised again. Subsequent revisions were made to accommodate different groups of participants (e.g., men). In addition to the schedule, the *Terms for Male and Female Genitals Questionnaire* (see Appendix 1) was used to collect slang terms at the start of each interview or focus group. These terms were then used as a stimulus to begin the discussion.

### *Procedure*

In recruiting participants, I chose to have groups that were homogenous in terms of sex, but felt other differences were less important, and might stimulate further discussion. More important was that participants knew each other. I aimed to work with friendship groups as the topic was deeply personal and private, and I anticipated that women would be more likely to discuss a private personal topic with friends. Doing so would also mean that if the topic of the research stimulated further discussion, the participants would be in a situation – a friendship group – in which the conversation could continue relatively easily. However, some of my groups were composed of acquaintances.<sup>47</sup>

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<sup>45</sup> FG2 was a second group run with the same women in FG1. One of the interviewees had been a focus group participant who was subsequently expressed an interest in taking part in a individual interview, and did so.

<sup>46</sup> Not all women indicated sexual orientation, so these figures do not reflect the 'true' proportion of the 52 participants. The category 'other' allowed self-definitions, which included "unsure", "bi-curious" and "primarily heterosexual".

<sup>47</sup> Those groups that seemed to work 'best' (where participants appeared relaxed, and discussed the vagina in detail) were the ones where the women were friends. While a large part of this undoubtedly reflects the skill of the moderator, who should foster an open and comfortable environment (Krueger, 1994; Vaughan et al., 1996), the differences between friendship and acquaintance groups suggests that this was (also) a crucial factor.



Table Two-1

Demographic Information from focus groups and interviews

Code	Details <sup>48</sup>
FG1/FG2	4 white women, all in tertiary education, aged between 21 and 40. Differing sexual orientations.
FG3	2 white women, aged 20 or under, in tertiary education.
FG4	4 white women, 1 East-African Asian woman, all in tertiary education. 4 heterosexual, 1 lesbian. 3 aged 21-30, 2 aged 41-50.
FG5	3 white women, one 21-30, two 31-40. All in tertiary education.
FG6	3 white women aged 21-30, in tertiary education. One lesbian, one heterosexual, one 'unsure'.
FG7*	4 white women, 1 part-Maori woman, all tertiary educated but now working professionals. All aged 21-30.
FG8	4 white women, one Anglo-Iraqi, all in tertiary education. 4 aged 21-30, 1 aged 41-50. 3 indicated heterosexual, 1 'bi-curious', and 1 woman ticked 'other' and specified 'all' in relation to sexual orientation.
FG9	4 white heterosexual women, three full-time university students and one part-time student. 1 aged under 20, two aged 21-30, and 1 aged 31-40.
FG10	2 white heterosexual women, aged 21-30, in tertiary education.
FG11	4 white heterosexual women in tertiary education. 3 aged 20 or under, one aged 21-30.
FG12*	Two women, one white, aged 31-40.
FG13*	3 white lesbian women aged 21-30. 2 in tertiary education, one tertiary-educated professional.
FG14	4 white women, 3 heterosexual, 1 'unsure'. 1 aged 21-30, two aged 31-40, 1 aged 41-50. All tertiary educated and working, 1 remained a part-time student.
FG15	3 white women aged 21-30. All in tertiary education. 1 identified as bisexual, 1 as heterosexual and 'other' (primarily heterosexual) and one as 'other' (no relationship with a woman yet, but 'fancies' them).
FG16	3 white heterosexual students aged 21-30.
MFG1*	4 men.
I1	Full-time tertiary student.
I4	White tertiary student, lesbian, 21-30.
I5	Full-time tertiary student, heterosexual, aged 21-30. White.
I6	White heterosexual woman, 21-30, tertiary educated professional.

\* Denotes groups at which I was not present.

Participants were recruited in a number of ways. Fliers/notices were posted in women's centres and lesbian/gay centres in local cities. Fliers were left in a women's bookshop in London (Silver Moon). An advertisement was placed in the *News Briefing* of the Psychology of Women Section of the British Psychological Society (BPS). Undergraduate and postgraduate social science and

<sup>48</sup> The amount of demographic detail for each group is not equivalent, but reflects the amount that was collected/provided in each group.

psychology students (at a number of different universities), and acquaintances of the author, were approached and asked if they would be interested participating. Snowballing from these initial contacts was used to attempt to recruit more participants.

Prior to agreeing to participate, all participants were given a brief explanation of the research, and a location for the interview/focus group was arranged. Interviews and focus groups took place in a location suitable to participants – their home, my home, their place of work, or a room at their university. They lasted between 50 minutes and 2 and 1/4 hours. Participants were given a more detailed explanation of the research, and given the opportunity to ask any questions. A consent form (see Appendix 6) was read out, and given to each participant to sign. The consent form informed the participant that: a) their participation was entirely voluntary; b) they were free to refuse to answer any question; c) they were free to stop participating in the research at any time; and d) they had up to one month from the date of the interview/focus group to retrospectively withdraw any or all of their data should they so wish. Confidentiality and anonymity were assured, and participants were informed that I would (possibly) use their data in my thesis, publications, and research groups. With participants' permission, the discussion was audiotaped. Participants were able to indicate on their consent form if they did not want any of their audiotaped data to be heard by anyone other than myself.

Discussion was guided by the moderator. In 13 of the women's focus groups, and all interviews, this was myself. However, in the other three women's focus groups, and the men's focus group, the moderator was a nominated (and instructed) member within the group. In the men's group, this was to maintain the single-sex mix of the group. In one group, all participants were lesbian and the moderator and myself decided not to bring both a stranger and a straight woman into the group. The other two groups were run by the women for pragmatic reasons – I was physically unable to get to their location to run the groups, and they were willing to undertake that task.

Language was an issue in doing this research, and I chose to use the term vagina because I viewed it as both 'specific' and 'correct', as I noted in the Introduction to Part One (although as I showed in Chapter 4, this assumption was problematic). Other researchers (e.g., Holland, et al., 1994b) have used terms like "down there" (p. 26) in interviews with young women, and their participants have mirrored this use. As I discuss in Chapter 5, using vagina did not eliminate problems of meaning or clarity, and in choosing to use vagina, I might have used a term women were unfamiliar with (in terms of meaning), or possibly uncomfortable with. Moreover, the terms used in research, be they slang or 'anatomically correct' ones, also have connotative meanings. My use of vagina, a term identified by many respondents as "too clinical" (Hannah, FG11), and a term they would not use themselves, undoubtedly gave a certain 'flavour' to the focus groups and interviews. Therefore, in retrospect, it would be better to give women the chance to choose the terms they would feel comfortable with, and allow them to clarify what, exactly, they mean by it.



### *Ethics*

With any research, there is a range of ethical issues to consider. At the bare minimum, there are questions of informed choice, confidentiality and anonymity (BPS, 1997). The BPS's (1997) *Ethical Principles for Conducting Research with Human Participants*, which require that participants are informed of the objectives and provide their consent, that deception be avoided, that debriefing take place if needed, that participants are aware of their rights of withdrawal, and that confidentiality is maintained, was adhered to in every aspect of this research. Anonymity was maintained by using pseudonyms and excluding identifiable material (although see Gavey & Braun, 1997; Punch, 1994, for a critique). In case participants became upset during the research, I took a list of contact names and numbers that participants could call should they wish to do so (e.g., *The Samaritans*, *Rape Crisis*, and *Sexwise*).

Feminists have been critical of ethical codes for a variety of reasons (e.g., L. Brown, 1997; Gavey & Braun, 1997; Homan, 1991; also Kidder & Fine, 1997). Feminist research, while not ethical in and of itself (L. Brown, 1997), has often addressed ethics as a broader (social) issue (e.g., Price, 1996), and feminists have been crucial in debating ethical practices (Olesen, 1994). At this broader or more political level, the benefits of the research need to be considered (Kvale, 1996). Feminists have raised ethical concerns about whether participants gain anything from participating (Lipson, 1994; Miles & Huberman, 1994), a point I return to in Chapter 8. The politics of representation, both of people 'other' to ourselves (see C. Kitzinger & Wilkinson 1996), and of women's experience (e.g., C. Kitzinger, 1994a; Markens, 1996; Scott, 1993), have attracted debate among feminist researchers, as have concerns over the potential harmful use of our data (to women as a group) (J. Finch, 1984; Russo, 1999). More specific concerns, such as the power and control of the researcher (e.g., Mahlstedt, 1999), have also been addressed, with feminists advocating an egalitarian research relationship (Wilkinson, 1986).<sup>49</sup> Concerns about doing useful research that can benefit women (Laws, 1990) were perhaps the most pertinent to this research, and were a prime concern that informed both the decision to undertake this research as well as the kinds of analyses that were performed. Specifically, I was interested to explore the vagina as topic in order to: a) disrupt the 'taboo' (see Braun, 1999) and (hopefully) bring the vagina into academic, if not public, discourse; and b) highlight (and question) assumptions about it that (help) shape women's life experiences – from the use of feminine hygiene products to practices such as vaginal surgery.

A number of specific ethical questions are raised when doing focus groups research (over interview research), and the ethical considerations for them are only just beginning to emerge (Farquhar with Das, 1999). Issues around confidentiality and privacy are particularly pertinent ethical concerns, as discussion occurs in the group setting, heard by all participants (D.

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<sup>49</sup> However, as the authors of articles, the 'final' power usually rests with the researcher (P. Macpherson & Fine, 1995), and I recognise my analytic interpretations take precedence over participants' meanings, and the analytic claims I make are not always the participants' ones.

Morgan, 1988, 1993), who may then potentially discuss the content of the focus group outside the setting (Frith, 2000). The issue of confidentiality is exaggerated when participants are discussing private and/or sensitive information, as they were in this research. Retaining confidentiality by participants was addressed by stating at the beginning of each focus group that everything that was discussed in the group should remain confidential and not be discussed with others in anything but the most general terms. This was reiterated at the end of each focus group. As researchers, we can only trust that participants will not subsequently discuss it, although each participant has a certain investment in keeping the data confidential.

Sensitive research also brings the limits of ethical guidelines into relief (C. Lee & Renzetti, 1993), and sensitive topics raise particular ethical and political concerns (e.g., Sieber, 1993), particularly in focus groups. A concern that arises with sensitive topics is how to deal with uninvolved participants, who may have been either quiet or unwilling to talk on the topic (Vaughn et al., 1996). The strategy of addressing them directly, a recommended technique to get shy/quiet participants to talk in focus groups (e.g., Krueger, 1994), raises issues of 'putting them on the spot'. Although participants have agreed to take part, they may not actually feel comfortable at certain times during the focus group, and, in my research, were informed that they were under no obligation to talk if they did not wish to. By addressing them, they would be placed in the position of either having to talk about it, or refuse and openly acknowledge that they felt uncomfortable with it. For the most part, I did not directly ask quiet participants to respond, but tried to encourage them to take part through eye contact.

The very lack of control that the researcher has over the content of the group discussion can raise dilemmas of how to deal with offensive (e.g., racist, heterosexist) comments should they occur. The group setting may allow participants to collaborate with each other to silence or intimidate particular participants, or to silence a particular topic (J. Kitzinger, 1994b; Wilkinson, 1998), and the moderator may (unwittingly) collude in this (Braun, 2000a). The subtle manifestation of things like heterosexism in focus groups where at least some participants are heterosexual can be difficult for a heterosexual researcher to spot or challenge. Their research practices may themselves be heterosexist. I was only aware of the prevalence of 'mundane' heterosexism (by myself, as well as by participants; see Braun, 2000a) subsequent to the completion of many of my interviews and focus groups. For future groups, I paid careful attention to the phrasing of questions in an attempt to eliminate my own. Participants' comments seem difficult to challenge or disrupt, particularly when rapport is already tenuous.

One unexpected ethical consideration was the consumption of wine by participants in a number of focus groups. In two where I was moderator, and at least where two where I was not present, participants drank alcohol during the focus group. In one instance, this occurred despite my stating at the beginning that I would prefer participants not to (in response to one participant's question). The consumption of alcohol raises some additional ethical questions. In the groups where I was not present, I obviously had no control over whether alcohol was consumed or not. In the other groups, I ran them at one of the participant's home, and in this context, power and control are not clearly and absolutely the moderator's. This is something



that needs to be considered in relation to (sensitive) focus group research in future. In the groups where alcohol was consumed, participants appeared – unsurprisingly – more relaxed, and some of the most in-depth and interesting data were generated by these groups. This raises questions of over-disclosure, with participants saying things they might regret and might not have disclosed had they not consumed alcohol. While this is possible, it does not necessarily follow that they will regret what they said. I allowed all participants up to one month retrospectively to withdraw some or all of their data, but no-one did, and a number of these participants commented that they were happy with what they had said, but ‘needed’ the alcohol to say it. It is worth noting that this ‘need’ tells us something about how taboo the vagina is as a topic, and how ‘scary’ it can be to talk about.

### *Analysis*

The results from the analysis of the focus group and interview data are presented in Chapter 5, which offers a partial overview of the data, and in Chapter 6, and Chapter 7, which provide more detailed analysis of specific topics (size and identity, respectively). The analysis was done from transcripts of the talk. Transcripts do not provide an objective representation of what happened, but are instead (more or less) detailed reconstructions, produced for the purpose of analysis, and they are useful to the extent that this constructed reality is recognised (Sandelowski, 1994). The choices that are made about transcription can affect the nature and direction of the analysis (Sandelowski, 1994), and it is not a minor consideration to be taken lightly (DeVault, 1990; Nelson, 1996). In choosing a transcription style, one has to balance theoretical and practical concerns, as well as maintaining theoretical consistence between transcription and analysis (Cook, 1990). In most of my extracts, I used an orthographic style of transcription, transcribing verbatim all words and word particles, but also including laughter, strong emphasis, and long pauses. I chose this style of transcription for a number of theoretical and practical reasons. First, this level of transcription is more than adequate for analysis which looks for themes in texts. Second, text transcribed in this way is relatively easy to read, and makes analysis at a broad thematic level easier. Third, I wanted to maintain *some* aspects of the talk as it occurred (DeVault, 1990; Widdicombe, 1995), which is achieved with detailed transcription notation (Psathas, 1995). A sense of this can be conveyed by including, for example, speech errors and pauses, which I retained.

The primary form of analysis used was thematic analysis (e.g., Banister et al., 1994; Boyatzis, 1998), where themes are identified across the data-set. I have also ‘strategically borrowed’ (DeVault, 1990) from insights offered by discourse analysis (e.g., Potter, 1996a; Potter & Wetherell, 1987) to enhance my analysis. Various forms of discourse analysis exist, clustered around those drawing of Foucault’s theories of language and power (e.g., Burman & Parker, 1993; Gavey, 1989; I. Parker, 1990), which see discourse as broad patterns of meaning that allow for, or produce, certain realities (e.g., Banister et al., 1994, Henriques et al., 1984), and those more interested in the linguistic organisation of talk and its interactional performative functions (e.g., Potter, 1997). Regardless of which approach is taken, discourse analysis is a

constructionist framework that sees language constructing the 'reality' of individual and social life (Coyle, 1995). My analysis takes into account both the broad thematic patterns of talk as well as considering what object those accounts construct, and how they construct it.

Themes were identified through listening to, and reading transcripts of, the data. Apart from identity (see Chapter 7) most themes did not relate to specific questions from the focus group/interview schedule. Instances of data relating to each theme were collated, and analysis of each theme was performed separately. The differences within each theme are highlighted in the analysis of each.

### **Part Two: Overview**

In Chapter 5, I provide a partial overview of my talk data, looking at themes in talk about the vagina. I focus first on general difficulties talking about the vagina. I then consider two 'negative' themes where the vagina is represented as a 'liability' – the vagina as vulnerable and the vagina as not quite nice. In the remainder of the chapter I look at talk which constructs the vagina as an 'asset' – satisfaction, power, and pleasure. In Chapter 6 and Chapter 7, I perform a more detailed analysis of two specific features of talk about the vagina – questions of vaginal size (Chapter 6) and questions of gendered identity (Chapter 7). In Chapter 6, I identify the socio-cultural context in which vaginal size is meaningful, and consider how women talk about vaginal size. In Chapter 7, I examine the (assumed) relationship between the vagina and gendered identity, looking at the way this socio-cultural 'norm' is identified, explored, questioned and (potentially) disrupted in women's talk.



## Chapter 5

### Talking about the vagina: Liability or Asset?

*My vagina is a shell, a round pink tender shell, opening and closing, closing and opening. My vagina is a flower, an eccentric tulip, the center acute and deep, the scent delicate, the petals gentle but sturdy.*

I did not always know this. (Enslar, 1998, p. 43)

In this chapter, I provide a partial overview of my talk data. The four interviews and 17 focus groups on the vagina covered a wide range of topics – including language and imagery; medical interactions; awareness; sex and sexuality; and feelings about the vagina – both about it ‘physically’, and in relation to gendered identity (see Appendix 5). These topics generated some very personal observations, and a wealth of diverse ‘opinions’. Some women were willing and enthusiastic commentators on the topic of vaginas, while others said very little. Laughter was frequent throughout most groups (which undoubtedly serves many different functions; e.g., Coser, 1959; Jefferson, 1984; Pizzini, 1991), and at some points seemed to verge on the ‘hysterical’.

Rather than focusing on the ‘topics’ I asked women to talk about in these groups, I have chosen to look *across* topics, and in this chapter, will analyse the data in relation to three ‘themes’ – talking about ‘the vagina’, the vagina as ‘liability’, and the vagina as ‘asset’. In the first section, *Talking about ‘the vagina’*, I revisit some of the questions identified in earlier chapters, to do with definition and language. In the second, *The vagina as liability?*, I explore some ways women represented the vagina as something ‘negative’ – as vulnerable, or as not quite nice. In the final section, *The vagina as asset?*, I explore some positive aspects of women’s talk about the vagina – satisfaction, power, and pleasure. In examining these features in women’s talk, I look both at women’s explicit assessment and statements, and at the *ways* women talk about the vagina. I argue that the difficulties with talking about the vagina, and the tensions between positive and negative assessments, reflect the contradictory position of the vagina in society as a whole, as demonstrated in Chapter 2.

#### Talking about ‘the vagina’

As I noted in the Introduction to Part One, the word vagina has been identified as having different meanings in lay use and anatomical terminology. This variable use presented not only a problem in relation to the ‘object’ of theory and research – what do I mean by ‘vagina’? – but also for conducting the research itself. Here, I briefly consider the ways the research topic, the vagina, was negotiated and defined by the women in these groups.

When conducting the research, I initially took the meaning of the term ‘vagina’ to be self-explanatory, and did not give any explanation of what I meant. However, it was evident from

the beginning of the research this was not the case for all participants. Some participants asked for clarification as to what the vagina actually was. For instance:

- Jo: (Hang on) where does the vagina start and e- start and end?  
 Mary: ((laughs))  
 Jan: This is what I'm thinking is like, ooh ooh (unclear).  
 Jo: The vagina is not the outer bits is it? Or is it?  
 Ginny: The vagina is,  
 Jo: God.  
 Mary: No, no it's the, it's,  
 Jo: Give us a biology lesson.  
 Ginny: What is the vagina?  
 Mary: The bit inside.  
 Kay: The vagina's the inner bits. (FG1)<sup>50</sup>

In this instance, which comes from the first focus group I ran, what the vagina was, what part of the body it referred to, was negotiated and determined in the interaction, at the request of one of the participants, and note that I contributed relatively little to the final definition. This process was, self-consciously, referred to as "a biology lesson". Here is another extract from a much later focus group where I was not present:

- Penny: I mean I think of like the vagina's like,  
 Megan: Is the vagina an inside bit?  
 Caitlin: I think it's the whole,  
 Penny: Well we've got a definition haven't we, it's the bit of the body stretching from an entrance to our external genitals to the cervix.<sup>51</sup> So it is the,  
 Megan: Well, see, I think of it as an in-  
 Penny: The actual outside bit.  
 Megan: Well sounds a bit like the inside bit.  
 Penny: So it's the slit, and then the inside, yeah.  
 Megan: Right, oh, mm, I just kind of think of it as being inside. (FG13)

In this extract, what the vagina meant is again negotiated – Caitlin identified "the whole", Megan "the inside bit", and Penny "the slit and the inside" – but unlike the previous extract, a meaning upon which all participants agreed was not reached. Even with a medically-based description (read out by Penny), medical and lay meanings overlap, and the imposition of Penny's interpretation of the 'proper' meaning was resisted by Megan. However, unlike the previous extract, the most anatomically correct definition (Megan's "inside") is not strongly asserted as the 'correct' meaning, but as individual opinion – what Megan 'thinks'.

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<sup>50</sup> I have used fairly minimal transcription notation in the extracts presented in this thesis. Text contained within single brackets is my best guess as to what was said, while comments that could not be ascertained are marked (unclear). Underlining indicates emphasis. Letters followed by a dash (e.g., e-) indicate an abrupt stop.

<sup>51</sup> Penny was the 'moderator' of this focus group, and she has read the anatomical definition of the vagina provided by me on the focus group schedule.



In another group, the following response was given to a question about how important the vagina is in sex:

Rebecca: Well if you didn't have one you couldn't, have sex.

Jenny: Yeah you could,

Lucy: No, that's not true.

Toni: No.

Rebecca? I mean my vagina,

Jenny: I think you could, I've had fantastic sex with no penetration,

Carol?: Yeah same.

Rebecca: Oh I'm not talking, I'm saying (unclear).

Jenny: Like really really mind blowing, kind of we're both satisfied kind of sex.

Rebecca I'm not, no no no, I was, I was sort of thinking of the vagina as the sort outside rather than inside (bit). (FG7).

Here, Rebecca's assertion that the vagina is essential for sex is challenged by Lucy and by Jenny, who identify the possibilities for, and pleasures of, non-penetrative forms of sex. They base their critique of Rebecca's comment on an anatomical definition of 'vagina' (which is reiterated after this extract). When we see Rebecca's definition of 'vagina' – "the outside rather than inside (bit)" – it actually *excludes* the anatomical vagina. Jenny, Lucy and Rebecca were thus talking about quite different objects, and the question 'how important is the vagina in sex' means quite different things with these different interpretations of 'vagina'.

In these extracts, we have clear evidence that women use the term vagina to mean a range of different things, and that people do not always 'know' what the medical definition of the vagina is, or agree on a meaning. In all these instances, the extracts came in relation to questions about how important the vagina is in sex, pointing to potential 'communication' problems, already outlined in Chapter 4, that can arise with an imprecise word with variable meanings. If this is happening in research contexts, it presumably can also happen in other contexts where communication about the genitals occurs.

The questions of definition raised by these data are interesting because they can shape the research, and how questions are made sense of. This variable use, and lack of consistent definition of what the vagina meant, resulted in situations, like Rebecca's (FG7) quoted above, where participants and moderator were sometimes talking about different objects. For example, when talking about what might happen if the vagina closed over (based on Foos, 1996), comments such as this arose:

Ginny: So I mean how, how, can you imagine,

Theresa: Did she have a clitoris?

Ginny: I can't actually remember, clitoris didn't feature in the story, but,

Fiona: (I think) at the moment the most important thing is did she have a catheter.

((laughter))

Leigh: That's what I was just gonna say.

Zoë: How did she wee? (FG8)

My question about the closing over (and thus 'loss') of the (medical) vagina resulted in comments about clitorises and catheters (relating to the urethra) from participants, parts of the genitalia that were not included in my conceptualisation of 'the vagina' closing over. In relation to a different topic, Brittany (FG16) also referred to the clitoris:

- Kath: Is there anything special about having a vagina? (Ginny: Mm.) Oh yes, yeah.  
 Ginny: Mhm, in what way?  
 Group: ((laughter))  
 Kath?: Sorry I that sounded a bit um, um,  
 Brittany: Well the clitoris is the only organ? a- (Ginny: Yes, organ.) of, that is for sexual pleasure. There's no- it doesn't have any other use so, (Ginny: Mhm.) so I guess that's pretty special. (FG16)

The women in these two groups constructed the vagina not as a specific organ, but as encompassing the clitoris, and the urethral opening. This focus on the clitoris suggests the relative importance of the clitoris to these women (compared to the vagina), which is interesting in and of itself, but is not a question I address here. However, women's general construction of vagina as 'everything' made asking questions about the anatomical vagina difficult. What I 'meant' when I said vagina in these contexts was different from what the women 'meant' when they answered. Evidence of this was found in groups where I gave a description of the vagina I was referring to. For instance, in one group, I commented, "if you talk about the vagina as the inside bit, like where a tampon goes, or something like that..." (FG16). In another, I gave the following description: "for your vagina, actually for the kind of inside bit, you know..." (FG11). My use of such descriptions provides further evidence that differing use by women can be problematic in researching a topic such as this, particularly if we are aiming to access talk about a very specific object (e.g., the medical vagina). In these instances, we need to think through how variable meanings are going to be addressed. In my research, providing descriptions such as these did not necessarily mean women talked about the anatomical vagina.

By presenting these brief data, I have shown that the variability in what the vagina means, outlined in the Introduction to Part One, was evident in women's talk, and, as I noted, poses difficulties for doing research on a topic like this. It raises questions as to how much we should impose our meanings on participants, and how we interpret our data. In terms of meaning, I have already indicated that across the literature as whole, meaning is not fixed, and that results I present, and the conclusions I draw, do not always relate solely to the anatomical vagina. Women's descriptions were not always evidently about the anatomical vagina, and were not always interpreted in that way. However, the anatomical vagina has remained my primary research interest, and the use of descriptions, like those given above, were an attempt to delineate a particular topic. Such methods appear useful if we *do* want to focus on a specific topic. And as one participant commented, this variable use is frustrating for women themselves, as well as for conducting research:

- Tricia: All these people who are doing this writing that we keep talking about are not actually just talking about vaginas. They're talking about female genitals, and using that name for the whole bloody lot, (Ginny: Mhm.) which makes it horribly confusing. (FG6)



As these data show, the very nature of the topic – the vagina – frequently came under scrutiny, within the groups themselves. While it might seem pedantic to be concerned with differences in ‘lay’ and ‘medical’ use, the arguments I made in relation to specificity in slang (see Chapter 4) are also relevant here. Not having a consistent language can impede women in communicating about health, sexuality, and indeed research (as I have shown), and makes the situation “horribly confusing”.

In this section, I have revisited questions of meaning and definition, looking at instances where the definition of the vagina was made salient, and pointed to difficulties this raised for doing research. However, as I noted, despite variable meanings, women did have a lot to say about ‘the vagina’. Focus groups and interviews frequently lasted two hours. I now consider some themes from women’s (and men’s) talk about the vagina, clustered around ‘negative’ construction of it as ‘liability’ and a positive construction of it as an ‘asset’.

### **The vagina as liability?**

In this part of the chapter, I outline some ways having a vagina is constructed as problematic in women’s talk. Specifically, I look at women’s talk about ‘the vagina as vulnerable’, and then consider ‘the vagina as not quite nice’. I identify the ways these map onto socio-cultural representations (see Chapter 2) at the end of this section.

#### *The vagina as vulnerable*

One of the socio-cultural representations discussed in Chapter 2 was the vagina as vulnerable – both psychologically, and as vulnerable to abuse – and evidence of this meaning was also found in women’s talk. Some women explicitly referred to the vagina as vulnerable:

Gillian: You could link it (Ginny: Mhm.) to like the vulnerability as well, like with girls wh- like I spouse like in, big jump, could link to rape and attack and stuff (Ginny: Mhm.) like that, because boys have got it there, you know, it’s there, and it’s like out there, outside, (Ginny: Mhm.) they’re not hiding it, whereas for a girl its their personal thing and it is,

Vivienne: Inside them.

Gillian: Something which I mean is important to someone. You wouldn’t just, which is why people get so you know traumatised by rape and things like that, because it’s theirs, and its just been taken, if you know (Ginny: Mhm.) what I mean, (when) without consent, and its like it makes you feel, how, who do they think they are to do that. (FG3)

Gillian makes a link to rape, and abuse, indicating a vulnerability which mirrors examples given in Chapter 2. Others talked about intrusion in relation to sexual practices. In the next extract, three lesbian women have been talking about penetrating another woman’s vagina with a finger (or something else):

Megan: It’s a lot more of an intrusion than touching somebody’s breasts.

Penny: Yeah, or touching the clitoris (Megan?: Mm.) I think.

Caitlin: I don’t know.

[...]

Megan: I just think it’s, it’s more personal, (Penny?: Mm.) and it’s more of an intrusion. (Caitlin: Mm.) It’s more,

Caitlin: Not, but what if you. ((pause)) No I disagree, because I think ((pause)) if you really enjoy penetration, then it's not going to be so much of an in- (Penny: Mm.) an intrusion I think. (FG13)

Of particular interest here is how these women negotiated the different meanings of the vagina, and constructed penetration as 'intrusive' or 'not intrusive'. For Penny and Megan, penetration is something to be done with caution, and the vagina is a (potential) site for intrusion into a personal (vulnerable) place. For Caitlin, in contrast, the meaning of penetration as intrusion is not part of her repertoire of what (the penetration of) the vagina means.

In another group, the *physiology* of the vagina was represented as vulnerable by Jo, as something 'invaded' in heterosex:

Jo: Don't you think it's very different being able to actually put something, i.e. your willy, in someone and being the one actually whose body is being almost invaded or,  
 Kay: But you can do that.  
 Mary: Depends how you construct it though.  
 Kay: You can do that you can strap on a dildo you can do that, I mean I know it's different 'cause it's not actually attached to part of you, but you can still do that you can (Jan: Yeah.) partially have the same thing.  
 Mary: And no, then it all depends how you construct it,  
 Jo: I'm know, I'm not (unclear) but,  
 Mary: As whether you incl- as whether you construct it as invasion or something else.  
 Jo: Sometimes it can be invasion though can't it.  
 Kay: It's always invasion.  
 Jo: It's just, if I'm back on my sort of men's mentality and,  
 Mary: No, if it's invasion then you should never have, have agreed to it in the (Kay: Mmm.) first place.  
 Jo: I don't see sex always as invasive, but the way it looks to me, if I was to theorise about it, right, um, a man, a man's body is not. I think there's something very different between putting a part of your body in something and having something put into your body. I just see the two as incredibly different, I see that it's more vulnerable to have something put in you, than to be able to put something. (FG1)

Again, we get a negotiation over different meanings. Mary challenges Jo's account by arguing that experience is "how you construct it", which suggests that a sense of vulnerability and invasiveness are not 'natural' or 'inherent' in the physiology of the vagina. Jo, however, resists such a formulation, and asserts that from her perspective, the vagina is (physiologically) vulnerable. Kay reinforces, and expands on, Jo's evaluation: "it's always invasion".

The concept of intrusion was also found in relation to gynaecological examinations, with Carol (I1) talking about how her vagina had been "occasionally and quite arbitrarily assaulted by in the context of ante-natal care". In a similar way, some women talked about the actual position and experience of gynaecological exams as one of vulnerability:

Clare: I've had experiences when I was younger having doctors and having I think I was at a family planning clinic, and then having students there without my permission. And I felt really vulnerable, (Maria: Yeah.) I think it's a very vulnerable position, (Maria: Yeah.) even if it is a male or female, the position that you're actually physically in, (Maria: Yeah.) you, you feel as though you've got no power. It's being done to you, (Maria: Yeah.) 'cause of the position you're in. (FG12)



Similarly, Lauren (with encouragement from Ginny) elaborated on why she found gynaecological examinations “uncomfortable”:

- Ginny: So that it's a something that you can't I guess control or um,  
 Lauren: Right an incredibly vulnerable position.  
 Ginny: Mhm. Why particularly do you think that? ((laughs)) Keep pushing you, why do you that is par- particularly vulnerable, how, why do you feel that as vulnerable yourself?  
 Lauren: Um well, in the first physical way, because they're in places that can be very easily damaged I would think, (Ginny: Mhm.) that are incredibly sensitive and don't have much exposure to people. (Ginny: Mhm.) So I think that makes it very vulnerable. They're are also looking at you in a whole different light, um, when they're staring at your genitals, so (Ginny: Mhm.) that's incredibly com- uncomfortable as well. (I5)

Like Gillian earlier, Lauren alludes to the 'hidden' nature of the genitals (see Chapter 2) to invoke 'psychological' vulnerability, but also refers to a physical vulnerability (see also Fish & Wilkinson, 2000). In these accounts, the vagina offers a potential vulnerability (partly physiological, partly psychological/emotional) that is potentially experienced in situations such as penetration (be that with fingers, a penis, or something else), or gynaecological examinations.

### *The vagina as not quite nice*

Another socio-cultural representation outlined in Chapter 2 was 'the vagina as disgusting', as something that is dirty, smelly, and shameful. Women explicitly identified this socio-cultural representation, where the vagina is something that “gets bad press” (Penny, FG13), something seen as “a bit nasty” (Clare, FG12) that “must have some sort of dirty connotation to it” (Donna, FG9). The women in the following extract have been asked a question about what the vagina represents in society:

- Penny: I think like, like w- how like what you were saying earlier about kind of vagina being kind of powerful and celebrating things that come out of it like periods and stuff, is part of kind of maybe seventies feminist politics in a way, (Megan: Yeah.) and kind of,  
 Megan: Yeah but in general society it, it would be totally the opposite. (Caitlin/Penny: Mm.) Mostly people think of it was something that gets penetrated by a penis,  
 Caitlin: (unclear).  
 Penny: Yeah, and it's dirty and disgusting.  
 Caitlin: (Did somebody say) fishy?  
 Penny: Fishy, and just here to be filled. (FG13)

The vagina is a hole to be filled, something dirty and disgusting. Menstruation was similarly described as “so culturally unpopular” (Lauren, I5). Women's identification of socio-cultural representation is synthesised by the following:

- Kate: So really what we're saying is that vaginas are thought of in derogatory,  
 Helen: Yeah, yeah, right, yeah.  
 Kate: In a derogatory manner.  
 Helen: Yeah. (FG5)

While women identified this socio-cultural representation as something in 'society', as something beyond their own 'views', they also attributed 'behaviours' and 'attitudes' resonant with this socio-cultural meaning to men. Birth was described as putting men off heterosex:

Clare: Like it's the place where you men want to go, (Maria: Mm.) but then it's the place that gives birth, and a lot, you know, it's all about 'don't let your husband see you gi-' your partner, husband, 'giving birth' (Maria: Mm.) 'cause they'll never want to sleep with you again. (FG12)

Despite the vagina's initial appeal, the place "men want to go", the sight of birth is considered enough to render it undesirable to heterosexual men. When describing why she thought men were reluctant to use the word 'vagina', Lauren commented:

Lauren: I think because it actually gives it an identity, it makes it known what it is. (Ginny: Aha.) It makes, it's also the, the gross part 'cause of everything that happens through the vagina, all the menstruation and things.

Ginny: The gross part did you say? (Lauren: Mm.) And di-

Lauren: What they believe was the gross part. (I5)

She then identified that the "gross part" was (primarily) menstruation. When her account was 'challenged' by me, Lauren attributed this evaluation specifically to men, rather than herself.

Comments were also made regarding sexual behaviour. In the following extract, Susan? explained why she thought women were more likely to give oral sex to men than men were to give oral sex to women:

Susan?: I think that for men it's like, well it doesn't taste nice ((laughs)) [...] Um they're a bit wary of it just in my experience. (FG10).

Accounts of purported actual male behaviours were produced to demonstrate this: Helen talked about her babysitter:

Helen: She's only young, she's got this boyfriend at the moment she's trying to convince him to give her oral sex and he won't, he won't put his mouth down there, 'no, no, that's horrible, it's disgusting'. (FG5)

Men were also described as making derogatory comments:

Penny: I remember once when, oh god even when I think about it I think 'urgh', there was, um, a lad at school, and ah, I was sat with me legs open, he says 'oh, shut your legs your meat stinks', and I was like, urgh, how, what a horrible thing to say. All he had to say was, you know, cross your legs or something. (FG13)

In these accounts, men as a group, and individual men, are represented as the 'mouthpiece' of the socio-cultural context where women's genitals are considered 'disgusting' in relation to 'natural' processes like menstruation and childbirth, as well as on a more sensory level. These accounts are produced as separate from the women themselves, and they thus implicitly place themselves outside 'general society', although men are represented as articulating it. However, this representation of the vagina was reiterated in many women's talk, albeit in the much milder form of the vagina being 'not quite nice'. This was specifically articulated about the senses touch, appearance, taste and smell. Such accounts were typically related to sexual behaviours, although healthcare was also mentioned.

Some women described 'concerns' about the way the vagina felt, related to being 'too tight' or 'too loose'. Julia responded to a question where she was asked to comment on what a partner might think about the way the vagina feels in this way:

Julia: I guess there's sort of, you wonder, um, to use a phrase, is it tight um (Ginny: Mhm.) or not. (I6)



Women's talk about size orientates to a socio-cultural norm that the vagina should be 'tight', and that a not-tight, or 'baggy', vagina is not quite right, and 'sexually inadequate' (see Chapter 2). Size is considered in detail Chapter 6. Other women talked about appearance:

Lauren: I (really), I don't think I would want everyone to see ((laughs)) what it looks like, um, 'cause I don't think its incredibly attractive (Ginny: Mm.) organ but not, not really bothered either way. ((laughs)) (15)

While she describes herself as 'not really bothered', the reason Lauren provides for not wanting people to see her vagina is its appearance. Her description 'not incredibly attractive' functions primarily as a description of *unattractiveness*. Another woman was more explicit, commenting that she thought the external genitals looked "horrible" (Anna?, FG14). So powerful is the view of the genitals as 'not quite nice' that a few women even marvelled at their male partners' approbation of the way it looks:

Donna: I can't get over the fact that James finds them attractive, you know, that, that he'll (I'll say) well he'll say 'but they're just gorgeous, it's just gorgeous, how can you not like it?' I said 'well mh 'cause you just don't do you'. He said 'well it's just, it's just gorgeous, it's really, really nice'. (FG9)

And of the way it tastes:

Donna: I mean I ask, I ask James what it tastes like, because I'm curious I (worried) you know, that's, that's really awful, that's really weird, and he'll just say 'it tastes sweet' (Ginny: Mhm.) if it tastes of anything.

Shelly?: So he don't come up and give you a kiss afterwards? ((laughter))

Donna: That I wo- that I sort of like veer away from as well, but he- I think it's my, it's my notions not his at all I think he's quite at ease with it all, but me I'm like mm ho. ((vocalisations)) (FG9)

The idea that being kissed by a partner after oral sex is something to "veer away from" demonstrates a negative 'attitude' towards the genitals, and something Shelly buys into by testing the limits of what James does (and by implication, Donna allows). Tasting it herself is not discussed as an option. Donna articulates 'concerns' which exist despite reassurances that her genitals look "gorgeous" and taste "sweet". Another woman described the taste as "not exactly pleasant" (Claire?, FG15), although was quick to comment that it was "not truly disgusting". Such descriptions, while they attend to cultural meanings – that it *is* truly disgusting, for example – also reiterate that it is 'not quite nice'.

Other women expressed concerns about taste in relation to male sexual partners. Lauren described her feelings about taste, particularly having oral sex with a new partner:

Ginny: Do you have any anxieties about your own in comparison to say other women's, like you know other women partners might have ha- slept with, or other women I guess (unclear)? ((laughs))

Lauren: I think anxiety's more round taste than anything else, (Ginny: Mhm.) um, a I anxious that that it doesn't, that it wouldn't taste right. (15)

The taste of the vagina, like its appearance or the way it feels, is something that might not be "right" and is something described as causing "anxiety". Smell was also talked about in these ways. Jo responded in the following way to a question about smell:

Jo: I have a shower paranoia before sex.

Mary: Do you?

Jo: Well no that's not true, actually I'm more con- what am I concerned about? If, if, if I know I'm seeing a bloke and I'm, I'm going out in the evening, then I will have a shower and that's enough for me and I don't I don't need to, you know, deodorants sprays ((laughs)) you know, that stuff, but ... when I haven't had a shower all day ... I'll be sort of far too 'ooh I haven't had a shower for like eight hours so you can't do anything'. But then that's just me. (FG1)

Similarly:

Ginny: You're s'posed to have a lot of anxiety about that, you're s'posed to be worrying about it.

Gillian: I do, I wash it (Vivienne: (unclear) Yeah.) (unclear) my boyfriend all the time, I don't let him come near me unless I have,

Vivienne: In the shower and stuff, right, this is going to sound crude, ((laughs)) but I always check myself just to ((laughs)) (Gillian: ((laughs))) I don't like check my like stick my, you know, you just get your finger don't you, (Gillian: ((laughs))) (Ginny: Mhm.), and just I don't know.

Gillian: I just wash all the time. (FG3)

These women then went on to talk about “femme wipes” designed for the spontaneous sexual situation. However, like Jo, they contrasted their ‘reasonable’ concerns about smell with the observation that the use of such products is “a bit excessive” (Gillian, FG3). In these instances, the level of hygiene required to engage in (genital) sexual behaviours with another person is more than the level of hygiene required for non-sexual situations, and the ‘concern’ about the vagina not being quite nice is based on concerns about what others might think/feel. The way women described hygiene and cleanliness suggests that without regular cleaning, the vagina is not fit to be shown to anyone (i.e., men). It is also interesting that in both these instances, the women build an account of their ‘reasonable’ cleanliness (which could be considered extreme – not all women worry about showers before sex) and contrast this with what they describe as extreme (and unnecessary) behaviour – using ‘feminine hygiene’ products.

Concerns about the genitals not only related to what a partner in a sexual encounter might think, but also to what health professionals might think. One woman talked about what it would be like if she were to go for a smear (she hadn't previously had one). Both Imogen and Caitlin worked in health:

Penny: I'd probably have to spend about five hours scrubbing my fanny before I, ((laughs))

Caitlin: ((laughs))

Imogen: Oh no honestly, half the a- things you see, I mean patients come to you in all sorts of states, and you just do it.

Penny: Mm.

Caitlin: If, if, you don't get offended anymore (unclear).

Imogen: No, no, not at all. (FG13)

Penny describes her “fanny” as not fit to be presented to a health care professional, while both Caitlin and Imogen re-assure her that she has nothing to be concerned about. However, the way they reassure her implicitly constructs the vagina as unpleasant – they are not offended “anymore”, which suggests that this has, or could have, happened in the past, they are just desensitised to the offensiveness.



### *Summary*

Women talked about the vagina in ways which represented it as negative, as a ‘liability’, something that one wouldn’t really want to have, given the choice. In such talk, we find a reiteration, in some form, of negative socio-cultural representations discussed in Chapter 2. The vagina was represented as something vulnerable, and as something experienced as vulnerable. It was also constructed as not nice – as something that gets smelly, dirty, or is just plain unattractive – in these women’s talk. In their talk, women sometimes represented themselves as outside of, or beyond, the socio-cultural where the vagina is derogated (often constructing this as something done by men/society). However, they also articulated these representations themselves, in relation to their own experiences or perceptions. As well as these negative accounts, women also made positive comments about their vaginas, which I consider in the remainder of this chapter.

### **The vagina as asset?**

I now consider some ‘positive’ features of women’s talk. Here I focus on three descriptions – of ‘satisfaction’, of ‘power’ and of ‘pleasure’ – which offer alternative meanings to those articulated in the previous section. Such positive accounts are very different from the negative ones just discussed, and also from ‘neutral’ accounts where it just ‘is’ (see also Oinas, 2000). Women’s accounts in these sections reiterate feminist challenges to derogatory representations of women’s genitals (see Chapter 2), as I discuss at the end of the section. While such comments were less frequent than ‘negative’ ones, it is important to discuss them, and to give space to such ‘sites of resistance’ or ‘positive alternatives’.

### *Satisfaction*

Some women expressed satisfaction and psychological or emotional comfort with their vagina: “I love my vag and my vag loves me” (Caitlin, FG13), “I like my vagina ((laughs)) it’s cool” (Penny, FG13), and “life wouldn’t be worth living ((laughs)) if I didn’t have a vagina” (Sam, FG14). Similarly:

Jan: I’ve never considered the vagina to be anything other than a, a rather wonderful thing.  
(FG5)

In these accounts, the vagina is “wonderful”, and having a vagina is represented as a good thing, something life is not “worth living” without. Women also made ‘positive’ comments in relation to specific aspects of the vagina. Carol (I1), for example, described the appearance, smell, taste, and feel of her vagina and external genitals as “hard to dislike”. Here is her response to my question ‘how do you feel about the way your vagina looks?’:

Carol: I think it looks great, and the reason it looks great is not um, ah, on the basis of any kind of comparisons (unclear) ((laughs)) that I’ve every witnessed, it’s more the case that I find that, um, it’s more a kind of behaviourist principle really, that on the whole (laughs) people have responded very favourably to it, and that makes me think, ah, you know, it must be deeply attractive. (Ginny: Mhm.) I’m happy to believe that, you know. (I1)

Carol describes her vagina positively, as something that must be “deeply attractive”, and bases this on implicit positive reinforcement in the feedback from others (the “behaviourist principle”). Although not as explicitly ‘positive’, a few women talked about the appearance of the external genitals as “fine” (Claire?, FG15).

Other women talked about liking *particular* smells:

Amanda: But it’s kind of, it’s a different smell though isn’t it, when you’re, when you’re aroused. That’s, that’s a different smell to just (Susan: Mm.) if you don’t wash, or whatever, (Susan: Mm.) (Ginny: Mhm.) you know, that kind of has a smell of its own, doesn’t it. (Ginny: Mhm.) And I think that’s ((pause)) that in itself can be quite erotic, (Ginny: Mhm.) and I think ((pause)) men find that too. (FG10)

Here smell, albeit limited to the smell of the vagina when aroused, is considered “erotic” – to men as well as to Amanda. However, Amanda contrasts this with the smell of an ‘unwashed’ vagina which is, by implication, not erotic (and not nice). Similarly, when asked about smell, Lauren observed:

Lauren: I don’t really notice the smell, unless I’ve recently had sex so, (Ginny: Mhm.) um, and then I kind of like the way it smells. (Ginny: Mhm.) I s’pose that’s not very socially acceptable thing to say. (15)

In both these instances, the women only described particular smells positively, rather than a general overall smell.<sup>52</sup> Another woman commented, in relation to taste, that “I like it” (Yvonne?, FG6), and described the “squelching” sounds her vagina made as “lovely” and “gorgeous”.

Some women commented that they liked their own genitals in comparison to men’s. For instance, Hannah (FG11) described women’s ‘bits’ as “neat and tidy” and affirmed that this was a good thing, while Theresa (FG8) observed that “we’re discrete aren’t we, discrete, tucked away”. Similarly:

Vivienne: I’m proud of it in that I wouldn’t want men’s bits. (Ginny: Mhm.) I think they’re ugly.

Gillian: They’re ugly, yeah.

Vivienne: And I think women’s bits are attractive, (Ginny: Mhm.) that was why,

Gillian: (unclear) and they’re not,

Vivienne: (unclear) Yeah, that was why I liked the compact idea. (FG3)

These ‘positive’ evaluations are not made on their own terms, but rather in contrast to something that is “ugly”. Women frequently described men’s genitals as unattractive, ‘ugly’ or just ‘silly’ – as ‘silly willies’. While descriptions of ‘satisfaction’ were rarely expanded on, they show that some women in this research claimed a level of satisfaction with their vagina, and even represented it as “wonderful”, as something they “love”. Such descriptions provide evidence that negative socio-cultural representations are not overwhelming, and that ‘resistance’ is possible.

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<sup>52</sup> Lauren attends to alternative accounts – to socio-cultural representations of the vagina as ‘not quite nice’ – in this extract. Others made similar comments which displayed an ‘awareness’ of the contrast between the ‘view’ they were articulating and socio-cultural representations. Jan (FG5) who commented that she thought of it as “a rather wonderful thing” (see p. 103) then stated “I’ve never seen it as ugly”. That these women contrast negative social representations with their own positive descriptions suggests a difficulty in simply articulating an unashamedly positive ‘perspective’ without attending to the alternatives.



*Power*

Women also talked about the vagina as something that “has incredible power” (Kate, FG5), or gives them power, a representation that mirrors feminist invocations (see Chapter 2). In women’s talk, power was conceptualised in two different ways – as ‘sexual power’, and as ‘knowledge and bodily awareness’.

Some women talked about the ‘power’ a vagina, or having a vagina as part of their body, gave (heterosexual) women over (heterosexual) men:

- Fiona: Women have the most incredible tools to use against those erections you see.  
 Zoë: Like what?  
 Fiona: Well you’ve got your vagina haven’t you. (Theresa: ((laughs))) Just a thought can (lift ‘em), all you’ve gotta do is (Theresa: ((laughs))) (face) men, and you can play all day.  
 ((laughter))  
 [...]  
 Leigh: It’s a weapon, it’s a very powerful weapon.  
 Fiona: It is a powerful weapon. (FG8)

Here we have a clear account of ‘sexual power’, where the vagina enables women to ‘play’ with men. Other women used the concept of power in a similar fashion:

- Gillian: I don’t think men can turn women on as we, much, or as quickly, or as intensely, as women can to them, (Ginny: Mhm.) from my. I don’t think that anyway, ‘cause, you know, I don’t, I’ve never had a situation where I’ve just thought, god I just want to rip his pants off. (? ((laughs))) And I think with men they get like that all the time.  
 Vivienne: They do get (unclear), they’ve got something where like, ah can’t do, yeah.  
 Gillian: So I s’pose it’s all like a power full sort of thing to have in that sense. (FG3)<sup>53</sup>

The way these women describe it, the vagina, or things associated with the vagina, give them a power ‘over’ heterosexual men. A similar interpretation has also been made of the (in)famous scene in the film *Basic Instinct* (Verhoeven, 1992) – identified as “one of the iconic moments in ‘90s cinema” (A. Smith, 2000, p. 116) – where the character Catherine Tramell (played by Sharon Stone) is being interrogated by the police, wearing a short skirt and no nickers. She uncrosses and recrosses her legs, her vulva momentarily visible: “She’s saying ‘I’m gonna get you with my pussy.’” (Canning, 1992, cited in Galvin, 1994, p. 221).

Other women described power as ‘knowledge and bodily awareness’. In FG5, Kate had commented that the vagina “has incredible power”, and I later returned them to this point, and asked, “what did you mean by that?” Kate initially responded with a comment about “penis envy”:

- Kate: ... guys say, ‘ooh women have just got penis envy’. And I always say, ‘sunshine with what I’ve got I can get as many penises as I want’.  
 Group: ((laughter))  
 Helen: Right.

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<sup>53</sup> Note the heterosexism in this extract. This account, and the previous one, tell a common-sense story of women ‘turning men on’, and, to a lesser extent, vice versa, which assumes heterosexual desire. As I have noted previously (Braun, 2000a), heterosexism was a feature of much of the talk about the vagina.

Kate: And they only ever get one, you know, (? : Mm.) assuming that they are hom- ah heterosexual. And why has it got power? Well I- it's because bodies have if y- if you know your body, and you're aware of your body, it's, it's a powerful thing, you know. (? : Mm.) It's, it's great, it's wonderful, it's sexual, it's, it's, can do terrific things for you, you know, and that, a vagina's just part of it. (Ginny: Mhm.) That's what I mean, I didn't mean power over men, to keep them sort of keep them subjugated like, 'I'm going to withdraw my vagina from you unless you go and clean the car' (Helen: ((laughs))) sort of thing, I wouldn't dream of thinking that. (FG5)

In this extract, the notion of power is refined to mean 'knowledge and bodily awareness', and is contrasted to 'sexual power', where the vagina is a 'weapon' to get penises. This power is constructed as something personal, developed through knowledge of her body and her desires, her bodily awareness. Similarly:

Maria: I think I know a lot more about, about the vagina now as well, and I'm actually much more relaxed about it, (Clare: Mhm.) so that I don't expect, um, ah, a certain reaction. Or, or I, I think for a while you have to used to go, I mean, I know my body much better. (Clare: Mhm.) For example, I think there are times when I was younger that I was worried about that there was a lot of secretion, for example, (Clare: Mhm.) which, the smell changed and whatever. (Clare: Mhm.) Now I'm much more aware of the changes my body goes through, (Clare: Mhm.) so that doesn't worry me. (FG12)

In this account, knowledge and awareness free Maria from (unnecessary) anxieties. In these accounts, knowledge is described as resulting in an empowered sexuality, or an empowered embodiment, where socio-cultural norms, such as concerns about size (see Chapter 6) could be resisted, and personal 'anxieties' overcome. Women's talk of power in these ways demonstrates that feminist conceptualisations of power linked to bodily awareness and acceptance (e.g., Boston Women's Health Book Collective, 1992; Federation of Feminist Women's Health Centers, 1981) have found a (limited) place in women's talk about the vagina.

### *Pleasure*

And last but not least, pleasure. Some women made very brief comments about pleasure: "I get great pleasure out of it" (Sam, FG14), it "feels nice" (Hannah, FG11), and "throbbing, my god" (Donna, FG9). 'Pleasure' can be inferred in brief comments about 'sex' generally. Caitlin (FG13), for instance, talked about her vagina ("fanny") as "very much a sex object for me", while Carol (I1) identified it as "a toy for my entertainment" and a "sexual organ". Here is a slightly longer extract:

Caitlin: What you're saying is that the vagina's more relaxed, it's more like gentle and fairy like, (Penny: Yeah.) but I don't think it necessarily has to be that, or necessarily is. I think it can be throbbing and,

Penny: Pulsating, and,

Caitlin: Pulsating, exactly, and it is, it's all muscle and blood vessels and it's,

Penny: Urging.

Caitlin: Yeah, yeah. (FG13)

An active vagina is co-constructed by Caitlin and Penny, a vagina that 'throbs', 'pulsates', and 'urges'. While pleasure is not explicitly articulated, it is implicit – immediately preceding this quotation, they have been talking about penises and how 'active' language is used to describe them (and desire/pleasure). Similarly, the language used here is the language of sexuality and



desire. Mary (FG1) described a similarly 'active' vagina but, following a direct question, made her experience of this as pleasurable more explicit. She begins by responding to a quote from Ensler (1998) in which she claims awareness of the vagina "all day, wherever you are – in your car, at the supermarket, at the gym, in the office" (p. xxiv):

- Mary: I'm aware of it when, ah, something is going on, and I am turned on by it, (Jo: Mm.) and I can feel that kind of, that kind of, ah, heavy,
- Jo?: Mm. ((enthusiastically)) ((laughs))
- Mary: Throbbing (for wa-) for want of a better way of describing it, but,
- Ginny: Is that pleasurable? ((laughs))
- Mary: I'll say. ((laughs)) However I wonder how much of that is tied up with anticipation rather than actual pleasure.
- Ginny: Mm.
- Kay: What is it you actually feel (unclear)?
- Jo?: The juices flowing.
- Ginny: Physical sensation?
- ? Yes.
- Mary: Yes. O-I- I have had, um, experiences where I have felt a great deal of pleasure in it.
- Kay: Whether something's in it or not you (just feel)?
- Jo?: Oh yeah.
- Mary: Oh, yeah, yeah, yeah.
- Jo: The juices start flowing don't they.
- Mary: Yeah that's ((laughs)) it's, it's what I call sort of a he- it's sort of a weighted throbbing kind of
- ? ((laughs))
- Jan: But is that specific to the vagina?
- Mary: Aah, that's certainly where those feelings are coming from. (FG1)

These women describe the vagina as pleasurable (as well as active), and attempt to articulate what that pleasure is, and where it is located.

Talk about sexual pleasure typically related to vaginal penetration. Both heterosexual and lesbian women noted that they liked penetration because it provides a sensation of fullness that is arousing/pleasurable (although, as discussed earlier in the chapter, some women alternatively experienced penetration as vulnerability). For example:

- Lauren: It just has a fuller feeling, (Ginny: Mhm) more arousing feeling, when something's in it as opposed to when something's not. (15)

The sensation of fullness Lauren describes has been noted by others (e.g., Greer, 1970; C. Kitzinger & Wilkinson, 1994; Sisley & Harris, 1977). Hite (1977) similarly talked about vaginal ache which she identified as "desire to be filled" (p. 195). While penetration was primarily taken-for-granted, and assumed to be heterosexual penis-in-vagina penetration by most heterosexual participants, a few women discussed penetration as a non-essential (but pleasurable) part of lesbian and heterosexual sex. For example, talking about lesbian sex:

- Caitlin: D'you like penetration?
- Penny: Yes most of the time.

[...]

Caitlin: Do you yearn for penetration?

Penny: No I wouldn't say I do. I tend to like get more of the swing of the a- into it like after doing other stuff. (FG13)

For Penny, penetration is something that happens, and something she likes, but not something she “yearn[s]” for. Similarly, talking about heterosexual sex:

Kate: So do we need penetration? No is the answer to that.

Group: ((laughter))

Jan: No, but we quite like it. (FG5)

In both these extracts, some form of penetration is represented as more or less pleasurable – it is something they engage in, and “quite like”. However, while these instances of pleasure talk demonstrate that it did happen, in women’s accounts of sex, there were few *detailed* accounts of pleasure. The difficulty women generally seemed to have in articulating pleasure maps onto previous research about sex and pleasure (e.g., Fine, 1988; Finlay, 2000). Apart from Mary and Caitlin, reference to specific aspects of pleasure – indeed, what pleasure actually entails and feels like – was notably rare, despite a conversation topic of sex and the vagina. I do not wish to naively suggest that ‘pleasure’ is unequivocally good (see Brown, 1994; Frith, 1994; C. Kitzinger, 1994b), and the ‘pleasure’ of the vagina (as opposed to the clitoris), as located in the ‘G-spot’, has been identified as reinscribing heterosexual norms of intercourse (Ehrenreich, Hess, & Jacobs, 1987; Hite, 2000). However, this talk of pleasure is one instance where the vagina is represented ‘positively’ by these women, and one which does not *simply* reproduce gendered ideas of the genitals noted in Chapter 2 and Chapter 3 – rather than being passive, the vagina was described in *active* ways by some women.

### *Summary*

In this section, I have explored three ways the vagina is represented positively, as an ‘asset’, something you would be quite happy living with, and might even want if you did not have one. Like the ‘negative’ accounts, and the questions of definition previously discussed, women’s talk in these sections also links to socio-cultural representations. Looking at women’s talk about the vagina as ‘asset’, it appears that alternative (feminist) representations of the vagina as ‘nice’, as ‘powerful’ and as ‘pleasurable’, which I discussed at the end of Chapter 2, have found a place in women’s talk about (their experiences of) their vaginas. These accounts provide an alternative, and a challenge, to the vagina as negative, or even as a neutral and uninteresting part of the body.

### **Summary and conclusion**

In this chapter, I have provided an overview of my data, focusing on ‘talking about the vagina’, ‘the vagina as liability?’ and ‘the vagina as asset?’. In each section, I showed that women’s talk parallels socio-cultural accounts. For instance, the ‘problems’ of definition and meaning discussed in the Introduction to Part One were mirrored in women’s attempts to define what



they meant by the vagina. Similarly, women's accounts of vulnerability mapped onto a construction of the vagina as vulnerable and abused (see Chapter 2). And in their talk of the vagina as not quite nice, women reiterated, albeit in a somewhat milder form, the representation of the vagina as disgusting (see Chapter 2), a representation also evident in slang (see Chapter 4). Women's positive talk of the vagina as something they liked, as powerful, and as pleasurable, maps onto alternative and challenging accounts that I presented at the end of Chapter 2, where absence is replaced with pride, vulnerability is replaced with power, and passivity is replaced with activity and pleasure. This talk, then, provides evidence for socio-cultural representations, and evidence of the influence of these on women's accounts. In this sense, we can view women's talk data as evidence of socio-cultural representations, and even as a cultural text itself.

Although I have presented 'liability' and 'asset' data as if they were fairly evenly represented across the data-set, there was more talk that could be termed negative. Talk was, however, not simply polarised around positive and negative, and much of women's talk fits within a category of 'neutral' (some of this 'neutrality' is evident in data in Chapter 7). This 'neutrality' mirrors Oinas' (2000) analysis of data of young women talking about menarche and menstruation, where negative (or positive) accounts did not predominate. Instead, she had frequent instances where the young women had 'nothing to say', and menstruation was not an apparent feature (positive or negative) of their lives. In relation to such data, it is worth considering how 'nothing to say' might function as a form of resistance to talking about the topic. Returning to my data, it is worth noting that 'neutral', 'positive', and 'negative' accounts were not mutually exclusive, but rather frequently occurred across women's talk.

In the following two chapters, I provide a detailed analysis of two particular features of women's talk about the vagina. In Chapter 6, I develop the idea of the vagina as 'not quite nice' and consider vaginal size as an issue. I critically examine the socio-cultural context in which a tight, but not too tight, vagina is represented as the most desirable, and then examine women's talk in relation to this context. In Chapter 7, I explore the question of 'gendered identity' and look at the way common-sense ideas about genitals and gendered identity are evident in, and negotiated in, women's talk about gendered identity.

## Chapter 6

### The Perfectible Vagina: Size Matters

The best thing a cunt can be is small and unobtrusive: the anxiety about the bigness of the penis is only equalled by anxiety about the smallness of the cunt. No woman wants to find out that she has a twat like a horse-collar (Greer, 1970, p. 39).

The fear of a large vagina as an opening into which the man will fall or get lost appears in clinical cases, folklore, and jokes (Beit-Hallahmi, 1985, p. 354).

In this chapter, I focus on one specific feature of vaginal talk – talk about size, which quite specifically relates to the ‘medical’ vagina. As I indicated in Chapter 5, notions of size are situated between representations of the vagina as ‘not quite nice’, and ‘sexually inadequate’. In this chapter, I am again interested in the socio-cultural, and the intersections between this and women’s talk. I revisit, and expand on, socio-cultural representations which render women’s genitals problematic, focusing specifically on various discourses and practices that construct the ‘topic’ of vaginal size in western cultures. Moving from a ‘cultural’ level to a ‘personal’ one, I examine the ways in which size considerations are evident in women’s talk about the vagina. Finally, I provide a critical examination of ‘size’ as a concern, focussing on the implications for women’s health, sexuality and identity.

#### Women’s genitalia as problematic

Women’s material bodies are often experienced as fundamentally problematic (Rich, 1977). Forming a perfect partnership with the unhappiness many women ‘feel’ about their outwardly visible bodies (e.g., Bordo, 1993), women’s genitals are often constructed/experienced as a ‘problem’; a source of concern (e.g., Dodson, 1974; Ensler, 1998; Gray, 1985; Greer, 1970; Laws, 1990; Shaw, 1995): “no longer content with worrying about the size of our stomachs, upper arms, thighs, bums and breasts, we now have a new worry – our genitals” (Collins, 1996, p. 103). As columnist Barbara Ellen (1999) wrote in *The Observer* recently, “a significant amount of women would gladly swap their real vaginas for something less troublesome – an unexploded warhead in their back garden, say” (p. 33). Concerns around the vagina and the external genitalia relate to a range of issues, such as hygiene, smell, appearance, taste, and size (as noted in Chapter 2 and Chapter 5). Laws (1981/1987), for example, identified that, “many women nurture fearful fantasies about the abnormality of their genitals” (p. 9). Problem pages of popular women’s/teen magazines and Internet sites frequently contain letters from the public inquiring as to genital normality (e.g., His Erection Rejection, 1998; Pubic Hair is Ruining my Life, 1998; Sex taboos, 1997; Stearn, 1998; <http://www.bettydodson.com/>; <http://gilligan.mc.duke.edu/h-devil/>). So-called feminine hygiene products ‘grace’ both shop shelves and advertisements, implying the ‘natural’ vagina needs to be sanitised (e.g., see Kane, 1997; Manderson, 1999).



Recent media coverage has highlighted a new trend in the USA – the Brazilian wax, where following a ‘routine’ bikini wax, the remaining hair is plucked out with tweezers (Brook, 1999; Ellen, 1999). As Ellen (1999) acerbically commented, “female pubic hair is considered terribly unfashionable in the States, and might soon be declared illegal” (p. 33). Other more permanent solutions are also sought. Genital surgery has a long history (Cline, 1993), and cosmetic surgery now performed in the west for ‘aesthetic’ reasons includes vaginal tightening, labial trimming, liposuction of the pubic mound, the injection of fat into the vulva and vagina, and hymen reconstruction (A. Adams, 1997; Greer, 1999; Manderson, 1999; Rogan, 1994). Sheila Kitzinger (1983) noted that “women with whom I have talked, have sought surgery because they believed that their vaginas were ugly” (p. 25). While genital surgery is probably not yet common (e.g., Kamps, 1998), we need to ask, is there any reason it will not increase? Other forms of cosmetic surgery, once uncommon, are now common and still increasing (Travis et al., 2000). They are represented as ‘normal and natural’ (by/for women) (Dull & West, 1991), as making women ‘ordinary’ rather than ‘beautiful’ (K. Davis, 1996), and as a ‘reasonable’ thing to do (A. Adams, 1997).<sup>54</sup> Such practices result from the intersection of a “beauty culture” (K. Morgan, 1991, p. 31), individualisation, and technological interventions, but the ideas embodied in them – the (surgical) achievement of a more ideal feminine beauty (and ‘virtue’) have a history as long as gynaecological surgery in the west (A. Adams, 1997).

Such ideas derive from a cultural context outlined in Chapter 2, in which women’s genitals are primarily derogated and where many women “can’t bear to *look* at our anatomy” (Howard, 1997, p. 58, emphasis in original). It also reflects a society where many women are (still) not aware of the range and diversity of ‘normal’ genitals – despite many feminist visual representations designed to illustrate precisely this (e.g., Blank, 1993; Corinne, 1989; Dodson, 1974). Concern about genitals which do not conform to some supposed norm is such that surgery is still routinely performed upon infants whose clitoris is ‘too big’ (or penis ‘too small’) to conform to medically/culturally imposed gender norms (Angier, 1999; Grosz, 1996; Kessler, 1990, 1998) – norms whose limits are very narrow (S. Jackson, 2000). Ambiguity is “intolerable” (Grosz, 1996, p. 55; Angier, 1999; Cream, 1995), and threatening to our culture (S. Jackson, 2000; Kessler, 1990).

These accounts and practices construct the female genitals as a potential problem (Banks-Smith, 1997; Kamps, 1998), and as a viable site for beautification (‘normalisation’<sup>55</sup>). A message of ‘personal empowerment’ is frequently evident in texts about cosmetic surgery

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<sup>54</sup> This ‘making women ordinary’ (‘normalisation’) should be recognised as being a ‘whitening’ as well (Bordo, 1993, 1997), involving the changing of facial features to more resemble a white norm. Kaw (1993/1998) identifies the ‘westernising’ of Asian-American women’s facial features (e.g., eyes) through cosmetic surgery, while Bordo (1997) asks whether we can imagine anyone having surgery to create a more ‘African’ or ‘Semitic’ nose. Both authors point to the racism evident not only in *standards* of beauty (Travis et al., 2000), but in the practices that accompany these.

(e.g., Havranek, 1998) (as well as women's accounts; e.g., K. Davis, 1996), reflecting the west's love affair with individualism in the late 20<sup>th</sup>/early 21<sup>st</sup> Century (A. Adams, 1997). However, Rogan (1994) has commented that "whatever the piece, the subtext is the same: until you eliminate all flaws – including those pesky dangling labia – you won't deserve happiness, let alone a man" (p. 93). And it *is* all about men – notions of what a vagina should be like are (by and large) premised on heterosexuality, on (heterosexual) male desire, and on a 'coital imperative' (M. Jackson, 1984; McPhillips et al., in press), and sexual surgery is "intended to make women's bodies conform to a heterosexual ideal" (A. Adams, 1997, p. 67). The cultural valuation of a particular 'type' of vagina (e.g., a tight one) has developed in a heterosexist (and racist)<sup>56</sup> context where the vagina is judged in relation to coitus.

### **The cultural valuation of tightness: Vaginal size as an issue**

It is not hard to find socio-cultural evidence that the 'perfect' vagina is "a nice tight vagina" (Chumbley, 1999, p. 112). In the introduction to her book, *The Whole Woman*, Germaine Greer (1999) writes: "in many cultures (and increasingly our own) the most desirable vagina is as tight and narrow as a rectum" (p. 2). In a chapter on genital surgery, Alice Adams (1997) noted that "the ideal 'natural' woman" is "represented in the tight vagina ('one of nature's miracles')" (p. 69) by at least one obstetrician.

It is, however, a miracle that can be (re)created by god-the-surgeon. Vaginal size has been a specific site of cosmetic interventions in western cultures. To make a vagina tighter – so combating "the dreaded vaginal relaxation" (Learmonth, 1998, para. 11) – fat siphoned from women's thighs can be 'squished' into the walls (Banks-Smith, 1997; Greer, 1999). Laser surgery is also possible. Dr Matlock, founder of *The Laser Vagina Rejuvenation Center of Los Angeles*, offers, among other procedures, laser surgery to rejuvenate (and tighten) the vagina – the resulting effect is that "you won't believe how good sex can be". His website broadcasts the message "Ladies, cosmetic surgery may make you look good. However, LASER VAGINAL REJUVENATION will make you *FEEL GOOD*..." (Matlock, 1998). Feel good to whom, for whom? Matlock emphasises, as do media articles covering his work (e.g., Havranek, 1998), that vaginal tightening (and other procedures) increase sexual pleasure for women. Indeed, the idea that a tighter vagina might increase men's sexual pleasure as much as, or more than, women's, is conspicuously absent. Feminist commentators are more sceptical, suggesting that such procedures are primarily focussed around male sexual pleasure (e.g., Braun & Enslar, 1999). I am not denying that a tighter vagina might well increase women's sexual pleasure (see, for instance, S. Lawrence & Edwards, 1980), but

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<sup>55</sup> Alice Adams (1997) reported one gynaecological surgeon who reported that (perfectly 'normal' looking) labia that he trimmed on one woman (who, apparently, could not achieve orgasm because of 'embarrassment') became, following surgery, "normal-appearing" (p.64).

<sup>56</sup> Racial difference has been sought on/in the genitals (Somerville, 1997), and black women have been/are constructed as marked by genital 'excess' (Gilman, 1985; Marshall, 1996; Somerville, 1997; L. Young, 1996), much as black men have also been (Bordo, 1993; Mercer, 1992; L. Young, 1996).



rather remain unconvinced that it is primarily *for* women.<sup>57</sup> Matlock stresses the ‘functional’ nature of vaginal rejuvenation (tightening the vagina) – “the enhancement of sexual gratification” – in contrast to the *purely* aesthetic ‘designer laser vaginoplasty’, which is the “surgical enhancement of the vulva structures”. (Of course, you can have both!) A widespread ideology of youth/fulness (Grimshaw, 1999), and indeed virginity, permeates such practices (Manderson, 1999).

The vagina is also tightened during ostensibly medical (i.e., necessary) procedures.<sup>58</sup> A perception of childbirth is that it ‘destroys’ the vagina. For instance, a guidebook for women that explains bodily changes after birth identifies that “you may also find that the entrance to your vagina *gapes* slightly” (Chumbley, 1999, p. 42, emphasis added; see also Ashmore & Attapattu, 1995). Alice Adams (1997) includes an account by one obstetrician (by no means unusual) who considered that without episiotomy (surgical cutting), the vagina “will be stretched and unattractive to her male lover” (p. 69). One woman reports her husband “complain[ing] that my vagina and womb felt absolutely enormous and that he could feel little stimulation or satisfaction just a great, gaping void!” (Saunders, 1983, p. 99). When women are stitched up after either a tear or an episiotomy in childbirth, it is often “a little smaller than before” (S. Kitzinger, 1983, p. 25; Manderson, 1999). An unnecessary tight final stitch is sometimes referred to as “the husband stitch” (S. Kitzinger 1994, p. 71) – the “quirky little twist at the bottom for an extra snug fit” (Davey, 1996). Jahoda (1995) quotes a woman who recalled her doctor saying “by the way, I put in an extra stitch for you” (p. 258) to her husband after the birth of their daughter, and jokes about the vagina being “made new” or “tailor made” are common (Pizzini, 1991, p. 481). The implicit goal of such a practice is to return the now ‘damaged’ vagina to a better-than-before state of tightness – readying the presumed heterosexual ‘wife’ for intercourse, and improving the man’s sexual pleasure in the process. Despite such practices, Sheila Kitzinger (1994) notes that “episiotomy and suturing do not preserve the size or shape of the vagina” (p. 71). Instead, such stitching can lead to a vagina that is too tight, and painful for the woman (during penile intercourse) (Goldsmith, 1995; G. Mitchell, 1996; S. Kitzinger, 1994).

Other medical procedures similarly promote tightness – caesarean sections not only make birth more ‘convenient’ for the surgeon, they also avoid ‘vaginal sagging’ (A. Adams, 1997; Manderson, 1999; Robinson 1998). In Brazil, women are encouraged to have caesareans to

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<sup>57</sup> One thing implicit here is that it is tightness *per se* that is good. However, Ladas et al. (1983) talk about the importance of muscle *tone* in women’s sexual pleasure, rather than size *per se*. They indicate that size is not necessarily synonymous with tone – “remember, there is no set relationship between the size of the vagina and the strength of the PC [pelvic floor muscles]” (p. 107). This problematises the idea of tight equals good. However, they also sometimes do conflate tightness and tone, suggesting that a (male) “partner’s perceptions” (Ladas et al., p. 104) about ‘snugginess’ are a good indicator of tone. Here, the emphasis is on female sexual pleasure, although male sexual pleasure is hinted at.

<sup>58</sup> Although the line between the two is of course blurred. Breslin (1998), for instance, reports on one surgeon who performs cosmetic tightening who considers that “there’s no difference between himself and the doctor who, after completing an episiotomy on a woman, fulfils her husband’s request to ‘throw a stitch in there for me’” (p. 130).

“keep your passage honeymoon fresh” (Orr, 1998, p. 7; MacNair, 1992b). The pelvic floor muscles are “responsible for keeping the vagina elevated, tight and firm” (Westheimer, 1995, p. 36), and Kegel exercises are intended to tone them. Kegels have been promoted to avoid urinary incontinence and vaginal vault prolapse, and to improve orgasmic capability, in women. However, that they also tighten and strengthen the vagina (e.g., Howard, 1997; Manderson, 1999; Peake et al., 1999), is part of their appeal (e.g., see the listed benefits of Kegel exercises at <http://www.geocities.com/HotSprings/Spa/4502/vagex.html>).

This heterosexual ‘preference’ for a tight vagina is not only a western phenomenon. For instance, Chandiramani’s (1998) report on a sex phone help-line in New Delhi included queries about a ‘loose vagina’ as its own category – separate from queries about ‘female genitals’. And various studies from central and southern African countries have demonstrated desire for a “dry and tight” (Brown, Ayowa, & Brown, 1993, p. 989) (and warm) vagina for heterosexual intercourse (e.g., Brown et al., 1993; Civic & Wilson, 1996; Pitts, Magunje, & McMaster, 1994; Runganga, Pitts, & McMaster, 1992). To this end, women engage in various practices to tighten the vagina, including placing substances (leaves, herbs, powders, etc) in the vagina, wiping it with a cloth, or using hot or cold water washes.<sup>59</sup> Both women and men were found to express preferences for tightness and dryness: a small vagina was “right” and “respondents considered a wet or large vagina the result of a curse, bad luck, or sexual activity” (Brown et al., 1993, p. 990). Runganga et al. (1992) drew parallels between these practices and “western notions of acceptable or attractive sexual anatomy” (p. 1040), suggesting that “the widespread advocacy of pelvic floor exercises following childbirth may bear some relation to this” (p. 1040). While such practices seem to be primarily designed for male sexual pleasure (thus ensuring male fidelity),<sup>60</sup> they are believed to increase the risk for both partners of HIV (and other STD) transmission through damage caused to the vagina by these substances, and increased risk of abrasions during coitus (Berer & Ray, 1993; Brown et al., 1993; Civic & Wilson, 1996; Pitts et al., 1993).

Women who are infibulated (the most extreme form of genital mutilation) might have the vaginal entrance sewn tightly shut, resulting in a very narrow vaginal opening – sometimes the size of a matchstick (L. Williams & Sobieszczyk, 1997) – typically making penetration with anything virtually impossible without force (McCaffrey, 1995). This is associated with (among other things) male sexual pleasure. Ikhlas Nouh Osman (Osman & Mulholland, 1992), a Sudanese woman, outlined that a reason women get reinfibulated (re-stitched) after childbirth is “sexual pleasure for men, because of the tightness” (p. 6; also El Dareer, 1982, Wright,

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<sup>59</sup> It seems probable that similar practices have also occurred in the west – Green (1998), for example, cites the late 18<sup>th</sup> - early 19<sup>th</sup> Century slang *pucker-water*: “water mixed with alum or a similar astringent, used to tighten the vaginal muscles by those who wished to counterfeit virginity” (p. 935).

<sup>60</sup> It seems likely that norms around tightness are not only about ensuring male fidelity through maintaining male sexual gratification, but also about controlling/measuring female ‘promiscuity’. Collins (1996), for instance, includes a letter from a Californian woman in her early 20s whose partner had told her “that if she ever went with another man her vagina would stretch and he’d know immediately” (p. 112). She was seeking affirmation as to whether this was true.



1996). While it is easy for (white) westerners to criticise such practices in non-western countries, and to associate them with 'foreign' and therefore different ideologies (Sheehan, 1997), contemporary 'voluntary' genital mutilations (as well as historical practices) in the west bear worrying parallels. Many (e.g., labial trimming) are similar in practice to forms of female genital mutilation (Bibbings, 1995; Manderson, 1999; see also A. Adams, 1997), although we choose not to think of them in the same way – the rhetoric of individual free choice and empowerment prevails (see Manderson, 1999; also Bordo, 1997; Ussher, 1989). In the book *Embarrassing Problems: Straight-talking good advice* (Stearn, 1998), for example, the advice given to a woman who writes "the lips of my vagina hang down – I feel like a freak" (p. 184) includes the following: "if the inner lips are so large that they are upsetting you it is possible to have them trimmed by a surgical operation" (p. 184). (However, not all 'agony aunts' give such advice. Collins [1996], for instance, replied to a similar letter that "if she wanted advice on where to get a genital nip and a tuck, I wasn't going to give it to her [p. 114].)

This 'ideal' of vaginal tightness is also transmitted through a wide range of other cultural contexts – in comedy, media, conversational interaction, slang, and so forth. For example, in the controversial movie *Kids* (Clark, 1995), the male 'lead', Telly, includes "no loose as a goose pussy" as one of the three reasons he likes virgins. In Fay Weldon's (1983) novel *The Life and Loves of a She Devil*, part of the process of the 'perfectionisation' of the protagonist (involving years of plastic surgery) is the tightening of her vagina. In her award winning comedy stand-up, *Top Bitch*, British comedian Jenny Eclair (1995) makes frequent reference to the state of her vagina. In relation to childbirth, for example, she talks about it becoming so big that she uses "rolled up duvets" instead of tampons, and that it is "like a woolly after the wash – all baggy round the neck". Eclair suggests that seeing her vagina would put teenage girls off (hetero)sex and thus stop teenage pregnancy.<sup>61</sup> The message is that a large (baggy) vagina is not the thing to have or want. In the Easter 1999 episode of the British comedy chat-show *So Graham Norton*, Graham, the host, recounted to a guest (singer/model Jordan) the story a female audience member had told about having sex with a man with a "ten incher". Jordan retorted "wow, you must have a bucket". The laughter that followed this observation continued for about half a minute, during which Jordan repeated "I'm sorry" and "I'm joking" a few times. She ended with the comment "you've got a tight one I didn't mean to say you've got a big one". More laughter. Similarly, slang terms such as bucket fanny/minge/cunt, horse collar, or welly top (e.g., J. Green, 1998; *Roger's Profanisaurus*, 1998), and phrases such as "like throwing a sausage down a back alley" or "like waving a sausage in the Albert hall" (Collins, 1996, p. 121) provide a vocabulary (and representation) of the loose vagina. I must conclude that vaginal size is cultural currency.

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<sup>61</sup> There are also disruptions to this. Jenny Eclair (1995) uses the term 'wide-on' as a female equivalent to the male 'hard on'. In a similar way, descriptions of research as 'wet' or 'dry' (Reinharz, 1983) rather than 'hard' or 'soft' challenge androcentric descriptions in science.

Transmitted in all these contexts, from the quasi-medical to the popular, is the implicit, or explicit, message that a tight vagina is the right vagina to have. However, the ‘too tight’ vagina is also a concern (again, in relation to heterosex; e.g., Bancroft, 1989) – one woman, for example, writes that she worries “whether he’ll fit inside me” (*Will I Ever Enjoy Sex?*, 1998), while another is “worried my vagina is abnormally tight ... I will never successfully have sex” (*Should I Feel This Pain?*, 2000). Similarly, one of the diaries in Brumberg’s (1997) study of American girls describes how its author goes to her gynaecologist to be “assured” (p. 184) that her vagina is “normal size” (p. 184) and not too small. Specifically, notions of the too-tight vagina relate to the sexological/cultural concept of ‘frigidity’ and the condition vaginismus (e.g., Ng, 1999; Valins, 1992) (although people are quick to assert that women with vaginismus “are not ‘frigid’”; Wilson, 1998, p. 14, <http://www.healthcentral.com/mch/top/00148/.cfm>). Vaginismus is an established, diagnosable, treatable condition (M. Boyle, 1994) in the way a ‘baggy fanny’ is not (yet). Many women with vaginismus report a belief that their vagina is “abnormally small” (Valins, 1992, p. 121; Wilson, 1998). However, the ‘reality’ of this too-tightness is almost always represented as psychological, rather than physiological, as “the vagina itself is never too small to accommodate a penis” (Stearn, 1998, p. 127; Llewellyn-Jones & Abraham, 1998).<sup>62</sup> Llewellyn-Jones (1978) noted that “‘difficulty’ at intercourse is not due to her being ‘small made’. This is a myth” (p. 21), although “many women still believe that intercourse is painful or impossible because they are ‘small made’ – meaning that their vagina is too small or the man’s penis too large” (Llewellyn-Jones, 1978, p. 86).<sup>63</sup> As recently as 1992, *Black’s Medical Dictionary* (Macpherson, 1992) noted that vaginismus is “usually psychological in origin, due, for instance, to a *neurotic temperament* or to *frigidity*” (p. 616, emphasis added). Valins (1992) recommended that a change in cultural attitudes and practices are necessary, and in her book *Painful Sex*, Goldsmith (1995) informed women that self-examination and “discovery of your own vagina ... will give you the confidence that your vagina is not small or abnormal” (p. 54).

Despite these accounts, I would argue that representations of the too-tight vagina, and what it means, are less common than those of the too-loose vagina in popular culture – as Wilson (1998) notes, “many people have never heard of [vaginismus]” (p. 14; also Valins, 1992). However, one cultural concept does make reference to tightness: the penis captivus myth, where, during intercourse, the vagina (involuntarily) clamps tight so that the penis is held captive, and is unable to be removed (Beit-Hallahmi, 1985), perhaps indicates a cultural fear

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<sup>62</sup> As Ng (1999) demonstrates, in disease classificatory manuals, vaginismus has a male-centred definition, where the penis is criteria and focus of ability.

<sup>63</sup> Other texts tell a slightly different version. Esen (1997), for instance, comments that “disproportion between the penis and vagina” (p. 24) has been blamed for vaginal lacerations received during ‘normal intercourse’ but questions the likelihood of this in “a mature, non-hysterectomised premenopausal woman” (p. 24). The implicitly ‘normal’ vagina is unlikely to be too (physically) small for a penis.



of a too-tight vagina. Not only is too tight bad because the penis cannot actually get in, it is also potentially dangerous.<sup>64</sup>

I have demarcated a cultural context in which (heterosexual) women's vaginas are supposed to be 'just right' – tight, but not too tight. I must also mention penis size, however briefly, as, given the heterocentric nature of vaginal size considerations, these run in parallel.<sup>65</sup> Consider this example from Kathy Lette's (1996) novel *Mad Cows*. The character Gillian is on a first date with Ben:

“What makes Chinese women so wonderful”, said Ben authoritatively, sucking an olive from its tiny skewer, “is the small vagina. It just goes ‘Pop!’”

What would he think of *her*? Gillian wondered, grimly. *Channel Tunnel*? “Yes, quite satisfactory”, she retorted snidely, “if you've got a minute penis”. (p. 206-207, emphasis in original)

Similarly, male responses to an article in the UK men's magazine, *Arena*, about the benefits of bigger penises (for heterosexual women) was responded to with angry letters from male readers about “flabby fannies” (Collins, 1996, p. 120) and “slack holes” (Collins, 1996, p. 121).

The notion (myth or not) of male anxiety about penis size is part of common-sense (see Collins, 1996) – penis size was identified by Reuben (1969) as “the question of the century” (cited in Altman, 1983, p. 213). It has resulted in comments like ‘it's not what you've got that counts, it's what you do with it’, and (conversely) a spate of recent advertisements on British television based around the theme of ‘size matters’, suggesting bigger *is* (often) better. Simultaneous to this we find accounts that propose that, no matter what size of the flaccid penis is, all erect penises are roughly the same size (H. Richardson, 1993, although see Small Package, 1997; <http://www.bettydodson.com/bigcunt.htm>), denying variability when it *really* counts – at erection. In an article in *The Guardian* newspaper, H. Richardson (1993) noted that a lack of explicit discussion of variation in penis size leads to assumptions about vaginal size. She cites a woman's magazine's problem page in 1989, in which a reader complained that her second husband:

Was not as well-endowed as her first and so she didn't enjoy love-making with him as much. She was informed that – you've guessed it – all erect penises are roughly the same size and advised that her vagina had probably got a bit slack in the intervening years (p. 23).

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<sup>64</sup> Male anxiety about vaginal too-tightness (as in the penis captivus myth) is also coupled with anxiety about strength – see, for example, <http://www.geocities.com/HotSprings/Spa/4502/vagfacts.html>.

<sup>65</sup> Despite the heterocentric construction of vaginal size discourse, penis size apparently remains a feature of gay discourse (particularly in erotica; e.g., Bolton, 1995). However, Bolton argues that the linking of penis-size concerns with gay men is overdetermined, noting that heterosexual men also share concerns about penis size.

At this point, it is worth noting the apparent historical longevity of such debates, by providing a very similar quote (but with reverse conclusion!) from Sharp's 1671 *The Midwives Book*. In relation to the vagina she wrote:

It is fit for any Yard [penis] yet I have heard a *French* man complain sadly, that when he first married his Wife, it was not bigger nor wider than would fit his turn, but now it was grown as a sack; Perhaps the fault was not the womans but his own, his weapon shrunk and was grown too little for the scabbard (cited in Eccles, 1982, p. 29, emphasis in original).

The crucial factor for my analysis, however, is that the construction of male penis size does not simply revolve around the notion of a *single* size for each man (although of course bigger is better), but of an organ that has different sizes for different states (e.g., flaccid, erect, cold). In this way, it differs from talk about vaginal size. Another important difference concerns visibility – the penis is visible, and size observable, in a way the vagina patently isn't.

### Talking about size

In the previous section, I demarcated a 'cultural norm' that constructs the desirable vagina as a tight (but not too tight) vagina. In the remainder of this chapter, I consider women's (and men's) talk about vaginal size.<sup>66</sup> Theoretically, I assume that women's experience of the vagina, and their talk about that experience, is constructed in relation to broader cultural systems of meaning. In women's talk about vaginal size, we can access both cultural norms and accounts of experience which reproduce, or resist, those norms. Women's talk becomes evidence for, and a reiteration of, socio-cultural representations. The analysis takes into account both broad thematic patterns of talk, as well as looking in more detail at what object those accounts construct, and how they construct it. In this chapter, I consider two main themes. First, the identification of 'the cultural imperative: "vaginas are supposed to be tight"'. Second, accounts of women's 'personal concerns: being *too tight*'.<sup>67</sup>

#### *The cultural imperative: "Vaginas are supposed to be tight"*

The first aspect of vaginal size discourse was participants' identification of a cultural imperative for tightness: having a tight vagina was identified as desirable; a slack vagina as undesirable. According to Claire (FG15) "my delightful boyfriend says like slinging a sausage down the high street not in relation to me I hasten to add". Slang terms like "bucket minge" (Gillian, FG3) or "bucket cunt" (Rosa, FG15), which Rosa then evaluated with "oh god that's awful", and "Mersey Tunnel" (Suzanne, T4) codify the undesirability of a slack vagina. Such

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<sup>66</sup> In addition to my focus group data, in this chapter I draw on some data serendipitously collected from 5 different groups of students in an undergraduate tutorial on intersex, where vaginal size was discussed. These have been coded "T".

<sup>67</sup> In this chapter I do not focus on the different meaning size might have for lesbians, or for women with Androgen Insensitivity Syndrome (C. Kitzinger, 2000) (or indeed for gay men).



articulations directly map onto, and draw on, the socio-cultural context identified in the earlier part of this chapter, and these terms and phrases suggest that tight is good through the negative equation of loose being bad. Women also explicitly articulated that tight was good. In the following extract, the young women have been talking about “bucket” terms:

- Claire: You’re always supposed to be kind of small tight little creatures, aren’t you, ready for the blokes.
- Ginny: Mhm
- Marion: Yeah that’s the whole point. It’s like,
- Claire: ‘Cause it’s gotta feel nicer for them.
- Marion: Yeah, and the sensation. If it’s like, if they can hardly (Rosa: does it (unclear) or) feel it themselves, when they’re having sex with you, then obviously. Like, with a-, someone who had like particularly loose muscles or something, (Claire: oh yeah) then if they didn’t feel anything then they might as well be not bothering. Whereas it’s sort of all tight and what have you
- Claire: You sp- have good whatsit muscles.
- Marion: Pelvic floor.
- Claire: That’s it, pelvic floor.
- Rosa: You do all those funny exercises.
- Marion: Kegels.
- Rosa: Improve your pelvic floor muscles. (FG15)<sup>68</sup>

In this extract, the women collaborate to produce an account that clearly identifies (and reproduces) the cultural desirability of a tight vagina. However, the ‘imperative’ nature of a cultural promotion of tightness was not only noted by women, but also reinforced through the use of imperatives such as “supposed” and “should”. As Emily (T9) identified, “vaginas are supposed to be tight”. Similarly, Carol (I1) commented, “I’m very aware of the, of the sort of cultural imperative that vaginas should be tight”. The use of such language simultaneously allows the speaker to acknowledge the cultural imperative, *and* to display disagreement with it. These young women present themselves as cultural knowers, but not cultural dupes. By challenging the cultural imperative, they simultaneously reject the possibility that they might be judged within it – as “slappers” (Rosa, FG15) perhaps.

The following extract shows a different group of young women commenting on the desirability of a tight vagina, and discussing how it is used to position women:

- Kate: On these videos and things, when they actually talk about, ah, the size of women’s vaginas, and then they talk about how many fingers, and knuckles, and all this kind of thing that they can get up, and it’s the more they can do,
- ?: Is the worse.
- Kate: the worse a woman’s supposed to be.
- Sunita: Yes but the smaller and tighter I think is better.
- Kate: Supposed to be.
- Sunita: ‘Cause of, the bigger it gets the worse it is. It’s the to- to- total opposite [of penis size] isn’t it.

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<sup>68</sup> In this chapter, I use a number of different extracts from FG15. These are presented and analysed in the order in which they occurred in the focus group.

Kate: Yes, because you become a slut or whatever, some derogatory term.

?: Mm.

Sunita: A slapper or something like that.

Kate: Yeah, once- once it becomes bigger. (FG4)

A slack vagina, then, was identified as being specifically associated with (negative) judgements about sexual promiscuity. This was a common interpretation. For example, Susie (FG10) commented, “if a girl’s been around a lot it’s like she’s got, you know, a bucket fanny ((laughs))”, and Marion (FG15) identified that “bucket cunt” means “she’s easy, it’s like a huge cavernous space” (Marion, FG15). Similarly, “she’s been round the block more times than the milkman, and just it must be. I mean it’s got to be [big]” (Tara, T4).

Although a few women ‘admitted’ to using slang terms like “bucket cunt” themselves (e.g., “it’s really quite horrible to think that we do it all the time as well. Actually it’s just one of those things you slip into”; Claire, FG15), most women also commented on the gendered nature of this imperative, and the judgements associated with it. It was men who were described as wanting tight vaginas: “that’s men’s fantasy though, isn’t it, tight little petite women” (Jo, FG1). And it was men who were seen as the perpetrators of vaginal ideals: the term “bucket fanny” was “more men talking about that [...] rather than women” (Amanda, FG10); comments about “bucket cunts” were attributed to Claire’s “delightful boyfriend” – both associating such behaviour with men, but also, through the ironic use of “delightful”, implying that what he does is undesirable and displaying her awareness of this. Gillian expanded on this in detail:

Gillian: I’ve got a lot of friends that are boys now say things, like, really crude, and talk to me really crude. And they are like saying, how they went away they went round Europe two summers ago, and they sort of had girls in different places. And they were going on and on about how the best ones were the Swedish girls, ‘cause they had such tight fannies that they could only get one finger up there, and things like that. ((laughs)) (Ginny: Oh my god.) So yeah, I s’pose it’s from boys that you get that sort of idea that they are, they are, they are better to be like that. (FG3)

According to these women, then, the ‘culture’ that promotes tightness is not a ‘female’ culture. Rather, men produce generalised accounts on desirable “tight fannies”, and undesirable “bucket minge[s]”. Women’s identification of the cultural norm in this way, which situates them outside it, and men as the ‘spokespersons’ for it, is remarkably similar to the way women talked about the representation of the vagina as ‘not quite nice’ (see Chapter 5). Similarly, as in those data, some women also reported that men made personal evaluations about the state of their vagina (when having sex). For example,

Lucy: But they do say how, how tight you are, or how loose you are.

Rebecca: Yeah.

Toni: Which is so fucking stupid.

Lucy: You know, have you ever heard anyone say anything like- like that about,

Jenny: Yeah, no, I have. I have, yeah. I have, yeah.

Lucy: Yeah, yeah, you know, like “you’re really tight” or something,

Jenny: Yeah.

Lucy: You know, which is meant to be a compliment. (FG7)



In this extract, male comments about tightness are reportedly “meant to be a compliment” but strongly rejected as “so fucking stupid” by these women. In another focus group, one participant described (the presumably relatively rare event) of having sex with a man first as a ‘virgin’ and the second time a few years later (having had other sexual partners in the interim).

Mary: I was a virgin in 1987, and I fell in love with this guy and made love to him, and then [...] saw him about two years later. And we were making love, and he said to me “oh you’re not the same girl I knew before”, and I thought he meant, I thought he meant personality wise, and this was sort, “w-what do you mean”. And he said, “you’re just not as tight as you were before”, and he meant my vagina. (FG1)

The idea that anxieties around penis size may be a motivating concern both in male ‘desire’ for tight vaginas, and in the positioning of women as having large vaginas, was noted by some women. The cultural imperative was identified as “so manifestly a product of male penis anxiety” (Carol, I1). As Suzanne (T4) ventriloquised, men are supposedly reassuring themselves that “I’ve not got a small penis, you’ve got a Mersey Tunnel”. The actor Tom Arnold is reported to have made a similar comment in relation to his former wife, the actor Roseanne: “even a 747 looks small when it lands in the grand canyon” (When Will Hollywood Free Willy?, 1997, p. 84). Despite having a jumbo-sized penis, she was bigger. (This comment presumably also conflates body-size with vaginal size.) In the male focus group, when Josh considered what happens “if it’s very tight”, he was interrupted by Damien’s observation “they’re all tight mate”. This was responded to with the comment to Damien, “trying to make out that you’ve got a massive dick” (Alex, MFG1).

In this section so far, I have mapped out the different aspects of women’s accounts of a cultural imperative for tight vaginas. It appears to form a culturally recognisable and hence available resource for interpreting the meaning of women’s bodies and women’s behaviours, and offers particularly problematic identities. Tightness is a moral story: a ‘loose’ vagina positions a woman as (heterosexually) sexually promiscuous – as a ‘loose’ woman.<sup>69</sup> This positioning is premised on knowing that tight is good, but also reinscribes such knowledge. It mirrors a morally/religiously informed common-sense that the vagina becomes ‘loose’ with ‘overuse’. Evidence of this is easily identifiable, both in my data, and also socio-culturally. For example, the first of 19 reasons for ‘why the Internet is like a vagina’ ([http://neil.franklin.ch/Jokes\\_and\\_Fun/Internet\\_is\\_Like\\_Vagina.html](http://neil.franklin.ch/Jokes_and_Fun/Internet_is_Like_Vagina.html)) is “the more people use it the bigger it gets”. A woman wrote to a web-based health information service that she was concerned about being able to use a female condom because “due to my numerous sexual encounters ... my vaginal opening will be too wide” (<http://h-devil-www.mc.duke.edu/h-devil/interact/sexual/02-24-97.htm>). The notion of loose, then, provides a certain policing of (young) women, heterosexually, similar to the way in which words like ‘slut’ and ‘slag’ do (Holland, Ramazanoglu, Sharpe, & Thomson, 1994a, 1994b; J. Kitzinger, 1995, Lees, 1993) –

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<sup>69</sup> Genitals have also been used as “indices of moral character” (Terry, 1995, p. 143) in other contexts. Terry (1995) notes different descriptions given by doctor Robert Dickinson to the sketches of lesbian and heterosexual women’s genitals, and concludes that “Dickinson clinically decoded the genital zones of the female body as evidence of the subject’s behavior” (p. 145) – ‘pathological’ behaviour, in the case of lesbian women.

through the ‘technology’ of reputation (Stewart, 1999; see also Holland, Ramazanoglu, Sharpe, & Thomson, 1996).

Parallel talk about what ‘too tight’ means on a cultural level – what it represents, how it positions women (frigidity being a possible interpretation) – was virtually non-existent. Only a few instances provided *any* evidence that ‘too tight’ has a culturally available meaning. In one instance, Toni (FG7, following directly from the earlier extract on p. 120) provided an alternative to the interpretation that “you’re tight” is necessarily a compliment: “I didn’t think that it, that was necessarily a compliment. I thought it was sort of, you’re”. She stopped there, and while I cannot know what she would have said, she clearly signals her disagreement with the notion that ‘tight’ is (necessarily) a good thing. Such negotiation points to the fine line between a ‘good’ and ‘bad’ meaning of tight, and indeed, the variability of this associated with its local context of use.

One other instance occurred, following a detailed personal account by Janice (T4) of being ‘too tight’:

Janice: mine was tight and it [...] was seen as a an aggravation thing really [...] He’s says, ‘oh you’re really tight’, and on one hand he’d see that as a compliment. On the other hand it’s like, ‘I can’t get in’. ((laughs)) So it’s a, now it’s, now not a compli- it’s gone too far this has.  
(T4)

This account problematised the idea that ‘tight’ is necessarily good, and the tutor summarised Janice’s anecdote by saying “so there’s too tight which is like vaginismus”, a proposition with which Janice agreed: “yeah yeah”. While Janice’s tale is overwhelmingly a personal one of too-tight-as-problematic, the tutor (perhaps not surprising given the academic context of the discussion) interprets it as a cultural issue, an interpretation Janice accepts. Vaginismus, while a personal ‘problem’, comes with a set of cultural meanings and implications, and the tale Janice has told was recognisable and interpretable in these terms. However, while these two extracts do not provide particularly *clear* evidence of a recognition of a cultural discourse of too-tight-as-problematic, they point to some recognition that positions are available for women within this discourse, and that they are not necessarily complimentary ones.

#### *Personal concerns: Being too tight.*

In this section, I shift my analytic focus from reports of cultural meanings to discussions of personal ‘concerns’ about vaginal size. Given the recognition of a cultural context in which (heterosexual) women are supposed to have tight vaginas, you might expect heterosexual women to express concerns as to whether they are ‘tight enough’, and there were indeed a few instances where such concerns were articulated. For example, Mary (who we met earlier on p. 121) later recounted the effect being told she was “not the same girl I knew before” had had on her at that time.

Mary: I had never, I had never ever thought about the size of my vagina until that comment was made to me a few years ago, um, and I don’t know that it has ever mattered since. I think that was just the difference between being a virgin and not being a virgin, um, having relationship, um, relations with somebody for the very first time with anybody, and then having had a couple in between. And, um, I’ve never had any complaints since. ((laughs))  
(FG1)



In this account, a slack vagina is a possible concern, located in the past, which has been transcended: Mary moves from the identity of someone who might well have a slack vagina, to someone who has “never had any complaints since”. This positions her as currently having an adequate (tight?) vagina, not one to be concerned about. However, Mary reveals that her current status of no “complaints” could result from the “effort” she went to improving her pelvic floor muscles: “I think it [her concern and then pelvic floor exercises] probably started shortly after that, that I made an em-emphasis to, or effort to, try and do something about it”. Mary’s story can then be seen as functioning as a moral tale – without Kegel exercises, Mary might have a loose vagina. It is interesting to also consider the contrast Mary makes, “between being a virgin and not being a virgin”, which designates a normative transition most (heterosexual) women go through. This is represented as something which ‘stretches’ the vagina. Hence Mary’s experiences, and Mary’s vagina, are represented as not unusual.

The other discussion of concerns about not being tight enough was related to previous childbirth:

Carol: Your body’s ch- really changed afterwards, it like permanently changed in all sorts of ways. You know, like your breasts are a different consistency, and, you know, and one of those changes is that you discover that there is such a thing as, you know, um, some- some vaginas are tighter than others, you know. If you (unclear) give birth to an eight pound baby, it’s not, probably not going to spring back (Ginny: ((laughs)) mm) into its exact previous form. And then I understood the significance of this kind of value attached to, um, to tightness in vaginas, and, and that kind of, I guess, that kind of, that did kind of bother me for a while. But I went off for a few months, but I- I- I was completely, um, ah, not obliged to have sex with anybody for several months, in any case, after I gave birth. I was like, um, undisturbed in my celibacy for about a year. So, um, it did bother me a while, but in that space of time I just sort of got my head round it and thought, “well fuck this”. (11)

In this (vague) account, which functions as a revelatory tale, Carol ‘discovers’ that “some vaginas are tighter than others” – a ‘truth’ she had not known before childbirth, and “understands” why tightness is valued. The only expressed anxiety is being “kind of bother[ed]”. Like Mary, Carol represents this ‘concern’ as overcome, although in this case it is through outright rejection of the cultural imperative (“well fuck this”). She also, like Mary, situates her being ‘bothered’ about her vaginal size within a normative framework (childbirth).

In these two extracts, *specific* events situated in the past (childbirth, or sex with the same man at two different points in time) produced concerns about not being tight enough, and specific actions were undertaken – pelvic floor exercises by Mary, and celibacy by Carol – to deal with the ‘concern’. While these women ‘admit’ to having been somewhat concerned about looseness, they simultaneously construct size worries as overcome, and as no longer valid.

Apart from these two instances, the articulation of personal concerns about not being tight enough was *very* rare. In two instances, women articulated that their ‘knowledge’ of what the vagina does, sexually, enabled them to resist socio-cultural constructions that tight is desirable. For example, Lauren, who had previously discussed her vaginal changes during arousal, mentioning “tingling” and “fullness”, described size changes in the following way:

Lauren: When it becomes engorged with blood (Ginny: Mhm) you can feel the, the change in the size. (Ginny: Mhm) You can actually physically feel the change in the size from externally. (15)

I subsequently asked her about vaginal tightness:

Ginny: That's one thing else I wanted to ask you about is kind of like size, do you have any kind of thoughts about, you know, vaginal size. There's so much kind of talk about, you know, it should be tight, and small, and stuff, is that

Lauren: Um not really, because it, it shrinks and expands (Ginny: Mhm) depending on use. (Ginny: Mhm) I s'pose on [penis vaginal penetration], um, but also within a month it shrinks and expands. (Ginny: Mhm) So no, I'm not overly bothered about size, it's a very elastic organ. (15)

In this account, knowledge of vaginal elasticity allows Lauren to reject socially constructed norms around tightness. But it is interesting to note that she describes her rejection of this as something she is not "*overly* bothered about" – rather than something that she is simply *not* bothered about. Consider this similar account, where Carol, who previously recounted past concerns (see p. 123) described her awareness of vaginal changes when sexually aroused:

Carol: You notice that your vagina really changes sh-shape a lot when you're having sex. (Ginny: Mm) Well I find mine really does, it's like at a certain point, um, it'll sometimes go really kind of balloon-like, for instance, (Ginny: Mhm) you know. (11)

She then commented on her rejection of the idea that vaginas should be tight:

Carol: I think I sort of discovered that vaginas do this when you have sex with them at around, ah, this was around, ah, ah, the same time that I was, s-stopped, sort of, (unclear) I cast off the idea that vaginas ought to be tight. (Ginny: Mhm) Hold on, (laughs) this is what vaginas are supposed to do, this is what how they normally behave (laughs) when you excite them. (11)

These women assert that knowledge of the vagina enables a resistance.

Some women expressed more generalised considerations. For example, Julia (16) commented, "you wonder, um, to use a phrase, is it tight or not" (when asked, Julia identified that she "suspect[ed]" that "tighter is probably better"). Hannah (FG11) observed that "you wouldn't want a bigger one then would you", and Vivienne (FG3) noted that "you'd like to think that yours was, like, a good one, wouldn't you. [...] Like you wouldn't like them to think that you were a bucket minge". While none of these women expressed personal *concern* about being too large, size is represented as something to think about; indeed, something that is thought about, but not in any great detail, and certainly not as a *particular* personal concern.

There was, then, a notable contrast between the recognition of the cultural desirability of a tight vagina and the absence of explicit articulation of personal concerns about not being tight enough. This was not simply a result of embarrassment or refusal to talk about personal vaginal concerns (as I shall show, women were willing to do this in relation to anxiety about being *too* tight). There are (at least) two possible explanations for women's lack of explicitly articulated concern about not being tight enough. The most obvious is that they *really* were not concerned about it. As Hannah (FG11) commented, "none of us have had babies so we're not gonna know what that's like". Given that many of the women I talked to were young, and had not had children, vaginal size might not (yet) be an 'actual' concern. Such an explanation would assume that participants truthfully tell us their experiences, and that their accounts are transparent evidence of what really occurred, and what women really think/believe/experience.



A second possible explanation is that not being tight enough is a cultural concern that offers a particularly problematic identity for these (young) women, and hence is not easily spoken about. A number of interactional features of the talk could be taken to reinforce this latter suggestion, including distancing and depersonalisation (e.g., statements like “not in relation to me” following talk about looseness; the frequent use of “you”), extrematisation (e.g., the use of adjectives like “really” and “particularly”); and laughter and assessments of humour. However, these also occurred in talk about being ‘too tight’. So while I cannot say that these indicate that ‘too loose’ offers a more problematic identity than ‘too tight’, these features do suggest that ‘too loose’ is a difficult topic to talk about. It is worth noting that these two possible explanations are not mutually exclusive, but from my theoretical perspective, I am only able to claim the latter.

While women rarely articulated concerns about being too loose, some women did express personal concerns about being ‘too tight’. Yvonne (FG6) commented, “I have a concern that I’m very small”. Mia (FG14) recounted her experience when she was younger: “I felt very worried that I would never be able to have intercourse, that’s what, that’s it, I’m just too small. Or- or then when I got older and started reading around, I’ve got vagismus obviously, I can’t even fit a tampon up there, I’m never going to fit a penis ((laughs))”. Carrie (FG4) noted that “I actually split up with a boyfriend because it was ((laughs)) too big”. When I questioned whether this made her think of vaginal size she commented “I worried, you know, like I’d heard all these like- like frigid and all this kind of thing, and yeah, I did worry about it, yeah”. Both Mia and Carrie identified cultural constructions around tightness that they used to interpret their experiences of vaginal tightness – vaginismus, and frigidity – but did not elaborate further.

Accounts of tightness were often embedded in fairly lengthy and intimate discussions of personal sexual experience, and I focus the rest of my analysis on three extracts from one group. In the following extract, Marion is responding to my asking about whether “size” has “ever been a concern or a worry”. She has taken “size” here to mean being too tight.

Marion: I think if you’re comfortable with yourself and the person you’re with, then. I mean, obviously if you’re with someone who doesn’t turn you on, you don’t like them, you don’t really want to be there, then of course everything’s gonna sort of dry up, and tighten up, because you don’t want to be having sex with that person, and so it’s gonna make it difficult. But if you’re relaxed, you’re turned on by the person you’re with, y-. It all depends on the situation, you’re in love with them, you really fancy them, whatever, you’re really drunk. ((laughs)) (FG15)

Rosa responded to Marion’s comments with a personal experience: this is how the discussion continued:

Rosa: I don’t know, ‘cause I’ve been in love with him for over a year now, and we’ve still got the problem that I’m too little, and ((laughs)) he’s too big, and whatever we do it still hurts. I need a smaller boyfriend.

Claire: That’s ‘cause Donald’s huge,

Rosa: Massive.

Claire: and you’re only little.

Rosa: Yes.

- Ginny: How does that, is that a real problem?
- Rosa: I think it is, but he's ((laughs)) not bothered. But I'm just like, "no it hurts". ((laughs)) I do, I do love you but it hurts.
- Claire: But fuck off.
- Rosa: Yeah, it is, it is quite, sometimes it is.
- Marion: I think it depends, like, sort of, if my boyfriend was particularly eager to have sex and I wasn't quite ready, like he'd mucked around for a bit and then said, "right now I want to have sex now", and it just just didn't happen for me. It was like a- it was almost a bit forced. It wasn't painful, but I think you could tell things weren't, (Claire/Rosa: mm) that everything was a bit dry, and you thought, "oh if you'd waited like a few more minutes", you know. But it wasn't ever, it's never been, um, it's never been really painful.
- Rosa: 'Cause sometimes I'm in pain for weeks after. It's just like, "why am I with you", ((laughter)) because I as can never, never, ever stay with him, or have babies. ((laughs)) Definitely not have babies, he's huge, ((laughs)) and like,
- Claire: Twenty stone (unclear).
- Rosa: Twenty one stone, you know, not having your babies. (Ginny: ((laughs))) It's quite funny. ((laughs)) (FG15)

About 15 minutes later, I asked Rosa about being "too small", and whether she had experienced this with other male partners. This led to further elaboration of tightness as a personal concern, by both Rosa and Marion.

- Ginny: In terms of you, like you saying you worry a bit about being too small, has that, have you had other, like, male partners before this one a- (Rosa: yeah) And has that ever been an issue with them as well?
- Rosa: Not as much of an issue, but it's always been an issue. But then it doesn't really bother me that much, I don't think, I don't know, sometimes it's a bit,
- Marion: I do sometimes worry about that, because I think it's sort of whether you are. 'Cause it has happened occasionally with my boyfriend, well ex boyfriend, kind of thing, um.
- Group: ((laughter))
- Ginny: Sounds messy.
- Marion: Let's not go down there. Um, but that, it has happened sometimes where it has been a bit more difficult, and it, almost a bit sort of dry, as it were, and I do worry that it was me being like hung up or something, like really tense, or just not being in the mood or, and I- I would wonder if what it would happen. I've been going, I was going out with him when I wa- when I was seventeen, and so he's the only person I've slept with, and I was, I'm always worried now that if I- it might happen with somebody else. And I think, ((laughs)) just to cross that bridge if we come to it. ((laughs))
- Rosa: I don't know, because I used to sort of complain and say, "oh look, look", like we'd have sex, you know, sex two nights in a row, and sort of, and then I'd say, "I'm in agony, I can't even walk" and he w- sort of say, "you know it can't be that bad", and I'd be like, (? : ((laughs))) oh god, you know, like being raped, and like, you know, this sort of really awful. And I was just sort of "oh", and, I don't know, (Ginny: mm) I'll just have to find a boyfriend with a little willy. ((laughs))
- Group: ((laughter)) (FG15)

The first thing to note about these extracts is the detailed, deeply personal accounts that the women produced, far more so than anything describing fears or concerns about being 'too loose', or, indeed, in women's identification of the cultural imperative for tightness. The content and detail of these accounts suggest that too tight is a concern for Marion and Rosa. However, interwoven into these accounts are two very different stories about being too tight, and what that means, and I will consider each of these in turn.



Marion's story is one about tightness when having sex with a person that "you don't want to be having sex" with.<sup>70</sup> Tightness is 'normalised' within this account, through statements such as "obviously", "of course", and "it all depends on the situation". These strategies effectively construct tightness as an *expected* effect, not at all unusual, given the context. (They also construct the vagina as of potentially changing size, depending on the context or the psychological state of the woman.) While the story is told with the use of the ambiguous personal pronoun "you", a distancing strategy, it is seemingly personal. It also functions as a moral tale about the proper way to have heterosex and avoid a tight vagina – "if you're relaxed", "if you're comfortable with yourself". Marion's second account reinforces this. It is clearly personalised, her reported actual experiences, but again functions as a tale of tightness in the face of her personal failure to have heterosex in an appropriate manner – she is either "hung up" or not "in the mood". In this sense she psychologises tightness – it relates to mood and emotion – and in so doing, constructs herself as responsible for her state of vaginal tightness. However, in this account, it is also something that can easily be overcome – if only she were relaxed, in the mood, or drunk.

Rosa presents an alternative account of being tight that 'naturalises' the problem to physiology, and potentially challenges Marion's account. The problem here is translated into an ongoing couple problem ("we've still got the problem"), and one that results not from lack of love, but from the seeming 'natural' (and therefore immutable) state of Rosa being "too little" and her boyfriend Donald being "too big". This is not something that relaxation or comfort can fix, and is not clearly either party's 'fault' – it happens, "whatever we do". Claire reinforces this with her assessments "that's 'cause Donald's huge" "and you're only little". The use of phrases with ambiguous referents like "he's huge" continues throughout the extract, suggesting a conflation of body size and genital size. (This was also evident elsewhere in my data, and in other studies. For example, one woman in Valins' [1992] study on vaginismus commented "as a teenager I was so thin. I assumed my vagina must also be small and tight" [p. 29].) While Donald is constructed as "too big" and "massive", the personal identity Rosa constructs does not seem to be problematic, perhaps because it is both represented as 'naturalistic' and therefore 'factual', and as a joint problem.

However, the seeming unproblematic account of a couple size problem, Donald as too big, Rosa as too small, and hence no-one individually responsible, is challenged by my questioning as to whether this had happened with other male partners. If Rosa answers "yes", her construction of size as a 'couple' problem becomes untenable, and her very vague and 'resistant' answering of this question suggests that this is problematic. When she does produce an account of *extreme* pain ("I'm in agony I can't even walk"; "like being raped"), it

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<sup>70</sup> Accounts such as these carry multiple meanings. Marion's (and Rosa's) account can also be read as a young woman engaging in unwanted heterosexual intercourse. As Holland, Ramazanoglu, Scott, Sharpe and Thomson (1996) point out, (heterosexual) women frequently do not have choices about when or how they engage in sex with men, and such statements point to this. However, for this chapter, I am focusing on the meaning of tightness and looseness.

appears to be in relation to Donald. However, the immutability of vaginal size is reinforced by her 'humorous' evaluation "I'll just have to find a boyfriend with a small willy", to which people laugh.

Another way to explore the tension between these two accounts is to look at the way pain is described in each. Marion's "I think it depends" signals the start of an account where sex that hurts is associated with "I wasn't quite ready" and it being "almost a bit forced". However, she repeats, twice, that this is not "painful", attending to her account being heard as one of rape or 'unwilling' and 'coerced' intercourse, particularly given her description of 'force'. Women's frequent failure to describe (unwanted) heterosexual encounters – particularly ones in a committed relationship – as coerced or as rape has been noted elsewhere (e.g., Gavey, 1989; Thompson, 1990). In the second instance, she upgrades this (lack of) pain from something that's "not ever" to something that's "never been", which she repeats twice, although "painful" is extrematised to "really painful" (this shift from "painful" to "really painful" allows for the possibility that sometimes it is just painful). The affiliation – "mm" – Marion receives from both Claire and Rosa suggests the common-place nature of this story within heterosexual encounters.

Rosa's account of pain rejects this explanation, contrasting Marion's account of "never been really painful" with her own experience of "sometimes I'm in pain for weeks after". The outcomes of their two scenarios are constructed as very different – Rosa's 'problem', the natural physiological one of her 'small' vagina, cannot simply be solved by taking more time. In Rosa's second account, the contrast between the two is more worked up: Rosa's account of pain is more detailed – she's "in agony" and "can't even walk". It is "really awful" – while Marion's experience has become one where it is "a bit more difficult, and it, almost a bit sort of dry, as it were". Despite Marion's account of this happening only "occasionally", she reports she is "always worried now that if I- it might happen with somebody else".

Within these (and many other) accounts, there was an overwhelming lack of questioning of the 'coital imperative' (M. Jackson, 1984, McPhillips et al., in press) in heterosex, as I also noted in the data presented in Chapter 5. While Rosa talked of practices which were so painful that it felt "like being raped", other sexual practices that do not include penis-vagina penetration were not described/considered. Rosa (somewhat jokingly) questioned, "why am I with you", and her comment "whatever we do" does not seem to include the possibility of having sex without coitus. Her observation "I'll just have to find a boyfriend with a little willy", suggests that the solution to this problem is to end the relationship (but to stay with heterosex). Marion's account, moreover, functions as a tale of how to have heterosex (coitus) properly – be aroused, be relaxed, and so forth. While these women question the appropriateness of their experiences of painful or 'difficult' heterosex, they do not question heterosex per se.

These detailed accounts construct too tight as a personal concern, and something that results in pain ("agony", in Rosa's instance), be that physiologically or psychologically grounded. That



these women's experiences are not described in reference to wider cultural meanings, however – neither Marion nor Rosa describes being concerned that they are either frigid or have vaginismus – is notable. The detailed concerns they offer around tightness, and their lack of attention to the possible cultural meanings of this, reverses the 'pattern' found in talk about looseness, where cultural imperatives were frequently noted, but personal concerns markedly absent.

### Discussion

Despite identifying a cultural context in which tight vaginas are constructed as desirable, I do not want to suggest that size is an overwhelming concern for most heterosexual women, or even a concern at all for many. However, in the intersections between the cultural and personal, and being 'too tight' or 'too loose', I found a curious pattern: 'too loose' was talked about on a cultural level, far more than on a personal level, while 'too tight', virtually absent from any kind of cultural analysis on the part of the participants, was discussed, in some detail, as a 'personal' concern. There are two ways of explaining this pattern, arising from different epistemological frameworks. The first is that being 'too tight' is a concern among the group of women I talked to, while being 'too loose' is not (yet), although they do recognise that looseness has cultural currency. Many of the women were young, and it is possible they might not have encountered situations, like Carol and Mary did, where being 'too loose' became salient. This relies on an essentialist understanding of the authenticity of women's experiences and their talk about them.

The other possibility is that 'too loose' offers women such problematic identities that it simply cannot be talked about. Consider that both Carol and Mary's accounts of being 'too loose' constructed this as something that they had experienced in the past, but had been transcended. However, the normative nature of their descriptions (from 'virgin' to 'non-virgin', giving birth) suggest that even these accounts are problematic. Talk about being 'too tight' also manages the possibility of being heard as 'too loose' – due to their oppositional nature, a woman who is 'concerned' about being 'too tight' cannot also be concerned about being 'too loose'. While these solutions are not mutually exclusive, I favour the second, which takes talk as more than a reflection of women's 'reality', and explores the socially constructed and situated nature of women's talk.

In their talk, women frequently displayed an orientation to the problematic nature of size, both explicitly and interactionally, and this suggests that talk about vaginal size is worthy of critical attention. Moreover, as my cultural analysis demonstrated, size is not simply something 'in women's heads' or even something discursive. It involves bodily practices that I consider to be problematic – for instance the surgical tightening of the vagina (e.g., Havranek, 1998), the "husband stitch" in episiotomy (S. Kitzinger, 1994) – and thus has very real effects on women's health and sexuality. I now briefly outline my concerns with notions of size, and why I feel it is necessary to critique and question these.

First, notions of size construct women's 'natural' bodies as flawed, imperfect, and perfectible – either through exercise or surgery.<sup>71</sup> As such, it creates another site of dissatisfaction, another area for (heterosexual) women to be concerned about (there was some evidence in my data that this happens). As Rogan (1994) noted in relation to a *First for Women* magazine article on genital surgery, “‘*First*’ has taken a very unusual phenomena and concocted a new ‘embarrassing problem’ that could get readers squinting nervously at their privates” (p. 93). A *Cosmopolitan* article on ‘The new sex surgeries’ (Havranek, 1998) makes this explicit in relation to the labia: “flip through one of genital cosmetic surgeon Gary Alter’s ads and you’ll be bombarded with pleas to ‘take out your hand mirror’ and check out those labia – after all, you just might not measure up” (p. 146). However, what is reassuring in my data is that the two women who did express concerns about not being tight enough occupied a position of commentator on their size concerns, and had managed to resist them to some extent. It is also worth noting that within this frame of meaning, the ‘proper’ woman is constructed as childlike and virginal, with an ‘unused’ vagina.

Second, we need to remember that talk about, and representations of, vaginal size are not neutral, and are used as a means to abuse women – to represent them (heterosexually) in certain ways. For example, as uptight/frigid if too tight, as a ‘slag/slapper’ if too loose, a function women in my data recounted. It is worth noting that notions of tightness are also used by gay men in relation to anal intercourse – constructing men with weaker rectal muscles (a slack anus) as having ‘been around’ or being a ‘slut’ (Horwood, personal communication, 1999). This function of size discourse is always a potential weapon, because vaginal size is a relative concept (and perhaps more concerning because of it). It is only evident in relation to something/someone else, presumably a man’s penis (although it could also be a concern in lesbian sex). Thus notions of vaginal size depend on a heterosexual (coital) norm, and they reiterate this norm.

Third, while two participants did comment on it, there is a general lack of critical examination of what tight might mean (such as a lack of arousal), and to do so would involve placing heterosexual female sexual pleasure on an equal par with male sexual pleasure. While I am not denying that a tighter vagina might be sexually pleasurable for women (although my data tell a rather different story), the result of these accounts of vaginal size is that (presumed heterosexual) women’s bodies are defined in relation to (heterosexual) male pleasure, rather than their own pleasure or bodies. Women are constructed as responsible for, and at fault if they do not provide, male sexual pleasure (Collins, 1996).

Finally, vaginal size, within this framework, is constructed as a dichotomy – either too tight, or too loose, with a general lack of attention given to the changing nature of the vagina. It treats the vagina as being a *fixed* size, and as such does not engage with the swelling and

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<sup>71</sup> Of course it is not only female genitals that are subject to ‘surveillance’ and alteration. The penis is itself subject to constructions of, and practices around, the “pursuit of the perfect penis” (Tiefer, 1995, p. 141).



ballooning of a sexually aroused vagina (Delvin, 1983), nor the tightening and spasmodic gripping of an orgasmic vagina (Sisley & Harris, 1977; Swift, 1993), and so on. It is a curiously 'snapshot' view the size of the vagina, rather than a representation of changing size over varying states of arousal. This notion of fixed size allows for judgements about vaginal size, and the effects of such comments. This construction can be starkly contrasted with the construction of the penis as an organ that does change size, frequently (although it should always be large).

In this chapter, I have considered both the broader socio-cultural constructions of the topic of vaginal size, and talk about vaginal size. This discussion maps onto the representation, outlined in Chapter 2, of the vagina as sexually inadequate. In their talk, women acknowledge this cultural context, and its negative effects (such as positioning women as promiscuous), but generally place themselves outside this social norm. In this way, their talk was similar to talk about the vagina as 'not quite nice' (Chapter 5). Such constructions and concerns do not promote a 'healthy' sexuality for women, and might lead to women seeking vaginal plastic surgery. I have argued that such practices are problematic (see also A. Adams, 1997), and contend that it is important that the vagina is comprehensively addressed in sexuality education, and that problematic constructions such as 'tight equals good' are explicitly challenged.

In the next chapter, I look in detail at talk about the relationship between being a woman and having a vagina. The vagina has socio-cultural meanings closely associated with being a woman, and in Chapter 7, I look at the ways women affirm, and resist, this meaning.

## Chapter 7

### Woman equals vagina? Vagina equals woman?

Dana: Your body is what you are. Your body is your gender you know well your sex.

Ginny: So can you imagine then how you might feel like if, I read a story about a woman whose vagina closed over, like so she just had kind of like a smooth bit there, rather than a bit going up. Can you imagine how that-

Dana: Yeah that would be awful, it would be terrible, you would feel like you had no sense of identity. (FG9)

We live in a society where genitals are prioritised, yet simultaneously rendered invisible, in women's (and men's) gendered identities. At birth – or even before – we are assigned a sex on the basis of a visual inspection of our (hopefully unambiguous) genitals. From this point forth, genitals continue to assume a central (if implicit) role in gendered identity. In this chapter, I consider women's talk about genitals and gendered identity, looking at the ways a common-sense link between the two is identified, explored, and questioned, as well as at attempts to disrupt this link. This chapter is premised on a social constructionist understanding of sex/gender (e.g., Kessler & McKenna, 1978/1985; Lorber & Farrell, 1991c; Laqueur, 1990; West & Zimmerman, 1987), and my focus here is on the way normative links between the vagina and gendered identity are evidenced in talk. Before presenting my analysis, I demarcate the socio-cultural context in which genitals have become inextricably linked to gendered identity. As I will demonstrate, the idea that there is a key link between the vagina and identity can be seen across a range of scientific texts and other writings.

To talk about gendered identity is to touch on an ongoing debate about 'sex' and 'gender', and what is meant by each term. Unger (1990) identifies that these terms lack a consistent definition. (In this sense, they are similar to the word 'vagina'.) Feminist psychologists have, typically, taken a narrow view of 'sex' as biological – evidence of femaleness or maleness – while gender and femininity have been considered socially constructed, as a 'social classification system' (Harré, 1991; Unger, 1979; 1990). These separations between 'sex' as biological (and hence prior to culture) and 'gender' as cultural have been critiqued, and people have pointed to the way that 'sex' itself is a social construct (e.g., Laqueur, 1990), and as created by gender (Butler, 1990; Delphy, 1993). Other writers (e.g., Bornstein, 1998; Hyde, 1994; Kessler & McKenna, 1978/1985) use the term 'gender' to refer to characteristics that have been traditionally associated with 'biological' sex as well as those more frequently considered gender, relegating the word 'sex' to denoting sexual acts. This ongoing debate about sex/gender forms a backdrop to this research, but only a backdrop, as my concern is with normative links between the construct of gendered identity – which might include such things as sex, gender, and so on – and having a vagina. When quoting others' writings about



sex, or gender, or gender identity, I have, however, used a variety of terms – the ones the authors themselves employ – which reflects their inconsistent use (Unger, 1990).

### On genitals and gendered identity

Western society is premised on, and organised around, there being two sexes (Unger, 1979), women and men. The genitals have long been taken as the “primary physiological feature that signifies sex” (Davies, 1990, p. 512; Angier, 1999) – the “essential insignia” (Garfinkel, 1967, p. 123) of difference – so that “everyone knows that women and men are very basically distinguished by their genitals” (Strong & DeVault, 1994, p. 148). The “newborn infant’s vagina or penis equals sex” (Crawford, 2000, p. 215), and “being a boy means having a penis and testicles; being a girl means having a vagina, a clitoris, and a uterus” (Bem, 1993, p. 149).<sup>72</sup> In everyday life, “genitals are not merely a clarifying sign of gender; they are its essential sign” (Kessler & McKenna, 1978/1985, p. 119), and gender divisions, based on assumptions of these, “permeate the way we think and talk about ourselves and each other” (Siann, 1994, p. 1). It is “an essential part of our conceptual apparatus that the sexes are a polarity, and a dichotomy in nature” (Greer, 1970, p. 29).<sup>73</sup>

Many people have commented on this assumption. For instance, in their book on the social construction of gender, Kessler and McKenna (1978/1985) synopsis Garfinkel’s (1967) ‘facts’ or ‘natural laws’ of gender, the properties of “natural, normally sexed persons” (Garfinkel, 1967, p. 122) (in western societies). Included in their 8-point list, was (pt. 3) “genitals are the essential sign of gender. (A female is a person with a vagina; a male is a person with a penis.)” (Kessler & McKenna, 1978/1985, p. 113). Note they say *the* (rather than *an*) essential sign of gender. Zita (1998) similarly identifies that genital anatomy has become “the overdetermined master text for ‘sexing’ the body” (p. 104), and for indicating gender ‘roles’ (MacKenzie, 1994). Wilton (1996) uses the term ‘genital identities’ to reflect “the heavy burden of signification borne by the human genitals” (p. 104).

Evidence of the normative linking of genitals with sex/gendered identity can be found in popular cinema when characters discover they have been ‘duped’ about someone’s sex. The popular interpretation of the ‘twist’ in *The Crying Game* (Jordan, 1992) – that the ‘woman’, Dil, was *really* a ‘man’ – demonstrates the priority given to genitalia. When Dil is revealed to have a penis, the character Fergis/Jimmy, who had been about to have sex with ‘her’, vomits.

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<sup>72</sup> Gender ‘outlaw’ Kate Bornstein (1998) almost mirrors this exact phrase to challenge links between bodies and gender: “it’s one thing to say someone has a vulva, vagina, clitoris, breasts, ovaries etc., etc. It’s quite another thing to assume that person is either female, feminine, or a woman” (p. 28).

<sup>73</sup> As I discussed in Chapter 2, this relationship of difference has changed throughout history (see Laqueur, 1990), and has been based on ideological factors rather than ‘accuracy of observation’. Differences become ‘interesting’ – indeed are constructed as interesting – when they become politically important (Irvine, 1990; Laqueur, 1986). Laqueur (1986) identifies, for instance, that the “the political, economic, and cultural transformations of the 18<sup>th</sup> century created the context in which the articulation of radical differences between the sexes became culturally imperative” (p. 35). It is worth reiterating that women have been constructed as different and inferior (Wooley, 1994).

Likewise, in *Trainspotting* (D. Boyle, 1996), the character Begby is 'making out' with someone he thinks is a woman. When he puts his hand to 'her' crotch, he discovers the 'lack' of a hole. Luckily for 'her', he is too shocked to be violent to 'her' – his normal reaction – and instead he swears and kicks the wall outside. The viciousness with which having the correct physical attributes of displayed sex/gender are policed is also evidenced in the attacks on those who appear to be 'what they are not'. In *The Adventures of Priscilla, Queen of the Desert* (Elliott, 1994), for instance, when they arrive in the Australian outback town of Cooper Pedy, the character Felicia/Adam Whitely, dressing as a woman, goes to meet the local miners. Once his deception (and by implication, their 'foolishness') is revealed, he is chased and punched for his deception. He gets off relatively 'lightly' (through an intervention by a friend). In the past, people were burned at the stake for flouting the conventions of gender (Laqueur, 1990). Similarly, although in relation to a 'woman' passing as a 'man', the recent film *Boys Don't Cry* (Peirce, 1999) retells the ('true') story of Teena Brandon/Brandon Teena, first raped, and then murdered, when 'he' is discovered to be 'female'. (Such acts of violence also constitute gay bashing.) Such instances demonstrate the existence of the so-called "cultural genitals" (Lundgren, 2000, p. 58) – the genitals we assume/attribute when we see a gendered person. These are, of course, assumed to be synonymous with the biological genitals – for example, a cultural penis and biological penis are assumed to go together (Garfinkel, 1967; Kessler & McKenna, 1978/1985, Lundgren, 2000).

These examples identify that "to be a woman is to have a particular embodied identity" (Hallowell, 2000, p. 165; also Peake et al., 1999) which involves having a vagina – this is normal, this is assumed. And it has been proclaimed in this way. Feminist artist Judy Chicago (1975), for example, described it as her "central core ... that which made me a woman" (p. 55). More recently, Muscio (1998) wrote, "womankind is varied and vast. But we all have cunts" (p. 6). Similarly, feminist psychoanalyst Juliet Mitchell (1974) commented that the vagina was "the pre-eminently 'feminine' genital, the centre of receptivity and reproduction" (p. 87). A "fully functional vagina" has been described as "a fairly fundamental attribute of womanhood" (Vaginoplasty/Pressure Dilation, 1995, p. 7). From a slightly different context, the 'father of transsexualism', Harry Benjamin, apparently believed that "a vagina made one a woman" (Mackenzie, 1994, p. 73). This linking of women with the vagina has been particularly the case for black women, who have, historically, been seen as determined by the "alleged anatomical excesses" of their genitals (L. Young, 1996, p. 182; Gilman, 1985; Marshall, 1996), which also constructed them as sexual 'lascivious' (Bordo, 1993; Gilman, 1985). As Spelman (1988) identified, normative western definitions of 'woman' are always implicitly raced – white – and classed – middle class (and [hetero]sexualised; Wittig, 1993).

That the vagina is central is not evidence that it is the sole signifier of women's gendered identity, however, and Bell and Apfel (1995) identify "both the importance of having a vagina and the limitations of using the vagina to define women's identities" (p. 18; in relation to women with DES-related cancers). There are, of course, multiple 'discourses' around identity,



in relation to identifiable bodily parts or processes,<sup>74</sup> and also in such internal and invisible processes as ‘chromosomes’ or ‘hormones’ (Zita, 1998). Despite the potential for competition between genital, chromosomal and hormonal accounts (evident in such situations as the testing of athletes for sex, which does not rely on genitals; Garber, 1993; Lorber, 1993/1998), and between other body parts, the genitals appear to retain a central place in common-sense, which is reinforced through scientific theories and practices.

The role of the vagina in gendered identity is also evident in psychological theories of gender (or psychosexual) identity development. Whatever the theory (e.g., psychoanalytic, cognitive, social learning), identity is largely ultimately premised on the possession of sexed (and discretely so) genitals (Rohrbaugh, 1981) – or perhaps, more accurately, the possession, or absence, of a penis (Davies, 1990; Delphy, 1993; Kessler & McKenna, 1978/1985; Lundgren, 2000; Zita, 1998).<sup>75</sup> However, with the exception of Freud (e.g., 1925/1998) who assumed dichotomous genitals to have a key role, and based his theories on the “absolute salience of the genitalia” (Harré, 1991, p. 54), the (role of the) body is often an implicit, and assumed, backdrop. That this body is assumed in most psychology to be ‘normally sexed’ in two unproblematic dualistic categories (Unger 1990) with discrete genitalia is evident in the separate discussions that ‘abnormal’ cases like intersex and transsexuals bring to the fore.

However, psychological research on gender identity tends not to question whether the possession of discretely ‘sexed’ genitals are what *gives* a child a gendered identity – indeed, it is increasingly recognised that data do not support this (e.g., Bem, 1993). Bem (1993) demonstrates that children up to the age of five do not consistently ‘correctly’ identify sex on the basis of genital or bodily cues, although once children have been “taught” that “the genitalia constitute the defining attributes of male and female” (p. 115) they disregard other visual cues (clothes, hair etc) in favour of a stable sex/gender attribution. “Children’s understanding of gender constancy is related to knowledge of the biological basis of gender identity” (Golombok & Fivush, 1994, p. 94) – genitals.

Medicine, a powerful discourse in contestations over sex and gender (Parlee, 1998), also plays a role in reinforcing the normative assumptions of women having vaginas. This process

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<sup>74</sup> Such signifiers of ‘womanhood’ include breasts (Brownmiller, 1984; Hallowell, 2000), menstruation (Kissling, 1996; Laws, 1990; Martin, 1987), menarche (Garber, 1993; Ussher, 1989), the vagina (Chicago, 1975), the uterus (Laws 1990; Roeske, 1978), and ovaries (Laqueur, 1986; Moscucci, 1990). These are, of course, all “emblems of difference” (Bell & Apfel, 1995, p. 5), and are primarily focused on reproduction (or its potential). I have not come across any literature that has asserted that the possession of a clitoris is the sign of womanhood – a notable exception, and one which points to the linkage of womanhood with reproductive capability. The extent to which these aspects of a female body are part of a ‘conscious’ embodied identity presumably varies. For instance, breasts are noticeable, menstruation is, for most (premenopausal) women, a regular occurrence. However, other bodily parts, such as uterus or ovaries, are less accessible (Hallowell [2000] describes them as potentially more objectifiable), and it is possible that they become implicated in identity in moments when they are brought into question (such as through the possibility of losing them [Roeske, 1978] – see, e.g., Kavanagh & Broom’s [1997] work on cervical smears, and Peake, Manderson and Potts’ [1999] work on urinary incontinence).

<sup>75</sup> Spanier (1995) similarly argues that the resulting bodies are polarised into ‘manned’ or ‘unmanned’ types.

can be seen as a reciprocal loop where science and medicine feed into, and draw on, common-sense; where medical 'knowledge' and 'common-sense' "are not brute, final, unquestionable facts but rather cultural organizations of experience" (Martin, 1987, p. 10). The process of vaginal or genital surgery offers insights into assumed links between genitals and gendered identity, and I will briefly talk about vaginal (re)construction, 'gender reassignment', and surgery on intersex infants.

In their review of research and clinical literature on reconstructive surgery following gynaecological cancer, Cairns and Valentich (1986) identified a number of assumptions informing the position that women should be encouraged to have a vagina surgically reconstructed. They observed that "a woman's sense of femininity is dependent on the adequacy of her sexual anatomy..." (p. 341) and that "removal of the vagina is defeminizing to a woman regardless of whether or not she is [hetero]sexually active; reconstruction will provide the necessary reassurance that she is still attractive and desirable" (p. 341). Gleeson et al. (1994) also talked about body image. Similarly, in a paper which looked at psychosexual and psychosocial 'performance' in patients who had vaginal construction, Freundt et al. (1993) noted that some women with vaginal dysgenesis had "occasional but significant doubts about being a woman" (p. 1212) and that the discovery of a "missing vagina" during adolescence can lead to "serious identity problems" (p. 1213). This literature both reinforces, and reiterates, the common-sense. Moreover, the idea that 'desirability' is based on having a vagina points to the fact that the (desirable) female body – whether clothed or not – is presumed to carry the promise of a vagina (the cultural genital), and that the vagina itself is part of what makes that body desirable in the first place.

The literatures discussed so far reveal an entrenched dichotomous sex/gender-system premised around two discrete sexes with two discrete body types. Within a dichotomous sex/gender-system, those who do not fit often struggle to fit, and this can reveal how sex and sex/gender identity are constructed (Shapiro, 1991). Ambiguity makes "the dichotomous nature of the gender attribution process extremely salient" (Kessler & McKenna, 1978/1985, p. 3). Transsexuals reveal the importance of the sexual dichotomy in our culture (Unger, 1979), and bring the salience of the body as signifier of identity to the fore.<sup>76</sup> However, it is possible to argue that the link between genitals and gender is reinforced by the practice of 'sexual-reassignment' or 'sex-change' surgery to provide the transsexual person with the organs of the sex they believe themselves to be.<sup>77</sup> The terms by which such surgery is known reinforces dualistic notions of two separate sexes (Miller, 1998), and the procedure itself reinforces the

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<sup>76</sup> It has been claimed transsexuals provide a serious disruption to this (e.g., Devor, 2000) and question the biologism of gender identity (Garber, 1993), although this is a whole different debate I will not enter into here. Suffice to say, however, the presupposition that transsexual gender identity involves having the 'brain' of the other gender/sex can be seen as strongly linked to biology, and indeed, searches to find the 'transsexual brain' (which again rely on a dualistic system of two sexes) are biologically determined (K. Johnson, 2000).

<sup>77</sup> Califia (1997) notes, however, that fewer transsexuals are now having surgery, given risks associated with it and poor outcomes, but asserts that this point is not making its way into social science research.



very paradigm that has proved so problematic. The surgery constructs, and therefore confirms the importance of, a dichotomously sexed body, where genitals match outward appearance (and 'inner identity') (Cream, 1995), confirming the perceived centrality of genitals to gender (Kessler & McKenna, 1978).<sup>78</sup>

Similarly, cultural understandings of sex/gender are evident in the case management of intersex infants (Kessler, 1990). The work of surgeons to construct unambiguously male or female genitals in intersex infants reinforces the presumed centrality of genitals to (gendered) identity – and (thus) to 'happiness' (Kessler, 1990). It is understood in such procedures that it is much easier to make a girl than a boy: you "just take everything out and make a pouch" (Jocelyn Elders, former Surgeon General of the US, quoted in Hegarty & Chase, 2000, p. 125; Dreger, 1998). This reiterates the (psychoanalytic) idea that a female is simply a male minus something crucial – a penis (see Chapter 2).<sup>79</sup> Chase (Hegarty & Chase, 2000) comments that sexual surgery on intersex infants is "based on the idea that men have sex; women are penetrated by men and have babies" (p. 124). The assumption that intersex infants need distinguishable 'sexed' genitals points to the perceived centrality of the genitals to identity. And this practice again reinforces the idea that there are two dichotomous 'sexes'. As Kessler (1990) writes, "the nonnormative is converted into the normative, and the normative state is considered natural" (p. 24). Lorber and Farrell (1991b) contend that although transsexuals and intersex people demonstrate that ideas of "sex and gender are mutable for individuals, the social categories are far more intractable" (p. 8). The potential for challenge, or threat that such 'abnormalities' offer gender systems, is not realised, and they remain constructed as abnormal – the exception that does not disprove the rule (Parlee, 1998).

The examples demonstrate the "pervasive cultural assumptions" (Conboy, Medina, & Stanbury, 1997, p. 1) around being a woman and having a vagina, which are constructed rather than 'natural' (Lorber, 1996). While 'anomalies' like transsexuals or intersex people trouble this common-sense, they remain, firmly, anomalies – deviations from the 'normal' dichotomy (Lorber & Farrell, 1991a; Parlee, 1998). This link, then, forms a very basic common-sense in most people's understanding of gendered identity – it is something that "everyone knows" (Strong & DeVault, 1994, p. 148). While much work goes into constructing this identity link, the link is taken-for-granted. McKenna and Kessler (2000) recently noted that "the natural attitude has not changed" (p. 70) and that many people still "continue to believe in genitals as essential defining features" (p. 70) of gendered individuals. They discuss a study they conducted where students were given a list of various biological, social, and

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<sup>78</sup> It is interestingly the 'body' (rather than the 'mind') that is not only constructed as 'wrong' – "the wrong body" (Cream, 1995, p. 33; Kessler & McKenna, 1978/1985) – but also plastic and amenable to change, where the mind is not (e.g., Money & Tucker, 1977). For transsexuals, "gender is destiny and anatomy is achieved" (Shapiro, 1991, p. 272; Money & Tucker, 1977). The development of technologies to construct anatomy has been crucial in this (Hausman, 1995).

<sup>79</sup> The perceived importance for male identity of the possession of a penis that is "appropriately sized" (Kessler, 1990, p. 12) is evident in the case management of infants born with a 'micropenis' – they are frequently (re)assigned as female (Kessler, 1990; Lorber, 1996).

psychological attributes, and asked “to check which they thought were *essential* to being a woman or a man – not what a woman or man *could* have or *should* have but what they *must* have” (p. 70, emphasis in original). They report that they could not make sense of students’ answers, and on going back to students to clarify, found that they “did not believe that we really wanted to know what they thought was essential, since everyone knows the answer to that – genitals are essential” (p. 71).

As McKenna and Kessler’s (2000) study demonstrates, the role of the genitals was so taken-for-granted as to be difficult to study. It seems, then, that through its normative status, the role of the vagina in identity is rendered partially invisible, and taken-for-granted, much as other ‘normative’ identities, such as being white (e.g., Steyn, 1999), or heterosexual (e.g., C. Kitzinger & Wilkinson, 1993), or able-bodied (Abson, 1999) are often hidden or invisible. It has been noted that the notion of a gendered identity per se is also rendered partially invisible. Riley (1998) comments that “gendered self-consciousness has, mercifully, a flickering nature” (p. 96). To be aware of oneself ‘as a woman’ is not a constant thing – but rather is brought into salience by particular events.<sup>80</sup>

In the remainder of this chapter I explore women’s *talk* about a link between vagina and gendered identity (i.e., their sense of themselves as women). The issue is not whether women do, or do not, *experience* the vagina as part of their identity. Nor am I concerned with what ‘sex’ and ‘gender’ (identities) entail, or the role of specific bodily morphologies in these, or in their development – such questioning of the ‘ontological’ status of the body (in sex) is being done elsewhere (e.g., Grosz, 1994). Rather, I focus on the ways the ‘common-sense’ link between genitals and gender I have demarcated in this section is evident in women’s talk, and the ways it is (sometimes) questioned or disrupted.

In most instances, talk about gendered identity was introduced through questions in the focus group or interview guide (see Appendix 5). Discussion about gendered identity – being a woman, feeling like a woman, being female, being or feeling feminine – arose in relation to direct questions (e.g., ‘Would you feel as much of a woman if your vagina closed over?’ ‘Is the vagina a feminine organ?’), and also sometimes in response to questions which did not ask about identity per se (e.g., questions about how aware women were about their vagina, whether there was anything special about having a vagina, and what they thought the vagina represented or symbolised in society). Talk about gendered identity has been gathered together and analysed across these questions.

Women’s (and men’s) talk about vagina and gendered identity employed a range of identity constructs – gender, femaleness, womanhood, femininity etc – which were used, inconsistently, both by myself and by participants. These terms, much like the terms ‘sex’ and ‘gender’, are not considered synonymous in much of the psychological and feminist literature (e.g., Archer & Lloyd, 1982; Golombok & Fivush, 1994; Siann, 1994; Spelman, 1988), and

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<sup>80</sup> Riley (1998) includes things like being whistled at by men on the street.



carry different assumptions about biology or society, and have different implications for identity. However, as my own and other people's usage of such terms/concepts might vary, we have no way of knowing what different people mean by these terms unless they explicate it. This was not done in my research, and so for the purposes of this chapter, where the 'type' of identity that is invoked is not under scrutiny, I include talk about femininity, womanhood, femaleness etc. as all being talk about a broad construct called gendered identity.

The empirical part of this chapter is divided into four sections. In the section entitled *Identifying the link*, I demonstrate the ways women themselves articulate a link between the vagina and gendered identity. In *Exploring the link*, I examine this link in more detail, looking at how the connections between the vagina and gendered identity are articulated in relation to other bodily 'functions'. I focus specifically on 'The vagina and (hetero)sex' and 'The vagina and reproduction'. In *Questioning the link*, I look at the ways some women question the vagina's (absolute) necessity for/in gendered identity. In this section, I consider talk about other body parts as important to identity. In the final section, *Disrupting the link*, I explore specific attempts to disrupt or problematise the link between the vagina and womanhood. In this section, I consider talk about women 'without' vaginas, and responses to hypothetical questions about not having a vagina.

### Identifying the link

Women frequently affirmed a relationship between the vagina and their sense of themselves as women. A number of women specifically said that having a vagina made them, personally, be or feel like a woman. Caitlin's answer to Penny's question is typical:

Penny: What is the relationship between having a vagina and being a woman?

Caitlin I wouldn't be a woman if I didn't have my vag. (FG13)

Similarly, Lauren (I5) asserted that "(it's) what I am as a woman I would, I don't think I'd feel as much of a woman without it", and Carrie (FG4) observed that "your physical organs your sexual organs I think they do define you, to a great extent, as a female [...] I don't think [...] that I would actually feel that I was a female without it". Other women not only identified a link between the vagina and womanhood, but talked about the difficulty of separating the two:

Fiona: Well it's part of your identity though isn't it, (Ginny: Mhm.) (Zoë: Yeah.) you're a female. ((pause)) (Ginny: Mm.) And you can't sort of dissect one from the other can you? (FG8)

Some participants identified a link between the vagina and identity in relation to women as a group (i.e., as a defining characteristic of 'women'): "women have a vagina" (Rebecca, FG7); "to me it's like, if you've got a vagina you're a woman" (Zoë, FG8). Sam (FG14) articulated this link particularly clearly: "I mean it, it is essentially, it is the woman in the woman, because we wouldn't be women if we didn't have vaginas, if we weren't formed in this way".

All of these women identify an explicit link between having a vagina and being a woman. It is something that goes together, that is 'basic': Others said very similar things in relation to 'being a female' and the definition of 'womanhood'. Helen (FG5), for example, commented

that “having a vagina is an inevitable part of being a female [...] all women have got vaginas”. Sarah (FG4) identified that the vagina “signifies womanhood pure and simple”, while Theresa (FG8) summed up responses in her group: “we all agree that the vagina then is very much part of womanhood”.

Being a woman is ‘essentially’ linked in these accounts to having a vagina, and they serve to define identity in terms of the physical body. Moreover, such accounts normalise this relationship, and make it inevitable. To be a woman is to have a vagina; not to have a vagina is, by proxy, not to be a woman. The descriptions are a reiteration of ‘common-sense’ everyday knowledge.

These data from a range of different women, and in response to a range of different questions, present clear evidence that women identify a link between the vagina and their identity as women. This link was also made – sometimes explicitly, sometimes implicitly – through comments about men and penises. Women’s genitals were described as “the total opposite” (Fiona, FG8) of men’s in a number of groups, where men’s genitals were also used to invoke a male identity.<sup>81</sup> This construction mirrors the common-sense notion that women and men are “‘opposite’ sexes” (Synnott, 1993, p. 38), an idea evident in assertions that the penis and vagina “fit together like the pieces of a jigsaw puzzle” (Moss, 1996, p. 6), which I have critiqued in Chapter 2 and Chapter 3. In these instances, men are represented as essentially “different” from women, in biological terms:

- Lizzie: [The vagina’s] one of the things that defines us as, as female. [...] There are those things that biologically make us different from men, so to me I think it’s what makes you feminine.
- Yvonne: Biologically?
- Lizzie: Oh you’re gonna pin me down aren’t you.
- Yvonne: ((laughs))
- Lizzie: Well I- f-, forget what you, what you sort of think about it, but I think, um, biologically we have the, you know, or physiologically our, our breasts are different to men’s, we have vaginas and they have their little dangly bits. (FG6)

Here, the biological difference between men and women is emphasised to demonstrate the link between genitals and sex/gender identity. In the following extract (which came in response to a question about the vagina closing over) the parallel between woman equals vagina and man equals penis is made explicit:

- Gillian: You relate women and vaginas go together don’t they, basically. You don’t think that anyone might have any, you know, you can get like those things where that sort of thing happens, but you don’t sort of expect anyone to have that.
- Ginny: Mhm.
- Vivienne: (Similar to) men not having a willy. (FG3)

Vivienne confirmed Gillian’s assertion that you “don’t sort of expect” women not to have vaginas by suggesting that, similarly, you do not expect men not to have penises. Here, the

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<sup>81</sup> In this chapter, I will not consider the possible reciprocal relationship between aspects of the ‘male’ body and manhood/masculinity, although I note in passing that the penis has been described as “the absolute insignia of maleness” (Garber, 1993, p. 322; Potts, in press).



unexpectedness of a man not having a penis (which is defined as paradigmatically male; Garber, 1993; Potts, in press) reinforces the perceived strangeness of a woman not having a vagina. The normative equation, vaginas and women “go together don't they, basically”, represents it as some basic knowledge – something everybody knows. The non-normative – not having a vagina – is represented as “those things where that sort of thing happens”. Not only is it not ‘normal’, it cannot even be clearly articulated as an alternative. (I talk more about this in ‘Disrupting the link?’.)

Women also affirmed the link between genitals and identity through a different type of comparison with men and penises, which I have called ‘definitions in the negative’. In these instances, a female or feminine identity was defined (solely or additionally) by the absence of a male or masculine identity – that is, not only does vagina equal woman, but penis equals not woman. For example, Rebecca (FG7) said “I think it ca- that ((pause)) women have a vagina and if I had a penis I wouldn't be a woman”. A similar definitional process is seen at work in the following quote in response to my question:

- Ginny: Do you think the vagina's something which is feminine, would you think of it as a feminine,  
 Dana?: Yeah.  
 Ginny: Thing?  
 Dana: Definitely, yeah.  
 Ginny: Mhm, what-  
 Shelly: It has to be, men don't have it. (FG9)

Here we see the complementary assertion that vagina equals not man (just as a penis *would* equal man). In this account, the vagina is part of gendered identity because “men don't have it”, and the possession of a penis would clearly negate the state of womanhood. Such logic appears to mirror the notion of the vagina as ‘absence’ or ‘lack’ (as discussed in Chapter 2), in that the vagina does not confer a positive identity, but rather its absence in men confers a default identity on the women. Both formulations are normative in the sense that these two (dichotomous) categories, men and women, are presumed to possess their ‘own’ genitals, and their genitals (or their lack) are definitional of gendered identity.

The (few) male participants also provided examples of this definitional logic. This is one response to a question about identity:

- Jeremy: Um, is the vagina feminine? I mean I'm, I'm just looking through these last li-  
 Josh: Well I haven't got one. (MFG1)

Here Josh ‘agrees’ with the question by invoking a negative definition – the vagina is not male (he does not have one), so it must be ‘feminine’. Such logic relies on a dichotomised anatomical structure where to not have one ‘type’ is to have the other, and on a link between divergent types of anatomy and separate identities.

In this section, I have demonstrated that women, in their talk, link the vagina to gendered identity, and then considered talk about men, and about penises. Those extracts used the male body to reinforce the relationship between the vagina and identity. In these women's

(and men's) accounts, the male body, or the penis, is represented as 'other' to the vagina and womanhood, its biological opposite. Such talk embeds identity in a dichotomised anatomical structure, which is 'common-sense'. It normalises sexual anatomy as divergent, and as possessing, or bestowing 'gender' attributes. It constructs woman and vagina, man and penis as opposite and complimentary. As such, it can be seen as implicit normalisation. In the next section, I look at ways in which, in their talk, women explore the link between the vagina and gendered identity through discussions of (hetero)sexuality and reproduction.

### Exploring the link

Discussion of the link between genitals and identity was typically more complex than the previous extracts suggest, with women exploring the ways in which their vaginas contributed to their sense of themselves as women. In such talk, the vagina-identity link was not some abstract concept, but was constructed as, and experienced through, bodily functions as well as anatomy. The vagina was seen to be linked to identity through what it enables these women to do. In this section, I focus on women's talk about the role of the vagina in (hetero)sexuality and reproduction.

#### *The vagina and (hetero)sexuality*

When identifying a link between the vagina and their identity as women, participants frequently talked about their ability to have penetrative sex. The frequency of talk about sex in relation to identity is perhaps unsurprising – given that vaginas are typically seen as women's "sexual organs" (Carrie, FG4). For instance, Lotte (I6), who initially commented that she didn't think that vagina closing over would change her sense of who she was, later responded to my question differently, in terms of "sexuality":

- Ginny: Do you think you'd still feel as womanly, as much of a woman [if your vagina closed over]?
- Lotte: Yeah (Ginny: Mhm.) I mean, I, I, I think I would as I say. But part of what makes you feel womanly is your sexuality, and if that changes significantly because you no longer have a vagina, then it would. (I6)

Frequently, as in this instance, the concept of 'sexuality' referred to the specific act of heterosexual coitus – "penetrative sex" (Lotte, I6). Lauren (I5), for example, talked about things that "happen through the vagina", as part of what made her a woman, including "receptive sex, as well, and that makes you part of a woman". With only a few exceptions, the emphasis on sexuality in these groups was on heterosex. This is perhaps unsurprising – not only were most of the groups predominantly or exclusively heterosexual, but the 'function' of the vagina most frequently noted in such contexts as dictionaries (as I noted in Chapter 3), is the paradigmatically heterosexual one of "receiv[ing] the penis in copulation" (*Dorland's Illustrated Medical Dictionary*, 1994, p. 1789).

The question of sexuality (coitus) was frequently invoked (by heterosexual women) in relation to why *not* having a vagina would be problematic:



Kath: There's a certain amount of ((pause)) involvement in the sexual act of the fact that a bloke is inside me, and I can take that, that part int-, of him into me, and that is really special. And that's, that's like quite powerful, I feel quite powerful for that.

Ginny: Mhm.

Kath: And for me that's quite a big, very big part of my sex life, being able to have, um, ((pause)) internal ahm, ((pause)) be able to do that. So I guess if I couldn't do that then I'd, I'd feel a bit less of a feminine woman (I think). (FG16)

The ability of her vagina to be penetrated by a penis is represented by Kath as part of her femininity. Responses like Kath's, Lauren's and Lotte's reflect the continued dominance of the coital imperative in heterosex, where coitus is 'normal' and 'natural', and other forms of sex are not 'real sex' (Gavey et al., 1999; M. Jackson, 1984; McPhillips et al., in press). Within such understandings, not having a vagina can become equated with not being able to have sex (or indeed, a "relationship") at all:

Gillian: I don't think you could have a relationship if the sex isn't right, in my opinion.

Vivienne: Yeah it's a very, I think it's an important aspect in a relationship, (Ginny: Mhm.) and you need ((laughs)) your vagina really.

Gillian: ((laughs)) You can't have sex without it. (FG3)

Similarly, women in one student group raised the topic of a lecture they had had on the "third gender" (sic) – people "whose genitals were neither one way or the other" (Dana, FG9). The women then commented:

Shelly: I think you'd feel redundant, because if there's no hole there, where do babies come? Where d'you have sex? ((pause))

Dana: It's not just that is it,

Shelly: Yeah.

Dana: It's part of your identity. (FG9)

Shelly presents the functions of the vagina as having "babies" (discussed further in the next section) and as having "sex", something a woman would feel "redundant" without. Dana goes further – in linking the "hole" to identity (implying identity as a *woman*).

In women's talk about the vagina and identity, sexual function was articulated as a key factor. These extracts tell a depressingly familiar tale – one where penetrative heterosex is not a *potential* activity a woman's vagina could be part of, but the central activity that it is *meant* to do, and without which heterosexual relationships become difficult and one's womanhood is called into question.

### *The vagina and reproduction*

Like sexuality, reproduction was frequently raised in talk about the vagina and identity. Such talk typically related to either childbirth or to menstruation. For instance, these were the first two items on Lauren's list of reasons why she would "not feel as much of a woman" without a vagina:

Lauren: I think, 'cause even though we complain about it so often, ((laughs)) that the ((pause)) menstrual cycle makes you part of a woman, and that happens through the vagina. And being able to give birth makes you a woman, and that, well is part of what makes you a woman, and that happens through the vagina. (I5)

In her account, identity as a woman was clearly linked to reproductive potential in which the vagina is central. A similar link was articulated in the next extract, as Maria posed and answered one of the focus group questions, and Clare confirmed her agreement with the answer:

Maria: What is the relationship between having a vagina and being a woman? ((pause)) ((laughs)) ((pause)) Well without a vagina you can't ((pause)) bear children.

Clare: No, yes, I'd say that's the main thing. (FG12)

These women make a clear link between the reproductive function of the vagina and female identity. Others were not so explicit. In the following extract, the women have been talking about what it would be like if the vagina closed over. Lizzie initially commented that how this would affect a woman “depends what you really see your vagina as being”; later she elaborated on this:

Lizzie: But it's also, you know, the whole bit about being woman and being able to have children, if you want children, it goes along with that. And I'm, I do want children, so if it kind of disappeared tomorrow, I think I'd be a little bit worried. (Ginny: Mhm.) Um, so I think for me it is very important. (FG6)

Here, Lizzie is clear that having children is a key aspect of having a vagina, and of “being woman”. Mary's response to the same question was very similar:

Mary: I dunno, I guess I'd feel, how I would feel, would I feel less like a woman? Yes I probably would, 'cause I wouldn't be able to have children, and I think that's an experience I wanna go through as something I'm able to do. (FG2)

Both Mary and Lizzie imply, through the link they make between having children and feeling like a woman, that having children is part of their embodied identity as women. Interestingly, most of these women had not had children, and so the idea of ‘having children’ remains a hypothetical – even if planned – event in the future, but one which has clear implications for their identity as women.

In talk about reproduction and identity, we find a further reinforcing of another common-sense idea – that to be a woman is to be a mother (Laws, 1990; Rich, 1977; Ussher, 1989; Woollett, 1991).<sup>82</sup> As Phoenix and Woollett (1991) noted, “regardless of whether women become mothers, motherhood is central to the ways in which they are defined by others and to their perceptions of themselves” (p. 13), something “critical to the development of gender identity, femininity and self-esteem” (Notman & Nadelson, 1982, p. 31), and “the very essence of ... womanhood” (Ashurst & Hall, 1989, cited in Letherby, 1999, p. 361). The strength of this link is also noted in research on infertility. Women who are infertile make comments like “there are times when I don't feel like a real woman” (Letherby, 1999, p. 363), and “there is the feeling of not being a proper woman” (Woollett, 1991, p. 54). Similarly, one participant in a study of

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<sup>82</sup> Like the ‘compulsory’ nature of heterosexuality (Rich, 1980), there is enormous social pressure on women (especially if heterosexual and married) to become mothers and have children (S. Kitlinger, 1992). It can be seen as ‘mandatory’ (Woollett, 1991), and the concept of “choice becomes something of a red herring” (Letherby, 1999, p. 362). The notion that it is just ‘common-sense’ can hide the ‘compulsory’ element of this so-called choice.



women with Polycystic Ovarian Syndrome, was quoted as saying “my whole purpose of being a woman was gone” (Willmott, 2000, p. 112) in relation to her infertility.

In their talk about (hetero)sex, and about reproduction, women affirm the link between the vagina and gendered identity by demarcating things they would no longer be able to do if they did not have a vagina, which are themselves implicated in women’s (heterosexual) identity. This fits with a broader ‘common-sense’ definition of the vagina as “the centre of receptivity and reproduction” (J. Mitchell, 1974, p. 87), where heterosex and reproduction are important functions (as noted in Chapter 3). Women’s talk of identity in these ways reflects two traditional roles of women in western societies – to be sexually available for men, or specifically one man (through marriage), and to be mothers of future generations (de Beauvoir, 1949/1953; Rich, 1977). While these roles have been (more or less successfully) challenged by feminists (Kessler, 1990), it appears that their linking to (heterosexual) women’s identity has not successfully been disrupted (see also Riley, 1998). However, not all participants in my research unproblematically accepted the common-sense equation of the vagina and identity as a woman, and it is to these responses I now turn.

### Questioning the link

In this section, I consider the ways in which women questioned (or even denied) a link between the vagina and their identity as women. In contrast to the many comments which affirmed a link, a few explicitly denied it. For instance, Tricia (FG6) said “if it closed up ... I wouldn’t notice, it wouldn’t, you know, it, it wouldn’t make me feel any less a woman”. Similarly, Brittany (FG16) commented, “being a woman to me isn’t my vagina. To, being a woman to me is my, my appearance and how I act, and it’s just me in general”. In her description of “being a woman”, Brittany refers to aspects of herself that are typically associated with ‘femininity’ – such as appearance, clothes, etc. Others explicitly drew on the concept of femininity in other ways in denying a relationship between the vagina and gendered identity:

Kate: I think the question here is if suddenly they took your vagina away would you feel less feminine or not? And (Ginny?: Mm.) I don’t think I would, (Ginny: Mhm.) because my femininity is inside me. (FG5)

Femininity, in this account, is constructed as quite distinct from the vagina – it is “inside” Kate. However, this also raises the question of what is “me” (elsewhere Kate separates “me” from her mind), and suggests a separation between body and ‘self’.

A few women referred to a sense of identity in a more abstract way – for instance, the quote from Dana (FG9) that opened this chapter. Similarly, in response to how she would feel if the vagina closed over, Lotte (I6) noted that “that would be bad ((laughs)) [...] but I guess, I don’t think it would change my sense of who I am”.

Some women who denied a relationship between the vagina and identity did so in relative terms, where the vagina might just be *part* of what forms one’s gendered identity. For

instance, Emily (FG8) observed that “your femininity isn’t just to do with your vagina”. In this extract, the ‘softener’ “just” serves to free gender identity from the vagina, invoking other things as important, but also allowing the vagina a (potential) role.

While these women were explicit in their denial or questioning of an essential link between the vagina and gendered identity, this effect was also achieved in more subtle ways, primarily through talk about other parts of the body. Breasts are a familiar trope of womanhood, and provide an interesting contrast to talk about the vagina. For instance:

Helen: I feel more proud of my bust. I know my bust is incredibly saggy and, and, and not probably the best in the world now, but ((pause)) I- I feel, I, I feel that depicts femininity more.

Ginny: Mm.

Helen: I s’pose, ‘cause it’s obvious, it’s there, it’s in, in front of you, so to speak, ((laughs)) you know, you can’t miss it. Um, a, and that to me is, is a part of me I see, as a very feminine part of me, more so than my vagina. (FG5)

Here, Helen presents her breasts as more central to her identity than her vagina. Breasts are a body part which are also typically associated with both womanhood and femininity (Hallowell, 2000), but different from the vagina in three significant ways. First, breasts are ‘visible’ and are, through surgery and the use of external ‘enhancers’ like padded bras and prostheses (or, to a certain extent, diet, pregnancy and/or age), malleable as to shape and size – the ‘invisible breast’ does not exist. Second, the possibility of their loss (through cancer, for example) is part of a public/health discourse that is readily available to women – and one which, through its emphasis on the ‘availability of breasts for men’, foregrounds heterosexual femininity (Wilkinson & Kitzinger, 1994). In the same focus group, the women commented on this:

Helen: If you took my breasts away, I’d feel like I’d lost a lot of my femininity.

Ginny: Mhm.

Helen: Um, but that’s more of a, a feasible thing to happen. People get breast cancer, people have their breasts removed, losing your vagina is not something I’ve actually really thought about before, because you, it generally doesn’t happen does it.

Kate?: Mm.

Helen: Um, but I thi- ah, I don’t know, if I’ve cut off my breasts then yeah I w- would feel less feminine. (FG5)

Finally, a point which develops out of the previous two, the place of breasts in women’s gendered identity is part of public discussion in a way the place of the vagina is not. Women can – and do – discuss how they might feel if they had to have a mastectomy, and whether they would have their breasts ‘reconstructed’ or not. By contrast, (as I will discuss in the next section), the idea that they could ‘lose’ their vagina was, to many women, unthought of, and difficult to conceptualise, in terms of what it might mean or how they might deal with it.

Others contrasted the vagina and non-sexed body parts to argue against a (strong) link between the vagina and their sense of themselves as women:

Brittany: I mean I consider it to be part of me, but only like my arm is part of me.

Ginny: Mhm.



Holly: Yeah, yeah exactly, I mean, yeah.

Brittany: It's quite a neutral thing, it's not particularly special to me. (FG16)

An arm, presented as a “neutral thing”, is used to suggest the ‘non-specialness’ of the vagina in relation to identity. The implication is that no one claims having arms should be considered central to gendered identity in the way having a vagina is so considered. Similarly, in the men's focus group, one of the participants introduced a foot (by implication, again a ‘neutral’ body part) in an attempt to get other participants to think about the question being posed:

Damien: It's like saying, what's, being a woman and having a foot.

((pause))

Jeremy: Okay.

((pause))

Alex: Yeah, (I'm trying to come up with).

? (hypothetically, but),

Damien: In general terms, isn't it. (MFG1)

Damien's statement encapsulates some of the difficulties of talking about a link between vagina and gendered identity. On one level, this assertion makes sense – the relationship between body and identity is difficult to articulate, as much for a foot (or an arm) as for the vagina. But his statement also functions, as does Brittany's, as a refusal to acknowledge the special significance of the genitalia, which, in a dichotomously sexed society, function as a primary ‘fundamental’ difference between the ‘male’ and ‘female’ body. As Dana (FG9) commented, “if you had a list of things that make you female, vagina would be one of the top”. In this sense, this ‘organ’, the vagina, is nothing like a foot or an arm (something almost all humans have, regardless of their sex) – it is, indeed, a more potent signifier of sex/gender identity. When we consider this, Damien's statement is rendered ridiculous.

The mind, and ‘me’ were also invoked to question the necessary link between the vagina and gendered identity. In the quote from Kate earlier in this chapter (p. 145), I noted that she invoked a Cartesian dualism, between the vagina and ‘me’. Kate went on to say more:

Kate: But my femininity is in the whole of me, and it's in my mind,

Ginny: Mm.

Kate: It's not in whether I've got six inches of flesh inside of me. (FG5)

Her description of the vagina at this basic ‘fleshy’ level questions the idea that “six inches of flesh” can be identity. It removes the vagina from the social or symbolic realm – it is just flesh. Similarly, Zoë (FG8) questioned the prioritising of anatomy in identity by demarcating a list of ‘psychological’ aspects of identity, but included the vagina as central:

Zoë: I think that it's a lot, I don't know I think that femininity is about a whole host of things, like your attitudes,

Emily: Yeah.

Zoë: Your beliefs, your thoughts and,

Ginny: Mhm.

Zoë: But I think that, for s- I don't know, it kind of embodies that, sometimes.

Ginny: Mhm. Mhm.

Emily: But your femininity isn't just to do with your vagina.  
 Leigh: Yeah.  
 Zoë: Vagina no.  
 Emily: Whatever you call it.  
 Leigh: Yeah.  
 Zoë: But it is a symbol of it I think.  
 Fiona?: Yeah.  
 Zoë: I think it can be seen as that.  
 ? Mm.  
 Theresa: Mm.  
 Fiona: It's probably the external symbol. (FG8)

These women also talked about womanhood in such ways:

Zoë: So it, it, your whole construction of yo- your womanhood isn't nec- entirely based on your vagina is it.  
 Fiona: It's to do with mind as well as body.  
 Zoë: Yeah. (FG8)

The way these women construct a mind/body split functions as a way of undermining the perceived importance of the vagina in gendered identity. If it has a role in determining gendered identity (which they suggest it does), it is only a partial one.

Although rare, women did also question the relative importance of the vagina in heterosex, when discussing identity. Kate (FG5) talked about how she “would find something else to do” sexually, and said that the lack of a vagina would not affect her sense of herself as a woman. While she went on to say that a vagina would be “convenient” for sex, the use of a word like ‘convenient’ subverts the idea that the vagina is ‘essential’. Normative constructions that link (hetero)sex with identity through the vagina were also occasionally resisted. For instance, Theresa (FG8) explicitly separated the vagina and gendered identity from sexuality and sexual identity:

Theresa: Yeah but I just wanted to sort of like link this femininity into womanhood, and womanhood sort back to, ((pause))  
 Zoë?: Mm.  
 Theresa: the vagina and, and it not being linked to sexuality sort of thing,  
 Zoë: Mm.  
 Theresa: So that,  
 Zoë: Womanhood's a good use to u- like,  
 Theresa: would you, yeah. So you can like be, you know, very sort of sexually acti- I mean all these things, and very feminine, very, you know, full on woman, but um ((pause)) ah. ((pause)) And your vagina represents all that, but you prefer to sleep with other woman so it isn't, it isn't something for men, d'you see what I mean, it's classically something that's your own and, and,  
 ? Mm.  
 Theresa: Yours to do with what you will. (FG8)

Theresa's concern to separate the vagina from heterosex, and to explicate the possibility of lesbian sex, points both to the heterosexualisation of the vagina (as noted in Chapter 2 and



Chapter 3), as well as to the overwhelming focus of *heterosex* (and specifically coitus) within her focus group (as was frequently the case in others, see Braun, 2000a).

As the data presented in this section have shown, some women questioned a link between the vagina and gendered identity, both explicitly and through reference to other body parts. However, while these extracts do question the link, they do not disrupt the normative assumptions that surround the concept of the vagina and gendered identity – namely, that there are two discrete “body kinds” (Harré, 1991, p. 38), male and female, where “sexual dimorphism of the genital organs is sharply defined” (Harré, 1991, p. 43). Rather, they question the relative importance of the vagina to their own sense of themselves as women, suggesting that other factors, or a range of other factors, are important. In the final section, I move to look at attempts specifically to disrupt the link between the vagina and gendered identity.

### Disrupting the link?

In this section, I consider women’s talk where the link between vagina and gendered identity is ostensibly disrupted. As I shall demonstrate, specific attempts to disrupt this link were relatively rare and not entirely successful, and even when talking about instances of disruption, the normative equation of vagina and woman was often reinforced. In a few instances, people talked about girls or women without vaginas, a topic which troubles the common-sense assumption that women and vaginas go together. For example, one group of women talked what they identified as a girl born without a vagina (actually a case of intersex):

- Jessica: Isn’t there an interesting case that’s been in the news this week, of a little girl who’s going got a cour- a case going through the courts about whether she’s female or male.
- Mia: And it’s taken her taken her eight years, yeah.
- Ginny Oh.
- Jessica: Yeah.
- Ginny I didn’t know.
- Mia: To be declared that she’s,
- Jessica: And she hasn’t got a vagina has she?
- Mia: I don’t think so, she had, it’s one of those weird cases where she’d got the, something to do with her chromosomes. And she when she was born she was, um, put down as a male on her (Ginny: Mhm.) certificate, (Ginny: (Right.)) and she’s spent the last eight years attempting to, well her family, or she I think ‘cause she’s only, what, ten or something.
- Jessica: Yeah.
- Anna: Yeah, I saw it (unclear).
- Jessica: But she wants to be a girl.
- Mia: To be declared a, a, a female. I d- I, I don’t think people’s gender is nec-, is necessarily related to whether they’ve got a vagina or not, I really don’t. (FG14)

Such talk often implicitly recreated the norm that was explicitly being challenged. In this extract, despite explicit denial by Mia that gender is related to having a vagina, the language used to report this “news” item constructs it as not normal – as “interesting”, “weird”, or “strange” (eight lines further on). It is also represented as a ‘case’, which singles it out and

suggests that it is an isolated incident – if this were ‘normal’, it would not be a ‘case’. In another instance, I used the term “freaks” ironically to describe women who *do* have vaginas:

- Ginny: One thing that I find so interesting is that I think for women who’ve, you know, had vaginas since birth, I guess,
- Kay: ((laughing)) Not many of them around is there.
- Ginny: Well, the few of us freaks that exist, as opposed to I guess, intersex, or women who are born with congenital, um, pre-shortened vaginas or whatever they call them, um, congenital absence thereof, or [...] women who haven’t always has them, you just presume, (Kay: Mhm.) or I just presume, when you see a woman that she will have one. (Kay: Mm.) It’s just part of being a woman. (14)

At the beginning of this extract, I used careful language that disrupts the normative equation, talking about women “who’ve, you know, had vaginas since birth”. Such language disrupts the idea that any ‘girl’ or woman necessarily has a vagina. At the end, I talked about my own normative assumptions around women and vaginas. However, despite these attempts to disrupt this link, the extract implicitly reinforces the very construct I was attempting to disrupt. Kay’s laughter suggests that my initial formulation is hearably unusual, and her response “not many of them around is there” challenges the idea that being a woman and being born with a vagina is something *not* ‘normal’. In my response, the ironic use of “the few of us freaks” to refer to women born with vaginas further reinforces the normative nature of this – the real ‘freaks’ are those women *not* born with vaginas. In these instances, we find evidence that ‘abnormalities’ from the dichotomous sex/gender system are reinscribed as abnormalities rather than as serious disruptions to the validity or stability of this system (Lorber & Farrell, 1991a; Parlee, 1998).

It is also clear that as researcher/moderator, I assumed that the women in my interviews or focus groups had ‘normal’ vaginas, and had always had them. This was evident through the questions I asked. For instance, I asked women a (*hypothetical*) question about how they would feel if their vagina closed over. There were lots of identity-related responses to this question, as we have seen throughout this chapter, and these frequently reinforced the normative nature of this relationship. For instance, Julia (FG11) observed that if that were to happen, “you’d be completely different from everybody else”. Everybody else (presumably just women) has a vagina by inference – and to not have one is thus to be “completely different”.

However, this question in and of itself also disrupts the normative vagina equals woman/woman equals vagina link in the sense that it brings into question something that is mostly taken for granted and exists as a trouble-free relationship. And women typically had considerable difficulty articulating responses to this question. In some instances, assessments were made about how difficult it was to imagine ‘losing’ one’s vagina. For example:

- Ginny: D’you think it would, would it affect your identity in any way, um?  
((pause))
- Brittany: It’s hard to imagine. ((laughs))
- Holly: Mm.
- Ginny: It is hard to imagine, see ... (FG16)



I then launched into a 'rationale' for my question. The very notion that it is 'difficult' or "hard" to think about the possibility of losing a vagina or not having a vagina implicitly reinforces the normativity of the link between vagina and woman(hood). The alternative possibility (woman without vagina) is rendered virtually unimaginable.

In this section, I have explored attempts to disrupt the 'common-sense' link between the vagina and gendered identity. As I have demonstrated, such disruption is difficult and rarely successful (some participants could not even imagine what was being asked). The difficulty of disruption demonstrates the strength and tenacity of the link between the two. Many women (myself included) reinforced the normative relationship between having a vagina and being a woman, even in instances where identity was not a topic of discussion. Women's talk, then, tends not to challenge the "natural attitude" (McKenna & Kessler, 2000, p. 70) that women and vaginas go together.

### Summary and conclusions

In this chapter, I have explored women's talk about the link between the vagina and gendered identity. Before considering my data, I demarcated a socio-cultural context in which genitals are prioritised as an *essential* sign of gender, but simultaneously rendered partially invisible in that identity. I then considered women's talk about the relationship between genitals and gendered identity. In *Identifying the link*, I demonstrated the ways women link the vagina and gendered identity in their talk about women's identity, and, implicitly, in talk about men and penises. In *Exploring the link*, I looked at how the connections between the vagina and gendered identity are articulated in relation to (hetero)sex and reproduction. In *Questioning the link*, I identified the ways some women question the (strength of) a link between the vagina and gendered identity. While this link was questioned for themselves, women still accepted the premise that women have a vagina. Finally, in *Disrupting the link*, I explored specific attempts to disrupt or problematise the link between the vagina and womanhood, considering talk about women 'without' vaginas, and responses to hypothetical questions about not having one. In this section, I focused on the difficulty of attempting to disrupt this 'common-sense', which simultaneously reveals its ongoing strength and pervasiveness. Like I did in Chapter 6, I have demonstrated clear links between socio-cultural context and women's accounts of what the vagina means to them, but also demonstrated the variability of accounts that do exist.

Across these discussions, it was evident that genitals and identity was not an easy discussion topic. For researchers, conducting research on this topic can be difficult because women may have little to say. (How much this is related to difficulties in getting women to talk about the vagina in general remains unknown.) Based on my data, it would appear that for most women born with vaginas, the relationship of their vagina to their identity is difficult to articulate. This is entirely in keeping with the vagina's position as largely assumed but invisible. The relationship between being a woman and having a vagina remains at the level of an invisible

norm – a taken for granted common-sense that does not need to be thought about, talked about, or accounted for. Women's talk about the vagina, while sometimes seemingly disruptive, does not disrupt this norm.

The talk that occurred around identity cannot simply be taken as clear articulations of, or challenges to, the link between the vagina and 'being a woman'. Rather, the talk is a struggle to talk about a normative, taken-for-granted 'truth' that my questions throw into relief and make problematic. That is, that being a woman involves having a vagina, and having a vagina means being a woman. As I demonstrated in the final two sections of this chapter, there was difficulty uncoupling this link. While some participants questioned the role of the vagina in their own gendered identity, they tended not to question the idea that women have vaginas and men have penises – that there are two sexes with discrete body types. In the few instances where such normative notions were disrupted, through talk about women without vaginas, for example, normativity was often implicitly reinforced through the language used.

While the vagina remains so implicitly but essentially linked to women's identity (and particularly through penetrative heterosex), it seems likely that practice such as the construction of a vagina and external genitalia on intersex infants, the reconstruction of a vagina following vaginal 'loss', and the construction of a vagina in many male to female transsexuals will continue. Such talk and practices in turn reinforce the idea that there are two 'sexes', that to be a woman is to have a vagina, and that to have a vagina is to be a woman.

In my final chapter, I summarise my findings across the thesis as a whole, and outline the contributions it has made the knowledge about the vagina, feminism and feminist research, and social constructionism. Given the importance of social change in feminism, I consider questions of resistance, and identify strategies for promoting it. I then identify limitations and omissions in this thesis, and consider what these could add to knowledge about the vagina. Finally, I outline the ways my doing this research has changed people around me, and myself.



## Chapter 8

### 'Liberating' the vagina?

Snatch-back your snatch (Banner at Lesbian and Gay Pride March, New York, 1992).

Women's empowerment in confronting men's dominance begins with the ability to reclaim their own experience and claim their bodies as the site of their own desires (Holland et al., 1994b, p. 35).

In this final chapter, I consider the contributions of the thesis as a whole. First, I summarise my findings across this research, and then identify and discuss the contributions this research has made in three areas: to knowledge about the vagina; to feminism and feminist research; and to social constructionism. In relation to knowledge about the vagina, I focus in particular on the pervasive heterosexism in representations of, and talk about, the vagina. In addition to identifying how my research relates to other feminist research, I prioritise the question of 'change', and look at ways 'resistance' to currently dominant representations of the vagina can be fostered. In the section 'stories I did not tell', I identify omissions and limitations of my research, in relation to participants, topics, and approaches. In this section, I identify what research each of these areas, and/or using different approaches, could add to knowledge about the vagina. Finally, I revisit questions of change by looking at responses to my research, and the ways doing this research has made changes – both to other women, and to myself.

#### Summary: The story I have told

In analysing my data, I focused first on the 'socio-cultural' and then on 'women's talk' – although I argued that these two should be seen as interconnected rather than as separate. In each part, I moved from a general 'overview' analysis to a detailed analysis of two specific areas. Here, I briefly summarise what I found.

Part One focused primarily on 'socio-cultural' texts. In **Chapter 2: Socio-cultural Representations of the Vagina**, I thematically organised socio-cultural representations of the vagina into seven themes. Drawing on texts as diverse as movies, newspaper articles and academic writings, I demonstrated that the vagina is represented as inferior to the penis; as absence; as (passive) receptacle for the penis; as sexually inadequate; as disgusting; as vulnerable and abused; and as dangerous. Taking the view that these are more than representations – that they produce the object that they describe – I argued that these themes offer a troubling account of the vagina that does not give women 'positive' resources for making sense of their own. However, while they predominate, negative representations are not entirely hegemonic, and in the final part of the chapter, I discussed representations which challenge these, sometimes explicitly, sometimes implicitly. The vagina's 'self-cleaning'

properties challenge the idea that it is disgusting; its symbolic presence in art challenges 'absence' and proclaims it powerful; and representations of sexual activity and pleasure challenge ideas of passivity and inadequacy.

In **Chapter 3: Defining women's genitals**, I performed a detailed content analysis of entries for vagina, clitoris (and penis, for contrast) in medical and English language dictionaries to analyse the ways such definitions construct these parts of women's sexual/reproductive bodies in particular ways that exclude other possible meanings. I found that these definitions were informed by three assumptions about women, women's bodies and sexuality, and gender relations more generally – notions of activity and passivity, of absence and presence, and norms of heterosexuality.

In **Chapter 4: 'Snatch', 'hole', or 'honey pot'? The vagina in slang**, I continued to look at the way the vagina is constructed in/by language, but in relation to the 'creative' and metaphorical realm of sexual slang. Here, I reported the results of two studies – in the first, I examined the themes evidenced in female genital terms (FGTs) using male genital terms (MGTs) as a contrast case. More FGTs than MGTs were coded standard slang, euphemism, space, receptacle, abjection, hair, animal and money, while more MGTs were coded personification, gender identity, edibility, danger and nonsense. Reference to sex or sexual pleasure was rare in both. The variety of terms generated demonstrates that slang is a potent source of representations of women's genitals. The second study focused on the question of anatomical referent, and explored specificity in FGTs. I found that, like the term 'vagina', most slang was imprecise in its referent, and when participants did identify a precise referent, they tended to disagree on what that referent was. Slang, then, offers a metaphorically rich, but imprecise, vocabulary with which to talk about genitals, and one that reproduces many socio-cultural meanings of the vagina identified in Chapter 2.

In Part Two, my analytic focus shifted from specific socio-cultural texts to women's talk about the vagina, drawing primarily on focus group and interview data. In **Chapter 5: Talking about the vagina: Liability or asset?**, I provided a partial overview of these data. I considered some themes in women's talk about the vagina, and explored the way women's talk reproduced, or resisted, socio-cultural representations. First, I identified 'problems' of definition and discussed difficulties these pose for research on the vagina (and for women's health and sexuality). In their talk about the vagina as vulnerable, and about the vagina as 'not quite nice', women represented it as negative, as a 'liability' – something that one wouldn't really want to have, given the choice. Such talk reiterated negative socio-cultural representations discussed in Chapter 2. I also examined three 'positive' themes – of satisfaction, power, and pleasure – where the vagina was represented as an asset, something you would be quite happy living with, and might even want if you did not have one. Based on women's talk in these sections, it appears that (feminist) representations of the vagina as 'nice', as 'powerful' and as 'pleasurable' have found a place in women's talk about their vaginas (and perhaps their experience of them), and offer an alternative to negative representations.



In **Chapter 6: The perfectible vagina: Size matters**, I explored the intersection of cultural meanings and personal accounts in talk about vaginal size. I identified a socio-cultural context where ‘tight’ is desirable, but ‘too tight’ is problematic, and then moved on to analyse the way this ‘norm’ is evidenced in women’s talk. Women were quick to identify a ‘norm’ around tightness, but this was overwhelmingly attributed to ‘society’ or men. In virtually every instance when women expressed personal concerns, they did so in relation to being ‘too tight’ rather than ‘not tight enough’. The two instances of articulated concerns about not being tight enough were described in relation to past situations and represented as ‘overcome’. I focused in detail on extracts from one focus group where two competing accounts of ‘too tight’ were raised to examine the different ways this was constructed, and the different implications this had for identity.

In my final analytic chapter, **Chapter 7: Woman equals vagina? Vagina equals woman?**, I explored a central concern that I had only touched on in other parts of the thesis: the relationship between having a vagina and being a woman. This chapter followed a similar form to Chapter 6, in that I first identified a socio-cultural context in which gendered identity and the vagina are seen as normatively linked, and then examined how this common-sense linking of genitals and gender was evident in women’s talk about the vagina and identity. Talk about this relationship was summarised in four themes: Some women simply identified a link between the genitals and gendered identity. Some women’s talk explored this relationship in detail, describing ‘functions’ – reproduction and heterosex – that implicated the vagina in identity and thus reinforced this link. Some women questioned whether there was a link between having a vagina and their own personal identity as women, but did not challenge it as something socio-culturally meaningful. Finally, in a few instances, comments were made which ostensibly disrupted the idea that genitals and gendered identity are normatively linked at the socio-cultural level. However, as I demonstrated, such talk implicitly reinforced the ‘norm’ it was attempting to disrupt. Based on these women’s talk, it appears that the link between genitals and gendered identity remains a powerful common-sense.

In these last two chapters in particular, I demonstrated the ways in which normative ideas, and socio-cultural representations can have effects on the bodies and ‘experiences’ of individuals.

### **Contributions**

In this section, I discuss contributions this research has made to knowledge about the vagina, to feminism and feminist research, and to social constructionism, and consider the implications of my research for these areas.

#### *Contributions to knowledge about the vagina*

In relation to research on the vagina, my research provides a comprehensive account of a range of constructions of the vagina, and an examination of the implications of these. In so

doing, it has demonstrated that the vagina is a legitimate field of study. So saying, I am not claiming that I have 'discovered' the vagina, or even that my generation, or the previous generation, 'discovered' the vagina. As I discussed in Chapter 1, the vagina was a potent symbol of 1970s feminism (e.g., Arden, 1971; Frankfort, 1972), and was involved in the practices and politics of the women's health movement. However, this (feminist) interest in the vagina has not been sustained, and the vagina has subsequently largely disappeared from feminist analyses. One could argue that interest waned because the 'battle' for the vagina was won in the 1970s. However, my research shows that this is not the case, and the vagina retains many of its negative connotations, and practices associated with these.

In my research, I have primarily looked at how the vagina is represented, and how it is thus constructed as an object in particular ways (that exclude other possible meanings), both in socio-cultural representations, and in women's talk. In this thesis I have developed previous work on the vagina considerably, by asking a variety of questions of a wide range of data – data that might not always be considered comparable (see also A. Adams, 1997). I have given equivalent weight to these different kinds of data and different methods, treating each useful in telling us something of what the vagina means. Some of my research has extended previous work on the vagina. My work on socio-cultural representations (Chapter 2), for instance, had a slightly different focus, but the same general interests, as Ardener's (1987) paper on vaginal iconography, where she identified female genital symbolism. However, rather than primarily considering the messages representations of the vagina give (as Ardener did), I considered how the vagina as object is produced through representations ('symbolism'). Likewise, while feminists have critiqued dictionaries per se (e.g., Kramarae & Treichler, 1985/1990), and have commented (briefly) on the inadequacy of the definition of clitoris (Cameron, 1992a), only one previous study has considered genital definitions (Willinsky, 1987). My analysis extended Willinsky's (1987) research by analysing newer dictionaries, by comparing medical and English language dictionaries, and by identifying the assumptions that inform seemingly neutral definitions. Finally, previous work on female genital slang had primarily consisted of feminist commentary, from the position of cultural member (e.g., Dickson, 1985; S. Mills, 1995; Ussher, 1992), or had collected terms (e.g., Richter, 1987) but had not considered the semantic categories such terms would fit into, or what those categories would do. In Study One, I developed this research to show that female genital slang remains a problematic area, and, as I demonstrated in Study Two, one that does not offer a precise or consistent language with which to talk about the women's genitals.

As well as developing previous research on the vagina, I analysed in detail issues not previously considered in scholarly work. For instance, vaginal size discourse, while a feature of popular culture, from stand-up comedy to movies, has only previously been mentioned in relation to female genital mutilation or other practices in African countries (e.g., Brown et al., 1993; Runganga et al., 1992), or in relation to surgical procedures that tighten the vagina in western countries (e.g., A. Adams, 1997; Manderson, 1999). In my analysis, I identified and explored the meanings of vaginal size discourse, and practices associated with it (such as



surgical tightening of the vagina). As I showed, being 'tight' and being 'loose' have pervasive cultural meanings, and the women I talked to discussed these. However, the personal concerns women expressed were about being too 'small', a somewhat unexpected result. Similarly, while various writers have pointed to a link between genitals and sex/gender (Garfinkel, 1967; Kessler & McKenna, 1978; MacKenzie, 1994; Muscio, 1998; Strong & DeVault, 1994), either to affirm or to disrupt that link, I extended this by focusing on questions of identity for the women themselves, and looked at what this tells us of the normative relationship between genitals and gendered identity. As I outlined, both a discourse of size and a normative linking of genitals and gendered identity have implications for women's health and well-being, and further critical consideration of these is warranted.

My research across this thesis, but particularly in the chapters in Part Two, suggests that research is important to identify 'common-senses', to explore how these are evident in women's accounts of their vagina, and to disrupt and challenge those that are problematic. And as I have shown, in relation to the vagina, we cannot be complacent.

One of the predominant common-senses about the vagina is that it is a heterosexual object, and a major contribution across my different analyses has been demonstrating and unpacking the pervasive heterosexism that surrounds much talk about, and representations of, the vagina. I am not the first to comment on heterosexism in relation to the vagina. Kapsalis (1997), for instance, identified the heteronormativity and heterosexism in gynaecology, and others such as Diane Richardson (1992) have pointed to the way a definition of the vagina which is centred on actual or potential penile penetration excludes (most) lesbian women's vaginas. It also portrays lesbian sex as not being 'the real thing' and as being unsatisfactory or lacking an 'essential' element. However, my research extends this by demonstrating the pervasive heterosexism across a wide variety of socio-cultural representations and in women's talk – not only in notions of sexuality, but in the very construction of the vagina as an object.

The vagina was constructed as paradigmatically heterosexual across my data. In Chapter 2, for instance, I outlined ways in which the vagina is implicitly and often explicitly, a heterosexual object. It is, *by etymology*, the 'lodging place' for the penis, and is represented as being *designed* to have a penis in it. Similarly, when it is seen as 'sexually inadequate', inadequacy is judged not (typically) in relation to women's own sexual pleasure, but in reference to the (in)ability of the vagina to have penile penetrative sex 'adequately' (mostly from the male point of view). Either it is too tight for entry of the penis, or too loose to stimulate the penis to the man's satisfaction. Notions of heterosexuality are also encoded into dictionary definitions where a 'function' of the vagina is included (Chapter 3). In these accounts, the primary purpose of the vagina is to 'receive' the penis. This is further reiterated in slang which designates the vagina a 'receptacle', for sperm, for example, or a penis (Chapter 4). The fact that 'vagina' has become a popular shorthand term to refer to women's genitals as a whole – evidenced in women's talk and in socio-cultural representations – reveals another layer of heterosexism. The part that has come to stand for the whole is not that which is (only) for

women's sexual pleasure (the clitoris; or even the parts which are visible – and which already have a name, the vulva). Instead, it is the vagina, the place where a penis can/should go. Through this, the 'vagina' is implicitly constructed as the *most* important part, and through this, women are constructed as sexually for penetration, and also for birth.

A heterosexual reference point was also frequently found in focus group talk (and practice), when women constructed the vagina in specifically heterosexual ways. In talk about 'sex', for instance, heterosexual women frequently immediately talked about penises and penetration, and some even questioned what lesbian sex might possibly involve. In such talk, the vagina was implicitly reinforced as *for* penises/men; so much so, that what a woman might possibly do without was rendered incomprehensible for some women (see also Brown, 2000).

Similarly, as I noted in Chapter 5, the posited 'power' of the vagina was (sometimes) a power over men, based on assumptions around male sexuality and sexual desire. Size concerns (Chapter 6) reflected an implicit penetrative norm, focused specifically around penises.

Finally, in their talk on gendered identity (Chapter 7), some women talked about identity in relation to being able to have penetrative (hetero)sex.

Across this wide variety of data, then, the vagina is implicitly and explicitly a heterosexual one, represented in a way which obscures the 'lesbian' vagina. I have considered questions of what the 'lesbian vagina' might mean elsewhere (Braun, 2000b), but it is worth noting here that the unmarked term, 'the vagina' is so normatively heterosexual that it does not need to adjective 'heterosexual' to qualify it. In contrast, 'the lesbian vagina' requires the adjective 'lesbian' to highlight its 'difference'. This in itself is evidence of the heterocentric nature of vaginal representations.

I have already noted that heterosexism was evident in focus group practice. I have written about this elsewhere (Braun, 2000a), providing evidence for considerable heterosexist talk (both by myself and by participants), not only in what was said, but what was also not said, or avoided. This research has demonstrated that when the topic being researched is so heterosexualised, the researcher – heterosexual or not – needs to be particularly attuned to it, and to consider ways to limit or eliminate heterosexism in research practice. Even if the (heterosexual) researcher is not being heterosexist themselves, failure to challenge any heterosexism within a group (of all heterosexual women, of a 'mix' of women, or even of all lesbian women) can be seen as implicit collusion in heterosexist discourse by the researcher. The heterosexism in my groups might have effectively silenced and/or alienated non-heterosexual participants, both from participating in the general discussion and from sharing their views and experiences as lesbians, bisexual women, or whatever. Not only might this have limited the data I could have gathered, but it might also have made the experience an uncomfortable or unpleasant one for those participants. This demonstrates that the heterosexism of the vagina can be evident not just in how it is constructed, but in attempts to research it as well, and points to the need for a more considered research practice.



*Contributions to feminism and feminist research*

My research makes a number of contributions to feminism and to feminist research. In relation to feminist research, my research on the vagina fits into, and contributes to, an ongoing history of (feminist/psychological) research which has demonstrated the problematic relationship women (in the west) have with our bodies (Bordo, 1993). The broad experience of body as problem (and as malleable, improvable) is expressed in relation to such diverse areas as menarche and menstruation (e.g., J. Lee, 1994/1998; Lovering, 1997), eating, dieting, and eating disorders (e.g., Bordo, 1993; Fallon et al., 1994; Noll & Frederickson, 1998), cosmetic surgery (e.g., Bordo, 1993; Lindeman, 1999), body hair (e.g., Basow & Braman, 1998; J., 1983/1987; Willmott, 2000), exercise (e.g., Cash, Novy, & Grant, 1994; S. Crawford & Eklund, 1994; Lindeman, 1999; although see also Grimshaw, 1998), and deliberate self-harm (e.g., Babiker & Arnold, 1997; D. Miller, 1994). Work in all these areas points to the difficulty of simply being a woman and having a female body in western culture.<sup>83</sup> Some of these areas point to *specific* body areas as problem (e.g., ‘tums and bums’ aerobics, rhinoplasty), and I have shown that the body-as-problem extends to the genitals as well. Socio-culturally, negative representations of the vagina predominate, and women often reiterated these (albeit often in a milder form) in their talk. The links identified between women’s talk and socio-cultural representations demonstrate the usefulness of looking at socio-cultural representations and women’s accounts in parallel. So, this research confirms much earlier writing on the vagina, which has pointed to the negative ways it is represented, and the problematics for women of having a vagina (e.g., Ardener, 1987; Dickson, 1985; Greer, 1970; Ussher, 1989; also Ensler, 1998).

In focusing on the vagina, I have demonstrated the usefulness of looking at a very specific part of the female body to explore its meanings and the challenges these pose. My approach could, however, be critiqued as ‘fragmenting’ the female body (e.g., see Michie, 1987), perpetuating the alienation of women from their bodies and repeating what has been considered the practice of (male) western medicine and science. Tiefer (2000), for instance, has characterised sexology as a science of fragmented body parts (primarily genitals) rather than whole bodies, and Dickson (1985) argued that through women conceptualising the body as separate parts, failings and inadequacies (of separate parts) can more readily be identified. I am not disputing the fragmentation of women’s bodies. Responding to a similar comment, Eve Ensler identified that, “that fragmentation’s already *occurred*. I could be accused of objectifying the vagina, but in fact the vagina *has* been objectified. The vagina has been singled out, fragmented, so should we pretend that hasn’t occurred?” (Braun & Ensler, 1999, p. 519, emphasis in original). My approach, and indeed Ensler’s, has taken issue with an interpretation of fragmentation as *necessarily* to be avoided, and argued that it is because of this fragmentation that we need to focus on that particular part. To think about, and challenge,

the various meanings of the vagina, we need to consider it in detail. By focusing on this specific part, its meanings can be contested and challenged. Ensler suggests that with this approach, “we end the fragmentation” (Braun & Ensler, 1999, p. 519).

I have also argued (in Chapter 4) that we need to develop more differentiation in the way women can talk about (and think about) our genitals. As I demonstrated in relation to slang, terms for the female genitals do not precisely or consistently refer to specific parts of the genitalia, and as such, do not provide a particularly useful vocabulary for communicating about specific parts of the genitals with a sexual partner, or in a health context. This absence of detail creates, and reinforces, a conceptual absence, where the female genitals are just ‘down there’. Differentiating the different parts of the genitals can lead to an increased knowledge about our bodies for women, and could result in more integration of the genitals into the body (as lived, experienced, conceptualised), and thus less fragmentation.

I will also consider my contributions under what I will broadly call ‘resistance’. As feminism is about changing women’s lives (for the better), and changing the world, then resistance is a crucial question, a goal (Travis et al., 2000), and questions of resistance have been explored in relation to similar topics (e.g., in Martin’s [1987] work on reproduction). By resistance in this context I mean resistance to negative constructions of the vagina – and such resistance would be evidenced in alternative representations, or in accounts/experiences which challenge negative socio-cultural representations. Writers such as Bordo have pointed to the need to show how ‘negative’ things are in our analyses to foster change (‘resistance’). Bordo (1997) has countered criticisms of her work as too “grim or depressing” (p. 190) with the following observation:

My point in the book is precisely to *encourage* resistance to certain discourses and practices by breaking up some of the illusions that permit them to function smoothly. I do indeed find the situation grim; if I didn’t, why would I want to resist them? (p. 190, emphasis in original).

Bordo points to the need for ‘grim’ analyses to foster the seeds of social change. But she also identifies that our “texts and theories can ... function as *practices* of resistance, which work in a variety of ways to help instigate change” (p. 190). Ussher (1989) addresses a similar point:

By drawing attention to the negative effects of discourse of reproduction on women’s identity I may be in danger of adding to them. However, before women can challenge these belief systems and construct analyses of experience which are not misogynist, it is necessary for us to identify the negative effects of the present system of knowledge. The benefits in this, which enable us to work towards a reconceptualization of women’s experience, will outweigh the

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<sup>83</sup> Of course, like negative representations of the vagina, the female body as problem is not a seamless account that subsumes all others, and alternative accounts, such as of the body as ‘one’s own’ (e.g., Woollett & Marshall, 1997) do exist. The female body as ‘problem’ is, however, pervasive.



potentially damaging effects as long as this analysis becomes a further step towards the creation of new systems of knowledge (p. 16).

These quotes point to the need to analyse, and highlight, the negative – the grim – but to do so in a way which fosters possibility for change. Like Bordo (and Ussher), I find the situation of the vagina ‘grim’, and argue that we need a comprehensive analysis of how and in what ways it is grim if we are to foster change. This is what I have begun with this thesis. Across the thesis as a whole, I have shown the recurrent reference, both in socio-cultural texts and representations, and in individual women’s voices, to the vagina as a problem – as something that is socio-culturally derogated in many ways, and as something that women do not, for the most part, talk about positively. In this thesis, I have attempted to show the diversity and range of negative representations – to show how grim things are. That women talked about the vagina in ways which mirrored socio-cultural representations identified in other cultural texts demonstrates that we can, and should, see women and their ‘individual’ experiences as thoroughly social.

I have focused primarily at the level of discourse or representation, and, as I have shown, this is frequently grim. Dominant cultural representations appear to offer few pleasures or powers, or few that seem to be liberatory for women. But these representations are concerning not just because they construct the vagina in negative ways, but because they have the power to structure practices – are implicated in women’s experiences and bodily practices. Some women are ‘choosing’ to tighten their vaginas surgically, intersex infants being operated on (without their consent) to produce nice ‘gendered’ genitals, and women are using vaginal deodorants or douches so they do not ‘smell’. These are problematic practices, some of which involve health risks, some of which involve surgery without consent, and some of which involve changing the body to some constructed ideal. These practices require certain constructions of the vagina for them to make sense, and to be possible. To effectively challenge these practices, we need to challenge and change the conditions which make them possible and plausible.

Tiefer (1995) suggested that one task of a constructionist approach is to foster change through creating different constructions. In this thesis, as well as focusing on the negative, and telling a ‘grim’ story, I have looked at ways socio-cultural representations have been challenged and resisted, through alternative accounts and practices. While negative representations predominated, women did not simply mimic these representations. Instead, the (mostly young) women in my research typically expressed complex, and sometimes contradictory, views about the vagina – ones which incorporated positive as well as negative meanings, and also ‘neutral’ accounts (see Oinas, 2000, for young women’s neutral accounts around another [formerly] ‘taboo’ and ‘negative’ topic: menarche and menstruation). That there were spaces where women articulated pleasure, power, and satisfaction (Chapter 5) demonstrates that constructions of the vagina which challenge its absence, its passivity, and its inadequacy, are making a difference. Change is happening. But for this change to continue to occur, and for us to get to a situation where the ‘positives’ outweigh the ‘negatives’, we

need to trouble the common-sense which still renders negative representations possible and indeed normative.

Although we need to be sceptical about the pleasures and powers culture offers women (Bordo, 1993), and there is a risk is simply interpreting situations of women's articulated pleasure in isolation, or in valorising the ways women get pleasure (e.g., K. Davis, 1995; Frost, 1999) without considering how such practices might also, simultaneously, re-encode problematic structures and practices – the way that “instances of choice turn out to be instances of conformity” (K. Morgan, 1991, p. 36) – accounts of pleasure and comfort in relation to the vagina are also disruptive. By highlighting the positive (as well as the negative), we can see spaces of resistance and change, which can be developed for future change. In the remainder of this section, I develop this focus on the ‘positive’ by making some practical suggestions for ways to work with (young) women (and men) that could promote resistance to problematic socio-cultural representations of the vagina, and improve health and wellbeing. These suggestions are mostly practical, if somewhat utopian – in that they push for a vision of “what could be” (Fine & Gordon, 1991, p. 25) for all women in relation to the vagina.

At the socio-cultural level, we need to continue to make positive representations available and accessible, ones which challenge the negative representations discussed in this thesis. Work such as *The Vagina Monologues* (Enslin, 1998), which brings the vagina into public discourse, and promotes it as a positive part of the body, is an important part of this process – particularly in breaking the taboo of silence. Similarly, the number of (recent) films which have made reference to the vagina (e.g., *Being John Malkovich* [Jonze, 1999], *Boys on the Side* [Ross, 1995], *Bullets Over Broadway* [Allen, 1994], *The Big Lebowski* [Cohen, 1998], *Go Fish* [Troche, 1994] and *The Opposite of Sex* [Roos, 1998], among others) suggests that the vagina is part of what is currently culturally meaningful, and this should be exploited. In some of these, the very nature of vaginal representations have been highlighted, and thus partially contested. Women not being able to talk about the female genitalia was discussed, and thus mildly mocked, in films like *Boys on the Side* and *The Opposite of Sex*. In *The Big Lebowski*, the artist Maude Lebowski commented that her work has been described as ‘vaginal’, and identified men's discomfort with vaginas: “the word itself makes some men uncomfortable”, and “they don't like hearing it and find it difficult to say”. In these instances, the taboo and discomfort are identified and worked up as ridiculous. Similarly, in the film *Fried Green Tomatoes* (Avnet, 1991), genital self-examination is part of one sub-plot, and the character Evelyn Couch takes her failure to look at her vulva (in classes she is attending for ‘personal growth’) as part of her broader ‘failure’. Such instances make reference to socio-cultural representations identified in this thesis, but also work as a meta-narrative, identifying them, but at the same time challenging them. The representations identified in these films are rendered problematic and undesirable.

The effect of positive representational presence would be not only to challenge negative socio-cultural representations, but to break a taboo which promotes a silence about the vagina. A taboo on the vagina allows for the perpetuation of negative socio-cultural



representations. This taboo could be resisted through encouraging women to talk about the vagina – making it topical and acceptable – through more articles, more education, more (positive) presence. To discuss it, and to use the word vagina – and even more specific words that refer to the parts being talked about – is to remove it from its position as ultimately taboo. Talking has been seen as beneficial by girls in relation to another ‘taboo’ topic – menarche (J. Lee, 1994/1998), and as I discuss further later in this chapter, women in my focus groups also found it interesting. More focus on the vagina would also *normalise* it, *demystify* it, and make it *not* extraordinary. As Collins (1996) observes, “we have to make women feel that their genitals are just normal” (p. 110). Representational practices which make the vagina topical and ‘normal’ would not necessarily detract from the idea that it is special for the individual, ‘extraordinary’ in some way, and an important part of her body. What they would do is challenge the idea that it is special but not talked about.

Medicine, health care, and sexuality education are crucial sites for promoting ‘resistance’. Medical texts offer powerful and authoritative representations of genitals (for critiques of these, see, e.g., Lawrence & Bendixen, 1992; L. Moore & Clarke, 1995; Petersen, 1998). Representations of genitals in medical/health and sexuality books should include more than the ‘facts’ (which are themselves constructed as truths), explicitly discussing negative and positive representations, and combining ‘factual’ and ‘experiential’ accounts. Multiple accounts of what genitals are and what they mean (e.g., see Crooks & Baur, 1999) not only disrupt the hegemony of a single account, but also disrupt silence about the genitals. Health/sex education *pamphlets* could be developed which represent the vagina in a positive way. Thompson (1990) suggest that a pamphlet about starting a sexual relationship that addressed girls’ sexual perspectives would not ask questions like ‘are you mature’, but ones that related to bodily sensations (as well as addressing health and safety issues). A pamphlet on the vagina would similarly be targeted to girls’ (and boys’) needs and concerns. In all instances, such accounts must carefully avoid assumptions around the vagina identified in this thesis, such as heterosexuality/heterosexism, and notions of passivity – and indeed, specifically challenge these. These constructions have very practical implications for how we as women live our lives and the ‘choices’ we make regarding our vagina and our sexuality. An understanding of the vagina as ‘meant’ to have a penis in it, for instance, constructs coitus as ‘real’ sex, and contributes to a context in which having heterosex without penile penetration is rendered unusual and problematic (e.g., see Gavey et al., 1999).

The information that is available *must* be relevant and useful. Images of female genitals as shown on tampon boxes, for example, lack detail and do not assist a young woman who might be trying to put a tampon in for the first time, particularly if she does not know where her vagina is. Young women do not necessarily understand, or even know about, their anatomy – one woman reports, for instance, that her failure to insert a tampon resulted from her not knowing where her vagina went, and “pushing straight up onto the upper wall” (Crooks & Baur, 1999, p. 84). More detail in these images would help. The currently available images

are not only unhelpful, but they also presumably reinforce the idea that what is 'down there' is an amorphous mass, rather than a detailed specific organ.

These recommendations relate to the knowledge that is made available to girls and women (and boys and men), but *how* that knowledge is transmitted to women is also important. Practitioners interested in women's sexual and reproductive health, or those who teach sexuality education, are as much cultural members as their women 'patients' or 'pupils' are, and develop their understandings of women's genitals within (often similar) socio-cultural contexts. Therefore, the education of doctors and others who deal professionally with women's genitals should include discussion of socio-cultural representations, the ways in which these are influential in shaping perceptions and practices, and how they might be challenged. Doctor-patient interactions could be changed to be more sensitive to the concerns of women undergoing gynaecological exams, and we need to consider the ways the *practice* of gynaecology reproduces representations of the genitals as taboo, and so forth (Lomax & Casey, 1998).

The teaching of sex education around the vagina should be given to both girls and boys, and it should explicitly address (negative) socio-cultural representations, challenge these, and provide alternatives. Such education should be given in a positive manner, and should emphasise *all* the potential things a vagina can do. Penile penetration (or giving birth) would be relegated to *possible* things, but not *necessary* things, and certainly not what the vagina's sole purpose is. Pleasure and choice for women should be foregrounded in definitions of the vagina. Thompson (1990) suggests erotic education as sexuality education, in which girls' sexuality is foregrounded and explored, rather than denied. Such education would include education about masturbation, and would look at ways that a seemingly excessive emphasis on the clitoris in female masturbation can be disrupted. Given accounts of *vaginal* pleasure (Chapter 2, Chapter 5), and psychoanalytic accounts of early childhood vaginal masturbation (e.g., Horney, 1933), the vagina should be promoted as potentially part of women's masturbation practices. To do so would also disrupt the linkage identified throughout this thesis of the vagina as something that is penetrated by a penis.

It is also important that individual women become 'empowered' in relation to their genitals. Emphasis should be placed on women 'owning', and developing, our own sexuality and bodily and sexual autonomy. We should continue to encourage genital self examination for women (e.g., see Dickson, 1985), and lobby to make specula easy to obtain, so that women can examine ourselves internally as well as externally if we wish. Feminist have long made links between women's awareness of our bodies (our genitals) and health (Ruzek, 1978), and between genital self-examination and knowledge (Lawrence & Edwards, 1980) and health (Gussman, 1994). Feeling 'comfortable' with our bodies, including our genitals, and taking charge of them, are important for women's health and well-being (Robson-Scott, 1991). Feeling comfortable is part of knowing what is 'normal' and what is not – and hence what constitutes a potential health risk (Crooks & Baur, 1999) – and part of communicating vaginal health concerns to a doctor. Feeling comfortable also increases the likelihood that women can make 'empowered' decisions relating to sexual health and sexuality. If women do not



understand and 'own' our own bodies, we cannot 'own' our own sexuality (Travis et al., 2000). Knowledge is important to this: in Thompson's (1990) research, for instance, the young women who recounted sexual stories filled with desire, pleasure and agency all claimed some familiarity with their vagina before becoming sexual with others. In contrast, women whose sexual stories lacked these features often had little or no knowledge of their anatomy, and heterosexual coitus was described as putting a 'big thing' in a 'little hole'. Women taking part in vagina workshops – such as those run by Betty Dodson (<http://www.bettydodson.com>) – frequently report positive changes in their experiences of their genitals (e.g., see Ensler, 1998). This suggests that 'teaching' might be important in 'reclaiming' this part of the body for women (see also Barbach, 1981). The vagina, and developing 'ownership' of it, could be incorporated into 'assertiveness training' programmes for (young) women, involving as they do issues of self-empowerment and bodily integrity. Such practices could encourage women to think of the vagina as our own, not as something for men or for penises (Collins, 1996).

In addition to these, we must continue, within academia and outside it, to critique and challenge products and practices such as feminine hygiene products, the advertising that accompanies them (Crooks & Baur, 1999), and genital surgery (e.g., A. Adams, 1997; Cairns & Valentich, 1986). These strategies of 'resistance', developed in concert, and individually, would construct the vagina as a very different object from what it is now.

#### *Contributions to social constructionism*

This thesis adds to (feminist) social constructionist work by demonstrating the usefulness of this framework for researching the body, and for doing so in a way that does not lose sight of the materiality of that body. Much constructionist work is discursive, with little consideration for what is behind the text, and the body or the material is lost or ignored (e.g., see Nightingale & Cromby, 1999). As I have argued throughout this thesis, it makes no sense to think of the body without considering the socio-cultural, and the ways our experiences of our bodies, and the meanings our bodies have, are constructed by this. But in so doing, we must not lose sight of bodies as bodies. This approach, while only a start, also challenges constructionism to consider the body, and to go beyond the solely discursive. The work of people like Susan Bordo (1993, 1997) and Jane Ussher (1989, 1996, 1999), among others, and myself, all, in different ways, brings the body back in, and takes constructionist inquiry in a different direction – a direction where the material is central.

In terms of method, I have also contributed to a debate about what is appropriate for constructionist inquiry. I have used a broader range of methods than is typical in constructionist research, developing the methodological diversity and eclecticism in social constructionist research. I have demonstrated the extent to which methods such as statistics can be useful, and the ways in which a multi-method framework is important for developing an understanding of our topic from a range of different perspectives. I also demonstrate that work that falls within a positivist empiricist model does not have to be essentialist (e.g., see also contributors to Travis & White, 2000b).

Finally, I have contributed to the development of, and the importance of, a specifically feminist social constructionism. When much constructionist work is becoming steadily more apolitical, relativist, abstract, obtuse, and lacking in politics, this research demonstrates the usefulness of a constructionist approach for looking at feminist topics. The analyses I have done, and the conclusions I have drawn, show that constructionist work need not be a-political, and that we can use constructionist research as a basis of which to make political and practical recommendations. I am thus helping to ensure that feminism remains in social constructionism, and that social constructionist work retains a feminist dimension.

### **Stories I did not tell**

In *The Vagina Monologues* (Enslar, 1998) there is only one monologue about birth. When I asked her how this came about, Eve Enslar commented “I never had a baby, I never used my vagina for that, so it never was in my frame of reference” (Braun & Enslar, 1999, p. 518). I use this as an illustration of the way our research is always informed by our position, and by the cultural assumptions we bring to it (Bordo, 1997). I am as situated as anyone, and the story about ‘the vagina’ that I have told in this thesis, while contributing a wealth of knowledge, does not include all, or even most, of the possible stories that could have been told. In this section, I consider omissions from the research, and limitations to it. Some of these reflect my own (acknowledged, and probably unacknowledged) ‘biases’, and some reflect the formation of my sample, and the methods I used. I will discuss omissions and limitations in relation to participants, topics, and approaches.

#### *Participants*

I have told a story about how the vagina is represented socio-culturally, and what it means to women. However, (partly) because it was difficult to recruit participants, for my talk-data I ended up with a ‘convenience’ sample from networks and snowballing, the result being that the vast majority of participants were (in the relatively privileged position of being) ‘like me’ – i.e., tertiary educated, middle class, white, heterosexual, able-bodied... In using this particular sample, I have repeated the failure of (even feminist) western psychology to explore the complexities of race, sexuality, age, and class relations and their effects on its subjects and subject matters (Squire, 1989), and perpetuated the racism implicit in western psychology (Howitt & Owusu-Bempah, 1994). The stories of these ‘Other’ women (C. Kitzinger & Wilkinson, 1996) are important for vagina research, if our understanding of the vagina is not going to be predominantly based on the (privileged) experiences of white, heterosexual (etc) women.

My sample was predominantly white, consisting of women who had grown up in western cultures. Women from different racial/ethnic backgrounds might have access to very different accounts of the vagina from the ones I have told here, and/or to very similar ones. Some anthropological research suggests the tenacity of certain themes across different cultures (e.g., J. Macdonald [1997] reports from fieldwork on Tikopia in the Solomon Islands about the



perceived “‘dirtiness’ of the woman, especially her genitals” [p. 46], and the belief that women’s genitals smell). However, there were hints in my research that there might be differences too. One participant who identified as East-African Asian talked about Hindu representations of the female genitals (the yoni), and how these marked them as visible, and noted this as different from western cultures. This visibility was described as positive. The ways varying representations might or might not impact on women’s experiences and perceptions of their genitals would provide a fuller understanding of how representations of the vagina shape women’s experiences. Evidence of positive representations, as suggested by my participant, can be explored as part of promoting resistance.

Likewise, through talking to primarily young women, the stories I received are necessarily limited in two ways. First, they are limited to women who have (predominantly) grown up with the impact of second wave feminism, where the vagina was topical and central, and through which many positive and challenging socio-cultural representations happened (as discussed in Chapter 2). Women who are older have presumably witnessed changing socio-cultural contexts, where the meaning, and visibility, of the vagina has altered. Those who have experienced this are in a position not only to talk about it, but also to describe how their experiences and perceptions have similarly changed (or not). Second, as relatively young women, they are going to have a limited range of possible vaginal experiences. Older women have many more years of living with their vagina, and perhaps more years in which to be happy with it. Certainly, my data suggests that the people who appeared to be most comfortable talking about the vagina, and talked about it in an empowered and embodied way, were often at least in their 30s. One group of women (two late 30s, one late 20s), who talked in detail about the vagina, and their own experiences, commented on the ‘discomfort’ of younger women with their bodies and with talking about things like sex and sexuality. Older women have had more years of being sexual with their vagina, and there is also more chance they might have given birth, or undergone gynaecological ‘surgery’ (e.g., for hysterectomy, vaginal vault prolapse, or episiotomy), or been through menopause. Older women who had experienced a range of these events could talk through a life history of their vagina, and how things have changed. These experiences could also be used to compare with medical accounts of what happens to the vagina with age. Does the so-called ‘atrophic’ vagina of menopause (Rosotsky & Travis, 2000) exist for women? If so, is it a problem, and how do they manage it? How does the potentially changing vagina relate to accounts of sexuality in older women (e.g., Mansfield, Koch, & Voda, 1998).

As I have noted throughout this thesis, ‘the vagina’ is overwhelmingly a heterosexual vagina. Although I did have a number of lesbian participants, I did not look at their talk about the vagina as lesbian women, talking about a ‘lesbian vagina’ (although I have begun to explore this elsewhere; Braun, 2000b). The data from lesbian women were treated in the same way as the data from all other participants. Lesbian participants were typically not asked to account for their responses, or to provide responses, as lesbians. Moreover, lesbian responses might have been excluded in many focus groups due to the heterocentric and

heterosexist nature of the talk that occurred (Braun, 2000a). Research on the 'lesbian vagina', and the 'vaginal' experiences of lesbian women, would be a development of this research. To include the lesbian vagina would go a step further than simply critiquing the heterosexism of vaginal constructions, and would also be interesting, given that the vagina is removed from what is constructed as its primary purpose – a place for the penis. What meanings are (then) prominent, and valued?

It would also be interesting to explore the meaning of the vagina for transsexuals – both those who have surgery, and those who do not, and intersex people. For both transsexual and intersex people, the normative notion of a discretely sexed body that relates to ones sense of oneself as male or female, and corresponds to society's attribution as female or male (as discussed in Chapter 7), is disrupted. The normative (and hence often invisible) linking of genitals and identity is rendered problematic (sometimes deliberately; e.g., Bornstein, 1994, 1998), and hence visible. What the vagina means is rendered salient in their lives. Research with transsexuals or intersex people could reveal aspects of the vagina that are invisible to women who are born with one, and for whom the vagina is taken-for-granted.

Likewise, women who (potentially) have a very different relationship with the vagina in different contexts would provide accounts of the range of different meanings the vagina can have for women. At one end of the spectrum, sex workers, or porn workers, might have very different relationship with their own vagina, and this might vary between work and not-work environments. Researchers have looked at the different sexual practices and experiences of prostitutes with clients and private partners (e.g., Savitz & Rosen, 1988), and have found difference such as less condom use with private male partners (e.g., Mak & Plum, 1991). Prostitutes have also been described as constructing work as non-sexual and quite separate from loving non-work relationships (e.g., J. Phoenix, 2000). Some women in Joanna Phoenix's (2000) study described themselves at work as 'rentable vaginas'. Presumably, the vagina means different things in these different contexts – with a client, or with a partner – and these meanings can be explored. And if it does, it would point to the malleability of meaning, not only across society, but for individual women, in different contexts. At the other end of the spectrum, women who work in gynaecology are frequently exposed to various women's vaginas in a clinical context. For these women, the vagina is not something purely 'personal', but part of their working lives. The different meanings it then gains and the meanings it loses, in different contexts, would not only demonstrate the constructed nature of the vagina, but might also offer insights into changing representations and fostering resistance.

### *Topics*

There are a wide range of possible topics that I have not had space to cover in this thesis. In this section, I outline three areas I have not covered but where my research could be developed: birth and reproduction; surgery; and the 'G-spot'. How these topics might be researched is covered in the next section.



The vagina as 'birth canal' features rarely in this thesis. Although some of my participants were parents, being pregnant and giving birth were not typically discussed. Indeed, these issues were barely included in interview/focus group schedules (see Appendix 5). However, the vagina is (presumably) a very different part of your body if you are about to have, or have just had, a baby, than if you are having sex (whatever that may be), or indeed if you are just walking down the street. In her study on reproduction, Martin (1987) noted that women's 'reproductive' organs have very different significance/purposes for people who might do different things with them, or who do or don't want children. How the vagina changes, physiologically and experientially, and in terms of meaning, during pregnancy would expand on my research. Research on the vagina during pregnancy and postnatally would also develop research which has looked at sexuality (but not the vagina per se) in these contexts (e.g., Hyde & DeLamater, 2000).

The vagina medical examined (which I talk about in the next section) and genital surgery are also barely discussed. Research on genital surgery, which focuses on exploring women's experiences, rather than judging surgical outcomes or fitting women to psychological measures (e.g., Freundt et al., 1993; Gleeson et al., 1994), could outline in detail the impact of such events on women's lives and their sexuality, and explore the factors women consider in relation to it. A focus on the vagina would extend research looking at sexuality (and the body) around surgery (e.g., hysterectomy; Dell & Papagiannidou, 1999). Cairns and Valentich (1986) identified problematic assumptions informing vaginal reconstruction, but (how) do these impact on the women themselves, and the choices they make. Is choice a relevant concept in this area? Research could also consider whether the vagina is the same object, when constructed or partially constructed, as it was prior to surgery. Such research could be vitally important in advising women considering surgery; for providing a full range of options. Cosmetic genital surgery is a whole other area, and something "we must continually challenge the purpose and value of" (A. Adams, 1997, p. 76). At the most basic level, what reasons women - and surgeons - give for the practice, and how it is related to body image and sexuality in the women who have it, are questions to consider.

I have similarly barely talked about the so-called G-spot in this thesis, although it was mentioned in a few focus groups, and is a part of the literature (e.g., Alzate, 1990; Jayne, 1984; Ladas et al., 1983). Whether or not the G-spot exists has not particularly interested me. More interesting to consider is the way the G-spot, like the vagina, has been constructed, through scientific and medical discourse, as a discrete object, and the purposes this construction serves (see Tavis, 1992). As I noted earlier, Ehrenreich et al. (1987) have identified the potential for the 'existence' of the G-spot to bolster the place of penetration in heterosex (and heterosexuality for women), which is potentially displaced by the clitoris as primary site of female sexual pleasure. If so-called G-spot orgasms are stronger than so-called clitoral orgasms, then the place of penetration in women's (hetero)sex is prioritised. Some writers go so far as to suggest that "fingers are not adequate substitutes for the erect penis in stimulating the female genitalia from the most external to the deepest zones" (Clower,

1980, p. 163). However, the penis is, this quote to the contrary, a fairly “blunt instrument” (Treichler, 1988, p. 37) with which to stimulate one specific part of the vagina over others, and the ‘existence’ of the G-spot thus also has the potential to highlight the possibility that other things (such as fingers) might do it better. This is not to deny that women do get sexual pleasure from their vagina, as was discussed in Chapter 5. Future research in this area could further explore women’s experiences and perceptions in relation to the G-spot.

### *Approaches*

In this section, I identify how my research methods have limited what I can say about the vagina, and consider other methods that might allow different insights and a more thorough understanding. For my research on socio-cultural representations, specifically slang and dictionaries, representations were considered and analysed in isolation from their users, and this limits what could be said about them. In relation to my dictionary study, all I can conclude is how the body parts defined therein are constructed, but I cannot say for certain how those meanings are then taken-up, or resisted, by the people who read those definitions. Likewise, while I pointed to a number of problematic features of slang, both in terms of semantic categories and in terms of lack of specificity, I can draw no conclusions about slang in use, or about the ways women experience these terms. Future study in this area could examine slang in use: which words people use, and why, and in what contexts. While some work has used questionnaires to try to ascertain slang use in different contexts (e.g., J. Sanders & Robinson, 1979; Simkins & Rinck, 1982), a more useful and relevant way to ascertain this would be via either naturally occurring conversation or with focus groups or interviews. Through looking at slang in this way, as dynamic, we could also explore meaning and resistance as articulated by women themselves. An interesting area for examining specificity of slang in more detail would be to look at the use of genital slang between sexual partners (heterosexuals, lesbians, gay men) to examine whether a specific vocabulary (even if idiosyncratic) is used.

In relation to my talk data, the primary limitation is that I only collected what people would say in those particular (unusual) contexts (a focus group, or interview), and this talk bears no necessary relationship to what they might say (or not say) in another context. It is also only talk *about* experience of activities, rather than being evidence of those activities themselves. As long as we take these considerations into account, research that looks at talk is useful for gathering information about women’s accounts and their experiences. And methods like focus groups or interviews would be useful for exploring areas identified above, such as surgery or pregnancy and birth. But this method only tells a partial story, and we need to recognise this.

Bordo (1989) has commented that to understand, and to ‘liberate’, women’s bodies, we need to analyse both culture *and* bodies/bodily practices. This would mean doing research that is embodied, or that takes embodiment seriously. Research could focus on practices, rather than talk about practices or experiences. The ‘nitty-gritty’ *everyday* practices can tell us a lot about what the vagina – or something else – means. As Bordo (1997) points out:



The study of representations and cultural ‘discourses,’ while an important part of the cultural study of the body, cannot by itself stand as a history of the body. Those discourses impinge on us as fleshy bodies, often in ways that cannot be determined from a study of representations alone. To make such determinations, we need to get down and dirty with the body on the level of its practices – to look at ... the practices we engage in ... [and] also what people are doing to their bodies in the more mundane services of the ‘normal’ (pp. 183-4).

We still need to consider material, fleshy bodies (Grosz, 1995) in their materiality. In this thesis, I have considered representations and touched on practices (such as surgery) that accompanies these, but my focus has, primarily, been on talk and texts. The move from making sense of representations to making sense of practices and experiences poses a challenge for constructionist work, which primarily focuses on discourse and texts, but it is not one which is insurmountable. It is perfectly feasible to move from considering the way an object like the vagina is constructed through representations to considering the way practices and experiences are constituted by these, and in turn, (re)constitute them. Observational work would be extremely useful for such future work on the vagina (although obviously raising more ethical questions than talk-based methods). Such research could be done in person, with field notes, and through the use of video data (e.g., Lomax & Casey, 1998).

Areas such as sexuality classes (such as those run by Betty Dodson), which are based around changing women’s experiences of their bodies, and constructing those bodies as different, would provide insights into the meaning and negotiation of private and public, like and dislike, of the female genitals. Gynaecological consultations are another area where observational research would be well-suited. Lomax and Casey (1998) have pointed to the ways gynaecology-related consultations, through the movement of the nurse, and comments made, reproduce taboos around looking at genitals, and talking about them. Weijts et al. (1993) similarly identified the doing of ‘delicacy’, which reconstitutes that ‘delicacy’, in gynaecological consultations. In addition to women’s experiences of gynaecology, research on gynaecology could usefully also focus on the *practice* of gynaecology, how is it achieved and managed, and what difficulties does it appear to give the women and the practitioners (e.g., Emerson, 1970; Kapsalis, 1997; Lomax & Casey, 1998; Pizzini, 1991). What difficulties does it offer the people undergoing examinations? And those doing them? Observational research gives a window into the doing of practices, and the way the meaning of the vagina is negotiated, and renegotiated, in interactions. This is not to say that observation alone will tell us everything: Kapsalis’ (1997) interesting work around gynaecology as discipline and practice points to the benefits of examining the practice from a range of different angles. But it would tell a lot. Such research could directly impact on practice, and could explore ways to make the process less onerous for women, and one where they feel more ‘empowered’.

### Doing research, changing lives? Participants and others

As I outlined in Chapter 1, an important aspect of doing feminist research is making a difference in women's lives. Although I did not aim to directly impact on women's lives – this was not intended as 'action research' – there are a number of indications that this research had an impact, however small. A number of women who participated in my focus groups indicated how much they enjoyed it (in contrast to their expectations), and that they found it interesting and thought-provoking. Vivienne (FG3), described the experience of being in the group and the discussion as "very eye opening", while her friend, Gillian, made the following observation:

Gillian: Was very interesting to talk about actually, 'cause it's not something you ever talk about, like (casually) in conversation ... I thought sort of like ooh, it would be a bit weird to talk about this. But then it was probably the most interesting conversation I've ever had. (FG3)

Yvonne (FG6) similarly informed me after taking part in her group that it had been 'interesting' and a 'valuable experience'. She also noted that it was good to talk about it – to have the time and space to do so. Other women signalled their interest and enjoyment indirectly. Anna? (FG14), who had to leave before the group had finished, commented that she didn't want to go because "I don't want to miss anything". Others were interested in seeing the research when finished.

These and similar responses point to the enjoyment that (some, not all) women apparently got out of talking about the vagina, and the interest they felt for the topic. Other women have told me after the groups that they really enjoyed talking about it. This suggests that talking about it *is* good, and that women can experience that talk as good. And if they do so, they might talk about it again. And again. I have met some women who took part in my focus groups at later dates, and they informed me that when they were together with other women in their group, they would still talk about the vagina generally, or their own, something they would never have done before taking part. While a question of ongoing change remains to be seen, it does suggest a variation of the 'consciousness raising' aspect of focus groups Wilkinson (1999) notes.

I think my doing this research has changed people around me, too. Through my research, the vagina becomes a 'legitimate' conversation topic, and I have had many discussions with people about it – conversations I would never have *dreamed* of having, would never have *dared* to have, had I not been doing this research. And some have indicated that having 'the vagina' made relevant, salient, and topical on a regular basis, as my research has done, has made them think more about their own, and how the ways they feel about it has been socio-culturally produced. However, this influence is not only limited to immediate circles. I have discussed the vagina with academics I have met at conferences (where I have presented papers), and people I have met on committees. People have been interested, and enthusiastic. Publications and conference presentations also make the vagina visible, insist on its presence, and get people thinking in ways they might not have before. Students have also come into contact with my work through lectures and presentations. With these



individuals, where contact is fleeting, we cannot see or hear about any changes the research might have made. But at the minimum, it disrupts the silence.

Regardless of how much it changes the participants and other individuals, this research, in a different way from Ensler's (1998) play, is about putting the vagina into the public arena, and breaking down resistance to talking about it. Ensler's project, as a non-academic work, can reach a wide audience, particularly with the enthusiastic support of actors/celebrities who have performed the play (e.g., see <http://www.vaginamonologues.com/>). But academic work can also reach a wide audience, particularly when covered in the media (e.g., Murray, 1999). Both our works promote a different image, not least by making it public, by saying 'we're not ashamed, we're talking about it'. But this is not always easy. I now move on to looking at the way this research has affected me, and consider the possibilities for change this suggests.

### **Doing research, changing lives? Myself**

Confronting one's own personal experience in relation to one's topic has been considered to be an important part of the feminist research process (Allen & Barber, 1992), and in this final section, I consider the ways doing this research has changed me. I begin this section in the way I began this thesis: with an anecdote from my (admittedly much more recent) past. I was about 20 when I had my first smear/genital exam. After the doctor had examined the external genitals, she said something like 'everything looks normal' before doing the internal and the smear. At hearing the word 'normal', I felt a sense of relief. It was not that I had been aware of being concerned that my genitals were 'abnormal' in some way; I hadn't wanted to write to an 'agony aunt' asking whether the lips should be this way or that, or whether my vagina was too tight/loose, as some women do. In fact, I thought I was fairly 'at one' with them, unconcerned. However, the sense of relief and reassurance I felt when she proclaimed them 'normal' indicates to me in retrospect how strongly socio-culturally 'indoctrinated' we are to think that there is (or could be) something wrong with our genitals. They are not something we are (typically) brought up to know as normal and healthy like every other (external) part of our body.

The process of doing this research has challenged me to think about, and analyse, my thoughts about the vagina. It is one thing to be 'okay' with the vagina, it is another entirely to spend three years researching it. But this is what I have done, and the way my reactions have changed is worth a brief consideration. Doing this research has, for the most part, been interesting and enjoyable. I have been in a department where the 'validity' of the research has not been questioned (at least not that I am aware of), and where I have been supported – by both staff and students. However, in situations outside the university, or even this department, the 'reality' of researching this topic hit home. How do you tell your grandparents that you are researching the vagina? Solution: you don't. Not the most ideal response, and one which contains ageist assumptions about what they could and could not cope with. But it is one reiterated in the 'outside world'. After seeing my departmental web-site, a cousin emailed me saying he was glad our grandparents did not have Internet access. However, it has not only been 'elderly' relatives

who present a problem. The question of how this can be seen as legitimate topic, and how I *can* talk about researching the vagina, outside of academia, has plagued me throughout my research. While I have sometimes simply resorted to lies and omissions when talking about it, as I have written about elsewhere (Braun, 1999; see also Ensler's comments in P. Grossman, 2000), other times I have discussed it. And simply saying the word 'vagina' to someone who doesn't know – who thinks they are probably asking the least 'problematic' question in the world – does feel like "crashing through an invisible wall" (Ensler, 1998, p. xxiii).

But for the most part, people have been interested, if not enthusiastic, which suggests that the taboo on talk is more imaginary than 'real' – but *that* is how it works. By not talking about it, the taboo is maintained. By talking about it, frequently, enthusiastically, and critically, to as many people as possible, the taboo is disrupted. And now, while I am not entirely freed from the discomfort of saying 'my research is on the vagina' to a perfect stranger, I say it with more conviction. Bordo (1993) comments that feminist cultural criticism does not magically make us immune to cultural images. This is clearly the case here. However, through doing this research, I have gathered the tools to resist the conceptual absence of the vagina, and to challenge the ways its 'presence' is frequently constructed.

So how has doing this research affected my embodied self – to invoke that old Cartesian mind/body dualism, my relationship with my vagina? Doing this research has affected my relationship with my body in a quite profound way. (Eve Ensler notes a similarly 'profound' experience through doing *The Vagina Monologues*; P. Grossman, 2000; also Braun & Ensler, 1999.) I have grown a lot more comfortable with my vagina. I think about it as part of my body. I don't worry about it (so much). It is there. I am often aware of it. In this sense, I have become sensitised to its presence, and desensitised to the 'taboo', and the 'negatives' surrounding it. I am more 'empowered' in gynaecological interactions than I was when I began. Comments that my external genitals were 'normal' would no longer reassure me. I 'know' that they are, and that everyone's are different. 'Concerns' that it isn't quite 'right' – taste or smell-wise, for example – are fading into distant memories. This knowledge provides a calmness, and a oneness with my body. I feel I inhabit it more. While I am not in an ideal position, yet, I am a lot closer to where I would like women to be. Some women, are, of course, already there, and they are the lucky ones.

The effects that this research has had on me (and on others around me), indicates that through talk, and through critical reflection and analysis, we *can* make a difference. As I have observed, the vagina is now, for me, a very different part of my body than it was before I began this research. It has not been a quick or easy transformation, nor has it been one I consciously embarked on. But this does not make a difference to the end result. Through changing the context – from one where the vagina was represented everywhere, but taboo and rarely mentioned, even in my 'liberated' circles, to one where the vagina is thought about, talked about, and socio-cultural representations are critically examined – I have changed what the vagina is, and my embodied experience of it. In this sense, it has been 'liberated'.



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## **Appendices**





## Appendix 2

### Complete list of Female Genital Terms

Any hole's a goal! (1)	Carpet (1)
Aunty Mary (1)	Cat (1)
Axe cut (1)	Cat's face (1)
Axe wound with a beard (1)	Cauliflower (1)
Axe-wound (10)	Cave (1)
Bacon rashers (1)	Cherry (2)
Badger (growling at the ...) (1)	Chief Quimby (1)
Badly wrapped kebab (1)	Chopped liver (1)
Baps (1)	Chuff (2)
Bean (1)	Clacker (1)
Beard (1)	Clam (1)
Beard cup of love (1)	Clit (21)
Bearded axe wound (1)	Clitoris (10)
Bearded clam (4)	Couch (1)
Bearded cup of love (1)	Crack (9)
Beaver (81)+ (eager) beaver (1)	Crotch (2)
Beef burger (1)	Cunnie/cunny (3)
Beef curtains (24)	Cunt (230)
Beetle bonnet (1)	Dicky-dids (1)
Bermuda triangle (3)	Did(g)ery do (1)
Bessy (1)	Dirt box (1)
Biff (5)	Dish (1)
Bit between the legs (1)	disk drive (1)
Bits (9)	Do-do (2)
Bits and pieces (1)	doorway to heaven (1)
Black cat with a cut throat (1)	Doot (1)
black hole (the) (8)	Down below (6)
Bomb doors (1)	Down there (6)
Bowling alley (1)	Down under (1)
box (the) (23)	Downstairs (1?)
Brush (1)	Duff (up the) (2)
Bucket (5)	Electrolux (1)
Burger (3)	Entrance 1 (1)
Bush (13)	Fadge (15)
Butter gutter (1)	Fairy (8)
Butterfly (1)	Fancy (1)
Button (1)	Fanny (214)
Cake-hole (1)	Fiona (1)
Camel's hoof (1)	Fish (3)



Fish box (1)	Gates to heaven (1)
Fishy fanny (1)	Gee (1)
Fishy fanny flaps (1)	Genital area (1)
Flag (1)	Giblets (3)
Flage (flange?) (1)	Gina (2)
Flange/flang/phlange (13)	Girl patch (1)
Flaps (12)	goal (1)
flesh tube (1)	Gonads (1)
Flower (2)	Grand canyon (1)
Flu (1)	Gremlin (1)
Fluff trap (1)	Growler (10)
Fluffy (1)	g-spot (1)
Foo-foo (4)	gulch (1)
Forest (5)	Gyny (2)
Front bottom (18)	Hairy (2)
Front botty (1)	Hairy area (1)
front bum (1)	Hairy axe wound (8)
front door (1)	Hairy cup (2)
Fuck hole (1)	hairy cyclops (1)
Fud (3)	hairy goblet (1)
Fudge (2)	Hairy growler (1)
Fuff (1)	Hairy Mary (1)
Fur burger (1)	Hairy oyster (2)
Fur jaw (1)	hairy pie (1)
Fur purse (2)	Hanging bacon (1)
Furry axe wound (1)	Hers (1)
Furry bits (1)	Hole - smelly (1)
Furry burger (2)	Hole (34)
Furry front bottom (2)	Honey pot (9)
Furry letterbox (1)	Hoo-hoo (1)
Furry muff (2)	Hoop (1)
Furry triangle (3)	Hungry hippo (1)
Fuzz (1)	input device (1)
Fuzz box (1)	Jack and Danny (1)
gap (1)	Jap-eye (3)
Gaping axe wound (1)	Jaxie (1)
Gaping wound (1)	Jism pot (1)
Garage (1)	Jungle bunny (1)
Garden gate (1)	jungle cunt (1)
Garden path (1)	Kebab (1)
Gash (16)	Kipper (1)

Labia (11)	Muff diver (1)
Lemon (4)	Muffin (1)
Lettuce (6)	Murtle (1)
Lips (6)	Mut (1)
Little man in the boat (1)	Nan (1)
Love bird (1)	Naughty bits (1)
Love box (3)	Nest (2)
love bucket (2)	No mans land (1)
Love butterflies (1)	Nook & Cranny (1)
Love button (1)	Oily cavern (1)
love canal (1)	Old gal (the) (1)
Love hole (8)	Old girl (1)
Love lips (4)	Opening (1)
Love mound (2)	Orifice (1)
love muffin (1)	pant hamster (1)
love pudding (2)	Pee hole (1)
Love target (1)	Pee-pee (1)
Love tunnel (5)	Pencil sharpener (1)
Love-flower (1)	Penny (1)
Lulu (1)	Penny farthing (1)
lunch (1)	Pie (4)
M.O.T. (1)	Pink pleasure palace (1)
Map of Tasmania (1)	Pink taco (1)
Marmite motorway (1)	Piss flaps (7)
Mary (6)	Pit (1)
Mary Ann(e) (2)	Plum (2)
Meat curtains (2)	Plumbing (1)
Meat seat (1)	Pocket (1)
Middle (1)	Pocket book (1)
Minge (70)	Polo (1)
Mini/minnie (3)	Postbox (1)
Minky (1)	Prat (1)
Monkey (1)	Prawn (1)
Moon (1)	Private bits (1)
Mop (1)	Private parts (5)
Mot (stinking, unkempt)/mott (13)	Private/s (12)
Mound (2)	Pubes (1)
Moustache (1)	Pudenda/dum (2)
Mrs Dinky (1)	Pussy (167)
Mrs Penny (1)	Quainter (1)
Muff (118)	Queynte (1)



Quif (1)	Thruppeny bit (1)
Quim (12)	Tickle (1)
Rat (6)	Toothless vertical smile (1)
Rave in the cave (1)	Toot-toot (1)
Raven (1)	Tren (1)
Schenen (1)	Tuna waterfall (1)
Shaft (1)	Tunnel of love (2)
Shagbox (1)	Tuppence (10)
Sharpener (2)	Tuppeny bit (2)
Shaven haven (1)	Tush (1)
shaven raven (1)	Twat/Twot (80)
Shrimp (1)	Twinkle (2)
Silly (1)	Two pence (2)
Slash (3)	Two penny slot (2)
Sliced stomach (1)	Undercarriage(2)
Slit (19)	Uterus (1)
Slit arse (1)	Vag/Vadge/Vage/Vaje (37)
Slot (2)	Vagina (162)
Slushing fuck pit (1)	Varge (1)
Smurf burger (2)	Veg (1)
snail trail (the) (1)	Vertical love burger (1)
Snapper (1)	Vertical seafood taco (1)
Snatch (36)	Vulva (4)
socket (1)	Wank shaft (1)
Sooty (1)	Wanny (1)
Spasm chasm (1)	Wee wee hole (1)
Spiders legs (1)	Wet (1)
Split arse (1)	Where it's at (1)
Spunk bin (1)	Willy (1)
Squirrel trap (1)	Willy warmer (1)
Station (1)	Winkie (1)
Stench trench (1)	Winkle tinkle (1)
Sweaty waistcoat pocket (1)	Womanhood (1)
Teanac (1)	Womanly bits (1)
Thatch (2)	Womb (1)
The girls (1)	Y-junction (1)
the horse (1)	Yum yum (1)
Thing/y (1)	

**Appendix 3**  
**Complete list of Male Genital Terms**

12 inch rocket bonanza (1)	Cham (1)
12 incher (1)	Cheesy bit (1)
Aladdin's lamp (1)	Chicken neck (1)
Baby's arm with an apple at the end (1)	Chidel (1)
Bad boy (1)	Chisel (1)
Bald headed monkey (1)	Chod (1)
Ball bag (1)	Chopper (17)
Ball end (1)	Cock (168)
Balls (46)	Cock and balls (1)
Batton (1)	Cod piece (2)
beef bayonet (1)	Codger (2)
Bell end/bellend (8)	Cog (1)
Benny (1)	Corey (1)
Bentley (1)	Courgette (1)
Big Ben (1)	Crown jewels (5)
Big guy (1)	cucumber (1)
Big Jim and the twins (1)	Custard chucker (1)
Big red fun bus (1)	Dangler (2)
Bird (1)	Danglers (1)
Bishop (2)	Dangly bit/bits (3)
Bit/Bits (6)	Dangy (?) bits (1)
Black mamba (3)	Dick (243)
Blue vein flute (1)	Diddle (3)
Blue-veined cigar (1)	Ding-a-ling (2)
Blue-veined piccolo (1)	Ding-dong (1)
Body gun (1)	Dip-stick (2)
Bollocks/bollox (55)	Dodger (1)
Bone (1)	Dong (4)
Boner (4)	Dongce (?) (1)
Bruce (1)	Donger (3)
Bulge (3)	Donkey wood (1)
Bullock (?) (1)	Doodle (1)
Camon and shots (?) (1)	Down below (1)
Cannon (1)	Dr. Harry (1)
caressing the carrot (1)	Eiffel tower (3)
Carrot (1)	Eleventh finger (1)
Cattle prod (2)	End (1)



Equipment (1)	His (1)
Eric (1)	Hockey stick (1)
Extension (1)	Horn (1)
Eye one'd Bob (one eyed Bob?) (1)	Hose (2)
Family jewels (7)	Hot meat injection (1)
Fanny poker (1)	Hot rod (1)
Fella (1)	Iron rod (1)
Fireman (1)	Jackhammer (1)
foot (1)	Jap's eye (5)
Foreskin (2)	Jimmy (2)
Fred (1)	Jock (1)
Free Willy (1)	John (2)
Front bottom (?) (1)	John Thomas (18)
Fruit and two veg (1)	Johnny Roger (2)
Fruit and veg (1)	Johnson (2)
General (2)	Jouster (1)
Genital area (1)	Joy giver (1)
Gentleman (1)	Joystick (2)
George (1)	junior (1)
Gherkin (1)	Kidney wiper (1)
Giver of pleasure (1)	Knackers/nackers (5)
Globes (1)	Knob/nob (136)
Golden hammer (1)	Knockers (1)
Gonads (9)	Knod (1)
Goolies/ghoulies (8)	Lad (3)
Goonies (1)	Leaning tower pizza (of piza?) (1)
Gordon (1)	Length (8)
Gordon the big engine (1)	Lethal weapon (1)
Groin (1)	Lingam (1)
Hacky sacs (1)	Little finger (1)
Hammer (1)	Little fireman's hose (1)
Hampton (1)	Little friend (1)
Hangie (1)	Little general (3)
Happy sack (2)	Little major (2)
Hard-on (1)	Little man (4)
Harpoon (1)	Little nipper (1)
Harry (1)	little peaker (1)
Heat seeking missile (1)	Little wriggler (1)
Helmet (6)	Lizard (2)
Henry (1)	Loin (1)

Long pork prong (1)	Nads (knads) (9)
Love batton (1)	Needle dick (2)
Love bundle (1)	Nudger (1)
Love gun (2)	Nut sack/nutsac (2)
Love handle (3)	Nuts (10)
Love muscle (8)	Old boy (8)
Love organ (2)	Old chap (the) (2)
Love sack (1)	Old fella (3)
Love spuds (1)	Old man (the) (10)
Love staff (1)	One eye trouser trout (1)
Love stick (1)	One eyed bed snake (2)
Love truncheon (16)	One eyed milkman (1)
Lump of meat (1)	One eyed snake (2)
Lunch sausage (1)	One eyed trouser snake (10)
Lunchbox 15)	One eyed warrior (1)
Maggot (1)	One eyed woom (womb?) weasel (1)
Magic wand (2)	One eyed yoghurt thrower (2)
Main vein (2)	Organ (2)
Man fat (3)	Package (4)
Man of steel (1)	Packed lunch (1)
Manhood (17)	Packet (9)
Manly member (1)	Passion tool (1)
Marrow (1)	Paulo Wanchmode? – “ the Paulo” (1)
Meat (11)	Pebbles (1)
Meat and two veg (30)	Pecka/pecker/pecca (17)
Meat and veg (1)	Pee pee (4)
Meat injection (2)	Peeny (1)
Meat truncheon (1)	Peines (penis?) (1)
Meaty probe (1)	Pen (2)
Member (17)	Pencil (6)
men (1)	Penis (throbbing) (1)
Microphone (1)	Penis/penisis (175)
mid wicket (2)	Percy (3)
Missy (1)	Percy your purple headed friend (1)
Monkey (4)	Peter (4)
Mr. Big (1)	Phallus (4)
Mr. Wiggly (1)	Piece (2)
Mr. Winky (2)	Pillar (1)
Muscle (1)	Pink oboe (2)
Mushroom (1)	Pink piccolo (1)



pissar (1)  
 Plank (3)  
 Pleasure giver (1)  
 Plonker (3)  
 Plumbing (1)  
 Plums/plumbs (6)  
 Poker (3)  
 Pole/poll (3)  
 Pork (1)  
 Pork sword (19)  
 Power drill (1)  
 Prick (79)  
 Pride and joy (1)  
 Private 'name' (1)  
 Private parts (2)  
 Privates (5)  
 Prong (1)  
 Purple headed custard thrower (1)  
 Purple headed monster (1)  
 Purple headed pit python (1)  
 purple headed warrior (11)  
 Purple headed womb warrior (1)  
 Purple headed yoghurt chucker (1)  
 Purple headed yoghurt thrower (1)  
 Purple monster (1)  
 Purple priest of pleasure (1)  
 Peni (1)  
 Python/pithen (the) (6)  
 Rammer (1)  
 Rentrator (?) (1)  
 Rocks (1)  
 Rod (11)  
 Rogue elephant (1)  
 Sac/Sacks (2)  
 Salami (1)  
 salty-dog (1)  
 Sausage (20)  
 Schlong/shlong/slonge/slong (27)  
 Schrot/scrote (2)  
 Scrotum (5)  
 sexual wand (1)  
 Shaft (5)  
 Slomb (1)  
 Snake (6)  
 Snooker cue and balls (1)  
 Spam javelin (3)  
 Spear (2)  
 Sperm pistol (1)  
 Spondoolies (1)  
 Spuds (2)  
 Squirter (1)  
 Stabbing truncheon (1)  
 Stanley (1)  
 Stick (5)  
 Stiffy (3)  
 Stones (1)  
 Stump (1)  
 Super dick (1)  
 Supper (1)  
 Sword (3)  
 Sword of love (1)  
 T bone (1)  
 Tackle (20)  
 Tadge/Tadger/tajger/tagger (8)  
 Tail (4)  
 Tally whacker (1)  
 Testes (1)  
 Testicles (11)  
 The boys (1)  
 The guy (1)  
 The two terrorists in the underpants (1)  
 Thing/Thingy (3)  
 Third wicket (1)  
 Throbbing member (1)  
 Tiddlers (1)  
 Tinkle/Tinkler (2)  
 Todge (1)  
 Todger/Togger (58)  
 Tom (1)  
 Tom Byron (1)

Tool (21)	Weena/Weener/wiener (7)
Torpedo (1)	Weenie (2)
Toy (1)	Whistle (2)
Toy department (1)	Whizzer (1)
Toy soldier (1)	Widdle (1)
Train (1)	Widge (3)
Trouser snake (11)	Wiener (1)
Truncheon (7)	Wife's best friend (2)
Twat (1)	Willie/willy (183)
Twig and berries (1)	Winkle (5)
Veg and meat (1)	Winks (?) (1)
Veiny bang-stick (1)	Winky (3)
Vitals (1)	Wobblers (1)
Wand (2)	Womb tickler (1)
Wang (1)	Wood (5)
Wanger (2)	Woody (1)
Watermelons (1)	Worm (1)
Weapon (8)	Ying yang (1)
Wedding tackle (2)	



**Appendix 4**

**Sample of Female Genital Terms – What Do They Mean questionnaire**

Please answer the following questions about the indicated term for women's genitals (see picture for reference).  
Are you **Female** or **Male** (please circle)?      How old are you? \_\_\_\_\_

**“AXE-WOUND”**

Have you seen this term before (please circle)?      yes / no / not sure

What part of women's genitals do you think it refers to? \_\_\_\_\_

(How sure are you about this (please circle)? very sure / quite sure / I'm just guessing)

Do you ever use this term to describe women's genitals (please circle)?      yes / no / not sure

Please explain your answer: \_\_\_\_\_

---

**“CRACK”**

Have you seen this term before (please circle)?      yes / no / not sure

What part of women's genitals do you think it refers to? \_\_\_\_\_

(How sure are you about this (please circle)? very sure / quite sure / I'm just guessing)

Do you ever use this term to describe women's genitals (please circle)?      yes / no / not sure

Please explain your answer: \_\_\_\_\_

---

**“FLAPS”**

Have you seen this term before (please circle)?      yes / no / not sure

What part of women's genitals do you think it refers to? \_\_\_\_\_

(How sure are you about this (please circle)? very sure / quite sure / I'm just guessing)

Do you ever use this term to describe women's genitals (please circle)?      yes / no / not sure

Please explain your answer: \_\_\_\_\_

---

**“MYRTLE”**

Have you seen this term before (please circle)?      yes / no / not sure

What part of women's genitals do you think it refers to? \_\_\_\_\_

(How sure are you about this (please circle)? very sure / quite sure / I'm just guessing)

Do you ever use this term to describe women's genitals (please circle)?      yes / no / not sure

Please explain your answer: \_\_\_\_\_

---

**“MUFF”**

Have you seen this term before (please circle)?      yes / no / not sure

What part of women's genitals do you think it refers to? \_\_\_\_\_

(How sure are you about this (please circle)? very sure / quite sure / I'm just guessing)

Do you ever use this term to describe women's genitals (please circle)?      yes / no / not sure

Please explain your answer: \_\_\_\_\_

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## Appendix 5

### Sample Focus Group/Interview Schedule

Thank you for coming. Before we begin I would like to ask you all to sign a consent form, and remind you that this conversation will be tape-recorded. I would also like to tell you that everything that is discussed in this group is confidential. Therefore, I will ask you to not discuss the group discussion with anyone after the group. This does not mean that you shouldn't talk about the topic with friends more generally, just not details about what was said and by whom.

If you wish to go to the toilet at any point, just leave quietly and return.

In this session I would like to talk about vaginas, and what they mean. Both in terms of general meanings, what they may represent culturally, and for ourselves personally, on a daily basis, or at particular times. I know that this might be a difficult topic to talk about, as it is not a general topic of discussion for many women. I will ask you lots of questions, indeed, be quite 'nosy' about this. But please let me know if you do not want to answer any question.

#### **1: Words for the vagina**

The first thing that I would like everyone to do is like a little task. I would like you to write as many words for the vagina (and penis) that you can think of. I will give you about 5 minutes to do this, and if you have time, you could also start thinking about what is good and bad about each.

After 5 minutes: get people to read them out.

- Which names would you use?
- Which names would your partner(s) use?
- Which ones do you like and dislike, and why?
- What names have other people (e.g., mother; sex education teacher, doctor) used to talk to you about your vagina?
- Are there names which you might have used in the past which you would not use now? Why?
- (For mothers of daughters:) What names do you use when talking to your daughter about vaginas?
- Are we happy with the names we have, or are they inadequate? Why?
- Do all these names relate just to the vagina, or do they refer to women's genitals more generally, including the external parts, for example?
- Is the vagina an important part? If yes, why?
- Is there a most important part? If yes, what?
- Do you think of your genitals as separate parts, or do you think of it as a coherent area?



## **2: Interactions with doctors**

If there are complications with our vaginas, or our genitals more generally, doctors are the people we are most likely to see to talk to about it, and to have treatment.

- Is your vagina a source of discomfort to you?
  - Thrush? During intercourse? STDs?
- Would you go to see a medical professional about these?
- What words do doctors use to talk about vaginas?
- What words would you use when you went to the doctor? Why?
- How would you describe a problem that you were having with your vagina to a medical professional?
- When you are visiting a doctor, have you had any problems when having internal examinations.
  - embarrassment
  - arousal
- Have you made a conscious decision to see either a male or female doctor? Why?

## **3: Awareness**

I will read you a quote, written last year, by Eve Ensler, a writer and performer from New York.

“You are aware of your vagina every day wherever you are -- in your car, at the supermarket, at the gym, in the office. You’re aware of this precious, gorgeous, life-bearing part of you between your legs and it makes you smile, it makes you proud” (Ensler, 1997, p. 96).

- Do you agree or disagree with what Ensler says?
  - If agree:
    - How? In what ways? Why? What does it mean?
  - If disagree:
    - When are you ever aware of it?
      - Periods? Tampons not sitting right?
      - Arousal
      - Having sex/intercourse?
      - Infections/STDs?
      - Having babies; prolapses; postnatal vaginal ‘care’?
      - Menopause/postmenopause -- dryness; thinning of vaginal walls?
      - Operations (e.g. hysterectomies?)?
- When did you first become aware of your vagina?
  - Periods? Losing ‘virginity’? Thinking about losing ‘virginity’ (pain?)? Intercourse? Infection? Babies? Child sex play? Masturbation (childhood?)? becoming sexually ‘aware’?
- How do you feel about the way your vagina looks
- Have you looked at your vagina, or your cervix, using mirrors or a speculum? -- do you

know what it looks like?

- What about how the external genitals look?
- How do you feel about the way it feels (if you touch it yourself with your fingers)?
- How do you feel about the way it smells?
- How do you feel about the way it tastes (to yourself or to others)?
- How do you feel about the way it sounds?
- What changes in your vagina are you aware of?
  - When you are aroused?
  - During the menstrual cycle?
  - When pregnant?
  - Across the lifespan?

#### **4: Sex**

- When you are starting to have sex, how do you decide whether or not, and when, you want penetration?
- How important is your vagina to you when having sex?
  - Is your vagina a place where you want to have sex? Why/why not?
  - If you are not having penetrative sex, is the vagina still part of sex? How?
- How important do you think your vagina is to your partner when you are having sex with them?
- Is your vagina sensitive, and is this pleasurable or not?
  - If yes, why and how?
  - If not, what is pleasurable?
- Do you think that our bodies (vaginas) can 'want' something different from our heads when we are having sex? Or that our heads might want something different from our bodies?
- Vaginal discomfort when having penetrative sex (e.g., tightness, not enough lubrication) might be an example of our heads wanting something from our bodies. If you experienced it, how would you resolve this?

#### **5: How do we feel about our vaginas?**

Some of you may have heard about, and some of you may even have taken part in, the women's groups in the 1970s in particular where a group of women got together and either looked at their external genitals with mirrors or used a speculum and mirror to look at their own and other women's cervixes and vaginas.

- If you have not done this, would you want to take part in something like that?
- Why/why not? How would it make you feel?
- If you have, how was it? What was involved?



## **6: Images**

- Where do you see images of the vagina (e.g., porn, medical texts, sex manuals, self-help books, sex education, etc)?
- How do these (various) images present the vagina?
- Does the vagina in these images (specifically porn) relate to the woman's whole body? Why/why not?
- Is vaginal imagery erotic? Why/why not?

## **7: 'Hypothetical' questions**

- Do you consider your vagina to be a 'sacred' part of your body?
- Is there anything/something special about having a vagina? Why/why not?
- Is the vagina feminine? Why/why not?
- How would you feel if your vagina closed up? Would you still feel 100% a woman? Why?
- If you had gynaecological surgery, would you have your vagina reconstructed? Why/why not?
- What do you think the vagina means or represents to or in 'society'?

## **8: Summing up**

- Is there anything else that you would like to talk about that we have not discussed?

REITERATE CONFIDENTIALITY

**Appendix 6**  
**Sample Consent Form**

My name is Virginia Braun. I am a research student in the Department of Social Sciences at Loughborough University. My Supervisors are Sue Wilkinson and Celia Kitzinger, who can be contacted through the Department of Social Sciences. I am doing research on vaginas, and what having a vagina means to women.

Thank you for agreeing to take part in my research. Before we begin I'd like to emphasise that:

- Your participation is entirely voluntary
- You are free to refuse to answer any question,
- You are free to withdraw from the focus group at any time.
- You may withdraw your data from this research before .....

The focus group will be tape-recorded. Nobody except myself and my research supervisors will hear the tape in its entirety. Small portions may be heard by other members of my research team. When the focus group is transcribed, any potentially identifying information will be removed. Under no circumstances will your name or identifying information be included in the reporting of this research. Parts of this data may be used in my thesis and publications arising from it. If I wish to use this data in a public forum where you are known, such as DARG, and are therefore potentially identifiable, I will contact you again to get your express permission to use that particular piece of data for that purpose. The tapes will be destroyed when the research is completed.

Please sign this form to show that you have read the contents of this form, and consent to take part in this research.

..... (signed)

..... (printed)

..... (date)