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VAGINAL BIOPOLITICS

Sara Rodrigues

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Sara Rodrigues

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CERTIFICATE OF EXAMINATION

Supervisor	Examiners
Dr. Chris Roulston	Dr. Jessica Polzer
	Dr. Susan Knabe
	Dr. Sharon Sliwinski

The thesis by

Sara Rodrigues

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Date_____

_____
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Abstract

Vaginal Biopolitics considers the relationship between biopower and the vulva and vagina. Although feminist scholars have theorized reproduction through the lens of biopolitics and examined vaginas in some instances, there remains an absence of analyses that explore the relationship between biopower and female genitalia. This absence is interesting given that the female genitalia are a rich site for such an inquiry: female genitalia firmly straddle the boundary between the erotic body and the reproductive body and it is in this sense that they become biopolitical. The intervention of biopower produces the vulva and vagina as that which can be made measurable and controllable by discourses, practices, and institutions of power. Taking up "vulval aesthetics" (i.e., Brazilian waxing, vajazzling, pubic hair and labia dyes) and female genital cosmetic surgery, I argue that the introduction of aesthetics and morphology has become another dimension of disciplinary control that produces and regulates women based on their erotic, and not reproductive, potential and capacity.

Keywords: vagina; vulva; vajayjay; vulval aesthetics; biopower; biopolitics; Foucault; feminism; female body; discipline; regulation; female genital cosmetic surgery; labiaplasty; vaginoplasty; designer vagina; Brazilian waxing; vajazzling; pubic hair; labia dye; pubic hair dye.

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Introduction

Who's talking about vaginas?

Or, in other words for vaginas?

In a cultural milieu marked by an increasing tension between vulval and vaginal presence and absence, it seems that there are only other words. This is a time of genital hyperbole. In this not-so-post-feminist age of female sexual "empowerment" (Levy, 2005; McRobbie, 2004), "vagina" continues to be an expletive barred from traversing the discursive landscape. For instance, Kotex, the 90-year-old menstrual hygiene brand, was recently prohibited from using the word vagina in a television commercial promoting its products (Newman, 2010). Explicitly calling out the ridiculousness of menstrual product advertising by parodying its absurd conventions, Kotex's advertisement is very literally and dually "in question", both engaged in the act of questioning and being questioned by the media. Unfortunately, the initial cut of the advertisement was rejected by three television networks for its use of the word vagina; an edited version that substituted vagina for the non-specific "down there" was again rejected, this time by two of those same three networks (Newman, 2010). In an ironic twist that is simultaneously amusing and disheartening, Kotex's attempt to subvert traditional menstrual product advertising ended with an advertisement that is as discursively evasive as those of other menstrual hygiene brands.[1]

Although this is a time in which *The Vagina Monologues* are regularly performed on university and college campuses across the globe, it is also one in which women wax, *vajazzle*, and *vatoo*, replacing their pubic hair with Swarovski crystals and temporary tattoos, respectively. The tension created by the Kotex advertisement reflects a cultural

and social ambivalence towards vulvas and vaginas, in that they can be publically and culturally represented, but only if they are not referred to by name. The inability and refusal to speak and write about vaginas is not a specialty of menstrual hygiene brands alone. The increasingly popular euphemism "vajayjay", first popularized by the television series *Grey's Anatomy,* quickly became favourite term of Oprah Winfrey. Even the blog post in which I first read about vajazzling avoids using any "specific" terminology. Instead, the author unleashes a slew of vulval synecdoches, including "privates", "lady business", "crotch", "area", "region", and, of course, "vajayjay" (Gruber, 2010). Aside from revealing the practice of vajazzling, the most perplexing feature of this article is that, at the same time as it is rife with euphemisms, it contains three pictures of the author's pubic mound being waxed and subsequently "vajazzled". Further exemplifying the tension between the presence and absence of female genitalia is the widespread discourse around female genital cosmetic surgery (FGCS), which, in its most requested iteration (i.e., labiaplasty), reduces the size (or presence) of the labia minora.

Project Overview

This thesis explicitly engages with this tension between genital presence and absence by exploring current, cultural phenomena centered on the vulva and vagina, and by examining their implications for female embodiment and subjectivity. Theoretically, this project is informed by Michel Foucault's (1990, 2003a, 2003b, 2003c, 2003d) conceptualization of biopower as well as feminist theory on the body (e.g., Bartky, 1997; Bordo, 1993; Morgan, 1991). Specifically, this project engages in a mapping of contemporary configurations of biopower focused on the vulva and vagina, and reveals an intricate network of diverse techniques arranged to discipline individual, female

bodies as well as create and regulate populations. Throughout, I theorize the ways in which biopower produces the vulva and vagina as that which can be made measurable and controllable by discourses, practices, and institutions of power. Working toward an understanding of the effects, tensions, and intricacies of new configurations of biopower on female bodies, this project takes up "vulval aesthetics" and FGCS as two sets of practices that aim to "optimize" the female genitalia. "Vulval aesthetics" is a term I employ to signal the assembly of new practices in vulval beautification (i.e., Brazilian waxing, vajazzling/vatooing, and pubic hair and labia dyeing), and female genital cosmetic surgery (FGCS) is a range of procedures that surgically alter women's genital anatomy for the purposes of "enhancing" their appearance and/or function. To this end, the following theoretical and analytical questions guide this project:

- What position(s) do the vulva and vagina occupy in relation to biopower (as conceptualized by Foucault)? That is, what institutions and/or discourses intervene in their discipline and regulation, and what are the effects of this intervention on these body parts as well as on female bodies more generally?
- What conceptualizations of the vulva and vagina inform the institutionalization and popularization of "vulval aesthetics" and FGCS, respectively? What kind(s) of vulva and vagina are produced by this intervention of biopower? In turn, how do these practices inform our cultural understanding and representation(s) of the vulva and vagina?

- How are the vulvas and vaginas produced by these practices related to the regulation of normative femininity more generally, as femininity regulates body size, configuration, gesture, and ornamentation?

Project Structure

In the second chapter, I present the theoretical framework that informs this thesis project. I provide a detailed review of Michel Foucault's (1990) conceptualization of biopower, focusing on his articulation of the concept in *The History of Sexuality, Vol. 1.* I then engage in a thorough overview of feminist work that has implemented biopower in analyses of modern reproduction and childbirth, and critically engage with its neglect of the vulva and vagina. In this chapter, I focus on features of the vulva and vagina that subject it to discipline and regulation, and I set up the vagina as a point of departure and new theoretical trajectory for feminist analyses of biopower. Overall, I make the case for why analyses of biopower should take vaginas seriously, and reveal some reasons why they are a rich site for theoretical inquiries framed by Foucault's interpretation of biopower. In the second half of this chapter, I work through the historical regulation of female genitalia, including early theories of the vagina's anatomical "inferiority", female genital surgeries of the 18th and 19th centuries, and Sigmund Freud's many theories about the effects of female genital anatomy on women's psychic development. In reviewing this history, I propose that these primarily negative conceptualizations and representations, as well as the practices associated with them, have had a persistent influence in Western culture, effectively establishing the grounds for "vulval aesthetics" and FGCS, the two sets of contemporary practices that I explore in subsequent chapters.

In the next two chapters, I engage in two distinct yet related "case studies" in order to identify, theorize, and ultimately call into question the kinds of vulvas and vaginas that are produced by the intervention of biopower in these particular contexts. Throughout, I focus on the standards for vulval appearance and vaginal function that are created by these technologies, emphasizing how they operate both in terms of the discipline of the individual body and the production and regulation of population(s). In "Palatable Pubes," I identify non-invasive "vulval aesthetics" as a constellation of technologies of power that discipline women's bodies through the encouragement of a particular kind of ornamentation that rearranges vulval morphology in order for it to comply with standards for normative femininity. I suggest that these practices establish the "vajayjay" as the current, culturally acceptable aesthetic and discursive genital entity, for it may be represented, discussed, and consumed. Ultimately, I suggest that the reification of the "vajayjay" in Western culture establishes new ways in which women are expected to engage with and discuss their genitalia: first, it provokes a heightened vulval awareness exemplified through the constant self-surveillance and uninterrupted maintenance of the aesthetic ideal; and it initiates a proliferation of discourse that actually limits the terms of female sexual being and expression.

In "From Vaginal Exception to Exceptional Vagina," I take up labiaplasty and vaginoplasty, the two most commonly requested procedures in FGCS. I propose that these two surgeries signify a reconfiguration of biopower that intervenes to make the vulva and vagina more "useful" in terms of their sexual attractiveness and sexual function. I focus on the ways in which these two procedures, despite being performed in the absence of a medical condition, become "corrective" measures that reintroduce

female genitalia into a particular, phallocentric economy of pleasure. I argue that labiaplasty introduces aesthetics as another dimension of disciplinary control, and suggest that vaginoplasty reinforces that the value of the vagina is measured by its receptive capacity. In both studies, I emphasize that these two sets of practices produce a vulva and vagina that is tightened, diminished, and beautified in ways that highlight and privilege women's erotic rather than reproductive utility.

Throughout these two chapters, however, I remain cognizant of what such configurations of biopower mean for female sexuality, subjectivity, and embodiment. To an extent, I respond to the often difficult question of the voluntary nature of participation in such practices in order to present a nuanced approach rather than one that analyzes engagement as either liberating or oppressive. Where possible, then, I also identify the enabling potential of such technologies of power. Following Cressida Heyes (2006), my focus here is to question the extent to which we can conclude that women's participation in regulatory regimes of care are solely the result of our status as docile bodies.

Finally, in the concluding chapter, I return to and foreground the concept of biopower. I consider what my examination of these practices reveals about the operation of biopower today, placing emphasis on how these configurations of biopower affect female embodiment in Western culture. In terms of the discipline of the individual, I explore vulval aestheticization and vaginal configuration as new grounds for the optimization of the female genitalia. I suggest that there is an important relationship between "new" requirements for vulval aesthetics and broader expectations for female bodily comportment. At the level of population, I analyze how vulval morphology and

vaginal configuration become new grounds for the production of populations, and I examine the means of regulation that emerge as a result.

A Note on Language Practice(s)

I intentionally introduce this thesis with the problems of naming, language, and speech surrounding female genitalia. At this point, I want to clarify what language that I will employ in this thesis when discussing the various parts of the female genitalia. Because this project is one that aims to critique practices that attempt to correct or regulate the supposedly abject nature of vaginas, the motivation for this project lies within a larger, political interest in creating theoretical work on the female genitalia that also works to counter vulval and vaginal pathologization.

At present, problems of naming abound in both scholarly and cultural discourse surrounding female genitalia. Most commonly, these problems manifest themselves in three ways: misnaming the genitals (e.g., referring to the entire genitalia as "vagina"; conflating the vulva and the vagina); referring to them using euphemisms such as "vajayjay"; or, refusing to name them. Social work scholars Petula Sik-Ying Ho and Adolf Ka-Tat Tsang (2005) refer to the latter phenomenon as a "code of silence" (p. 523) that surrounds the discourse on female genitalia. Ho and Tsang (2005) suggest that this silence perpetuates processes that alienate women from their bodies. Ho and Tsang (2005) are among a number of theorists, psychologists, and sociologists who have recently begun to re-examine the meaning and use of "vaginal discourse" (e.g., Braun & Kitzinger, 2001a, 2001b, 2001c; Frueh, 2003; Braun, 2004).

A number of acts of discursive reclamation have also emerged from feminist activists and authors in the past decade. While such practices emerged from within

feminism's second wave, current modes of resistance include Inga Muscio's (2002) *Cunt*, and Eve Ensler's (2001) *The Vagina Monologues.* These latter works encourage women to break the "code of silence" by reclaiming these words in order to help us reconnect with our bodies and identities as women. However, *The Vagina Monologues* has been the subject of much feminist critique. Some feminist scholars take issue with the play's emphasis on women's negative experiences with their vaginas, suggesting that Ensler presents essentialist and reductive constructions of female bodies and identities (e.g., Hammers, 2006). Others (e.g., Njambi, 2009; Hall, 2005) critique the play for its negative depiction of the vaginas of non-white women. For example, Wairimũ Ngarũiya Njambi (2009) notes that the vaginas of non-white women only appear in the play when they have been mutilated or are in need of rescuing. Susan Bell and Susan Reverby (2005) acknowledge the positive effects of the play, arguing that it creates a new language of "liberatory sexuality" (p. 421) and contributes to ending violence against women. However, the authors also criticize Ensler for using vaginas as a metaphor, which, they argue, creates a "false sense of connection among women" (Bell & Reverby, 2005, p. 442) The authors also claim that because the play "makes no effort to explain how women's ignorance [of their genitalia] itself is constructed" (Bell & Reverby, 2005, p. 442) it diminishes the power of the vagina as a tool for political action.

Ho and Tsang (2005) are also among the scholars critical of the reclamation of "vagina", but they cite different reasons for this hesitancy. The authors deem this reclamation of language to be an "unquestioning adoption" of medical discourse that neither acknowledges nor effectively critiques its patriarchal origins. In their study of the "diverse language practices" of young Chinese women in Hong Kong, the authors

consider the words "vagina" and "clitoris" to be Western labels imbued with privilege. They also argue that the use of such terms further privileges "medico-anatomical language," since these terms are associated with the prescription of so-called proper names for sexual parts (Ho & Tsang, 2005, p. 523). The authors express concern with the normalization of "vagina" and "clitoris", suggesting that widespread adoption of these terms can produce a number of negative effects, including: the continued subjection of non-Western women under Western discourse; the continued fragmentation of women's bodies; and, the requirement that women's pleasure can be located in a specific, singular site of their bodies. Ultimately, Ho and Tsang (2005) worry that such prescriptions "contribute to the construction of a new ideal of 'proper' femininity" (p. 526) and "[restrict] the ways in which women can reimagine and reimage their bodies" (p. 532).

Ho and Tsang (2005) are right to point out that it is important to create conditions that encourage the circulation of a plurality of discourses that women can feel comfortable using in reference to their genitalia. However, the authors neglect to address that exclusively associating the words "vagina" and "clitoris" with medical discourse is restrictive, for it ignores the influence of cultural representations of the female genitals as well as women's individual perceptions of and embodied experiences with them. Equally restrictive, and perhaps more problematic, is the authors' implicit recommendation that these terms be abandoned. For Ho and Tsang (2005) to suggest that "vagina" and "clitoris" be discarded from our genital discourse(s) simply because they deem their use to be equivalent to collusion in processes of medicalization essentially imposes a different kind of "proper" vaginal discourse on women; at the same time, the authors claim to be working towards the contrary, supposedly promoting "diverse language

practices" (Ho & Tsang, 2005, p. 532). For many women, the deeply entrenched cultural connotations of slang alternatives to "proper" names may still produce infantilizing and/or degrading effects, and these women may refuse or find themselves unable to embrace such terms when in the process of "reimaging" their bodies.

There are other implications associated with encouraging women to take up slang terms in lieu of "proper" names. In their investigation into the most common slang terms used for female and male genitalia, Virginia Braun and Celia Kitzinger (2001c) express concern over the non-specificity of slang for female genitalia. They conclude that:

> 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 sensations. The female genitalia are either conceptually absent or perceived negatively. [...] We [...] conclude that slang does not (yet) provide a vocabulary which offers women a positive and enabling view of our genitals, and which allows us to communicate adequately about our genital sensation and experiences with sexual partners, friends, family, and health care providers. (Braun & Kitzinger, 2001c, p. 157)

Here, Braun and Kitzinger (2001c) raise an important point that negates the perspective of Ho and Tsang (2005). However, as feminists, we must encourage women to employ the terms that best enable them to speak about their genitalia honestly and without shame, rather than suggesting that they avoid certain language because it is evokes either medicalization or non-specificity. By doing anything else, we foreclose any possibility for "diverse language practice." For the purposes of this thesis, I will take an approach to language that necessarily reflects the discourse of the cultural practices in

which my analysis is embedded. Therefore, I may sometimes invoke a slippage between the cultural conceptualizations of and medical/anatomical terminology for the female genitalia. For, throughout this thesis, it will become clear that the vagina is much more than the "the canal connecting the uterus and the external sex organs" ("Vagina", 2004, p. 520) and that the vulva represents much more than "the external genitals of human females" ("Vulva", 2004, p. 530). While such instances will be rare, they will be employed in order to illuminate the socio-cultural conceptions and perceptions of female genitalia that lead to their construction as a problem requiring aesthetic, medical, or surgical, correction or intervention. In this respect, my approach follows that of Joanna Frueh (2003), who notes that "representations and discourse about the vulva and about the entire female genitalia often include ideas about the vagina and perceptions of it" (p. 139).

Ultimately, this thesis is as much about vaginas and vulvas as corporeal entities as it is about unpacking the cultural representation(s) in which they are enmeshed. Where appropriate, then, I may use vagina interchangeably with vulva when I am reflecting cultural interpretations and representations of female genitalia. This approach is an attempt to preserve diverse language practices, and also to release the vagina from anatomical language and, by extension, from the space and gaze of the clinic. I take this approach in order to promote a discursive politics that encourages women to use terms that best enable them to speak about their genitalia honestly and without shame, rather than suggesting that they avoid or preserve certain language because it may be medicalized, colloquial, or non-specific.

References

Bartky, S. (1997). Foucault, femininity, and the modernization of patriarchal power. In K. Conboy, N. Medina & S. Stanbury (Eds.), *Writing on the body: Female embodiment and feminist theory* (pp. 129-154). New York: Columbia University Press.

Bordo, S. (1993). *Unbearable weight: Feminism, Western culture and the body.* Berkeley, CA: University of California Press.

Braun, V. & Kitzinger, C. (2001a). The perfectible vagina: Size matters. *Health and Sexuality 3*(3), 263-277.

-----. (2001b). Telling it straight? Dictionary definitions of women's genitals. *Journal of Sociolinguistics, 5*(2), 214-232.

-----. (2001c). "Snatch", "hole", or "honey pot"? Semantic categories and the problem of non-specificity in female genital slang. *Journal of Sex Research, 38*(2), 146-158.

Braun, V. (2004). A sheath for a sword? Culture, shaping bodies, shaping sex. In N. Gavey, A. Potts & A. Wetherell (Eds.), *Sex and the body* (pp. 17-34). Palmerston North: Dunmore Press.

Ensler, E. (2001). *The vagina monologues.* New York: Villard.

Foucault, M. (1990). *The history of sexuality: An introduction, Volume 1.* Trans. R. Hurley. New York: Vintage Books.

-----. (2003a). Lecture eleven: 17 March 1976. In *"Society must be defended": Lectures at the Collège de France 1975-1976* (pp. 239-263). Trans. D. Macey. New York: Picador.

-----. (2003b). The birth of biopolitics. In P. Rabinow & N. Rose (Eds.), *The essential Foucault* (pp. 202-207). New York: The New Press.

-----. (2003c). The birth of social medicine. In P. Rabinow & N. Rose (Eds.), *The essential Foucault* (pp. 319-337). New York: The New Press.

-----. (2003d). Governmentality. In P. Rabinow & N. Rose (Eds.), *The essential Foucault* (pp. 229-245). New York: The New Press.

Frueh, J. (2003). Vaginal aesthetics. *Hypatia 18*(4), 137-158.

Gruber, B. (2010 Feb. 23). I got vajazzled. Retrieved March 27, 2010, from: http://www.theluxuryspot.com/2010/02/23/i-got-vajazzled-and-had-a-camera-crew/

Hammers, M. L. (2006). Talking about "down there": The politics of publicizing the female body through *The Vagina Monologues*. *Women's Studies in Communication, 29*(2), 220-244.

Hall, K. Q. (2005). Queerness, disability, and *The Vagina Monologues*. *Hypatia 20*(1), 99-119.

Heyes, C. (2006). Foucault goes to Weight Watchers. *Hypatia, 21*(2), 126-149.

Ho, P. S. Y., & Tsang, A. K. T. (2005). Beyond the vagina-clitoris debate: From naming the genitals to reclaiming the woman's body. *Women's Studies International Forum, 28,* 523-534.

Levy, A. (2005). *Female chauvinist pigs.* New York: Free Press.

McRobbie, A. (2004). Post-feminism and popular culture. *Feminist Media Studies 4*(3), 255-264.

Morgan, K. P. (1991). Women and the knife: Cosmetic surgery and the colonization of women's bodies. *Hypatia, 6*(3), 25-53.

Muscio, I. (2002). *Cunt: A declaration of independence.* New York: Seal Press.

Newman, A. (2010 Mar 15). Rebellion against the usually evasive feminine care ad. Retrieved March 27, 2010, from: http://www.nytimes.com/2010/03/16/business/media/16adco.html?scp=1&sq=kotex&st=cse

Njambi, N. W. (2009). "One vagina to go": Eve Ensler's universal vagina and its implications for African women. *Australian Feminist Studies, 24*(60), 167-180.

"Vagina." (2004). *Webster's Canadian Dictionary and Thesaurus.* New Lanark, Scotland: Geddes & Grosset.

"Vulva." (2004). *Webster's Canadian Dictionary and Thesaurus.* New Lanark, Scotland: Geddes & Grosset.

Notes

[1] Despite the absence of the word "vagina", the transcript of Kotex's ad is still resistant. The transcript reads as follows: "How do I feel about my period? Uh, we're like this, I love it. I want to hold really soft things, like my cat. It makes me feel really pure. Sometimes I just want to run on the beach. I like to twirl, maybe in slow motion, and I do it in my white spandex. And usually, by the third day, I just want to dance! The ads on TV are really helpful 'cause they use that blue liquid, and I'm like, 'oh, that's what supposed to happen!'" As a voiceover announces the product being advertised, the screen asks the viewer to consider the question: "Why are tampon ads so ridiculous?"

Vaginal Dialogues: Theoretical Framework and Literature Review

Introduction

In this chapter, I present the theoretical framework and ideas about the vagina that inform this thesis project. I begin by presenting Michel Foucault's (1990, 2003a, 2003b, 2003c, 2003d) conception of biopower,[1] followed by a review of the myriad ways in which feminist theorists have implemented Foucaultian notions of biopower in their analyses of modern female reproduction and childbirth. Subsequently, I respond to these analyses by engaging critically with the neglect of the vulva and vagina in feminist analyses of the discipline and regulation of female bodies. Specifically, I focus on features of the vulva and vagina that explain why biopower—and, by extension, feminist analyses of biopower—must take them seriously. In the second half of this chapter, I engage with the history of "vaginal management" in Western culture as it is indicative of the discipline of the individual body and the regulation of a population. I work through an array of representations and conceptions of the vagina, from its anatomical "inferiority" to its representation as dirty. I close by suggesting that, because they are so deeply entrenched in socio-cultural, medical, political, and educational landscapes, these ideas about the vulva and vagina have produced effects that engender the conditions for the contemporary configurations of biopower that I explore in subsequent chapters.

Foucaultian Biopower

In *The History of Sexuality, Vol. 1,* Michel Foucault (1990) introduces his conceptualization of biopower. Foucault (1990) arrives at the notion of biopower through a genealogical analysis of the proliferation and effects of disciplinary and regulatory technologies of power. He locates the emergence of an "era of biopower" at the

intersection of several interrelated points: the shift from the sovereign "right of death" to the social "power over life"; the establishment of disciplines created to subjugate the human body combined with the proliferation of regulatory controls to correct "problems" associated with the population; and the entry of the peculiarities of human life, particularly sex and sexuality, into the order of power-knowledge. The central focus around which biopower organizes is power over life, meaning that its intention is to "administer, optimize, and multiply" life by subjecting it to "precise controls and comprehensive regulations" (Foucault, 1990, p. 137-8). In other words, biopower describes the processes by which human life, which includes biological and anatomic "mechanisms" as well as vital processes at population level (e.g., birth and death rates), is rendered measurable and controllable by discourses, practices, and institutions of power.

Prior to the beginning of the 17th century, Foucault (1990) notes, power was exercised primarily through the sovereign, who maintained the right to decide the lives and deaths of his people in order to preserve his own survival and to defend his territory and wealth. The sovereign operationalized this privilege in terms of killing: he could enact his right to kill, opt to refrain from killing, or expose his subjects to the possibility of injury or death (e.g., war). Foucault (1990) argues that this sovereign privilege was actually a right to "take life or let live," challenging the previously held conception that this privilege was one of "power of life and death" (p. 136). Ultimately, this right enabled the seizure of life in order to suppress it. At the beginning of the 17th century, a shift began to occur, but it took the form of a reversal: the suppression of life in the form of the sovereign right to "take life or let live" was complemented—but not supplanted—by a "power over life" in which life was either fostered or disallowed "to the point of death"

(Foucault, 1990, 2003a). The "concrete manifestation" of this shift is observable, Foucault (2003a) argues, in what he calls the "gradual disqualification of death" (p. 247). Specifically, Foucault (2003a) points toward a shift in the way the public engaged with death, suggesting that death is no longer the spectacular ceremony or participatory event it once was. Instead, death is now something that is shameful and thus "hidden away" (Foucault, 2003a, p. 247). He writes: "death was the moment when we made the transition from one power—that of the sovereign of this world—to another—that of the sovereign of the next world" (Foucault, 2003a, p. 247). As a result of this transition from publicized to privatized death, death fell outside of the power relationship, insofar as it became the moment "when the individual escapes all power" (Foucault, 2003a, p. 248). In response, power was implemented by ignoring death, intervening instead at the level of life and in the control of mortality (Foucault, 2003a).

Foucault (1990) conceptualizes biopower as evolving in and operating across two interrelated poles or axes: one set of diverse techniques for subjugating individual bodies and another set of controls to regulate populations and the problems associated with them. He argues that biopower, or "power over life," is deployed around the organization of these two poles. The first set of controls comprised what were, in the 17th and early 18th centuries, newly established disciplines (e.g., universities, barracks, workshops, etc.) that coalesced to form what Foucault calls an "anatamo-politics" of the individual body. This first pole ensured the subjugation of the body by perceiving it as a machine that could be disciplined, made more useful, rendered increasingly "docile," and integrated into "systems of efficient and economic controls" (Foucault, 1990, p. 139). The second pole was that of a "biopolitics" of the population, a series of regulatory controls that

emerged in the second half of the 18th century and focused on correcting populations by regulating their "problems" (e.g., birthrate, public health, housing, etc.) (Foucault, 2003a). This pole was concerned with regulating the body as it was "imbued with the mechanisms of life" and served as the "basis of the biological processes" (Foucault, 1990, p. 139). The purpose of biopolitics is to intervene and optimize the state of life by installing security mechanisms around "random" elements (e.g., accidents, illness) inherent in a population (Foucault, 2003a). Unlike disciplinary power, which trains "individuals by working at the level of the body itself," the regulatory mechanisms of biopolitics work to "achieve overall states of equilibration or regularity" (Foucault, 2003a, 246).

In part, Foucault (1990) attributes the profound influence of these two poles to the increased demographic growth, economic productivity, and agricultural development of the 18th century, which parried the imminent threat of death primarily from disease or starvation. In addition, he acknowledges the importance of the development of the discipline of statistics, which was able to quantify the regularities, death and disease rates, cycles of scarcity, aggregate effects (e.g., epidemics), and economic effects that are unique to the phenomena of population (Foucault, 2003d). Although the two poles of anatamo-politics and biopolitics remained separate throughout the 17th and 18th centuries, Foucault (1990) notes that the two coalesced to form what would become not only "the great technology of power" in the 19th century but also the point at which life became a political technology. This convergence marks the start of "an era of biopower" (Foucault, 1990, p. 140), in that these tactics began to combine in different ways in order to control and transform life around the interrelated, operational points of "the species, the race, and

the large-scale phenomena of population" (Foucault, 1990, p. 137). In other words, this convergence is indicative of the emergence of biopower specifically because it marks the point at which power no longer organized itself around death but instead intervened at the level of life. Power had become thoroughly invested in preserving the "value and utility" of life (Foucault, 1990, p. 144), managing and modifying the processes and performances of individual bodies and of the population.

Foucault (2003c) argues that the purpose of intervention at the level of population was explicitly—but not exclusively—tied to industrialization, and suggests that biopower is an "indispensible element" in the production and maintenance of capitalism. In order to ensure its continued prosperity, capitalism must integrate bodies into its machinery of production and include populations in its economic processes (Foucault, 1990). In order to prosper, capitalism also requires that these bodies and populations be continually useful; as such, it must encourage their ongoing growth, docility, and availability by optimizing their forces and aptitudes through biopower (Foucault, 1990). In England, for example, the regulation of the health and bodies of members of the lower classes through medicalization fulfilled capitalism's requirement for healthy bodies fit for labour, and reduced the threat that they posed to the health of the upper classes. Rather than exercising the suppression and elimination of life via death, then, biopower effects a positive influence on life by ensuring its proliferation and optimization.

Moreover, the concept of biopower is particularly significant to Foucault's (1990) overall analysis of sexuality, and it supports and extends the challenge that Foucault (1990) poses to the "repressive hypothesis" (p. 10). Foucault (1990) shows that, from the 17th to the 19th centuries, sex was not repressed; instead, there was a proliferation of

discourses around and classifications of so-called perversions. The discourses, practices, and institutions that infringe upon the body and its pleasure(s) configured both sex and sexuality as products of power by constructing them as elements of human life with multiple definitions, distinct laws, and "intrinsic properties" (Foucault, 1990, p. 153). Sex, then, was not a ground for the manifestation of sexuality; instead, it was a construct "formed inside the deployment of sexuality" (Foucault, 1990, p. 152). Foucault (1990, 2003a) cites several reasons why sex in particular became a target for biopower. For Foucault (2003a), sex is an "eminently corporeal mode of behaviour" (p. 251) that simultaneously enables the individualization of disciplinary controls (e.g., surveillance of masturbation) and requires broader regulation because it affects larger, biological processes that concern the multiplicity of the population (e.g., reproduction). Put more succinctly, sex is the point at which power gains access to life at both the level of the body and at the level of the population.

Newly demarcated as an object of politics in the form of state control, then, the discipline and regulation of sex revolved around four "concrete arrangements" that were grouped into an "artificial unity" (Foucault, 1990, p. 154): the sexualization of children, the hystericization of women,[2] the social regulation of reproduction, and the psychiatrization of perversion. These four arrangements emerged from relations of biopower specifically because they were located at the intersection of the body and the population. Thus, they allowed power to engage with sex as the principle for "political operation, economic intervention, [and] ideological campaigns for raising standards of morality and responsibility" (Foucault, 1990, p. 146). For example, the preoccupation with both child sexuality and female hysteria are linked insofar as they are both informed

by the discipline of the body and the regulation of the population. In other words, disciplining the behaviours of individual children and women maintained regulatory controls that had been established at population level. At the time, the regulation of the behaviour of children and women protected the "health" of the population as well as promoted its continuation. Children, for example, were taught to adhere to standards for "acceptable" bodily conduct (e.g., prohibition of masturbation) in order to prevent their sexuality from being discovered or becoming visible. Children's compliance with such behaviours was measured by intense surveillance and severe punishment for infraction. In addition, the behaviour of women needed to be regulated in order to protect and preserve their capacity of reproduction, which was the measure of their value. Women who expressed sexual desire outside the context of conjugal relations were "treated" for disordered sexual behaviour and subject to invasive surgeries such as clitoridectomy (Rodriguez, 2008). As I discuss later, these treatments intended to keep women "interested" in procreative sex. In addition to the regulation of the behaviour of women and children, there was an increased interest in the control of birth through the socialization of sex as well as a regulation of sexual perversion through psychiatry (Foucault, 1990). These latter mechanisms sought to regulate the behaviour and growth of the population by imposing controls upon behaviours that eluded normative models. For instance, the regulation of perversion aimed to prevent sexual "pathologies" from developing into a serious threat to the population, whether in the form of hereditary degeneracy, sterility, or impotence.

Ultimately, biopower enables the creation of "an entire micro-power concerned with the body," which mediates and comprehensively and statistically measures the life

processes of groups or the entire social body (Foucault, 1990, p. 145-146). In its discipline of individual bodies and regulation of populations, biopower enables the surveillance, control, spatial organization, and medical and psychological examination of bodies and populations.

Exiting the Womb: Vaginal Absence in the Biopolitics of Reproduction

Feminist theorists who acknowledge the usefulness of Foucault for feminism are simultaneously critical of his neglect of the gendered nature of power and embodied experience. For example, Margaret McLaren (2002) notes that Foucault's work is valuable for feminists because he emphasizes the body as a primary site of the "operation and exercise of power" (p. 81). At the same time, feminists critique Foucault for his neglect of the gender specificity that is inherent in the disciplinary power carried out on the body (Bartky, 1997; McLaren, 2002) as well as for his failure to acknowledge the significance of male dominance in the historical periods he was investigating (Shildrick, 1996). In other words, Foucault did not acknowledge that disciplinary mechanisms and regulatory controls treat the bodies of men and women differently; in turn, their experiences of power are different because certain forms of subjugation serve to produce a body that is specifically feminine, particularly in terms of body size, appearance, constitution, gesture, and ornamentation (Bartky, 1997).

Although reproduction is a key dimension in the history and maintenance of biopower, Foucault ultimately abandoned the project of writing a history of women's bodies as part of *The History of Sexuality* (Sawicki, 1991).[3] In response, feminists have extended and revised Foucault's oeuvre to include gender, and many have extended his analysis of biopower to emphasize women's bodies. Much of this work calls attention to

the relationship between biopower and women's reproduction. Given that the main focus of biopower is to invest in and manage life (Foucault, 1990), it makes sense that feminist scholars working through this lens would focus primarily on pregnancy and female reproduction. For example, disciplinary mechanisms (e.g., pregnancy manuals) subject pregnant women to endless "suggestions" for a healthy lifestyle both before conception and during pregnancy, which generally include regular exercise, arranging prenatal care early, and following a "healthy" diet (e.g., eating only nutritionally dense food; and abstaining from alcohol, drugs, caffeine, and tobacco) (Ruhl, 1999). Lealle Ruhl (1999) points out that contemporary control over reproduction is concerned only with risks to the fetus, and not with risks to the pregnant woman (Ruhl, 1999). Insofar as relations of power consider the discipline of reproductive bodies an "investment in life" (Foucault, 1990, p. 141), pregnancy and childbirth are constructed as needing protection in the interest of "healthy babies" (Ruhl, 1999).

Feminists suggest that the medicalization of pregnancy and childbirth is biopolitical because it is designed specifically to enhance the utility of women's bodies and optimize the quality of future populations (Sawicki, 1991). This medicalization reinforces the long-standing assumption that women's value is determined by their reproductive potential. Jana Sawicki (1991) notes that radical feminists "describe the 'medicalization' of childbirth as the transformation of pregnancy into a disease [...] by a group of male physicians interested in establishing and expanding their practices, their occupational status and authority, *and* their control over women" (p. 75). Sawicki (1991) counters this claim, offering a Foucaultian reading of reproduction that allows feminists to move beyond understanding power as exclusively repressive and women as

exclusively passive and victimized. In the context of what were at the time new reproductive technologies (NRTs), Sawicki (1991) illuminates the tensions between women's docility and liberation. She agrees that such technologies are in fact dangerous because they place women under increased social and medical surveillance, yet her Foucaultian reading also emphasizes their enabling potential. She notes that an increase in the use of NRTs can, for instance, enable women to advocate for adequate prenatal care for all women (Rapp cited in Sawicki, 1991). In addition, NRTs can help lesbian couples and single women have genetically related children.

Foucaultian feminist scholarship on the biopolitics of reproduction offers considerable insight into the systematic processes through which women's bodies are disciplined and regulated by the medicalization of pregnancy and childbirth. In one of the first analyses to emerge in this area, Jennifer Terry (1989) argues that the increased state concern around issues of population leads to intervention in reproduction and prenatal care. Exploring "prenatal surveillance" (e.g., amniocenteses, sonograms, electronic fetal monitoring, sonar-produced video images, lifestyle monitoring of pregnant women), fetal rights discourse, and surrogacy, Terry (1989) notes that regulating technologies can construct pregnant women as irresponsible and incapable carriers, or may position women as carriers of diseases (e.g., HIV). The primary effect produced by the deployment of such technologies of power is that they enable the state to give itself permission to override the choices, rights, and interests of pregnant women. Terry's (1989) position that the broader goal of fetal rights discourse in particular controls the reproduction and lives of pregnant women is supported by the work of Lorna Weir (2006), who examines how the biopolitics of reproduction "transcended birth and came to

include the unborn" (p. 6). She proposes that biopolitical deployments on the fetus intend to promote its security, specifically by reducing perinatal mortality. Like Terry (1989) and Rosalind Petchesky (1980, 1984), Weir (2006) notes that, among other implications, the emphasis on fetal rights and/or fetal health is often enacted at the expense of the rights, freedoms, and health of pregnant women. For instance, Weir (2006) cites some of the legal cases of primarily Aboriginal women whose conduct was regulated by child welfare authorities seeking legal action in the form of forced incarceration of the pregnant woman in order to reduce supposed risks to the fetus.

Jonathan Xavier Inda (2002) intersects the biopolitics of reproduction with race, exploring how, in the U.S., the body of the racialized, migrant woman is "turned into an object of ongoing surveillance and management" (p. 108). The migrant woman, he argues, becomes a target for biopower insofar as her body is constructed as an immigrant one that poses a threat to the "health" of the state because it reproduces an "undesirable" kind of body (Inda, 2002, p. 107). As a result, he argues, the migrant body must be destroyed or eliminated. He suggests that this deployment of biopower operates, for example, by increasing the migrant woman's risk of death through exposure to it, particularly by denying her access to prenatal care in some states (e.g., California) (Inda, 2002).

In more recent years, scholars have started to extend the reach of theoretical work on the biopolitics of reproduction, exploring its role in contexts that are beyond, yet related to, that of pregnancy and childbirth. Catherine Waldby and Melinda Cooper (2008), for example, examine women's participation in the donation or sale of unfertilized eggs. They suggest that, despite the invasive nature of the procedures and

long-term nature of the commitment,[4] such participation is currently not considered bodily or reproductive labour and is thus devalued or rendered invisible within the bioeconomy. Waldby and Cooper (2008) suggest that reconceptualizing live tissue donation as reproductive labour better facilitates advocacy efforts on behalf of tissue providers, particularly in countries that currently do not regulate the procedures (e.g., U.S., Romania, Spain). Other recent analyses of the biopolitics of processes related to reproduction have focused on how predictive and pre-natal genetic testing signals a new era of biopower enacted at the molecular level (e.g., Lemke, 2005; Novas & Rose, 2000; Polzer & Robertson, 2010; Samerski, 2007; Shildrick, 2004).

Although scholarship on the biopolitics of reproduction has been indispensible in tracing the ways in which visual and statistical technologies regulate women's reproductive bodies, this area of inquiry is marked by an absence of examination into the relationship between biopolitics and human genitalia. One exception is Alexandra Howson's (1998) survey of women undergoing cervical screening for ovarian cancer. Through the lens of Foucaultian sociology, Howson (1998) turns toward embodiment to analyze cervical screening as a form of surveillance that produces and maintains a kind of participation that is both voluntary *and* obligatory. Howson's (1998) research reveals that women's compliance with cervical screening is a form of "embodied obligation," insofar as women actively participate in the surveillance of their own bodies. Participation in screening is often shaped by a discourse of "good" or responsible citizenship, and women perceive cervical screening in disparate ways: some see it as a routine procedure associated with entrance into normative, adult femininity; some view it as one aspect of an ethic of care for the self and others; and several women appeal to neo-liberal

discourses of choice, autonomy, and entitlement. Like Sawicki (1991), Howson (1998) suggests that women's participation in cervical screening is active, and therefore not necessarily an internalization of disciplinary techniques. Instead, a tension emerges between compliance and critical engagement, engendering a form of obligation to cervical screening that manifests itself as a complex expression of self-governance. Through their participation, women become moral agents who act in relation to their own health as well as the health of others. In this sense, obligation and critical engagement operate alongside one another in ways that challenge the "either/or" interpretations of power that emerge in assumptions of women's docility under patriarchal power relations.

Moving outside of the context of pregnancy and reproduction, there is also a paucity of scholarship that engages with the relationship between biopower and human genitalia. While prior scholarship on human genitalia evokes Foucaultian ideas of discipline, regulation, and normalization, it does not take biopower as its theoretical framework. For instance, in their analysis of the visual representation of clitorises in 20th century anatomy texts, Lisa Jean Moore and Adele E. Clarke (1995) note that anatomy is a form of discipline that regulates women's bodies, as well as our understanding of them, by providing only "standard, normalized clitorises" (p. 291). One exception is Stephen Maddison (2007), who theorizes human genitalia by making explicit use of biopolitics in his short piece, "The Biopolitics of the Penis." Maddison (2007) identifies two penises, the biomedical and the pornographic, and argues that biopolitics is deployed at the nexus of these two penises. He suggests that the biopolitics of the penis "demonstrate ways in which this appendage [...] is being constituted as a vital organ, through which new responsibilities and obligations are being materialized, and new understandings of bodies

in cultures and economies are being conferred" (Maddison, 2007, p. 6). While Maddison's (2007) work, albeit brief, may offer a useful point of departure for analyzing the relationship between the vagina and biopolitics, it is not my intention to reproduce a discourse in which vaginas are or can only be understood through penises. Furthermore, such an approach would not align with the need for feminist theory to acknowledge the specificity of women's embodied experiences, which must be acknowledged in analyses that explore the effects of biopower on female embodiment.

There are several reasons why the elision of the vagina in analyses of the biopolitics of reproduction requires theoretical and analytical attention. First, because the vagina firmly straddles the boundary between the erotic body and the reproductive body, it gets conceptualized as an indeterminate space and constituted as a specific kind of biopolitical object. Culturally, the vagina is constructed as a point of entry/exit: it is seen as the site at which the creation of life is initiated as well as the location through which life is introduced into the world. Further, the cultural emphasis on the receptive role of the vagina in penetrative intercourse signifies its erotic quality, while its position as the threshold at which new life emerges associates it with the reproduction of the population.

Second, the vagina has many qualities that, through mechanisms of power, become conceptualized as provoking disgust and thus requiring regulation. These qualities can be understood through Julia Kristeva's (1982) notion of the abject. Kristeva (1982) identifies as abject that which threatens or evokes a sense of disruption to the clean and proper body that defines the speaking subject. The category "abject" includes forms of disgust that transgress bodily boundaries and must be controlled to preserve the constitution of the speaking subject. Because it is impossible to expel the abject

(Kristeva, 1982), the clean and proper body is not attained simply by expelling the reviled aspects of the self. Instead, abject properties are projected onto others, who are subsequently oppressed as a result of their supposed abjectness. Kristeva's conceptualization of the abject has been taken up by feminist theorists (e.g., Creed, 1993; Kapsalis, 1997; Miller, 2010; O'Connell, 2005; Young, 2005) who attribute women's oppression to the cultural emphasis on the abject qualities of their bodies, with some emphasis on the genitalia: "[w]omen bleed, lactate, swell with child, give birth [, ...] produce slimy vaginal secretions when aroused, accompanied by fishy odours" (O'Connell, 2005, p. 219-220).

As a result of their "incommensurability" (Irigaray, 1985), multiple significations, and supposedly abject nature, then, vaginas may be considered as particularly escapist. In turn, biopower must take vaginas seriously, continually (re)incorporating them into techniques of disciplinary and regulatory power, because, as Foucault (1990) judiciously points out, "it is not that life has been totally integrated into techniques that govern and administer it; it *constantly escapes* them" (p. 143, emphasis added). One of these escapist features is the very "composition" of vaginas. For example, female genitalia are represented as borderless, in that there is "no clear demarcation between themselves and the rest of the body" (McCormack, 2007, p. 802). Culturally, the beginning and end points of the vagina are indeterminate: we have learned to see the vagina in such a way that its parts cannot be distinguished in the same, unambiguous way that testicles can be isolated from a penis. Further, the vagina is a leaky—and thus unstable, unruly, and uncontained—space situated between the interior and exterior of the body (O'Connell, 2005). Indeterminate, infinitely diverse, and containing multiple abject properties,

vaginas are inherently and constantly escaping the normalizing effects of power. Thus, in order to manage "unruly" vaginas, techniques of power must be constantly (re)deployed in increasingly creative ways so as to (re)integrate vaginas into disciplinary and regulatory regimes of power. Having made the case that there is room for feminist scholarship on the biopolitics of reproduction to theoretically engage with the relationship between biopower and vaginas, I will now consider, from an historical perspective, some of the forms of vaginal regulation that have been institutionalized in Western culture.

The Story of Vaginal Regulation in Western Culture

The management of vaginas, and of female genitalia more generally, has a long-standing history in Western culture. In the past four decades, a wealth of feminist and scholarly literature has revealed the myriad ways in which various institutions of power in the West have been concerned with regulating the vagina both in terms of its physiology as well as in terms of the ways in which it is conceptualized and understood (e.g., Braun & Wilkinson, 2001; Cook, 2004; Frankfort, 1972; Greer, 1970; Hite, 2006; Jayne, 1984; Laqueur, 1990; Laws, 1990; Maines, 1999; Moore & Clarke, 1995; Muscio, 2002; Scully & Bart, 1973; Shildrick & Price, 1994; Shildrick, 1996; Tuana, 1988; Weiss, 1977). Given that feminist scholarship in this area of inquiry has been more than comprehensive, my intention in this section is to provide a brief, and not necessarily chronological, snapshot of this history of regulation. I focus on medical, social, and/or cultural practices that either: i) *emerge from* some representation of the vagina that suggests that it must be measured and controlled; or ii) *produce* a conceptualization of the vagina that then justifies the institutionalization and maintenance of regulatory

practice(s). Specifically, I trace the relationship between vaginal representation and regulation in institutions such as anatomy, medicine, gynaecology, education, and psychoanalysis, in order to set the stage for the identification and understanding of contemporary configurations of biopower upon the vulva and vagina. While some of these practices are not necessarily biopolitical, they are connected by the restrictions and limitations that they place on women's bodies, sexualities, and subjectivities, insofar as the historical regulation of the vagina has aimed to maintain women's subjugation in a patriarchal culture.

The regulation of the vagina has perhaps always been executed from a perspective that habitually conceptualizes it as inferior to the penis. At the very least, the vagina has been regulated within a cultural, medical, and social perspective that positions women as inferior to men. Two sets of discourses in particular are responsible for much of the dissemination of vaginal inferiority: medical/anatomical discourse and psychoanalytic theory. In medical/anatomical discourse, the notion of "vaginal inferiority" can be traced back to Classical Greece, where the vagina was conceptualized as an inverted penis (Braun & Wilkinson, 2001; Laqueur, 1990; Shildrick, 1996; Tuana, 1988). Specifically, because the Greeks felt that the "true" genital form was exterior (i.e., comprised of a penis and testicles), women's "internal" genitals, by comparison, were positioned as inferior because they lacked the requisite "heat" to fully develop the genitals on the outside (Galen cited in Tuana, 1988). By extension, the bodies and minds of women were also positioned as inferior (Laqueur, 1990).[5] As Thomas Laqueur (1990) and Margrit Shildrick (1996) note, this way of thinking about the distinctions between male and female anatomy—the "one sex" model—persisted until the end of the 17th century. For

instance, Galen, a 2nd century Greek physician, concluded that a woman was "less perfect than the man in respect to the generative parts" (cited in Braun & Wilkinson, 2001, p. 18). During the 16th century, the anatomist Vesalius described the "female testes" (i.e., ovaries) as indicative of a "lower stage of anatomical development" (Shildrick, 1996, p. 28). As Shildrick and Price (1994) interpret them, Vesalius's drawings suggest that "the neck of the womb, or vagina, corresponds to the penis; and the womb itself, with the female testicles and vessels, corresponds to the scrotum" (p. 157). Interestingly, models and representations such as these persisted even as knowledge about human anatomy and physiology became more sophisticated (Laqueur, 1990). In response to this inconsistency, Shildrick (1996) contends that "the dominant images of female genitalia as the mirror of the male exposed [...] that medical knowledge was constructed to correspond to a philosophical truth" (p. 28). Put another way, "the need to uncover a particular truth about women outweighed the evidence of practical anatomy" (Shildrick & Price, 1994, p. 162).

Further, psychoanalytic theory—without which no story of the vagina could possibly be complete—has used women's genital anatomy to explain what Sigmund Freud called "the problem of woman" (Freud, 1933, p. 154) or the "riddle of the nature of femininity" (Freud, 1965, p. 113). For Freud, women's anatomical, and psychic "inferiority" simultaneously explains and necessitates their sexual subordination to men. Freud (in)famously proposes that, upon discovering their lack of a penis (i.e., their status as "castrated"), girls experience a sense of loss and injustice expressed as "penis envy." He suggests that girls recognize the penis as "the superior counterpart" to their "small and inconspicuous organ," and "from that time forward, fall a victim to envy of the penis"

(Freud, 1925, p. 252). Freud (1933) claims that women have difficulty accepting their lack of a penis, retaining both a "desire to get something like it" (p. 171) as well as a desire "to be boys themselves" (Freud, 1962, p. 61); he concludes that penis envy leaves an "ineradicable" and "insurmountable" trace on women's psychic development as well as on the formation of their personality/character (Freud, 1965, p. 125). The discovery of her status as castrated, Freud (1933) claims, leads a woman to one of three lines of sexual development (p. 172). In the first, "sexual inhibition," the girl finds her "enjoyment of phallic sexuality spoilt by the influence of penis envy" (Freud, 1933, p. 172). As a result, the girl gives up the pleasure she obtained from her clitoris, rejects her mother, and represses her sexual impulses and desires. In the second, the "masculinity complex," the girl "clings" to clitoral stimulation, continues to identify with her mother, and, because she avoids the "change over" into femininity, may choose a same-sex love object (Freud, 1933, p. 177). Freud (1933) identified this as a "regression to fixations at [...] pre-Oedipal phases" (p. 179). The third line of development is the "normal" one, in which the girl directs her sexual energy toward her father by marrying someone like him and replaces the wish for a penis with the wish for a baby (Freud, 1965, p. 129). Freud (1965) writes that "her happiness is great if later on this wish for a baby finds fulfilment in reality, especially so if the baby is a little boy who brings the longed-for penis with him" (p. 128).

Despite the vagina's supposed inferiority to the penis, Freud (1965, 1962) privileged vaginal orgasm as the appropriate sexual response of "mature" women. Freud (1965) posits that while girls prefer clitoral stimulation and orgasm, upon puberty, the clitoris should "hand over its sensitivity and, at the same time, its importance to the

vagina" (p. 118). Anne Koedt (1970) notes that the result of this formulation was that Freud "not so strangely discovered a tremendous problem of frigidity in women" (para. 11). Because Freud's (1925) rationale for privileging vaginal orgasm was that clitoral stimulation through masturbation was a "masculine activity" eliminated during puberty to allow for the development of "femininity" (p. 255), his explanation for the "problem" of frigidity was that the woman was failing to, as Koedt (1970) explains it, "mentally adjust to her 'natural' role as a woman" (para. 11). Privileging the vaginal orgasm makes sense in the context of Freud's ideas more generally because it benefits the masculine bias of Freudian psychoanalysis (i.e., that descriptions of female sexuality were modeled on ideas about male sexuality) and supports the prevailing patriarchal system of thought during his time. Specifically, positioning the vagina as the site of "mature" sexual response regulates female sexuality by maintaining submissive femininity in sexual relations and (re)establishes the superiority of penile-vaginal intercourse over other sex acts. In addition, by emphasizing the "maturity" of vaginal orgasm, Freud supports his own proposition that clitoral stimulation is "masculine" and thus "wrong" for women because it impedes their development. Further, if the vagina is positioned as the primary and appropriate site of pleasure, the wish for a baby serves as evidence of the "achievement" of femininity and explains why "normal" women should desire penile-vaginal intercourse over other forms of stimulation. Moreover, the emphasis on vaginal orgasm both emerged from as well as produced a climate in which clitoral pleasure outside of conjugal relations could be "treated" with psychiatry as well as through invasive means such as surgery. (I tell this part of the story later on in this chapter.)

Along similar lines, a number of feminist scholars (e.g., de Beauvoir, 2009/1949; Greer, 1970; Firestone, 1970; Friedan 1974; Irigaray, 1985; Millet, 1970) have fiercely contested the biased and harmful assumptions psychoanalysis has made about women's bodies, behaviours, sexualities, and psyches. In the 1970s, for instance, many feminists rejected psychoanalysis—as well as discourses such as gynaecology that were based upon similar conceptualizations (Scully & Bart, 1973)—when, partly following the findings of Masters and Johnson, they professed the "inertia" of the vagina and rejected it as a site of sexual pleasure in favour of a "return" to the clitoris. They stressed that such a return both empowered women and countered what they believed were the oppressive effects of vaginal penetration (e.g., Greer, 1970; Koedt, 1970; Millet, 1970). While a comprehensive review of the sexist assumptions of psychoanalysis and the numerous feminist responses these have generated is beyond the scope of this thesis, the following criticism from Margrit Shildrick (1996) effectively problematizes the psychoanalytic understanding of the bodies and psyches of women:

> 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. 43)

Thus, the vagina occupies a contradictory position, simultaneously defining woman as "lack" and signifying female maturity through the production of orgasm. Furthermore, the vagina has also been represented as being sexually passive and sexually

inadequate. The construction of the vagina as a passive receptacle is reflected in an array of texts, from dictionaries to medical and sociological textbooks, which reinforce this conceptualization (Braun & Kitzinger, 2001b; Braun & Wilkinson, 2001; Moore & Clarke, 1995; Scully & Bart, 1973). In their analysis of anatomy texts, Moore and Clarke (1995) find that the expressed "purpose" or function of the vagina is to receive the penis in heterosexual intercourse, and that it is "designed" specifically for this function (p. 285). Braun and Wilkinson (2001) cite texts from various disciplines that suggest that the penis and the vagina should "fit together like pieces of a jigsaw puzzle," alongside others that posit that "by [a] change in angle, the vagina becomes even more accommodating and receptive to the erect penis" (p. 20). Interestingly, the latter interpretation implies that any "active" response of the vagina to sexual stimulation must be for the purposes of maintaining its passivity.[6]

The idea that the vagina has a purpose, and the idea that its purpose is to receive the penis, also informs the objectives of "reconstructive" and cosmetic surgeries performed on the vagina, in which "functionality" is defined as having the capacity to engage in penetrative, heterosexual intercourse. In the early 19th and 20th centuries, for example, the many clitoral surgeries performed for the "treatment" of female masturbation were undertaken to reduce women's ability to experience clitoral pleasure, thereby maintaining the belief that penetrative intercourse was the sole, acceptable, sexual experience for women (Rodriguez, 2008). In positioning the vagina as passive in penetrative intercourse, these ideas and the practices associated with them reflect the broader assumption that women are and should be passive recipients in heterosexual relations. This assumption engenders the conditions for the construction of the vagina as

inadequate, problematic, and thus in need of "repair" should it be an "unaccommodating" receptacle. For example, the goal of penile receptivity is evident in the "husband stitch", the colloquial name for the suturing of an episiotomy (i.e., an incision into the perineum that enlarges the vaginal opening to facilitate delivery). The term refers to the practice whereby doctors suture the episiotomy incision and then, put simply, helpfully keep on stitching. In many cases, the post-birth vaginal opening is made smaller than it was before delivery in order to "keep things nice and tight" for a woman's husband (Kitzinger, 1985). Currently, the notion of receptivity also informs surgery on intersex persons, in that surgery performed to either create a vagina or lengthen a "short" vagina is done with the aim of creating a vagina that will fit an "average-sized" penis (Dreger cited in Braun & Wilkinson, 2001). Finally, vaginoplasty, a form of female genital cosmetic surgery (FGCS), is informed by the expectation of penile-vaginal intercourse, as the tightening of the vaginal walls is done exclusively for the purpose of creating a tight receptacle for a penis. (I discuss this objective and theorize its implications in more detail in my chapter on the biopolitics of FGCS.)

In contrast to discourses of passivity and inadequacy, the vagina has also been represented as that which evokes danger and horror. This danger is perhaps best symbolized in the infamous *vagina dentata* myth, which derives from a fear of female sexuality linked directly to the female genitals (Creed, 1993). The danger evoked by female genitals functions in sharp contradistinction to the representation of the vagina as a "vulnerable and abused" site that is subject to an array of traumas, including physical damage during childbirth, sexual violence, and mutilation (e.g., female genital cosmetic surgery, traditional female genital cutting, and the long history of surgeries on the clitoris

in Western medicine) (Braun & Wilkinson, 2001, p. 21, 23-24). In psychoanalysis as well as in a number of cultural legends both within and outside of Western culture and mythology, the vagina dentata (a toothed vagina) evokes castration anxiety in men by instigating a fear of the loss of the penis during heterosexual intercourse. Typically, the myth refers to the male fear of being rendered weak or impotent by the vagina, as well as fear of being annihilated via incorporation into it. The myth continues to have a strong presence in Western culture, particularly in horror films (Creed, 1993). In patriarchal cultures, the image of the vagina dentata warns men of the supposed consequences of leaving female sexuality unregulated, thus providing a moral justification for controlling female sexuality as well as placing limits on its expression. As Jelto Drenth (2004) rightfully points out, however, "the vagina arouses far more destructive fear than the penis, when in fact more women have been injured by penises than men have been hurt by vaginas" (p. 261-262).

Most predominantly perhaps, female genitalia have long been represented as that which is "shameful, unclean, disgusting" (Braun & Wilkinson, 2001, p. 21; Hite, 2006) and not to be touched (Cook, 2004). This negative conceptualization is exacerbated by the numerous "derogatory and dismissive" slang terms for women's genitalia, which both reflect and perpetuate "a cultural context in which women's genitals are either conceptually absent or perceived negatively" (Braun & Kitzinger, 2001a, p. 157). While it is difficult to identify precisely when and in what context this negative representation of "dirty" female genitals emerged, it is certainly not out of place within a culture that has long conceptualized female genitalia as problematic. For example, both Jane Mills (1991) and Leonore Tiefer (1995) point out that *pudendum*, the collective term for the external

human genital organs, especially of a female, derives from the Latin word *pudere*, meaning "to be ashamed." In 16th and 17th century France, female genitalia were referred to as "parts of shame" (Darmon cited in McAslan, 1992). The conceptualization of the female genitals as unclean gained considerable credibility in the 18th and 19th centuries in Britain and in the U.S., when the concern with cleaning the skin emerged and became the norm. In her book, *The long sexual revolution*, Hera Cook (2004) reviews the discourse on genital hygiene as it was communicated in the marriage and health manuals of the time. Although the manuals targeted both men and women, women readers especially were told that they were "insufficiently aware of genital hygiene" (Cook, 2004, p. 146). In order to regulate this disregard for corporeal cleanliness, T. H. Van de Velde, a prominent writer on obstetric and gynaecological issues, suggested that it was imperative that both men and women cleanse their genitalia both morning and evening in addition to daily baths (Cook, 2004). Cook (2004) believes that the need for obsessive participation in these newly established cleansing practices was reinforced in part by the emergent development and advertisement of douches and other personal hygiene products, as companies such as Lysol created a "need" to sell their products.

Despite the increasingly strict standards for personal cleanliness at the time, doctors were both surprised and appalled by the simultaneously "filthy" and "evil-smelling" state of the genitals of men and women, particularly in the 1920s-30s (Haire cited in Cook, 2004, p. 146). Public ignorance toward genital cleansing can in part be attributed to an ignorance of the genitals, which emerged out of the pervasive fear of and prohibition against masturbation. In the early 1920s, for example, "there was no socially sanctioned reason for women to touch their genitals. Even when washing her genitals, the

female child would almost invariably have been taught to use a flannel, not to 'touch herself'" (Cook, 2004, p. 151). Great measures were taken to prevent masturbation, including tying children's hands to their beds and requiring that male children used the bathroom with the door open (Cook, 2004). From the late 19th to early 20th century, children and women caught masturbating were categorized as having "disordered" sexual behaviour, and were subjected to an array of medical interventions, including institutionalization (Foucault, 1990).

The "treatments" for women's "disordered" sexual behaviour were aimed at the genitalia and were particularly invasive. Sarah Rodriguez (2008) notes that in addition to female circumcision and clitoridectomy, "doctors also removed smegma (material secreted from the glans of the foreskin and the labia minora) and separated adhesions (abnormal bands that bound the organ to its hood) between the clitoral hood and the clitoris, and they performed clitoral surgeries not just as therapies for masturbation but also for a lack of sexual response in the marital bed" (p. 326). Rodriguez (2008) effectively highlights the incredible contradiction present within medical practice at the time, and reveals the implications of the intense scrutiny and regulation of sexual desire and pleasure for women living within this patriarchal medical system and culture. Although doctors knew that the clitoris was the primary site of female sexual pleasure, surgical manipulation of the genitalia allowed them to ensure that women's experience of pleasure occurred exclusively at the discretion of her husband (Rodriguez, 2008). Expressions of female sexual desire outside of this restrictive context were considered unacceptable and thus had to be prevented through surgical discipline (Rodriguez, 2008). The broader goal of this regulation, it seems, was to maintain women's interest in

penetrative intercourse so as to preserve their role as reproducers; that is, if women had a satisfactory experience of pleasure outside of penetrative intercourse with their husbands, they may have rejected intercourse altogether, thereby impeding the reproduction of the population. This interpretation fits squarely within the links that Foucault (1990) makes between biopolitics and the regulation of female sexuality: given that the reproduction of the population is one of biopower's primary concerns, it is integral that biopower align the meaning and expression of female sexuality exclusively with procreation.

In this complicated and contradictory historical context, it is unsurprising that women and girls were ignorant of their genitalia and complied unquestioningly with the idea that their genitalia were dirty. Women either avoided engaging with their genitals altogether or cleansed them to excess.[7] Ignorance toward the genitalia was further compounded by the fact that, at this time, girls were rarely educated about things like menstruation (Cook, 2004). Ultimately, as Cook (2004) notes, female children from the beginning of the 18th century through to the middle of the 20th would have "little or no experience that would provide them with any pleasurable, or even neutral, sensations to refute the constructions of their genitals as dirty, ugly, and fear inducing" (p. 151).

Clearly, these negative representations of female genitalia have not escaped critical response. Perhaps most famously, activists of the Women's Health Movement of the 1970s and 1980s worked tirelessly to dispel many of the myths about women's genitals and to enable women to educate themselves about their genital anatomy. For instance, the publication of landmark texts such as *Our Bodies, Ourselves* alongside public demonstrations on how to use a speculum for personal cervical examination helped women harness the power of "self-knowledge" about their bodies in a

collaborative, non-institutionalized setting. Unfortunately, yet unsurprisingly, many of the negative medical and socio-cultural representations of female genitalia that I have reviewed in this chapter have withstood the criticisms levelled against them and continue to permeate contemporary, Western culture. Girls and women continue to be raised in a cultural climate in which the genitalia are a problem that needs to be corrected by various mechanisms such as pubic hair removal, genital cosmetic surgery, and/or the daily use of cleansing products. At present, however, it seems that advertisers communicate the message of malodorous or problematic genitalia far more insidiously than they did in the past.[8]

This chapter has presented the theoretical framework and literature on the vagina that informs this thesis. Positioned as a response to the curious absence of attention on the vagina in feminist analyses of biopower, this project intervenes by analyzing practices of vulval and vaginal regulation that reveal contemporary arrangements of biopower. In this chapter, I have traced the history of genital regulation in the West, and explored how institutions of power, including medicine, anatomy, and psychoanalysis, have taken an interest in the vagina. I have reviewed some of the dominant representations about female genitalia, explored some of the disciplinary and regulatory practices that emerged from these representations, and discussed, albeit briefly, the implications for women's bodies, sexualities, and health. This chapter has aimed to position this history of representation/regulation as that which informs the establishment of new practices that, I contend, signal a deployment of biopolitics that is focused on the vagina. In the section that follows, "Biopolitical Vaginas," I take up two especially pervasive examples: i) the institutionalization of non-invasive vulval aesthetics, evident in contemporary practices

of Brazilian waxing, "vajazzling" and "vatooing", and pubic hair and labia dyes; ii) female genital cosmetic surgery (FGCS), a range of procedures designed to surgically alter the appearance or "function" of women's external and internal genital anatomy.

References

Bartky, S. (1997). Foucault, femininity, and the modernization of patriarchal power. In K. Conboy, N. Medina & S. Stanbury (Eds.), *Writing on the body: Female embodiment and feminist theory* (pp. 129-154). New York: Columbia University Press.

Braun, V. & Kitzinger, C. (2001a). "Snatch", "hole", or "honey-pot"?: Semantic categories and the problem of non-specificity in female genital slang. *The Journal of Sex Research, 38*(2), 146-158.

-----. (2001b). Telling it straight: Dictionary definitions of women's genitals. *Journal of Sociolinguistics, 5*(2), 214-232.

Braun, V. & Wilkinson, S. (2001). Socio-cultural representations of the vagina. *Journal of Reproductive and Infant Psychology, 19*(1), 17-32.

Cook, H. (2004). *The long sexual revolution: Women, sex, and contraception, 1800-1975.* Oxford: Oxford University Press.

Creed, B. (1993). *The monstrous-feminine: Film, feminism, psychoanalysis.* London: Routledge.

De Beauvoir, S. (2009/1949). *The second sex.* Trans. C. Borde & S. Malovany-Chevallier. London: Jonathan Cape.

Deutscher, P. (2008). The inversion of exceptionality: Foucault, Agamben, and "reproductive rights". *South Atlantic Quarterly, 107*(1), 55-70.

Drenth, J. (2004). *The origin of the world: Science and fiction of the vagina.* London: Reaktion Books.

Ehrenreich, B. & English, D. (1973). *Complaints and disorders: The sexual politics of sickness.* Old Westbury, NY: The Feminist Press.

Firestone, S. (1970). *The dialectic of sex.* New York: Bantam Books.

Frankfort, E. (1972). *Vaginal politics.* New York: Quadrangle Books.

Foucault, M. (1990). *The history of sexuality: An introduction, Volume 1.* Trans. R. Hurley. New York: Vintage Books.

-----. (2003a). Lecture eleven: 17 March 1976. In *"Society must be defended": Lectures at the Collège de France 1975-1976* (pp. 239-263). Trans. D. Macey. New York: Picador.

-----. (2003b). The birth of biopolitics. In P. Rabinow & N. Rose (Eds.), *The essential Foucault* (pp. 202-207). New York: The New Press.

-----. (2003c). The birth of social medicine. In P. Rabinow & N. Rose (Eds.), *The essential Foucault* (pp. 319-337). New York: The New Press.

-----. (2003d). Governmentality. In P. Rabinow & N. Rose (Eds.), *The essential Foucault* (pp. 229-245). New York: The New Press.

Freud, S. (1925). Some physical consequences of the anatomical distinction between the sexes. In *The standard edition of the complete psychological works of Sigmund Freud, v. 19* (pp. 241-258). Trans. J. Strachey. London: Hogarth.

-----. (1933). The psychology of women. In *New introductory lectures on psychoanalysis* (pp. 153-185). Trans. W. J. H. Sprott. New York: W.W. Norton.

-----. (1962). *Three essays on the theory of sexuality.* Trans. J. Strachey. London: Hogarth Press.

-----. (1965). Femininity. In *New introductory lectures on psychoanalysis* (pp. 112-135). Trans. J. Strachey.

Friedan, B. (1974). *The feminine mystique.* New York: Norton.

Green, F. J. (2005). From clitoridectomies to "designer vaginas": The medical construction of heteronormative female bodies and sexuality through female genital cutting. *Sexualities, Evolution and Gender, 7*(2), 153-187.

Greer, G. (1970). *The female eunuch.* London: MacGibbon and Kee.

Hite, S. (2006). *The Shere Hite reader: New and selected writings on sex, globalization, and private life.* New York: Seven Stories Press.

Howson, A. (1998). Embodied obligation: The female body and health surveillance. In S. Nettleton & J. Watson (Eds.), *The body in everyday life* (pp. 218-240). London: Routledge.

Inda, J. X. (2002). Biopower, reproduction, and the migrant woman's body. In A. J. Aldama & N. H. Quinonez (Eds.), *Decolonial voices: Chicana and Chicano cultural studies in the 21st century* (pp. 98-112). Bloomington, IN: Indiana University Press.

Irigaray, L. (1985). *This sex which is not one.* Ithaca, NY: Cornell University Press.

Jayne, C. (1984). Freud, Grafenberg, and the neglected vagina: Thoughts concerning an historical omission. *The Journal of Sex Research, 20*(2), 212-215.

Kapsalis, T. (1997). *Public privates: Performing gynecology from both ends of the speculum.* Durham, NC: Duke University Press.

Kitzinger, S. (1985). *Woman's experience of sex.* New York: Penguin.

Koedt, A. (1970). The myth of the vaginal orgasm. Retrieved May 01, 2010, from: http://www.feministezine.com/feminist/modern/The-Myth-ofthe-Vaginal-Orgasm.html

Kristeva, J. (1982). *Powers of horror: An essay on abjection.* New York: Columbia University Press.

Laqueur, T. (1990). *Making sex: Body and gender from the Greeks to Freud.* Cambridge, MA: Harvard University Press.

Lahl, J. (Executive Producer). (2010). *Eggsploitation* [documentary]. Los Angeles, CA: Centre for Bioethics & Culture.

Laws, S. (1990). *Issues of blood: The politics of menstruation.* Houndmills, Basingstoke, Hampshire, UK: Macmillan.

Lemke, T. (2005). From eugenics to the government of genetic risks. In R. Bunton & A. Petersen (Eds.), *Genetic governance: Health, risk and ethics in the biotech era* (pp. 95-105). London: Routledge.

Maddison, S. (2007). *The biopolitics of the penis*. Paper presented at Cultural Studies Now. Retrieved February 26, 2010, from http://www.uel.ac.uk/ccsr/documents/TheBiopoliticsofthePenisCSNowweb.pdf

Maines, R. (1999). *The technology of orgasm: "Hysteria", the vibrator, and women's sexual satisfaction.* Baltimore, MD: Johns Hopkins University Press.

McAslan, I. (1992). Pornography or misogyny? Fear and the absurd. In D. H. Currie & V. Raoul (Eds.), *The anatomy of gender: Women's struggle for the body* (pp. 37-52). Ottawa, ON: Carleton University Press.

McCormack, P. (2007). Becomings-cunt: Flesh, fold and infinity. In J. Russell (Ed.), *Frozen tears III* (pp. 800-838). Birmingham, England: Article Press.

McLaren, M. (2002). *Feminism, Foucault, and embodied subjectivity.* Albany, NY: SUNY Press.

Miller, S. (2010). *Medieval monstrosity and the female body.* New York: Routledge.

Millet, K. (1970). *Sexual politics.* New York: Avon.

Mills, J. (1989). *Womanwords: A vocabulary of cultural and patriarchal society.* Harlow, Essex: Longman.

Mitchinson, W. (1991). *The nature of their bodies: Women and their doctors in Victorian Canada.* Toronto, ON: University of Toronto Press.

Moore, L. J. & Clarke, A. E. (1995). Clitoral conventions and transgressions: Graphic representations in anatomy texts, c1900-1991. *Feminist Studies, 21,* 255-301.

Muscio, I. (2002). *Cunt: A declaration of independence.* New York: Seal Press.

Novas, C., & Rose, N. (2000). Genetic risk and the birth of the somatic individual. *Economy and Society, 29*(4), 485-513.

O'Connell, K. (2005). The devouring: Genetics, abjection and the limits of the law. In M. Shildrick & R. Mykitiuk (Eds.), *Ethics of the body: Post-conventional challenges* (pp. 217-234). Cambridge, MA: MIT Press.

Petchesky, R. (1980). Reproductive freedom: Beyond "a woman's right to choose". *Signs, 5*(4), 661-685.

-----. (1984). *Abortion and woman's choice: The state, sexuality, and reproductive freedom.* Boston, MA: Northeastern University Press.

Polzer, J., & Robertson, A. (2010). Seeing and knowing in twenty-first century genetic medicine: The clinical pedigree as epistemological tool and hybrid risk technique. *New Genetics and Society,29*(2), 133-147.

Rabinow, P., & Rose, N. (2006). Biopower today. *BioSocities, 1*(2), 195-217.

Rodriguez, S. (2008). Rethinking the history of female circumcision and clitoridectomy: American medicine and female sexuality in the late nineteenth century. *Journal of the History of Medicine and Allied Sciences, 63*(3), 323-347.

Ruhl, L. (1999). Liberal governance and prenatal care: Risk and regulation in pregnancy. *Economy and Society, 28*(1), 95-117.

Samerski, S. (2007). The "decision trap": How genetic counseling transforms pregnant women into managers of foetal risk profiles. In K. Hannah-Moffat & P. O'Malley (Eds.), *Gendered risks* (pp. 55-74). London: Glasshouse Press.

Sawicki, J. (1991). *Disciplining Foucault: Feminism, power and the body*. New York: Routledge.

Scully, D. & Bart, P. (1973). A funny thing happened on the way to the orifice: Women in gynecology textbooks. *The American Journal of Sociology, 78*(4), 1045-1050.

Shildrick, M. (1996). *Leaky bodies and boundaries: Feminism, postmodernism and bioethics*. London: Routledge.

-----. (2004). Genetics, normativity and ethics: Some bioethical concerns. *Feminist Theory, 5*(2), 149-65.

Shildrick, M. & Price, J. (1994). Splitting the difference: Adventures in the anatomy and embodiment of women. In G. Griffin, M. Hester, S. Rai & S. Roseneil (Eds.), *Stirring it: Challenges for feminism* (pp. 156-184). London: Taylor & Francis.

Showalter, E. (1993). Hysteria, feminism, and gender. In S. L. Gilman, H. King, R. Porter, G. S. Rousseau & E. Showalter (Eds.), *Hysteria beyond Freud* (pp. 283-344). Berkeley, CA: University of California Press.

Terry, J. (1989). The body invaded: Medical surveillance of women as reproducers. *Socialist Review, 19*(3), 13-43.

Tiefer, L. (1995). *"Sex is not a natural act" and other essays.* Boulder, CO: Westview Press.

Tuana, N. (1988). The weaker seed: the sexist bias in reproductive theory. *Hypatia, 3*(1), 35-59.

Veith, I. (1965). *Hysteria: The history of a disease.* Chicago, IL: Chicago University Press.

Waldby, C. & Cooper, M. (2008). The biopolitics of reproduction: Post-Fordist biotechnology and women's clinical labour. *Australian Feminist Studies, 23*(55), 57-73.

Weir, L. (2006). *Pregnancy, risk, biopolitics.* London: Routledge.

Weiss, K. (1977). What medical students learn about women. In C. Dreifus (Ed.), *Seizing our bodies: The politics of women's health* (pp. 212-222). New York: Vintage.

Young, I. M. (2005). *On female body experience: "Throwing like a girl" and other essays.* Oxford: Oxford University Press.

Notes

[1] A common criticism leveled against Foucault's conceptualization of biopower is that it is inconsistent. In his texts, Foucault frequently overlaps "biopower" with "biopolitics" and amended the meaning of the term over time. At present, many scholars who employ the concept of biopower in their own work have engaged in conceptual clarification in order to distinguish between the two terms (e.g., Rabinow & Rose, 2006; Weir, 2006). In the interest of clarity, this thesis will understand "biopower" as a conceptual model of power over life and "biopolitics" will identify a particular axis of biopower that takes population as its target. However, because feminist analyses of the relationship between biopower and reproduction focus, as expected, on the second pole of biopower, I will describe this scholarship as work on the "biopolitics of reproduction".

[2] Although by no means an invention of the 19th century, the "disease" of hysteria spread rapidly among middle- to upper-class women in the U.S. (Ehrenreich & English, 1973), England (Green, 2005) and Canada (Mitchinson, 1991) during this time. The preoccupation with female hysteria in the late 19th and early 20th centuries enabled the medical institution to discipline the behaviour of women and preserve the reproductive roles of the upper classes, in turn regulating the population (Foucault, 1990, p. 153). Ehrenreich and English (1973) write that the "late 19th century medical treatment of women made very little sense as medicine, but it was undoubtedly effective at keeping certain women—those who could afford to be patients—in their place" (p. 35-36). On the one hand, some historians argue that hysteria was a "disorder" produced by misogyny, and that it had such a lasting effect because it created a unique way for the medical institution to manage women—specifically, through women's self-regulation of their

behaviour as they increasingly came to see themselves as sick (Ehrenreich & English, 1973). In contrast, other scholars read hysteria as a silent counterpart to the vocal action of the feminist movement in the late 19th and early 20th centuries, positioning it as a female "language of the body" (Showalter, 1993, p. 288) that protested against the "social and symbolic laws of the Father" (Mitchell, quoted in Showalter, 1993, p. 288). To date, many feminist analysis have examined hysteria as a form of the medicalization of female sexuality (e.g., Ehrenreich & English, 1973; Green, 2005; Maines, 1999; Mitchinson, 1991; Showalter, 1993; Veith, 1965).

[3] This, however, is not to suggest that Foucault completely elided critical engagement with women's bodies and experiences of power. In addition to devoting parts of his analysis of power in *The history of sexuality, Vol. 1*, to the "hystericization of women," Foucault did speak publically and, to an extent, write in support of abortion; he was also involved with a group of French activists and medical practitioners in support of abortion, the *Groupe de l'Information sur la Santé* (Deutscher, 2008).

[4] Such procedures involve the daily injection of hormones that, over a period of 7-10 days, stop the donor's normal reproductive cycle in order to "stimulate the development of multiple follicles" (Waldby & Cooper, 2008, p. 60). The hormones are usually self-administered. Should the donor produce sufficient and mature öocytes (unfertilized eggs), she is subject to a surgical procedure, in which a needle is inserted into the vagina in order to extract the öocytes (Steinbrook, cited in Waldby & Cooper, 2008). The risks of egg donation include hyper-stimulation syndrome, punctured ovary due to incorrect administration of the surgical needle (causing internal bleeding that, if left untreated, can be fatal), and adverse reactions to the hormones or anesthesia (Lahl, 2010; Waldby &

Cooper, 2008). The long-term effects on the body remain unknown. Unfortunately, in countries that permit gamete trading, such as the U.S., Romania, and Spain, the system is left almost entirely unregulated; as a result, few protections are offered to donors should they experience complications or health problems as a result of their participation (Lahl, 2010; Waldby & Cooper, 2008).

[5] The theory of women's lack of "heat" emerged from differentiation in the understanding of the supposedly "male" and "female" embryos. According to Galen, male children developed in the right ovary, which contained a blood supply that was cleansed because it passed through a kidney; female children, on the other hand, developed in the left ovary, which contained blood that was not cleansed by a kidney, leaving it impure due to residue and thus colder (Shildrick, 1996; Tuana, 1988). As Shildrick (1996) notes, female "heat deficiency" was used to explain why women were supposedly unable to produce fertile seed of their own, why their brains were thought to not function at the same rate as men, and, as noted, why their genitalia remained underdeveloped and "internal".

[6] Whether or not the vagina is "active" during penetrative intercourse was much disputed amongst early sexologists and manual writers of the early 20th century. In her book, *Contraception*, Marie Stopes suggested that the cervix was active and moved during intercourse in response to sexual stimulation. Stopes's position was rejected by male manual writers as completely outlandish (Cook, 2004), despite widespread public appreciation of her previous work, *Married Love*. Instead, T. van de Velde's conception that the cervix moved because it could feel the man ejaculating was repeated for the next

50 years, thus reducing women's role in penetrative intercourse to that of a passive recipient (Cook, 2004).

[7] Citing a manual by E. Hunt, Cook (2004) reviews the case of a young, nameless woman who "presented with a severe vaginal and vulval condition as the result of douching four times daily with Lysol, in an excess zeal for cleanliness" (p. 147).

[8] For example, one Lysol advertisement from the 1940s states that "wives often lose the precious air of romance [...] for lack of the intimate daintiness dependent on effective douching." By comparison, a 2010 advertisement for Summer's Eve encourages women who are thinking about asking their manager for a raise to prepare for the interaction as follows: "It should start with your usual routine and all the things you do to feel your best, including showering with Summer's Eve Feminine Wash, or throwing a packet of Summer's Eve Feminine Cleansing Cloths into your bag for a quick freshness pick-me-up during the day."

Palatable Pubes: Vulval Aesthetics as Biopower

Introduction

"After a breakup, a friend of mine Swarovski-crystalled my precious lady," Jennifer Love Hewitt said on January 12, 2010. The actress was promoting her then-new dating book, *The day I shot cupid*. "It shined like a disco ball," she told late-show host George Lopez, "so I have a whole chapter in there on how women should vajazzle their vajayjays." At this moment, "vajazzling" entered the public consciousness. The following day, a plethora of reports on the "new"[1] trend were published online. Since then, this method of genital adornment has received a significant amount of media coverage, in both mainstream newspapers (e.g., Bielski, 2010; Coutts, 2010; White, 2010) and in the blogosphere (e.g., Gruber, 2010; Penny, 2011). *Vajazzling*—a procedure in which freshly denuded female genitalia are adorned with crystals—is the most prevalent of the emergent trends in non-surgical, non-invasive[2] vulval "beautification" that have emerged in the past few years. In addition to vajazzling, the new products and services include *vatooing* (airbrush tattoos or body paint for the mons pubis or upper pubic area), *betty*™ *color for the hair down there*™ (a series of pubic hair dyes), and *My New Pink Button*™ (a series of dyes for the labia and external genitalia). The widespread popularity and acceptability of these trends signals a shift towards the complete aestheticization of the external female genitalia, and is supported by a cultural milieu in which female genital hairlessness has become both normalized and expected, particularly through the popularization of the "Brazilian" wax.

In this chapter, I explore the relationship between biopower and emergent trends in what I call "vulval aesthetics"—vajazzling/vatooing, "Brazilian" waxing, and pubic

hair and labia dyes. I argue that these new practices can be read as indicative of a new configuration of biopower that tightens disciplinary control over individual women's bodies by encouraging an ornamentation of the external female genitalia that effectively rearranges its morphology. This chapter begins with a thorough explanation of what is entailed in engagement with each of these new products or services. I then review the academic literature on women's body hair removal practices. Currently, there is an absence of academic work on the emergent trends of vajazzling and dyes, which is most likely attributable to their newness. Finally, I analyze the socio-cultural shift towards "vulval aesthetics" in terms of its discipline of the individual body and the production and regulation of a population. I emphasize that, at this particular moment, these new technologies converge and transform the vulva into a palatable, euphemistic, and aestheticized ornament known as the "vajayjay." Dissociated from and incomparable to the vulva, which is perceived as being malodorous, unclean, and ugly, the idealistic and idealized "vajayjay" is a fashionable, desirable, and, most importantly, culturally and socially acceptable entity that is suitable for public discussion, representation, and, ultimately, consumption.

From Bald to Beaded: New Trends in Vulval Aesthetics

The cultural development of "vulval aesthetics" in the West is marked by the concurrent popularization of four interrelated, non-intrusive, "beautification" products/services: vajazzling/vatooing, Brazilian waxing, pubic hair dye, and labia dye. First, *vajazzling*—a portmanteau of "vagina" and "bedazzled"—is a two-step process. In the first step, an aesthetician removes the female client's pubic hair, usually by waxing. The second step involves the application of a crystal decal on the freshly denuded pubic

mound. The decals are self-adhesive, and are often in the shape of a heart, butterfly, or similarly "feminine" shape (See Figures 1 and 2). Additional jewels may be applied by hand, to enhance the appearance of the ready-made decal. Some spas claim that the jewels can last as long as five days (Completely Bare Spa, 2011). At Sugar Moon salon in Toronto, the service (waxing and application of the vajazzling decal) costs $70 CAD (personal communication, June 24, 2011). Some spas, however, have started to sell decals that can be applied at home, at a cost of $25 per decal (Completely Bare Shop, 2011). Should the client desire a "vatoo" instead, a temporary tattoo is airbrushed onto the same area (see Figure 3). At Completely Bare Spa in New York City, this service costs $115.00 USD (Hallett, 2010).

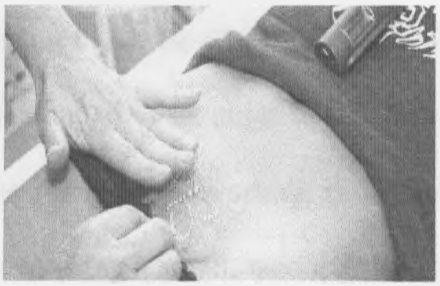

Figure 1. Simple vajazzle (butterfly)

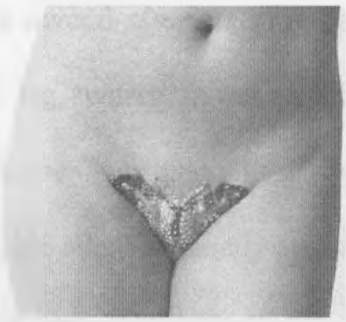

Figure 2. Elaborate vajazzle (butterfly)

Figure 3. Vatoo (spider and web)

As noted, preparation for vajazzling includes a "Brazilian" wax. This "treatment" involves removing hair from a woman's genital and anal area. It is typically done with wax, but body sugaring, promoted for being less irritating to the skin, is becoming increasingly popular. The client is required to be naked from the waist down, although some spas offer a disposable thong panty. The aesthetician (predominantly female) begins, if necessary and usually at an additional fee, by trimming "long" pubic hair (i.e., longer than ¼ inch). She then arranges the client's legs: usually, one leg is flat, while the other is bent at the knee and arranged on an angle so that it faces away from the other leg, allowing better access to the pubic area. Working in sections, the aesthetician spreads warm wax onto the genital area using a small, wooden tool similar to a tongue depressor. She then places a small, fabric strip on top of the wax, smoothing it out with her hands. Holding the skin taut with one hand, she rips the fabric strip off of the skin with the other, pulling the hair out. It may take several attempts to remove all of the hair from a given area. In areas near the upper leg, where more or thicker skin may make it more challenging to maintain tautness, the client may "help" by holding her own skin taut. To remove the hair in the anal area, the client is usually asked to lie on each side to allow the aesthetician better access to that area. The hair on the pubic mound may be removed completely, or styled into a "landing strip" or other small shape. Upon completion, the

aesthetician applies a calming lotion or toner, which helps to reduce redness as well as prevent irritation and ingrown hairs. Clients are advised to reapply such lotions at home. Hair growth begins again in about two weeks, and the "treatment" costs an average of $45 per 45-minute session (it can range from $25-60).

Another new set of products for vulval beautification are dyes for the pubic hair and the skin of the external genitalia. Introduced in 2007, *betty™ color—for the hair down there™* is a line of pubic hair dyes. According to *betty™* website, the dyes can be used to match the hair on one's head to the hair on one's pubic mound, or to cover grey hairs. Available colours range from blonde to black, and the line also includes "fun" colours such as pink, violet, and turquoise. For women whose pubic hair is not naturally blonde, "fun" shades require an initial application of "developing crème" (i.e., a bleaching agent) prior to applying the actual colour; otherwise, the colour will not take. The instructions and the website emphasize that *betty™* is distinct from other commercial hair dyes because it is made from "natural" ingredients, including fruit extracts and essential oils, and has a "specially designed" formula that prevents leakage of dye onto "your sensitive area" (Betty Beauty, 2011a). The instructions also note that, because it contains no ammonia, parabens, or PPD (para-phenylenediamine, a common ingredient in hair dyes that may irritate the skin and/or scalp), *betty™* is "safe" and can be used as often as one desires (Betty Beauty, 2011b). The instructions for application are similar to that of other commercial hair dye, although there are a few exceptions: *betty™* recommends that any pubic hair outside the area to be coloured be trimmed or waxed (for a more uniform application or "natural look"); and *betty™* also suggests applying petroleum jelly around the area that will remain free of colour so as to prevent transfer

(Betty Beauty, 2011b). A tube of *betty*™, which usually yields two applications, costs $19.99 USD (Betty Beauty, 2011a).

The second line of recently released dyes for the female pubic region is *My New Pink Button*™, a "genital cosmetic colourant" intended for the external genitalia. The product claims to temporarily "restore the youthful pink colour back to your labia." According to its website,

> There is no other product like it. This patent pending formula was designed by a female certified Paramedical Esthetician after she discovered her own genital color loss. While looking online for a solution she discovered thousands of other women asking the same questions regarding their color loss. After countless searches revealing no solution available and a discussion with her own gynecologist she decided to create her own. (My New Pink Button™, 2011, n.p.)

My New Pink Button™ is available in four colours, each named after a different Western "sex symbol": Ginger, Audry [sic], Marilyn, and Bettie. ("Ginger" is intended for "darker skin tones.") For $29.95 USD, each "kit" comes with instructions, powder dye, 20 "applicators" (identical to eyeshadow applicators) and a small glass in which to mix the dye. According to the instructions, mixing the colour involves putting "a little shake" of the powder into the glass (see Figure 4). Application involves wetting one of the applicators with water, making contact with the powder dye to allow the applicator to absorb the colour, and applying colour to all parts of the external genitalia, including the vaginal opening (despite the fact that the primary ingredient is polyethylene (see Figure 5)). The user should then "wait a minute or so" before proceeding with "your shower or bath" to rinse off excess colour and thus prevent staining. The instructions indicate that

results last approximately 72 hours, but that colour can be reapplied as often as desired/needed (see Figure 4). (At the time of this writing, photos of pubic hair or labia coloured with the aid these two products are not available.)

MY NEW PINK BUTTON™
Cosmetic Labia Colorant and Dye System

Occasionally, a woman is self-conscious of her Labia since childhood. A common concern amongst women about their Labia Minora (inside vaginal lips) and genital area, is the color loss and color change due to age, health and many other factors. When the question is put to the female population about what color is most appealing to the eye, for their Labia Minora, the answer is "Pink". This is also the majority response amongst males for what is aesthetically appealing to the eye of their sexual partner.

Suggested Use: "My New Pink Button™" Cosmetic Labia Dye, is intended for use on the Labia Minora as a "Color Restorer". Variations of color when applied, will depend on many factors including your current natural color, ethnicity, body PH, bathing frequency etc. One application will usually last 72+ hours. You may re-apply the color as needed. This is an Adult Novelty Cosmetic product and its use is to promote beauty of a woman's genital area by restoring natural color.

Please Read the Following Prior to Product Use: Application of "My New Pink Button™" Cosmetic Labia Dye is intended for Cosmetic use on the Labia Minora (inside Vaginal Lips), as a Color Restorer. If you have any medical concerns with your genital area please consult a physician first before using. Do not use if you are allergic to any of the listed ingredients. Please read the ingredient label first before applying. For some, a slight "irritating" feeling may occur upon application and last for about a minute. This is due to the ingredients reacting to your own bodies PH balance which is normal and will go away upon rinsing off the colorant. As with any product, discontinue use if excessive irritation, rash or discomfort occurs. Product not intended for children. Keep out of reach of children. Product may stain clothing or other articles. This is an "Adult Novelty" product and these statements have not been evaluated by the Food and Drug Administration. This product and statements are not intended to diagnose, treat, cure or prevent a disease. Neither the seller nor the manufacturer is responsible for misuse of this product.

Our products are Never tested on Animals... but it will bring out the Animal in You!

My New Pink Button™
Manufactured by: MiMari LLC
5150 Fair Oaks Blvd. 101-232
Carmichael California 95608
Made in the U.S.A.
All Patents Pending
Patent Pending # 61/152,906

www.mynewpinkbutton.com

INSTRUCTIONS FOR USE

Please read ALL of the instructions before beginning. Please note: ONLY apply just before taking a shower or a bath, which is necessary for application.

1. Open package and take out Mixing Dish, one Applicator and the Powder Dye Colorant Bottle. To prevent dye from touching counter surface, place product on top of a wash cloth or tissue.

2. Put a little "shake" of the Powder Dye in the Mixing Dish, place cap back on bottle. Be sure to never get any moisture in the Powder Dye Bottle.

3. Take the Applicator and hold it under running water for 1 second. This will allow just the right amount of water to fill the Applicator Tip.

4. Now, take the Applicator Tip and mix it in with the Powder Dye in the Mixing Dish so that the Applicator soaks up the color. You are ready to apply.

5. Use the pointer and middle finger of one hand to open up your Outer Labia, exposing the Inner Lips, or Labia Minora. Now, use the other hand to hold the Applicator and quickly spread the color up and down the full length of the inside lips, including the Clitoris and Vaginal opening. As soon as you are done, release your finger grips and dispose of the Applicator. Rinse your Mixing Dish with warm water. Dry the dish and replace in its original packaging. You're done.

6. WAIT A MINUTE OR SO AND PROCEED WITH YOUR SHOWER OR BATH (this is necessary or the color will stain anything it comes in contact with).

The dye process will usually last 72 hours+ depending on your bathing frequency and body chemistry. You may re-apply it as frequently as needed. Please keep instructions for future

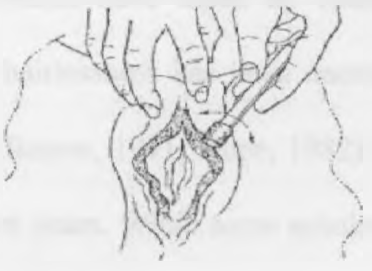

Figure 4. Instructions for *My New Pink Button™*

Figure 5. Ingredients in *My New Pink Button*™

The Pervasiveness of Female Hairlessness Norms and Body Hair Removal

Although inquiries into emergent trends in vulval aesthetics have yet to emerge in the academic literature, a growing number of studies have taken up women's hair removal practices. Interestingly, although female hairlessness has been encouraged by Western cultural institutions since the mid-1910s (Basow, 1991; Hope, 1982), scholarly inquiry into this practice has emerged only in recent years. While some scholars explain this absence by referencing the perceived "triviality" or "everydayness" of body hair removal (Lesnik-Oberstein, 2006; Tiggemann & Lewis, 2004), their emphasis on the

cultural perception of women's body hair reveals that such hair—and its removal—is precisely the opposite. The most prevalent criticism leveled against the female hairlessness norm is that it produces or constructs the "appropriately" feminine woman (Toerien & Wilkinson, 2003) as being naturally hairless, eternally youthful, and covered with smooth, taut skin. While men's body hair is associated with strength and virility, women's body hair is considered embarrassing, unsightly, and dirty (Hope, 1982; Lesnik-Oberstein, 2006; Ramsay et al., 2009; Toerien & Wilkinson, 2003). In contrast to male hair norms, it is only on women's heads that hair is considered acceptable and valuable (Synnott, 1987). Because we are expected to be hairless, women are denied the powerful associations that accompany body hair, and are "kept in a perpetually pre-adolescent state of relative powerlessness" (Toerien & Wilkinson, 2003, p. 341; see also Greer, 1970). At present, female hairlessness is equated with sexiness, "an equation that is entirely artificial, as sexual maturity is signaled by the presence, not absence, of pubic hair" (Tiggemann & Hodgson, 2008, p. 896). Ultimately, the encouragement of female body hair removal communicates that hairlessness is indicative of femininity and also signals that women's bodies are not okay the way they naturally are (Tiggemann & Lewis, 2004).

Despite the varied criticisms leveled against hairlessness norms, the majority of current scholarship on body hair removal exists in the form of empirical studies. On the whole, these studies aim to identify the pervasiveness of as well as personal motivation for body hair removal. Initially, these studies were interested in the removal of leg and underarm hair. In the first published study on the topic, Susan Basow (1991) found that 81% of women surveyed remove their leg and/or underarm hair on a regular basis. In a

more recent Australian study, Marika Tiggemann and Sarah Kenyon (1998) discovered that 91.5% of undergraduate students regularly removed their leg hair, while 93% regularly removed their underarm hair. In the majority of studies, the most common reason for leg and underarm hair removal cited by respondents is that it makes them feel attractive, and that they like the feeling of smooth, hairless skin (Tiggemann & Hodgson, 2008; Tiggemann & Kenyon, 1998; Tiggemann & Lewis, 2004).

Although hairlessness was the dominant representation of women in Western art for centuries, especially in paintings of female nudes (Cokal, 2007; Ramsay et al., 2009), Western women did not begin removing their body hair until the 20th century. In her oft-cited historical study of magazine advertisements that encouraged female depilation, Christine Hope (1982) outlines the trajectory of women's engagement with body hair removal in the U.S. The "campaign against underarm hair," as Hope (1982) puts it, began in 1915 as sleeveless or sheer-sleeved evening gowns became fashionable. At this time, women were instructed on body hair removal practices by advertisers (rather than by the articles in the magazines) that directed their message toward upper- and lower-class women, while lower-class women were targeted later and less aggressively (Hope, 1982). Later, during WWII, a less intense "minor assault" on leg hair occurred as skirt lengths shortened and opaque stockings became more difficult to obtain due to the war (Hope, 1982). Most significantly, Hope (1982) is among the first to identify that women's hair removal practices coincide with new fashion trends; that is, when a body part is exposed by a new clothing style, the hair on that body part is culturally positioned as problematic (i.e., unclean, unfeminine) and must be removed. However, feminists have also pointed out that there is a correlation between women's suffrage and increasingly precise

demands for "feminine" appearance and behaviour, insofar as increased political and economic freedom was met with the introduction of such demands (e.g., Wolf, 1997).

Currently, the normalization of increasingly revealing swimwear, particularly the thong bikini, has led to the popularity of pubic hair removal, first of the "bikini line" and more recently of the entire genital area (Hildebrant, 2003; Labre, 2002). Intrigued by the popularity of the Brazilian wax in popular culture, empirical studies on body hair removal have started to consider the meaning of and individual motivation for the partial and total removal of pubic hair. Marika Tiggemann and Suzanna Hodgson (2008) found that 74.5% of Australian undergraduate students regularly removed hair from their bikini line, while 60.9% regularly removed their pubic hair. In their study, "cleanliness" was the most commonly cited reason for the removal of pubic hair, whether partial or total, while "increased sexual attractiveness" was the second-most cited reason for engagement (Tiggemann & Hodgson, 2008). In a more recent U.S. study, Debra Herbenick et al. (2010) found that women aged 18 to 24 were more likely to engage in both partial and total removal of their pubic hair: 29% of women in this category practiced partial hair removal; 38% practiced total hair removal; and 20.6% were "typically hair-free" (p. 3325). In both studies, waxing was the preferred method of hair removal, followed by shaving (Herbenick et al., 2010; Tiggemann & Hodgson, 2008). Most recently, Linda Smolak and Sarah Murnen (in press) studied the relationship between pubic hair removal, self-objectification and body image measures in college-aged men and women, and found that participants who engaged in pubic hair removal reported lower levels of body- and self-consciousness during sexual experiences (Smolak & Murnen, in press). It is important to note that in all of the studies cited above, participants have been

predominantly white (≥90% in all studies cited). Interestingly, the increase in empirical studies is accompanied by a growing number of medical reports that aim to raise awareness about the health risks of pubic hair removal, which include razor burn, folliculitis, spread of infection, and dermatitis (Trager, 2006). Unsurprisingly, such risks are higher for individuals with compromised immune systems (Dendle, et al., 2007). At the same time, medical practitioners are also reporting that the popularity of pubic hair removal has led to a decrease in cases of pubic lice (Armstrong & Wilson, 2006).

Overall, extant empirical studies on body and pubic hair removal are particularly valuable for revealing the pervasiveness of female and male body hair removal as well as the individual motivations for engaging in these practices. However, with the exception of the criticisms of body hair removal cited above, few studies centre critical and/or theoretical questions related to the broader cultural meanings and implications of women's body hair and its removal. This absence of critical inquiry opens a space for additional theoretical work in this area. In this chapter, I will explore, through the lens of biopower, some of the meanings of the development of "vulval aesthetics," signified by the emergence of the four practices that I described earlier. This inquiry is informed by the following two questions: What do these trends, popularized in a culture in which female hairlessness has become both expected and normalized, reveal about the cultural conceptualization of female genitalia? Second, what is the relationship between trends such as vajazzling and the formulation of female bodies more broadly?

From Vulva to Vajayjay: Vulval Aesthetics as Biopower

The trends of vajazzling, Brazilian waxing, *betty™ colour for the hair down there™* and *My New Pink Button™* are new technologies of power that coalesce to

produce an aesthetic standard for the female genitalia. This aesthetic standard, as communicated in the promotional material for these products and services and reinforced by popular and media discourse on these "trends", requires that the vulva be hairless as a result of waxing, or, at the very least, be trimmed and appropriately coloured (i.e., free of grey hair and/or matching the hair on one's head). The skin of the vulva should also be smooth and soft to the touch, with the exception being engagement with "vajazzling". Finally, the "remaining" parts of the external genitalia—labia minora and majora, clitoris, and vaginal opening—must be definitively and uniformly pink in colour. This constellation of technologies signifies a shift toward the institutionalization of "vulval aesthetics", which can be read as a specific configuration of biopower.

At the bodily level, vulval aesthetics suggest the emergence of a new set of disciplinary controls with which women are admonished to comply in order to meet the expectations for vulval attractiveness. These controls function in terms of scale, object, and modality (Foucault, 1979), contributing to the production of a docile, female body that may be "subjected, used, transformed, and improved" (Foucault, 1979, p. 136). In the context of vulval aesthetics, the scale of disciplinary control exercises "subtle coercion," yielding "infinitesimal power over the *active* body" (Foucault, 1979, p. 137, my emphasis). When an individual participates in a disciplinary practice of their own volition, the active body is produced. An aesthetically ideal vulva requires that women invest energy into the achievement of this ideal, scheduling waxing appointments or applying dye at regular intervals. By contrast, leaving one's pubic hair "untamed" is not an option, as women who do not participate in aestheticization are not positioned as making an active choice to opt out. Instead, as Toerien & Wilkinson (2003) point out,

they are positioned as "lazy" at best and "unfeminine" at worst. Moreover, like other beautification practices, women must first labour in order to earn the money to pay for such products or services, and, then, we must spend time on the maintenance of this norm.

However, what is distinct about the shift toward the total aestheticization of the vulva is that it also establishes a new way in which women, as individuals, are expected to relate to and engage with their external genitalia, a marked difference from the lack of engagement that defined the 19th and early 20th centuries. As the cultural ideal for the "acceptable" vulva becomes an increasingly achievable norm, women are encouraged to actively participate in its accomplishment, which is framed as "embracing" the genitalia.[3] By participating in vulval aesthetics, we are led to believe, we are adopting an attitude in which we are "expressing" our "individuality," whether we choose a particular pubic hair "style" (landing strip or triangle, bare or beaded) or colour (blonde, auburn, or "fun" pink) (see Figure 6). Empirical studies confirm that women are taking up this rhetoric. In their study of undergraduate students, for example, Marika Tiggemann and Christine Lewis (2004) found that females removed body hair because it was their personal preference, but felt that other women did so to fit normative constructions of femininity. More recent studies have confirmed this finding, noting that a personal "preference" for "cleanliness" and "sexiness" is the primary motivation for women who engage in pubic hair removal (Herbenick et al., 2010; Smolak & Murnen, in press). While the norm for vulval aesthetics does include different options for participation, these are, at best, minimal variations on a highly restrictive norm. In other words, difference in vulval engagement and expression is granted at a microscopic level and is then repackaged as an

enormously unique form of "expression" for women. Therefore, while one positive benefit of vulval aesthetics is that it encourages vulval engagement, this engagement is undermined by the fact that women can only engage with a vulva that fits within the particular morphological configuration dictated by the new aesthetic standard. This particular configuration of the vulva has become known as the "vajayjay", a euphemistic entity that I will take up in more detail later.

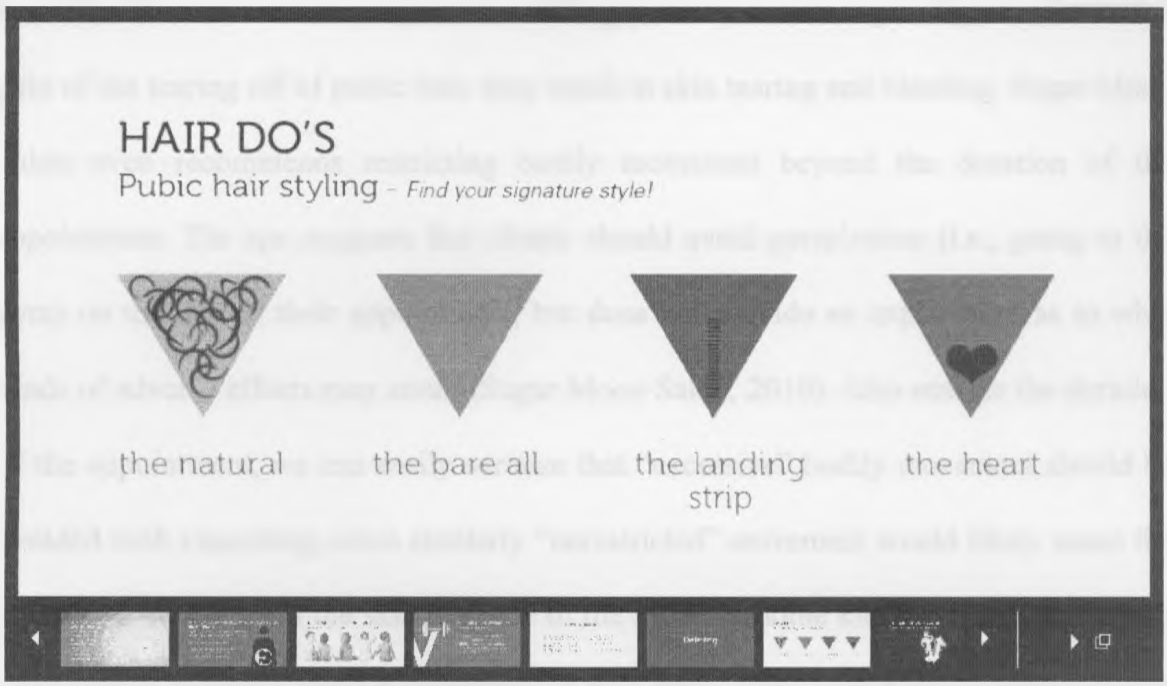

Figure 6. "Signature" Pubic Hairstyles (Summer's Eve, 2011)

Newly demarcated as an aesthetic ideal, the vulva thus becomes an "object" subsumed by disciplinary control, much like other parts of the female body that have been similarly aestheticized (e.g., breasts). Although the vulva has been neither "immune" to disciplinary control nor regarded as an attractive entity, as I pointed out in Chapter 2, these new trends make the vulva an object of control through the introduction of aesthetics. This introduction has occurred alongside the proliferation of products and services that can "correct" the "ugly" or "natural" vulva. Foucault (1979), however, takes

"object" less literally, noting a shift from controlling the behaviour or language of the body to controlling its movements in terms of organization and efficiency. Interestingly, it seems that the products and services associated with vulval aesthetics are indicative of the restriction, rather than optimization, of the efficiency of bodily movement. For instance, during a Brazilian wax, a woman's movements are controlled by the aesthetician, who positions her body in the "appropriate" manner for removing hair. Any deviation from that movement, such as shifting position or a strong bodily reaction to the pain of the tearing off of pubic hair, may result in skin tearing and bleeding. Sugar Moon Salon even recommends restricting bodily movement beyond the duration of the appointment. The spa suggests that clients should avoid perspiration (i.e., going to the gym) on the day of their appointment, but does not provide an explanation as to what kinds of adverse effects may result (Sugar Moon Salon, 2010). Also outside the duration of the appointment, we can easily surmise that "excessive" bodily movement should be avoided with vajazzling, since similarly "unrestricted" movement would likely cause the crystals to detach from the skin. Outside of the salon, at-home kits for dyeing pubic hair and external genitalia restrict movement in two ways: first, both *betty™ colour for the hair down there™* and *My New Pink Button™* literally require some kind of bodily contortion for the purposes of application, followed by the preservation of a standing position during colour "processing" to prevent the dye from transferring onto skin, clothing, or furniture; second, the use of these products relegates participants to the private sphere while they administer the product and as they incorporate yet another task into their beauty regime.

Finally, in terms of modality, vulval aesthetics requires heightened vulval awareness in the form of constant self-surveillance of processes alongside the uninterrupted maintenance of results. Just as women must continually check to see if our mascara or stockings have run or if our roots are becoming visible and exposing our unnatural or dyed hair colour (Bartky, 1997), we must now check to see if our Brazilian wax has created any ingrown hairs (and, if so, remove them promptly), whether our vajazzling beads are still secure and retaining the original design, or if our freshly dyed pubic hair or genitalia is fading and in need of a touch-up. Overall, this aesthetic standard drastically alters vulval appearance in a way that signals hyper-precision and increasingly specific demands for normative femininity, which, as Bartky (1997) notes, is now defined by women's corporeal behaviour and appearance rather than by their personal characteristics. The uninterrupted maintenance of aesthetic processes is necessary so as not to disrupt the "naturalness" of normative femininity, or, in other words, so as not to reveal its constructedness.

Ultimately, the proliferation of products and services that enable vulval engagement in the form of aestheticization has led to a shift in the way that the vulva is conceptualized, configured, and discussed. At present, what counts as a "proper", "appropriate", and "acceptable" vulval structure is defined by a hyperacute aesthetic standard that, as noted earlier, is defined by hairlessness, smoothness, and uniform pinkness (with the option of glittery embellishment). Because the new vulval aesthetics are dependent on the complete restructuring of vulval appearance, their normalization drives a deep wedge between what is "acceptable" and what is "unaltered", or perhaps between idealistic representations of vulvas and their actual manifestations. For instance,

the normalization of aesthetic trends such as hairlessness and pinkness of the vulva reinforces that pubic hair and/or non-uniform labia colour is problematic and requires attention. From here, a clear depiction of the kind of vulva that can be publicly and culturally represented emerges as a result of the increased discourse about practices such as waxing and vajazzling. In this case, that vulva is known as the "vajayjay". Both conceptually and practically, the vajayjay evokes associations radically distinct from the cultural perception of female genitalia as that which is malodorous, unclean, and capable of provoking disgust. In short, the reconfiguration of the vulva through engagement with practices like Brazilian waxing, vajazzling, and labia and pubic hair colouring reify the "vajayjay" as an aesthetic as well as a discursive entity. Most importantly, the "vajayjay" is an abridged genital entity—clean, tight, trimmed, smooth, secure (i.e., non-leaky)—that implicitly highlights the disgust and excess that the "unaltered" vulva evokes.

As the practices that comprise vulval aesthetics secure this translation from one vulval entity to another, an interesting link emerges between discursive practices of euphemism and the adornment of the female genitals, which comes to serve as a kind of bodily euphemism. In its resemblance to the pre-pubescent vulva, the vajayjay is an inherently youthful entity; however, participation in vulval aesthetics is unlike other forms of beautification because it does not entirely appear to be about looking or feeling younger. As previous studies have shown, for instance, the majority of women who regularly participate in these practices are already young (Herbenick et al., 2010; Tiggemann & Hodgson, 2008). Although young people generally have less money than older people, they willingly spend it on these practices. Thus, it seems that aestheticization is about overlaying youth with further adornment and engaging in a kind

of bodily performativity. One effect of this performativity is that it has the potential to extend girlhood by turning corporeal immaturity into a signifier of sexual maturity. As a result, an association between discursive euphemism and sexuality also emerges: in its youthfulness and diminution, the vajayjay becomes emblematic of a non-threatening female sexuality that mitigates the anxiety evoked by the sexual maturity that the unaltered vulva consequently comes to represent.

The shift toward vulval aestheticization has also reconfigured the extent to which the vulva and vagina are discussed in popular culture and media discourse, as well as the way in which they are discussed. On the one hand, the popularization of such trends—through, for instance, *Sex and the City*, which propelled the burgeoning trend of Brazilian waxing into the mainstream—has led to the increased discussion of female genitalia in popular culture. Zosia Bielski (2010), a reporter for *The Globe and Mail,* recently declared that "vaginas" were "having a moment." On the other hand, it is increasingly evident that the language used to talk about these vaginas has changed. Specifically, the various parts of the female genitalia can only be discussed—and, thus, represented—if referred to in aggregate and through the use of euphemisms such as "vajayjay" (Blades, 2010a; Grumman, 2008), "down there" (Dunlop, 2011), or "hoo-ha" (Blades, 2010b). It seems that the influx of trends in aestheticization that exemplifies the aforementioned tension between vaginal presence and absence: while there is certainly more discussion and representation of female genitalia (e.g., shortly after Hewitt's interview with George Lopez, comedian Kathy Griffin got vajazzled and underwent a public pap smear to "raise awareness" for cervical cancer), it seems that the vulva and vagina can only traverse public discourse via incorrect naming or euphemism. In turn, although popular depictions

suggest that women are having more unabashed conversations about their genitalia, such limited means of visual and linguistic representation restrict engagement and acceptance of our genitals by only allowing women to engage with their genitalia without shame while they are either discussing "beautifying" rituals, engaged in "beautification", or once they fit an idealized, aesthetic norm. Therefore, while a proliferation of discourse around female genitalia has accompanied the popularization of vulval aesthetics, this discourse is one that limits the means of sexual and corporeal expression available to women. In short, aestheticization practices enable discussion of the genitals without actually discussing them. Such an effect corresponds with Foucault's (1990) reinterpretation of the repressive hypothesis, which I reviewed in Chapter 2. Foucault's (1990) reading reveals that, in order to control sex in reality, it first has to be controlled at the level of language. In the present case, the vulva gets produced as an object of discourse insofar as the discussion of "vajayjays" indicates a policing of when, how, and with whom it is acceptable to discuss the genitalia. Moreover, this discourse is involved in the production of subjectivity, as women's desire to engage in such practices is instigated by the increased discussion and promotion of vulval beautification and its supposed benefits (e.g., cleanliness; sexual attractiveness). In this way, transforming the vulva into discourse subsequently enables its regulation and vice versa, for the discipline of vulval appearance instigates the propagation of discourse about such practices.

With the increased amount of talk or quantity of discourse that accompanies vulval aesthetics, women are given the impression that, by talking about their "vajayjays", they are breaking a taboo or transgressing some established cultural or social perversion. As women increasingly take up the language of euphemism, they incite a

challenge to earlier traditions in which discussion of the genitalia was unacceptable. To an extent, then, a discursive transgression is occurring, and it would be unfair to evaluate this increase in talk as entirely restraining. Despite the circumlocution, the vajayjay does enable women to more freely engage in discussion of their genitalia, which may be particularly freeing for those who may have otherwise refrained from discussion. Certainly, as noted in Chapter 2, slang terms for the genitals have been in existence for centuries, but, at present, adornment creates a vulval entity that has its own set of representations and conjures up its own set of images. Still, we must remain critical of this increase in the amount of discussion, given that, as argued earlier, only a certain kind of conversation is permitted, and may only happen amongst women who actively fit within the confines of normalized femininity.

As the new vulval aesthetics discipline individual bodies by requiring the reconfiguration of vulval appearance, thus reifying the vajayjay as a culturally palatable vulval entity, the cultural turn toward aestheticization also has the effect of creating and idealizing a population of women centered around their engagement with this newly demarcated vulval entity. In communicating that disciplinary control of the genitalia through waxing, pubic colouring, or vajazzling is a form of personal "expression", these products and services are marketed via a post-feminist narrative of choice and empowerment. This narrative implies that not only do women with vajayjays fit the aesthetic norm, they are "empowered", sexually "liberated", and "confident" women who have a "personal preference" for the cleanliness and sexiness that supposedly accompany controlled genital appearance. In a "hyperculture of commercial sexuality" (McRobbie, 2004, p. 259), accepted practices like Brazilian waxing and vajazzling allow women to

"brazenly enjoy their sexuality, without fear of the sexual double standard" (McRobbie, 2004, p. 262). Angela McRobbie (2004) interprets this phenomenon, whereby corporeal discipline is promoted as a form of empowerment, as one in which feminism is shown to be no longer necessary because the presence of "individual choice" dismisses any criticism on the basis of coercion and exploitation. The mere existence of genital "beautification" technologies is reflective of the participation of a certain kind of woman, particularly one with enough spare time and disposable income to spend on such products and services, and also one who likely already invests in other beautification practices that construct normative femininity (i.e., makeup, manicure/pedicure, hairstyling). In the case of vulval aesthetics, particular and precise forms of regulation are being extended to private areas, instituting a totalizing femininity. Vajazzling in particular results in the creation and maintenance of a kind of hyperfemininity, as glamourization through crystallization exaggerates the established femininity of the hairless vulva.

At the same time, the emergence of vulval aesthetics opposes one of the primary features of biopolitics, that is, the regulation of a population for the purposes of reproduction. Characterized by sexiness, smoothness, and cleanliness, the aesthetically ideal vajayjay is more ornamental and thus less "functional" than its vulval counterpart. This process of ornamentalization not only produces female bodies defined by all-encompassing eroticization, it simultaneously deemphasizes or refuses an association with reproduction. That is, although the reconceptualization and commodification of the vulva as a fashionable entity works to reinforce the primacy of the erotic body, at the same time, this shift pushes harder on the already sharp distinction between the erotic body and the reproductive body by dissociating the vulva from reproduction. This

dissociation results in a privileging of the erotic body that complements—but does not negate—the significance of the reproductive body. Rather, the practice of vajazzling, in combination with the discourse on vajayjays that surrounds it, produces a distinct kind of body; that is, it produces an erotic body with its own unique potential for optimization created through its ongoing negotiation with the obligations associated with achieving that optimization.

In this chapter, I have started to consider the relationship between biopower and female genitalia by exploring the shift toward vulval aesthetics in Western culture, as supported by the popularization of new trends such as vajazzling, waxing, and pubic hair and labia dye. Ultimately, I suggested that the shift towards vulval aestheticization can be read as a configuration of biopower that disciplines the individual body by requiring incredibly precise regulation of the external genitalia through beautification in the form of ornamentalization. This biopower also acts at the level of the population, rewarding those who meet the increasingly intense requirements for femininity with membership into acceptable womanhood, which is now also based on acquiescence to vulval aesthetics. Thus, despite their presumed triviality, these products and services—and the messaging that surrounds them—reveal that the "standard" for normative femininity is becoming increasingly hyperacute. In addition, there are other implications associated with these technologies, especially when femininity is defined by a particular genital morphology. This association will be explored further in the next chapter, in which I examine the effects of vulval reconfiguration in the form of female genital cosmetic surgery (FGCS). In the present case, non-invasive genital aestheticization repositions the vulva as a vajayjay, signifying a new configuration of biopower that is marked by the

development and enforcement of particular and precise controls and regulations. These controls restructure the vulva not only in terms of its morphological characteristics but also in terms of its discursive identification, both of which are indicative of a shift towards increased vulval palatability.

References

Armstrong, N. R., & Wilson, J. D. (2006). Letter: Did the "Brazilian" kill the pubic louse? *Sexually Transmitted Infections, 82,* 265-266.

Bartky, S. (1997). Foucault, femininity, and the modernization of patriarchal power. In K. Conboy, N. Medina & S. Stanbury (Eds.), *Writing on the body: Female embodiment and feminist theory* (pp. 129-154). New York: Columbia University Press.

Basow, S. (1991). The hairless ideal: Women and their body hair. *Psychology of Women Quarterly, 15*(1), *83-96.*

Betty Beauty. (2011a). Products. Retrieved June 12, 2011 from: http://www.bettybeauty.com/buyproducts.php

-----. (2011b). "Fun" (Easy step-by-step instructions for specialty *betty*™ colours). Retrieved June 16, 2011 from: http://www.bettybeauty.com/pdfs/Fun-Special_Front.pdf

Bielski, Z. (2010 April 24). Clitoral interpretation. *The Globe and Mail*, pp. L6.

Blades, N. (2010a). What shouldn't go near your va-jay-jay. *Cosmopolitan, 249*(6), 162.

Blades, N. (2010b). 3 reasons to ditch your panties. *Cosmopolitan, 248*(5), 206.

Cokal, S. (2007). Clean porn: The visual aesthetics of hygiene, hot sex, and hair removal. In A. C. Hall & M. J. Bishop (Eds.), *Pop-porn: Pornography in American culture* (pp. 137-154). Westport, CT: Praeger.

Completely Bare Spa. (2011). Vajewel™. Retrieved June 24, 2011 from: http://www.completely-bare.com/spa-vajewel.html

Completely Bare Store. (2011). Vajewel™. Retrieved June 24, 2011 from: https://clients.mindbodyonline.com/ASP/home.asp?studioid=-14175

Coutts, M. (2010 March 11). Questions, answers: It's crystal clear this isn't for the faint of heart. *National Post*, pp. A12.

Dendle, C., Mulvey, S., Prylis, F., Grayson, M. L., & Johnson, P. D. R. (2007). Severe complications of a "Brazilian" bikini wax. *Clinical Infectious Diseases, 45*(3), e29-e31.

Dunlop, C. (2011). Savvy girl's guide to beauty etiquette. *Marie Claire, 18*(1), 132.

Foucault, M. (1979). *Discipline and punish.* Trans. A. Sheridan. New York: Vintage.

-----. (1990). *The history of sexuality: An introduction, Volume 1*. Trans. R. Hurley. New York: Vintage Books.

Greer, G. (1970). *The female eunuch.* London: MacGibbon & Kee.

Gruber, B. (2010 Feb. 23). I got vajazzled. Retrieved March 27, 2010, from: http://www.theluxuryspot.com/2010/02/23/i-got-vajazzled-and-had-a-camera-crew/

Grumman, R. (2008). Cosmo's ultimate guide to your va-jay-jay. *Cosmopolitan, 244*(3), 234.

Hallett, S. (2010 August 10). Vatoo your vulva? *Ms. Magazine blog*. Retrieved June 24, 2011 from: http://msmagazine.com/blog/blog/2010/08/10/vatoo-your-vulva/

Herbenick, D., Schick, V., Reece, M., Sanders, S., & Fortenerry, J. D. (2010). Pubic hair removal among women in the United States: Prevalence, methods, characteristics. *Journal of Sexual Medicine, 7*(10), 3332-3330.

Hildebrandt, S. (2003). The last frontier: Body norms and hair removal practices in contemporary American culture. In H. Tschachler, M. Devine, & M. Draxlbauer (Eds.), *The emBodyment of American culture* (pp. 59-71). Münster, Germany: LIT Press.

Hope, C. (1982). Caucasian female body hair and American culture. *Journal of American Culture, 5*(1), 93-99.

Labre, M. P. (2002). The Brazilian wax: New hairlessness norm for women? *Journal of Communication Inquiry, 26*(2), 113-132.

Lesnik-Oberstein, K. (2006). The last taboo: Women, body hair, and feminism. In K. Lesnik-Oberstein (Ed.), *The last taboo: Women and body hair* (pp. 1-17). Manchester, UK: Manchester University Press.

McRobbie, A. (2004). Post-feminism and popular culture. *Feminist Media Studies 4*(3), 255-264.

My New Pink Button™ (2011). Audry. Retrieved June 16, 2011 from: http://www.mynewpinkbutton.com/My-New-Pink-Button-Audry/M/B002OXSKF8.htm

Penny, L. (2011 Feb 8). Vajazzled and bemused. Retrieved June 16, 2011 from: http://www.newstatesman.com/blogs/laurie-penny/2011/02/female-sex-vajazzling-genitals

Ramsey, S., Sweeney, C., Fraser, M., & Oades, G. (2009). Pubic hair and sexuality: A review. *Journal of Sexual Medicine, 6*(8), 2102-2110.

Smolak, L., & Murnen, S. K. (in press). Gender, self-objectification, and pubic hair removal. *Sex Roles.* Retrieved June 15, 2011 from: www.springerlink.com/index/9264R76632426756.pdf

Sugar Moon Salon. (2010). Body Sugaring 411. Retrieved June 24, 2011, from: http://www.sugarmoonsalon.com/body-sugaring-411

Summer's Eve. (2011a). The vagina owner's manual. Retrieved July 24, 2011 from: http://summerseve.com/v101/vagina-owners-manual

-----. (2011b). V Power. Retrieved July 25, 2011 from: http://summerseve.com/vpower

Synnott, A. (1987). Shame and glory: A sociology of pubic hair. *The British Journal of Sociology, 38*(3), 381-413.

Tiggemann, M., & Hodgson, S. (2008). The hairlessness norm extended: Reasons for and predictors of women's body hair removal at different body sites. *Sex Roles, 59*(11/12), 889-897.

Tiggemann, M., & Kenyon, S. (1998). The hairlessness norm: The removal of body hair in women. *Sex Roles, 39*(11/12), 873-885.

Tiggemann, M., & Lewis, C. (2004). Attitudes toward women's body hair: Relationship with disgust sensitivity. *Psychology of Women Quarterly, 28*(4), 381-387.

Toerien, M., & Wilkinson, S. (2003). Gender and body hair: Constructing the feminine woman. *Women's Studies International Forum, 26*(4), 333-344.

Trager, J. D. (2006). Pubic hair removal: Pearls and pitfalls. *Journal of Pediatric and Adolescent Gynecology, 19*(2), 117-123.

White, N. J. (2010 March 2). How to dazzle 'em down below: Jennifer Love Hewitt's Swarovski crystal detailing of her lower lady parts has the Internet abuzz. *The Toronto Star,* pp. E1.

Wolf, N. (1997). *The beauty myth*. Toronto, ON: Vintage Books.

Notes

[1] When vajazzling started trending, Paola Girotti, owner of Sugar Moon in Toronto, told *National Post* that her spa had been providing "crystalling" services for seven years before Hewitt "introduced" it to the North American public.

[2] Certainly, many would consider lying naked on a table while an aesthetician manipulates their lower half and rips out hair from around their pubic and anal regions to be invasive. In this chapter, the term "non-invasive" will be employed merely to distinguish these aestheticization practices from the surgical aestheticization practices that comprise FGCS, discussed in the next chapter.

[3] Although the context is slightly different from that of vulval aestheticization, the "Hail to the V" campaign recently launched by Summer's Eve exemplifies this discursive turn towards encouraging women to "celebrate" their genitalia or to, in their words, "show it a little love." In its section on "V Power," the Summer's Eve website states that "it's about time vaginas were celebrated for their awesomeness," which includes "performing the miracle of birth" and "making men drop to their knees" (Summer's Eve, 2011b). The company also sponsors the *That's Vaginal* project, a blog that encourages women to use the word "vagina" in lieu of euphemism. It is important to emphasize that this is the same company that sells an array of cleansing products, including "feminine wash", cleansing cloths, and deodorant spray, and created the aforementioned advertisement that told women that washing their genitals with Summer's Eve was integral to preparing oneself for asking for a raise.

From Vaginal Exception to Exceptional Vagina: The Biopolitics of Female Genital Cosmetic Surgery[i]

Introduction

Although discussions of genital surgery for purely aesthetic reasons emerged in medical discourse in 1984 (Goodman, 2009), female genital cosmetic surgery (FGCS), as it is currently known, did not enter the public consciousness until 1998 (Braun, 2010; Tiefer, 2008; Weil Davis, 2002). Framed in popular discourse as the "designer vagina", FGCS comprises a range of procedures intended to surgically alter women's genital anatomy. Primarily marketed via discourses of aesthetic "enhancement" of the vulva and/or increased sexual "responsiveness" of the vagina (Braun, 2005; Braun, 2009b; Weil Davis, 2002), this group of procedures includes vaginal tightening (vaginoplasty) and labia reduction (labiaplasty). These two procedures are interesting in that vaginoplasty purports to "enhance" sexual "*function*" whereas labiaplasty aims to "enhance" vulval *appearance*. Despite a lack of comprehensive knowledge of long-term benefits or risks as well as condemnation from feminists and medical practitioners, consumer demand for FGCS has rapidly increased in the West in the past five years (e.g., Braun, 2009a, 2010; Cartwright & Cardozo, 2008; Goodman, 2009; Green, 2005), although current statistics on its pervasiveness and outcomes are unreliable (Braun, 2010; Johnsdotter & Essen, 2010).

Drawing on FGCS as a case study, with emphasis on vaginoplasty and labiaplasty, this chapter further considers the relationship between biopower and the vagina. I argue that the increased attention to and demand for these two surgeries signify

[i] A version of this chapter has been accepted for publication in *Sexualities*.

a contemporary (re)configuration of biopower aimed at making the female genitalia more "useful": following established cultural ideals, these surgeries normalize a tight vagina that is supposedly more amenable to penetrative intercourse, and an aesthetically "appealing" vulva. In particular, I suggest that labiaplasty introduces aesthetics as another dimension of disciplinary control, whereas vaginoplasty affirms that the value of the vagina is fixed in its receptive capability. Taken together, I argue, vaginoplasty and labiaplasty are indicative of a surgical configuration of biopower that operates in service of the creation of the "optimal" vagina. This chapter begins with a review of the procedures that comprise the category of FGCS, including approximate costs and levels of participation. I then discuss commonly cited reasons that motivate patients to have such surgery. After engaging with extant feminist scholarship on FGCS, I conduct my analysis of vaginoplasty and labiaplasty in terms of its discipline of the individual body and the creation and regulation of a population, with emphasis on the ways in which biopower is configured in the service of an optimal vagina. In keeping with Foucault's (1990) interpretation of power as a complex network of relations, I present a nuanced approach to FGCS that draws on biopower to identify how these surgical procedures increase the discipline of female bodies[1] alongside brief consideration of their enabling potential.

Female Genital Cosmetic Surgery: Available Procedures and Reasons for Participation

Cosmetic surgeries on the female genitals are performed in the absence of a medical condition, and are typically requested by women whose genitalia are otherwise "healthy". In the decade in which FGCS has increased in popularity, the number of

available surgeries belonging to the category has expanded significantly. The surgeries are primarily performed by plastic surgeons; however, gynecologists, obstetricians, and urologists are increasingly becoming licensed to perform them (Braun, 2010).[2] The category of FGCS excludes sex assignment surgery for intersex persons, sex reassignment surgery for trans*persons, traditional female genital cuttings, or repair of genital anomalies (Braun, 2010).

At the time of this writing, seven procedures are typically considered to belong to the category of FGCS. The most requested procedure is *labiaplasty*, which is designed to reduce and make symmetrical the labia minora (Braun, 2005, 2009b, 2010; Goodman, et al., 2010). The procedure involves "the removal of a portion of the hypertrophied [enlarged] labia minora," which is "accomplished either via a form of modified wedge resection of the hypertrophic mid-portion with reanastamosis [reconnection] via fine absorbable sutures or via a sculpted linear resection [amputation through vertical incision] with edge repair via similar [absorbable] suture material" (Goodman et al., 2010, p. 1566) (see Figure 7).

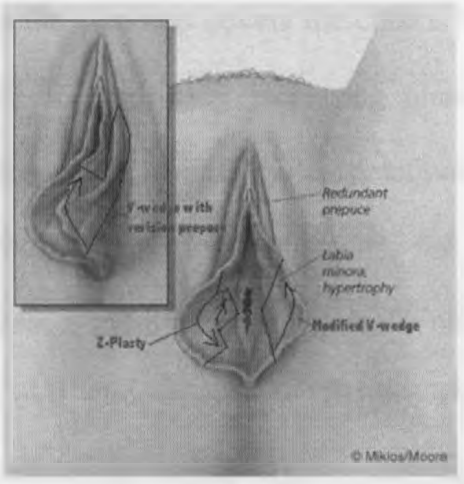

Figure 7. Wedge Resections for Labiaplasty ("V", "Z", and Modified "V") (Goodman et al., 2010)

Vaginoplasty, the second-most common procedure, is designed to tighten "a relatively lax upper vagina" (Goodman et al., 2010, p. 1566) through muscle realignment, tissue tightening, or fat grafting. The procedure involves "the excision of portions of mucosa from the vaginal fornices [deep recesses in the upper part of the vagina] via tools, including scalpel, needle electrode, or laser via a modified anterior and/or high posterior colporrhaphy [surgical repair of a defect in the vaginal wall] and/or excision of lateral vaginal mucosa" (Goodman et al., 2010, p. 1566).

Other procedures include *vulvar lipoplasty*, which is designed to "augment" the labia majora through fat grafting. This same procedure may involve the removal of loose skin or liposuction to minimize its appearance. *Hymenoplasty*, or "revirgination", involves the reconstruction of the hymen. This procedure is most frequently requested by those whose cultural or religious backgrounds require virginity upon consummation of marriage. This procedure involves making "precise incisions into the vagina and remnants of the hymeneal ring to bring them into close approximation to allow delicate sutures to hold the tissues in place" (South Coast Urogynecology, 2010a). A *clitoral hood reduction* involves excising the skin that covers the clitoris in order to provide greater access to it, with the aim of supposedly increasing pleasure (Braun, 2009b). The procedure is often subsumed under labiaplasty, as practitioners claim that labiaplasty alone can result in the clitoris appearing "enlarged"; the addition of clitoral hood reduction supposedly achieves a more pleasing, cosmetic result (Alter cited in Liao & Creighton, 2010; South Coast Urogynecology, 2010b). *Perineoplasty*, or perineum "rejuvenation" focuses on removing excess skin or skin tags from the perineum and suturing the perineal body closer together to "give a more snug feeling in the introitus or

vaginal opening" (South Coast Urogynecology, 2010c). Finally, despite being non-surgical, the *g-shot* also belongs to the category of FGCS. This procedure involves injecting collagen into the anterior wall of the vagina, which temporarily increases the size of that patch of tissue (Braun, 2009b). The costs of select procedures are included in Table 1 below:

Table 1

Approximate Costs of FGCS ($USD) (TriAxial Medical, 2010)

Procedure	**Cost**
Labiaplasty	$3,000-$6,000
Vaginoplasty	$4,500-$8,500
Vaginal "Rejuvenation" (Labiaplasty and Vaginoplasty Combination Surgery)	$6,500-$12,000
Hymenoplasty	$3,000-$3,500
Clitoral Unhooding	$2,500
"G-shot"	$1,850.00

Although FGCS has been widely practiced for more than a decade and there has been much scholarly research on this set of procedures, the data on this group of surgeries remains incomplete, particularly in terms of who comprises the clientele.[3] Aside from data on the increase in the number of procedures performed,[4] client age is the most frequently reported upon demographic. Recent statistics indicate that labiaplasty patients range in age from their early teens into their 50s and 60s; however, as expected, the average patient is in her 20s or 30s (Bramwell et al., 2007; Braun, 2010). A recent review of referral letters reveals that, in Australia, the mean age is 25 (Deans et al., 2011). The majority of vaginal tightening surgeries are requested by women who have delivered their children vaginally, and experience laxity during heterosexual intercourse as a result (Braun, 2009b).

The general paucity of statistics on FGCS is exacerbated by inadequate studies on the long- and short-term health risks and/or benefits (Braun, 2010). Because clinical case reports tend to be written by surgeons themselves, it is unsurprising that such reports emphasize the success rates of surgeries, which are generally very high (≥90%). Here, success is measured in terms of patient satisfaction. By contrast, complication and dissatisfaction rates either are not reported or, if reported, are very low (Braun, 2010; Liao et al., 2010). The complications that are reported are usually described as either minor and/or temporary, such as pain or discomfort, a longer-than-expected healing time, or torn sutures (Braun, 2010). In addition, surgeons tend to follow-up with only a fraction of patients (<50%), attributing these low rates to the fact that many patients travel from out of state or country, making follow-up a challenge. Those who are critical of the available statistics on FGCS note that the data are problematic because the measures that surgeons use to conduct follow-ups and gauge "success" rates are often not scientifically validated (e.g., clinic-designed questionnaires), thus making the results incomparable with those of other studies (Bramwell et al., 2007; Braun, 2010). Further, because of the lack of clearly defined and standardized nomenclature for the procedures that comprise FGCS, it is often not entirely clear as to what procedures are actually being referred to in such reports (Braun, 2010). This further increases the difficulty of making comparisons between surgeon reports. Thus, the results of different studies are difficult to evaluate, and the potential benefits and risks of these procedures cannot be assessed or systematically reviewed.[5]

Women presenting for FGCS cite a variety of reasons for electing to have genital cosmetic surgery. Reviewing surgeon discourse and patient testimonials, Virginia Braun

(2010) summarizes these concerns into three categories: aesthetic, functional, and psychological (see Table 2). In the case of labiaplasty, she notes, aesthetic concerns dominate, and pertain to a dislike of the degree of visibility/size, shape, colour, and/or lack of symmetry in the labia minora (Braun, 2010). In their review of 48 labiaplasty referral letters sent to the Australian National Health Service (NHS), Deans et al. (2011) found that 78% of patients complained about their genital appearance. Bramwell et al.'s (2007) earlier qualitative study of six women who presented for labia reduction also supports this finding. In their study, all of the women that they surveyed identified an "abnormality" in the appearance of their genitalia, but, interestingly, they also admitted uncertainty as to what constituted "normal" genitalia.[6] "Functional" concerns for labiaplasty typically refer to a degree of discomfort experienced in the labia when exercising, wearing tight clothing, or having penile-vaginal intercourse (Braun, 2010). In their review, Deans et al. (2011) found that 48% of referral letters cited patient discomfort as the reason for referral. In the case of vaginoplasty, the "functional" concern most often cited is vaginal laxity during heterosexual intercourse. Women who present for hoodectomy complain of reduced access to the clitoris, which, they claim impedes direct stimulation and, in turn, their sexual pleasure (Braun, 2010).

Finally, Braun (2010) finds that much of the clinical research classifies some aspects of genital anxiety as psychological. These anxieties generally include sexual and/or social embarrassment (i.e., resulting from teasing—or fear of teasing—from a sexual partner, friends, or family members); poor self-esteem and sexual confidence as a result of genital appearance; and, an overall desire to feel more "normal". Such classification, Braun (2010) argues, provides a moral justification for performing FGCS.

In their review, Deans et al. (2011) found that a reluctance to engage in sexual activity made up 44% of NHS-covered requests in Australia, while two letters mentioned disparaging comments by previous sexual partners, and one referred to harassment by girls at school. "Alarmingly," they note, "a further seven letters (15%) alluded to concerns being flagged by the girls' mothers." These concerns are summarized below:

Table 2

Patient Motivation for FGCS

"Aesthetic" Concerns	"Functional" Concerns	Psychological Concerns
Dislike of visibility (i.e., size) of labia minora/majora	Discomfort/irritation from labia during exercise	Sexual embarrassment
Dislike of shape of labia minora/majora	Discomfort/irritation while wearing tight clothing	Social embarrassment
Dislike of colour of labia minora/majora	Discomfort/irritation during intercourse	Poor self-esteem
Dislike of asymmetry of labia minora/majora	Vaginal laxity during intercourse (vaginoplasty)	Desire to "feel more normal"
	Lack of access to clitoris, "impeding" sexual pleasure (hoodectomy)	

Feminist Critiques of Cosmetic Surgery and FGCS

As requests for genital cosmetic surgery have increased, so too has feminist and scholarly interest in these procedures. Generally, feminist critiques of FGCS have focused on the cultural motivations and psychological implications of such surgeries (Braun, 2010) as well as the public and medical discourses on these procedures (Braun, 2009a, 2009b). This body of work situates FGCS within the ongoing medicalization of female sexuality and pathologization of female genital diversity, and emphasizes that

these procedures are predominantly concerned with aesthetics and performed in the absence of a medical problem (Braun, 2009b; Tiefer, 2008; Weil Davis, 2002).

Unsurprisingly, feminist discourse on FGCS tends to mirror ongoing feminist critique of cosmetic surgery in general, which is inclined to analyze women's participation in FGCS as having *either* liberating *or* oppressive effects. From this either/or approach, feminists are generally critical of women's participation in the beauty industry, and argue that the mass consumption of beauty products, including cosmetic surgery, victimizes women by constraining them physically and by defining and policing normal body appearance and comportment (Bartky, 1997; Bordo, 1993; Morgan, 1991). Kathryn P. Morgan (1991) problematizes the notion of choice as espoused in the discourse on elective surgery. She identifies three paradoxes of choice: first, that "instances of choice turn out to be instances of conformity" (p. 36); second, that the "liberation" supposedly offered by cosmetic surgery actually makes women more vulnerable to colonizing forms of power (e.g., the patriarchal gaze; compulsory heterosexuality) (p. 38); third, that the pathologization of "ordinariness" coerces more women to "choose" "technological beauty" (p. 41). Overall, Morgan (1991) finds that because the pressure to conform to beauty norms is so great and the price of revolt is so high, choice becomes almost impossible to exercise. In contrast to Morgan (1991), Kathy Davis (1998), who acknowledges the demands and the domination of beauty ideology, suggests that the decision to have cosmetic surgery is one that can allow women to make contextualized rather than autonomous choice, and to exercise "power under conditions which are not of one's own making" (p. 289). Taking issue with the either/or approach, Cressida Heyes (2006) recently called for Foucaultian feminist analyses that take a

nuanced approach and supplement the "docile bodies thesis" with readings that show how "technologies of power but also technologies of the self are engaged in a complex interplay" (p. 138). In her work on commercial weight-loss centres, Heyes (2006) suggests that understanding participation in regulatory practices is integral to identifying points of resistance. She suggests that, in part, technologies of power get taken up by participants as practices of care for the self that enhance participants' capacities. It is theoretically useful, then, to consider some of the ways in which FGCS can be similarly conceptualized.

Currently, feminist scholars working on FGCS emphasize the relationship between elective surgery and autonomy and choice. Much of this work draws parallels or locates distinctions between FGCS and the oft-condemned set of practices that constitute female genital "mutilation" ("FGM"). Braun (2009b) notes that finding similarities between these two practices can draw attention to women's oppression; however, she, as well as Johnsdotter and Essen (2010) and Nikki Sullivan (2007), are critical of feminist, legal, and media discourses on FGCS that deem it acceptable at the same time as they criminalize and/or condemn "FGM" as cruel or barbaric. Such representations are, at best, generalizations supported with the rhetoric of choice: Western women elect to have FGCS, whereas young girls do not consent to "FGM". In her analysis of the representation of women's autonomy in discourses on FGCS, Braun (2009b) finds that media discourse and surgeon websites discursively construct Western women as purportedly "free" "agents" making an autonomous, empowered choice to undergo FGCS "for themselves" (2009b).

In contrast, "choice" and "autonomy" are possibilities foreclosed to women from cultures that continue to practice "FGM" (Braun, 2009b). Braun (2009b) concludes that the rhetoric of "choice" overwhelms discussions of FGCS in order to position these procedures as distinct from traditional (i.e., unacceptable) forms of female genital cutting. Such rhetoric, Braun (2009b) argues, implicitly supports FGCS because it appeals to notions of choice, which is indicative of women's liberation, thus dismissing criticisms of these practices. In addition, Simone Weil Davis (2002) suggests that while we must be mindful of the difficulty of obtaining consent in cases of "FGM" as well as FGCS, "the motivations behind these surgeries should not be perceived as radically distinct," particularly because such analyses are "oversimplifications that can lead to a dangerous reanimation of the un/civilized binary [that] leaves the feminist with dull tools for analysis of either phenomenon" (Weil Davis, 2002, p. 24). She notes that drawing parallels between FGCS and "FGM" oversimplifies both Western and non-Western women's relationship to practices of female genital cutting, and ignores that such relations are as complex and variable as the procedures themselves.

Surgical Discipline, Genital Regulation: Creating the "Optimal" Vagina

The discipline of the vagina—and, by extension, the bodies of women—has an extensive and well-documented history. As discussed in Chapter 2, this history includes the promotion of feminine "hygiene" through cleansing rituals and earlier forms of genital surgery that constructed the vulva and vagina as unclean. The institutionalization of the discourse of feminine "hygiene" and the long-standing assumption of vaginal "inferiority" engenders conditions under which FGCS becomes a possibility. Specifically, FGCS can be viewed as a particular extension of the disciplinary control

over the female body in that these procedures reinforce the notion that female genitalia are "problems" that need to be "managed" (Braun & Kitzinger, 2001; Frueh, 2003) or "defective" and thus in need of "repair". In the West, female genital cosmetic surgeries define women's bodies in terms of the excesses that they are designed to regulate: where menstrual products control "excess" blood, vaginoplasty and labiaplasty control "excess" tissue and skin, respectively. The acts of trimming, tucking, excising, and tightening regulate the abject properties of the vagina, rendering it "acceptable". In the case of FGCS, however, merely "managing" purported abnormalities through the removal of excess bodily tissue is not only insufficient, it is impossible—unruly labia cannot be controlled without surgical intervention. Indeed, corrective surgical mechanisms are required in order to appropriately discipline the excess skin of the "unruly" labia or the surplus tissue of the "loose" vagina.

As corrective mechanisms, vaginoplasty and labiaplasty have the effect of surgically normalizing women's bodies and (re)introducing vulvas and vaginas into broader, phallocentric systems of value and, in this case, erotic utility. The normalizing or homogenizing effects of FGCS are easily inferred because they are the same as those of cosmetic surgery more generally. It is unsurprising that all of the vulvas created through FGCS are disturbingly identical to one another (see Figure 8). Such an effect is unsurprising, and it affirms Morgan's (1991) critique that "choice" is most often manifested as conformity. For example, although surgeon discourse claims that, "with labiaplasty, you can literally pick and choose the size or shape of your labia," it simultaneously reinforces that labiaplasty "is all about is creating or recreating small, beautiful, comfortable labia minora" (TriAxial Medical, 2011). Thus, like the practices of

vulval aesthetics that I discussed in the previous chapter, FGCS both creates and reinforces an "implicit set of desirable traits or aesthetic standards for the female genitals" (Wilding, 2001, para. 18). In addition to vaginal tightness, the standard also includes symmetrical labia minora that do not protrude beyond the labia majora as well as an appropriate level of vulval "pinkness" that signifies youth and whiteness. This aesthetic standard, note Bramwell et al. (2007), is "consistent with the premise that women's genitalia are an 'absence' contrasted with the 'presence' of the male phallus" (p. 1497). It is important to note that "tucked" labia are an exclusively Western ideal—in Japan, long labia are referred to as a "winged butterfly", and are considered sexually attractive (Sager cited in Green, 2005), while many Rwandese women practice labia elongation because it generates individual social capital (Larsen, 2010).[7]

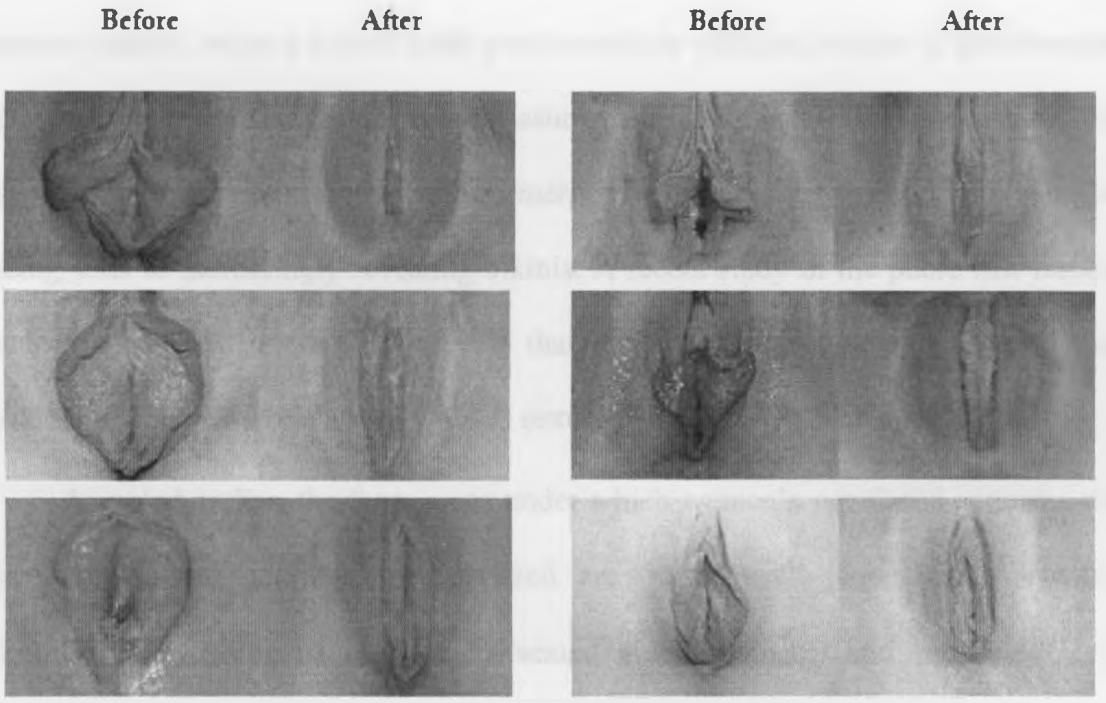

Figure 8. *Results of Labiaplasty*

Virginia Braun and Sue Wilkinson (2005) are among a number of scholars who suggest that the cultural referent for what has become the aesthetically desirable vulva emerges in part from the aesthetics that women encounter in pornography. The advent of the internet and its easily accessible repository of pornography has enabled women to encounter the vulvas and vaginas of other women in a cultural context of female genital shame that suggests that they would otherwise not be privy to this kind of "exposure" (Braun & Wilkinson, 2005; Tiefer, 2008). Alongside the proliferation of internet pornography and its influence, the increased visibility of female genitalia in Western culture is another factor created through non-surgical forms of genital modification, which I discussed earlier. Sarah Hildebrandt (2003) and Magdala Peixoto Labre (2002) agree that the normalization of hairless vulvas is a plausible extension of female body hair removal given the history of female depilation practices in general. As I noted in my previous chapter, when a hidden body part is publicly exposed, its hair is problematized and must be removed. It is reasonable to assume, as Hildebrandt (2003) and Labre (2002) suggest, that the hairless pubic norm emerged with the progression from one-piece bathing suits to increasingly revealing bikinis. A recent study of the pubic hair removal practices of women in the U.S. reveals that the total removal of pubic hair is more prevalent in younger women who are also sexually active (Herbenick et al., 2010).

As noted earlier, the three areas under which women's newfound concerns with their genitalia are commonly categorized are "functional" (e.g., laxity, irritation, discomfort), psychological (e.g., social/sexual embarrassment) and "aesthetic" (e.g., dislike of size, shape, or colour) (Braun, 2010). However, there may be other factors that instigate women's concern with their vulval aesthetics and vaginal "functionality" that

these categories do not include. For women who identify as heterosexual or bisexual, the decision to undergo FGCS may relate to their having learned about what is culturally and functionally appropriate for their genitalia from their male partners. In the recent documentary *The perfect vagina,* for example, several female interviewees—including, surprisingly, an aesthetician who performed Brazilian waxes—admit to having consulted their male partners in order to determine whether their vulvas were "normal" (Leach, 2008). The lack of acknowledgement and/or representation of female genital diversity in anatomy textbooks (Moore & Clarke, 1995) and in textbooks for high school sexual education (Elliott, 2003) may also influence the production of genital anxiety that leads women to consider FGCS. Other women featured in *The perfect vagina* suggested that they became self-conscious about their vulvas after viewing anatomy and health textbooks while in school (Leach, 2008). Genital anxiety, quickly becoming a new disorder, may also arise from a lack of comprehensive sexual education and/or education about body confidence. Finally, another factor that may influence the dissatisfaction women experience in relation to their genitals includes increased awareness of hyper-acute or hyper-specific criteria required for sexual attractiveness. The increase in non-invasive vulval aesthetics, as discussed in Chapter 3, suggests that such norms are creating new anxieties in part because they define the terms of acceptable genital appearance. Overall, while we should be careful not to interpret the emergence of FGCS as simply an extension of women's engagement with pornography and/or depilation practices, these phenomena are certainly not unrelated. The pubic hairlessness norm has "made the vulva more visible," exacerbating "pre-existing negative genital perceptions,

self-disgust, and fears of social rejection" (Tiefer, 2008, p. 467), and causing women to seek out labiaplasty and other "corrective" surgical measures.

Through recently popularized bodily practices such as waxing, the once private vulva and non-visible regions of the vagina are made aesthetic and visible, respectively. As these particular body parts are constituted as targets for discipline in terms of their aesthetics and efficiency, it becomes evident that biopower is renewing itself through increasingly creative arrangements. For example, vaginoplasty is perhaps the sole surgical procedure that is classified as "cosmetic" but is performed exclusively on the bodily interior.[8] Unlike other cosmetic surgeries, vaginoplasty does not produce a result that is visible on the surface of the body, yet it constructs the "private" female body as a "public" site for improvement and "rejuvenation", which is both informed by and reproduces the "cultural desirability of a tight vagina" (Braun & Kitzinger, 2001, p. 263).

Moreover, women's newfound concern or anxiety over their "vulval aesthetics" can also be attributed to the discourse on FGCS in and of itself, given that surgeons are creating the very "conditions" that they intend to "correct". Surgical solutions become justified as women increasingly take up the language of "conditions" such as "hypertrophic" (i.e., enlarged) and "rugated" (i.e., having "ruffled" edges) labia minora (Braun & Tiefer, 2010; TriAxial Medical, 2011). Motivation through self-doubt is paramount to the success of cosmetic surgeries like FGCS, in that "bringing the authoritative language of medical science to the aestheticization of the vagina is one key way to trigger such anxiety" (Weil Davis, 2002, p. 10), and to then conveniently provide a solution to manage it. The use of medical discourse creates and legitimates physiological norms based on these aesthetics, which reveals an extension of the

relationship between medicalization and the discipline of female bodies and sexualities. Typically, patients present "symptoms" that qualify them for surgical treatment; however, in the case of FGCS, patients "present" for a type of surgery wherein the symptom is merely a sense of "anxiety" or feeling of disease that is brought on by a less-than-ideal vulva or vagina.

Power relations that create a milieu in which FGCS becomes a possibility do more than construct the aesthetically ideal vulva, however. In the case of vaginoplasty in particular, the vagina gets (re)introduced into a particular economy of erotic utility, where utility is defined by the capability of the vagina to provide and receive penetrative sex. Although the kind of sex implied by the discourse is heterosexual, the emphasis is on now on a woman's experience of pleasure, and not on the goal of reproduction. While "natural" childbirth optimizes the utility of the vagina in that it is the threshold between body and population and the site at which life "emerges", the post-childbirth vagina should not make its reproductive experience visible. Therefore, insofar as it erases the evidence of reproductive experience at the vaginal level by tightening the canal and "improving" pleasure in penetrative heterosexual relations, vaginoplasty (re)introduces the loose vagina into normalized erotic utility. At the level of the body, then, FGCS brings vaginas (back) into a particular economy of phallocentric pleasure: it reproduces patriarchal power relations by making women's bodies more "useful", in part by "enhancing" their ability to please male partners in heterosexual relations. This "usefulness" may be related, at least indirectly, to the utility of the penis as established by Viagra and similar pharmaceuticals. As Viagra (re)introduces the penis into erotic utility, that penis requires a similarly "useful" site into which to exercise or display its newfound

usefulness. At the same time, the discourse on vaginoplasty does emphasize female pleasure in a way that supplants a previous focus on women's reproductive capabilities, which I discuss in more detail later.

At the level of the population, the creation of an appropriate and "useful" vulva and vagina is significant for women who become defined by the cultural (un)acceptability of their vulval aesthetics and vaginal configuration. The discourse of surgeons performing FGCS emphasizes that insecurity about genital appearance is a common concern for women, which implies that women, as a group, suffer from "genital anxiety". In turn, new populations emerge from within this context, wherein being a "normal" "woman" is defined first by vulval and vaginal "normality" and subsequently by the psychological and emotional certainty, sexual confidence, and, ultimately, sexual satisfaction that genital "normality" supposedly provides. The "abnormal" group, on the other hand, is defined by genital variance and insecurity and must be regulated through integration into "normality". By engaging in "corrective" or "augmentative" surgical procedures, women who do not fit into the "normal" population may obtain the "clean and proper body" (Kristeva, 1982) and subsequently gain entry into ideal modes of aesthetic self-representation. In other words, FGCS generates the possibility for transition from a state of vaginal exclusion or exception to the acquisition of an optimal or exceptional vagina. What is particularly problematic about this demarcation of normality and abnormality is that it reinforces established binary distinctions between male and female, as well as between sex and gender. Within such constructions, "woman" is defined by the presence and appearance of "feminine" genitalia newly equivalent to "female" genitalia, thus undermining the lived experiences of both intersex and

trans*women who may not have or want genitalia that are considered "anatomically correct". This configuration reflects what may be called an "anatomization" of sexuality in contemporary culture, insofar as it integrates female genitals within the understanding of female sexuality, thereby establishing a firmer link between genital morphology and biological and social sexuality.

There is also a relationship between norms for vulval aesthetics and vaginal configuration created by FGCS and women's overall participation in consumer capitalism. Some scholars have made connections between women's use of beauty products—cosmetic surgery included—and consumer capitalism, suggesting that such participation allows them to escape the confines of domesticity (e.g., Hall-Gallagher & Pecot-Hebert, 2007). However, the relationship between FGCS and consumption becomes more complicated when viewed through the lens of biopower. The popularization and normalization of the procedures that comprise FGCS, in conjunction with achieving its "youthful", compact, tight-looking, and uniformly pink vulva and vagina, create bodily aesthetics that aim to recruit women into continued participation in and subjection under consumer capitalism. Because cosmetic surgery has traversed every conceivable bit of the visible corporeal terrain—it has traversed all of the visible flesh, and exhausted all of the potential surgical sites—its only recourse is to interiorize. Simply put, the vagina is the latest frontier of cosmetic surgery.

As a surgical form of biopower, then, FGCS also produces a new kind of consumer and a new kind of consumption as a means to sustain capitalism and its related economic processes. Although few, comprehensive statistics are available on FGCS, the cost of these procedures, noted earlier, may initially suggest that consumers are middle-

to upper-class women. However, the fact that many clinics offer financing options (Laser Vaginal Rejuvenation Institute of Los Angeles, 2010; Manhattan Centre for Vaginal Surgery, 2011) reveals a democratization of FGCS that provides access to the consumption of normalized beauty (although financing is certainly not an option exclusive to this type of surgery). Thus, at the same time as it introduces new consumers into the realm of cosmetic surgery, FGCS, as a surgical configuration of biopower, further entrenches existing consumers in an increasingly strict form of consumption. Vaginoplasty in particular is an incredibly precise measure that instigates and perpetuates a literally "tight" control over women's bodies. Hence, FGCS performs a dual function, which is certainly in keeping with the goals of its operation; that is, if biopolitics aims to create and then regulate a particular population, then the disciplinary mechanisms that become "necessary" for normalization must not be, in this case, financially prohibitive.

However, procedures such as labiaplasty and vaginoplasty are perhaps not solely indicative of increasingly precise and particularly invasive disciplinary controls intended to render women's bodies docile or to subject the interior of women's bodies to aesthetic judgment, normalization, and regulation. If, as research suggests, consumers of FGCS are often already consumers of cosmetic surgery,[9] the women who undergo FGCS are perhaps the most "sophisticated" *cosmetic surgery* consumers. Insofar as cosmetic surgery is considered an extension of a woman's beauty regime and FGCS is an extension of the consumption of cosmetic surgery, women undergoing FGCS can be considered the most "sophisticated" *beauty* consumers. This "sophistication" is achieved not only through the depth of consumption but also through the precision of the procedures and the "privacy" of the surgical site in this case. What is also interesting

about this form of consumption is that it is consumption in perpetuity: because women (and men) can never achieve the extreme norms of femininity (and masculinity) that culture creates and cosmetic surgery provides, we perpetually participate in capitalism in order to "buy our way out of the gender dysphoria we all feel" (Spade, 2010, para. 4).

Yet FGCS allows women to consume much more than idealized constructions of femininity. For example, vaginoplasty contributes to the commodification and consumption of desire in that it is promoted for its ability to "enhance" the pleasure that women experience during penetrative sex. (Of course, it is also promoted for its ability to "enhance" the pleasure of their assumedly male partners (Braun, 2009a) but this is not the dominant means by which it is advertised (Braun, 2005).) However, instead of shifting attention away from women's reproductive obligations and towards sexuality and their sexual desire, this configuration of biopower intensifies power relations by continually disciplining women's desirability and, in turn, their experiences of desire. For example, in the discourse on vaginoplasty, the emphasis on women's pleasure produces desirable and desiring subjects. Vaginoplasty and the non-surgical G-shot interiorizes women's sexual pleasure, moving it away from the clitoris. In turn, this interiorization reinforces the long-standing assumption that, during penetrative sex, "normal" women should experience pleasure and come to orgasm vaginally, despite the fact this conception has been famously and vehemently disputed (e.g., Koedt, 1970). The discourse on vaginoplasty also assumes that a tight vaginal canal is in fact pleasurable during penetrative sex. In turn, women who experience anything other than pleasurable, multiple, vaginal orgasms during penetrative sex are pathologized as abnormal, and may consider themselves as such. While vaginoplasty has the effect of bringing female

sexuality into discourse, the resultant discursive space is marred by the exclusive focus on heterosexual, penetrative intercourse. As practitioners espouse the language of freedom, empowerment, and choice to communicate that FGCS supports rather than suppresses female sexuality, they simultaneously discipline female sexuality by creating specific, limited terms of sexual being and expression. Moreover, the discourse of female pleasure, as espoused by surgeons, is undermined by the fact that consumption of FGCS under these terms and conditions implicitly marks their bodies as sites for sexual consumption, and suggests that, with their bodies, women can participate in a form of capitalism that generates value through their corporeal malleability.

As Foucault (1990) famously suggests, however, "where there is power, there is resistance," which is "present everywhere in the power network" (p. 95). Foucault's conceptualization of power as a complex network of relations encourages us to identify how power can be simultaneously disciplining *and* enabling, operating as the discipline *and* production of subjects. In a context in which standards for sexual attractiveness have become so increasingly precise as to incorporate concerns with vulval aesthetics, engagement with FGCS, as noted earlier, can allow women entry into ideal modes of sexual representation. In addition, for women who experience anxiety as a result of their genital appearance and/or "function", FGCS may also enable or enhance their capacity for genuine and/or uninhibited sexual expression thereby freeing them from sexual reservation or restraint. While the psychological underpinnings of genital anxiety as well as its origins as a cultural production and social construction must not be ignored, it is similarly problematic to universally admonish as disingenuous the sexual and personal self-confidence that a woman may experience as a result of FGCS.

Further, FGCS can also be conceptualized as an act of self-protection or even immunization against the isolating and ostracizing effects of deviance, pathology, ugliness, and sexual disutility that are associated with genital "abnormality". Given the publicization of the vulva and vagina as a result of the proliferation of pubic hair removal in conjunction with FGCS, such effects operate in social as well as sexual spheres. The excision of flesh during labiaplasty and the removal of "excess" tissue in vaginoplasty eradicate the mark(s) of corporeal abnormality that threaten broader cultural homogeneity. Moreover, in spite of its fraudulent co-optation of feminist discourses of choice and empowerment, FGCS does bring female sexuality into mainstream, cultural discourse. Although the conditions under which it can be expressed and enacted are limited, FGCS encourages women to identify as primarily sexual rather than primarily reproductive beings, thereby enabling women to move beyond the confines of their role as reproducers (although FGCS is of course not the first technology to enable this potential). This shift in identification challenges traditional discourses of women's sexual "frigidity" and pushes medical practitioners to take female sexuality seriously. The push to take female sexuality seriously is reflected in the recent emergence of a "sexual imperative", exemplified by the veritable explosion of pharmaceutical and medical treatments for female sexual "dysfunction" (FSD). In this way, FGCS may be considered an act of care for the self that enables women to either preserve or reclaim their integrity.

This chapter has argued that female genital cosmetic surgeries (FGCS) comprise a contemporary configuration of biopower that produces new disciplinary effects on the vulva and the vagina through surgical means. In the case of FGCS, the poles of disciplinary and regulatory power coalesce to create an optimal vagina in which the

population of women is characterized and subsequently regulated by their vulval and vaginal aesthetics and their utility in the domain of heterosexual, penetrative sex. At the level of the body, this operation of biopower measures women's value not only in terms of their reproductive and birthing potential but now also by their ability (or lack thereof) to provide and maintain a tight receptacle for penile penetration. As a measure of erotic utility, vaginal tightness determines the desirability and, ultimately, the value of the vagina. In addition, the hyper-visibility of the vulva, created and maintained in part by the practices of "vulval aesthetics", enables the introduction of an aesthetic dimension into the realm of feminine "hygiene", creating new norms according to which female bodies conform as desirable and desiring subjects of power. The theoretical lens of Foucaultian biopower enables us to take a nuanced approach to FGCS, to analyze more closely its disciplining effects, and to identify how its enabling potential may signify a shift in power relations. This discipline can be (re)conceptualized as an act of self-care that enables protection or escape from pathologization, ugliness, and sexual disutility and results in a sense of belonging to a recognized norm. Insofar as resisting cosmetic surgery can be "akin to a kind of death" (Morgan, 1991, p. 25), the decision to have FGCS is clearly an "investment in life" (Foucault, 1990, p. 141).

References

Bartky, S. (1997). Foucault, femininity, and the modernization of patriarchal power. In K. Conboy, N. Medina & S. Stanbury (Eds.), *Writing on the body: Female embodiment and feminist theory* (pp. 129-154). New York: Columbia University Press.

Bordo, S. (1993). *Unbearable weight: Feminism, Western culture and the body.* Berkeley, CA: University of California Press.

Bramwell, R., Morland, C., & Garden, A. (2007). Expectations and experience of labial reduction: A qualitative study. *BJOG: An International Journal of Obstetrics and Gynecology, 114*(12), 1493-1499.

Braun, V. (2005). In search of (better) sexual pleasure: Female genital "cosmetic" surgery. *Sexualities, 8*(4), 407-424.

-----. (2009a). Selling the perfect vulva. In C. Heyes & M. Jones (Eds.), *Cosmetic surgery: A feminist primer* (pp. 133-151). Farnham, England: Ashgate.

-----. (2009b). The women are doing it for themselves: The rhetoric of choice and agency around female genital "cosmetic surgery". *Australian Feminist Studies, 24,* 233-249.

-----. (2010). Female genital cosmetic surgery: A critical review of current knowledge and contemporary debates. *Journal of Women's Health, 19*(7),1393-1407.

Braun, V., & Kitzinger, C. (2001). The perfectible vagina: Size matters. *Health and Sexuality, 3*(3), 263-277.

Braun, V., & Tiefer, L. (2010). The designer vagina and the pathologization of female genital diversity: Interventions for change. *Radical Psychology, 8.* Retrieved

September 21, 2010 from: http://www.radicalpsychology.org/vol8-1/brauntiefer.html.

Braun, V., & Wilkinson, S. (2005). Vagina equals woman? On genitals and gendered identity. *Women's Studies International Forum, 28*(6), 509-522.

Canner, L. (director). (2009). *Orgasm, Inc.* [documentary]. Norwich, VT: Astrea Media.

Cartwright, R., & Cardozo, L. (2008). Cosmetic vulvovaginal surgery. *Obstetrics, Gynaecology, and Reproductive Medicine, 18*(10), 285-286.

Davis, K. (1998). Facing the dilemma. In P. D. Hopkins (Ed.), *Sex/Machine: Readings in Culture, Gender and Technology* (pp. 286-305). Bloomington, IN: Indiana University Press.

Deans, R., Liao, L-M., Crouch, N. S., & Creighton, S. M. (2011). Letters: Why are women referred for female genital cosmetic surgery? *Medical Journal of Australia, 195*(2), 99.

Elliott, K. J. (2003). The hostile vagina: Reading vaginal discourse in a school health text. *Sex Education, 3*, 133-144.

Foucault, M. (1990). *The history of sexuality: An introduction, Volume 1*. Trans. R. Hurley. New York: Vintage Books.

Frueh, J. (2003). Vaginal aesthetics. *Hypatia, 18*(4), 137-158.

Goodman, M. P. (2009). Commentary: Female genital cosmetic surgery. *Obstetrics and Gynecology, 113*(1), 154-159.

Goodman, M. P., Placik, O. J., Benson, R. H., Miklos, J. R., Moore, R. D., Jason, R. A., et al. (2010). A large multicenter outcome study of female genital plastic surgery. *Journal of Sexual Medicine, 7*(4), 1565–1577.

Green, F. J. (2005). From clitoridectomies to "designer vaginas": The medical construction of heteronormative female bodies and sexuality through female genital cutting. *Sexualities, Evolution, and Gender, 7*(2), 153-187.

Hall-Gallagher, A., & Pecot-Hebert, L. (2007). "You need a makeover!": The social construction of female body image in *A Makeover Story*, *What Not to Wear*, and *Extreme Makeover. Popular Communication, 5*(1), 57-79.

Heyes, C. (2006). Foucault goes to Weight Watchers. *Hypatia, 21*(2), 126-149.

Herbenick, D., Schick, V., Reece, M., Sanders, S., & Fortenerry, J. D. (2010). Pubic hair removal among women in the United States: Prevalence, methods, characteristics. *Journal of Sexual Medicine, 7*(10), 3332-3330.

Hildebrandt, S. (2003). The last frontier: Body norms and hair removal practices in contemporary American culture. In H. Tschachler, M. Devine, & M. Draxlbauer (Eds.), *The emBodyment of American culture* (pp. 59-71). Münster, Germany: LIT Press.

Johnsdotter, S., & Essén, B. (2010). Genitals and ethnicity: The politics of genital modifications. *Reproductive Health Matters, 18*(35), 29-37.

Koedt, A. (1970). The myth of the vaginal orgasm. Retrieved May 01, 2010, from: http://www.feministezine.com/feminist/modern/The-Myth-ofthe-Vaginal-Orgasm.html

Kristeva, J. (1982). *Powers of horror: An essay on abjection.* New York: Columbia University Press.

Labre, M. P. (2002). The Brazilian wax: New hairlessness norm for women? *Journal of Communication Inquiry, 26*(2), 113-132.

Larsen, J. (2010). The social vagina: Labia elongation and social capital among women in Rwanda. *Culture, Health, & Sexuality, 12*(7), 813-826.

Laser Vaginal Rejuvenation Institute of Los Angeles. (2010). Photo gallery. Retrieved October 15, 2010 from: http://www.drmatlock.com/gallery.html

Leach, H. (director). (2008). *The perfect vagina* [documentary]. London: Blue Post Productions.

Liao, L-M., Michala, L., & Creighton, S. M. (2010). Labial surgery for well women: A review of the literature. *BJOG: An International Journal of Obstetrics and Gynaecology, 117*(1), 20-25.

Manhattan Centre for Vaginal Surgery. (2011). Labiaplasty. Retrieved March 4, 2011 from:

http://www.centerforvaginalsurgery.com/nyclabiaplasty/labiaplastynyc.htm

Morgan, K. P. (1991). Women and the knife: Cosmetic surgery and the colonization of women's bodies. *Hypatia, 6*(3), 25-53.

Scholten, E. (2009). Female genital cosmetic surgery: The future. *The Journal of Plastic, Reconstructive & Aesthetic Surgery, 62*(3), 290-291.

South Coast Urogynecology. (2010a). Hymen Repair and Restoration. Retrieved July 14, 2011 from: http://urogyn.org/hymenoplasty.html

-----. (2010b). Clitoral Hood Reduction. Retrieved May 28, 2011 from:

http://urogyn.org/avs_clitoral.html

-----. (2010c). Perinoplasty. Retrieved May 28, 2011 from:

http://urogyn.org/avs_perineoplasty.html

Spade, D. (2010). Dress to kill, fight to win. *LTTR Journal, 1*(16). Retrieved April 30, 2010 from: http://www.lttr.org/journal/1/dress-to-kill-fight-to-win

Sullivan, N. (2007). "The price to pay for our common good": Genital modification and the somatechnologies of cultural (in)difference. *Social Semiotics, 17*(3), 395-409.

Tiefer, L. (2008). Female genital cosmetic surgery: Freakish or inevitable? *Feminism & Psychology, 18*(4), 466-479.

TriAxial Medical. (2010). Costs and financing. Retrieved October 15, 2010 from: http://www.labiaplastysurgeon.com/costs-financing.html

TriAxial Medical. (2011). Labiaplasty questions and answers. Retrieved July 14, 2011 from: http://www.labiaplastysurgeon.com/labiaplasty-questions.html

Weil Davis, S. (2002). Loose lips sink ships. *Feminist studies, 28*(1), 7-35.

Wilding, F. (2001). Vulvas with a difference. Retrieved March 27, 2010 from: http://www.obn.org/reading_room/writings/html/vulvas.html

Valeo, T. (2010). The voice lift: Should vocal fold surgery be considered a cosmetic procedure? *ENT Today*. Retrieved March 2, 2011 from: http://www.enttoday.org/details/article/684947/The_Voice_Lift_Should_vocal_fold_surgery__be_considered_a_cosmetic_procedure.html

Notes

[1] Given the subject matter of this chapter, the terms "woman", "women", and "female(s)" are used with reference to cissexual and cisgender women, unless otherwise specified.

[2] Unsurprisingly, however, cosmetic surgeons are quick to question the experience of non-surgeons. As one database for FGCS surgeons states,

> Many young women and their parents don't realize how important it is to seek the surgical advice and experience of a physician who has performed hundreds of labiaplasty procedures…until it is too late. Simply loping [sic] off tissue, without regard to symmetry, or latent-tissue retraction after healing, can result in disastrous results. Simply remember, ONCE TISSUE IS REMOVED, IT RARELY CAN BE REPLACED…IF EVER. While the family gynecologist is trained in gynecological anatomy and physiology; procedures in labiaplasty or vaginoplasty are specialty areas not usually taught during medical training. It is ALWAYS advisable to only proceed with a surgeon skilled in performing numerous labiaplasty or vaginoplasty procedures. (TriAxial Medical, 2011, uppercase in original)

[3] While FGCS is just one example that reveals that surgery has become a form of consumption and is no longer just for patients, many women genuinely feel that they have a medical abnormality that requires surgical attention. To reflect this ambiguity, and to preserve some level of sensitivity, I will refer to women who choose to have this surgery as both clients and patients.

[4] Information on the number of FGCSs performed each year are also scant, however. In her comprehensive research into the statistics, Braun (2010) finds:

> Labiaplasty operations performed on the National Health Service in the U.K. almost trebled across a decade: from under 400 in 1998-1999 to nearly 1200 in 2007-2008. U.S. data from the American Society of Plastic Surgeons (ASPS) indicated a 30% increase in "vaginal rejuvenation" between 2005 and 2006 (from 793 to 1030). The ASPS has not collected FGCS data since then, but the American Society for Aesthetic Plastic Surgery (ASAPS) reported on "vaginal rejuvenation" for 2007-2008. This time, although the number of surgeries was considerably higher in absolute terms, a 22% decline was reported: from 4506 to 3494 procedures. A decline was not specific to FGCS, however; cosmetic procedures overall were down 15% in 2008, a downturn attributed to the economic environment. (p. 1394)

The 2010 statistics are now available, but these societies have not returned to reporting on FGCS. This lack of reporting likely remains due to the lack of regulation of the industry by governing bodies in combination with a lack of standardized nomenclature to describe the procedures.

[5] As Braun (2010) rightfully points out, there are broader implications associated with surgeon reporting of surgical statistics, especially where patient satisfaction rates are concerned. She argues that surgeons frequently conflate consumer satisfaction with clinical effectiveness, and that objectivity is eroded in assessments conducted by those with a financial interest in the outcome (Braun, 2010). Similarly, published research reporting the success of clinical trials for pharmaceutical treatments for Female Sexual "Dysfunction" (FSD) has been retracted by top-tier medical journals (such as the *BMJ*)

because the authors of the reports had undeclared financial ties to pharmaceutical companies (Canner, 2009).

[6] Uncertainty over labia "normality" is apparently also pervasive amongst FGCS surgeons as well as medical practitioners. Deans et al. (2011) note that medical training focuses on vulval anatomy but not on morphology and its variants, and note that, at a time when FGCS is marketed intensely and demanded more frequently, medical practitioners may not have sufficient knowledge with which to "assess and advise women about their concerns" (p. 99). The lack of consensus over what constitutes "normal" labia is clearly reflected in surgeon discourse: one surgeon website claims that normal labia size is "whatever you choose, based on your own self-esteem" (TriAxial Medical, 2011).

[7] The World Health Organization (WHO) considers labia elongation a form of female genital "mutilation" (Larsen 2010).

[8] Voice "lifts" may also be considered an "interior" surgery, although there is much debate amongst surgeons as to whether the procedure should be considered cosmetic (Valeo, 2010).

[9] Because FGCSs are outpatient procedures, women often elect to have one or more of these procedures while they are already "booked" for another surgery, which may or may not be an FGCS (Goodman 2009; Scholten 2009).

Vaginal Biopolitics

In this thesis, I have opened up for consideration the relationship between biopower and the vulva and vagina. Drawing on Foucault's (1990) formulation of biopower, a conceptual model of power that emphasizes the control of the individual body and the regulation of the population, as well as insights from feminist theory (e.g., Bartky, 1997; Bordo, 1993; Morgan, 1991), I explored the ways in which aestheticization and functionality have been introduced as new means by which to discipline the vulva and vagina. In the two previous chapters, I explored the ways in which non-invasive "vulval aesthetics" (e.g., Brazilian waxing, vajazzling, pubic hair and labia dye) and female genital cosmetic surgery (FGCS) are two current examples in Western culture that represent this new configuration of biopower centered on the appearance and function of the female genitalia. I determined that the ideal vagina endorsed by these practices is narrow or "tight", while the ideal vulva is hairless and possibly beaded, uniformly pink in colour, and has streamlined or symmetrical labia minora.

The practices that comprise non-invasive vulval aestheticization and FGCS, and the ideals that they propagate, are influenced by long-standing conceptualizations that construct the unaltered vulva and vagina as inherently "ugly", "dirty", and/or "smelly" and therefore in need of correction (e.g., Braun & Kitzinger, 2001). In addition, these practices also create new meanings and implications for female genitalia and the female body more generally. For example, in thinking through new aesthetic trends as indicative of the institutionalization of the precise regulation of vulval appearance, I argued that these trends are a form of technological innovation of the vulva that promotes its reorganization into an aestheticized ornament. This ornament becomes culturally

acceptable, particularly because it is associated with characteristics that are distinct from established, negative ideas about the vulva. By producing and reinforcing a particular kind of idealized vulval appearance, practices such as waxing, vajazzling, and pubic hair and labia dyeing promote genital dissatisfaction. In turn, this promotion of anxiety engenders the conditions for more invasive or surgical alterations of the vulva and vagina through FGCS. Because the procedures that make up FGCS intend to simultaneously "enhance" sexual "function" and vulval appearance, they are indicative of a configuration of biopower that intends to optimize the vulva and vagina by making the former aesthetically pleasing and the latter erotically "useful". Thus, these practices, while distinct, represent a constellation of technologies that, together, idealize the vulva and vagina in terms of appearance and function.

Previously, I considered the effects of biopower on the vulva and vagina. In this concluding chapter, I consider what these practices reveal about the operation of biopower today with emphasis on its effects on female bodies in Western culture. In terms of the discipline of the individual, I consider how vulval aestheticization and vaginal configuration become the grounds for the optimization of the female genitalia, and explore the relationship between requirements for vulval aesthetics and broader expectations for female bodily comportment. At the level of population, I explore how vulval morphology and vaginal configuration become a new basis for the production of population(s) and discuss the means of regulation that emerge as a result.

As noted earlier, the first pole of biopower centers on the individual body, making it into a machine through disciplinary control. This control takes the form of the optimization of the body's capabilities, the "extortion" of its forces, and the "parallel

increase of its usefulness and its docility" (Foucault, 1990, p. 139). The disciplinary controls associated with non-invasive vulval beautification and FGCS operate at the level of vulval morphology and vaginal configuration, which are defined by aesthetic appearance and sexual function, respectively. These two components are introduced as additional means by which to eradicate the supposedly abject properties of the vulva and make it culturally palatable. In the case of vulval beautification practices such as waxing and vajazzling, particular aesthetic norms create the expectation of compliance by positioning the resulting vulva as clean and sexually attractive. Practitioners of FGCS use medicalized terms such as "hypertrophy" and "rogation" to rhetorically repackage any markers of genital diversity as "abnormalities". But, aestheticization alone is not a capability and it does not signal optimization. In actuality, the optimization of the vulva occurs in the capacities that are produced by its aestheticization. Specifically, the usefulness of the aestheticized vulva lies not in its beautification, but in its newfound status as a commodity that is acceptable for erotic consumption and public discussion. This usefulness is positioned in contrast to the unaltered vulva, which is rendered invisible, for it is not discussable, representable, or consumable.

In the case of FGCS specifically, disciplinary control operates at the level of vaginal function, tightening the vaginal walls so as to optimize its capacity for penetrative sex. In the context of a heterosexist economy, increasing the penetrative capability of the vagina clearly increases both its erotic utility and value. As I argued earlier, the institutionalized "correction" of women's genitals, whether through surgery or the promotion of douching, has a long-standing history in Western culture; what is new about FGCS, however, is that the increased interest in rearranging women's genital

configuration is now preoccupied with "repairing" genital "abnormalities". Earlier examples of female genital surgery were performed in the context of conjugal relations, and hence still focused on reproduction rather than aestheticization or erotic function. However, there is a significant difference between the benefits espoused by practitioners of FGCS and the actual form of utility encouraged by these surgeries. In media and surgeon discourse, FGCS procedures are designed and promoted for their ability to enhance women's sexual experiences. Clitoral hood reduction, for example, is marketed to women as a way to increase their sexual pleasure by removing "excess" skin, thereby providing greater access to the clitoris. Likewise, practitioners claim that vaginoplasty surgery enhances women's sexual pleasure because it tightens the vaginal walls, which increases the degree of friction during penetration and purportedly produces increased sexual pleasure. Further, insofar as it reduces sexual self-consciousness, labiaplasty can also enhance a woman's sexual pleasure. When read uncritically, the surgeries encourage women to be primarily sexual rather than exclusively reproductive beings who pursue surgical means to increase rather than suppress their sexual pleasure.

Upon examining the discourse and procedures of FGCS more closely, however, it becomes evident that the "enhancement" of female erotic utility serves a phallocentric economy of pleasure. FGCS creates a form of sexual expression that is highly restricted by its emphasis on heterosexual relations, which has evidently replaced conjugal relations as the "appropriate" means by which women can experience pleasure. Further, taking into consideration the heterocentric context that surrounds these surgeries exposes their supposed benefits to women's sexual pleasure as disingenuous: FGCS designs the bodies of surgical subjects specifically for the erotic consumption of male partners, given that it

combines a masculinized gaze with emphasis on male sexual pleasure. The creation of the "clean slit" (Weil Davis, 2002, p. 9) emphasizes the site of insertion and forecloses the possibility for other vulval and/or vaginal "function(s)". As a combination of processes that "return" the vagina to an "optimum physiological state" by enhancing "vaginal muscle tone, strength, and control" (Laser Vaginal Rejuvenation Institute of Los Angeles, 2011), FGCS exemplifies a configuration of biopower that preserves norms of heterosex and maintains women's relative passivity in sexual relationships. The reproduction of passivity justifies locating sexual problems in women's physiology as well as the newly established provocation that surgical reconstruction is necessary for the enhancement of sexual pleasure.

At the same time that such practices publicize previously private parts, they also reveal that disciplinary power operates on the "active" body through the instigation of self-surveillance. While the standards for vulval attractiveness and vaginal functionality are promoted through various sets of institutionalized discourse (e.g., surgeon websites; television shows such as *The Doctors*), women are encouraged to determine whether they themselves meet the criteria for vulval attractiveness and vaginal usefulness. Self-diagnosis preserves the validity of discourses of "empowerment" that emphasize women's "choices" to beautify and "improve" their genitalia through waxing or surgery. As disciplinary controls, these practices further structure women's physical routines by requiring repeat visits to the spa or applications of dye. However, we are portrayed as initiating our own engagement with these practices for the purposes of self-care and/or a desire for sexiness and cleanliness. The impetus for engagement with vulval and vaginal reconfiguration is the result of a complex array of factors and influences, but the decision

to beautify or have surgery is always already positioned as a "choice" intrinsic to the individual. For example, young women tell researchers that they engage in waxing because they have a "personal preference" for cleanliness, while surgeons tell us that the candidates who present for FGCS indicate that they have long been dissatisfied with the appearance, shape, or size of their genitalia. The practices that comprise both vulval aesthetics and FGCS reveal, among other things, that disciplinary power remains a form of control in which the self is complicit in her own subjection. As I determined earlier, female subjects willingly submit themselves as objects of the patriarchal and medico-surgical gaze of their own volition, because they can "choose" to do so and because they want to reap the espoused benefits of the results. The discourses on "vulval aesthetics" and FGCS produce this subjectivity by initiating and maintaining desire to wax, vajazzle, or undergo labiaplasty due to a "personal preference" for sexiness, cleanliness, or genital or aesthetic "normality". This modality of "choice" affirms Morgan's (1991) interpretation that conformity masquerades as "choice" as a way to constrain women within patriarchal power relations that define achieved femininity. It also reminds us of Bartky's (1997) take up of Foucault's notion of panopticism, as discipline continues to take place through self-surveillance.

On the one hand, then, the operation of disciplinary control in both vulval aestheticization and FGCS coincides with Foucault's original conceptualization of discipline as a form of power. On the other hand, my examination of these two cases also reveals a particularized form of this power, one that creates and reinforces both aesthetic and functional standards for a specific part of the body parallel to those expected of the female body as a whole. For example, the aesthetic ideal endorsed by these practices—

hairless or carefully trimmed, tight-looking, uniformly "pink", with virtually undetectable labia minora—is indicative of the institutionalization of an abridged genital entity that is smaller, neater, more youthful and more compact than its unaltered counterpart. This "compact" vulva mirrors the expectations associated with normative femininity, in that female bodies are also expected to comply with an aesthetic ideal that values thinness, youthful appearance, smooth skin, and, ultimately, takes up less space than male bodies (Bartky, 1997; Bordo, 1993). Its restricted movements, whether in the aesthetician's office, after vajazzling, or on the operating table, reflect the limited movements of female bodies that are constrained by high heels and tight clothing (Bartky, 1997). Both sets of ideals, it seems, are interested in enhancement by way of reduction. While it is unsurprising that vulval aesthetics are based upon similar restraints and controls expected of the female body, it is important to reiterate that expectations for vulval aestheticization in particular reinforce the binary between sex and gender by conflating femaleness with feminine morphology, or by inscribing comparable aesthetic requirements for size, shape, and configuration of the vulva. There at least two significant and related implications to this reinforcement: first, that "female" vulval morphology can be ascertained using the terms of normative *femininity*; and second, that the resulting "feminine" vulval morphology becomes the determinant of "normal" (i.e., acceptable) femaleness. Moreover, as standards for vulval and vaginal normality are increasingly shaped by techniques that "technologize" beauty (e.g., cosmetic surgery), genital diversity gets re-written as ugly and is subsequently pathologized (Morgan, 1991).

While they may act on the individual body, these two cases reveal that, because they produce cultural homogeneity, disciplinary power always presupposes a multiplicity

and is thus not a particularizing force. As such, non-invasive vulval aesthetics and FGCS must be understood as instances of disciplinary control that simultaneously produce and regulate women's bodies at the level of the population. Because these norms reflect long-standing expectations for women's bodily comportment and influence expectations for female sexual being and expression, there are broader implications for women in general. In the same way that discipline at the genital (micro) level reflects extant aesthetic expectations for women at the bodily (macro) level, the discipline of many individual bodies, when taken up in large numbers, promotes broader regulation of the population. In the case of FGCS, for example, medicalization produces an independent corpus characterized by its own set of specific processes and phenomena by turning cultural norms for vulval and vaginal aesthetics and configuration into diagnostic tools for determining "normal" womanhood and female sexual attractiveness.

In this thesis, I took up the two current cultural phenomena of non-invasive vulval aesthetics/beautification practices and female genital cosmetic surgery (FGCS) to also think through the relationship between biopower and female embodiment. In considering the relationship to the broader population, I located several meanings that indicated both the production and regulation of a population. In the case of vulval beautification practices, I suggested that the push toward engagement privileged sexually "liberated" and "empowered" women, rewarding their complicity with the privilege to publicly discuss their "vajayjays". More importantly, I found that the shift toward an aestheticized vulval entity regulated the population at the level of the erotic body by dissociating it from the reproductive body. In analyzing FGCS, I interpreted that the shift away from reproduction signals the creation of an optimal vagina—characterized, as noted above, by

ideal appearance alongside enhanced sexual "function"—and indicates the emergence of populations of "normal" and "abnormal" women who are defined by their genital morphology. One of the primary effects of this development is that it reestablishes previously held and repressive ideas about women's sexual pleasure, particularly in the way that it relocates orgasmic capability, synonymous here with female sexual pleasure, inside the vagina.

The new practices that make up "vulval aesthetics" (e.g., Brazilian waxing, vajazzling, pubic hair and labia dye) and FGCS also reveal a shift in the way that biopower creates and regulates populations. FGCS, for example, requires that women seek a medical solution to a cultural problem. The procedures that comprise the category not only medicalize female genital diversity, they do so by relying on standards for normality that are driven by cultural norms for genital attractiveness. In both cases, then, it is evident that new populations are being created, but they are constructed in new ways and by less tangible means. Initially, Foucault (1990) proposed that the shift towards biopower emerged in the regulation of populations through the correction of "problems" that became, at the time, identifiable as a result of the emergence of institutions that could measure statistics on birth and death rates, illnesses, disease, and epidemics. In the context of vulval aesthetics and FGCS, the emphasis remains on correcting "problems" for the purposes of optimization, but the population requiring regulation is evaluated by the dimensions and size of the various parts of their genitalia. Despite the supposed importance of size and shape of the labia or the tightness of the vagina, however, regulation is no longer based upon quantifiable dimensions or statistical measures. Because "normal" vulval and vaginal configuration is calculated by exclusively

qualitative means, this population is not governed through scientific or even health-related knowledge. In the case of FGCS, neither surgeon websites nor published articles in medical or cosmetic surgery journals give an indication of the boundary for (ab)normality through graphs or charts containing measurements or by reporting rates of supposed "irregularities". Instead, the measures of (ab)normality are informed by cultural norms that some scholars have suggested come from an increased visibility of the vulva due to an increase in online access to pornography (e.g., Braun & Wilkinson, 2005; Tiefer, 2008). However, as I suggested, the norms for genital normality may emerge from a general public and medical lack of knowledge about genital diversity that may emerge from an absence of it in anatomical discourse and education. In either case, these new norms for genital "normality" are legitimized by the medico-surgical gaze, and then applied to all women. Ultimately, this reflects the broader climate in which medicine is as much a social institution as it is a scientific discipline (Lander, 1988). My research reveals that, in the case of FGCS in particular, medicine is taking up a social role, intervening in the (re)production of aesthetic and sexual norms for the vulva and vagina, respectively. This intervention exposes the emergence of a reciprocal relationship between cultural norms and medical norms, insofar as the establishment of medical language to describe deviations from culturally established ideals provides a justification for surgical intervention; conversely, medical intervention further perpetuates these ideals by instituting them as representative of "normal" genital appearance or function. This relationship is in keeping with earlier means of medical regulation of women's bodies that emphasized compliance with social norms. While we must be cognizant of the "regulative dimension of the popular discourse of personal choice and self-improvement"

(McRobbie, 2004, p. 261), we must also trace and be critical of the origins of such discourses. Specifically, as medicine begins to enforce norms for sexual attractiveness and usefulness, feminist scholars need to question how these practices establish, encourage, and reinforce such norms.

The broader context within which non-invasive vulval aesthetics and FGCS are imbued is also significant to the development of population. These two sets of practices exist amongst a myriad of practices that are both dependent on and emerge within a patriarchal and misogynist social structure that has long constructed female genitalia as abject. At the level of the population, these mechanisms introduce splinters into the social domain, creating divisions that rearrange the conception of population as a homogeneous whole into an entity with differentiated segments. From here, "women" can emerge as one segment that has its own set of processes, forces, and capabilities, which may then be manipulated for the purposes of wide-scale regulation. However, a necessary tension exists in the creation of this population: at the same time as "women" become a specific segment of the population with its own set of "problems", the homogenization of female genital appearance understands and constructs "women" as a monolithic whole. Therefore, as vulval and vaginal morphology increasingly come to define femaleness, a relationship emerges between genital configuration and female sexuality and subjectivity; that is, strengthening the imperative for uniform genital appearance reveals an institutionalized desire for a population of women lacking in unique subjectivities, sexualities, and/or interests.

Moreover, these practices assume and (re)produce a population of women who are concerned about their appearance and sexual attractiveness. The practices that

comprise "vulval aesthetics" and procedures included within FGCS exploit women who have been made to feel deficient though an unyielding combination of factors: a "hyperculture of commercial sexuality" (McRobbie, 2004, p. 259), exemplified by pressure for unrestrained and lascivious female sexuality as reinforced by "porn culture" (Dines, 2010); hyperacute norms for beauty and sexual attractiveness as propelled into popular culture in part by Brazilian waxing; and the normalization of the medicalization of women's biological processes (e.g., menstruation, pregnancy, childbirth, and menopause).

While previous configurations of biopower have optimized the reproductive potential of the female body, the new forms of vulval and vaginal discipline and regulation configure a specifically eroticized body that in turn reinforces the distinction between the erotic body and the reproductive body. This privileging of the erotic body does not negate the significance of the reproductive body; instead, it produces another kind of body with the potential for optimization. This explicit separation of the erotic body from the reproductive body further contributes to the fragmentation of female bodies. Previously represented as a series of disembodied parts, female bodies must now fulfill two separate sets of expectations: on the one hand, they must meet standards for appearance and comportment; on the other hand, they must retain their proper sexual "function". Insofar as they heighten vulval and vaginal awareness, these two poles require ongoing negotiation in the form of self-surveillance.

Overall, this project is one that reflects upon the conceptualization of vulvas and vaginas at a particular historical and cultural moment. It is important to reiterate that the cultural practices of vulval aesthetics and FGCS are still emergent, and thus what they

reveal about the operation of biopower on women's bodies is contingent upon my thinking through them in their current iterations. In the coming years, as these practices become normalized and further entrenched in the beauty, medical, and cosmetic surgery industries, their manifestations may change significantly, as might their relationship to biopower.

This project contains much potential for expansion. For instance, there are other cultural examples of vulval and vaginal discipline, such as the "innovation" or repurposing of feminine hygiene products such as Summer's Eve, that may be indicative of a similar or perhaps completely different iteration of biopower. Perhaps more urgently, there is also the potential for the project to work in a different direction altogether and to think through the effects of feminist and activist practices that work to resist negative conceptualizations and representations of female genitalia. Such resistance dates back to the 1970s and the emergence of Cunt Art, which, through the work of Judy Chicago, Miriam Schapiro, and Faith Wilding, among others, reclaimed the word and portrayed celebratory images of female genitalia. Current modes of resistance are building upon the tenets of this movement, acting as a counter-discourse against normalization through aestheticization. These newer works include Jamie McCartney's *Great Wall of Vagina* (2011) and Wrenna Robertson's *I'll Show You Mine* (2011). Such a project could work to establish a pluralized and incommensurable conceptualization of the vagina that can then be used as a theoretical and analytical tool to further enhance our understanding of contemporary biopower.

Theoretically, this project has contributed to extant feminist scholarship on Foucaultian biopower by considering how biopower operates on and through female

genitalia. The relationship between biopower and the vagina, until now, has been absent in such analyses, as they have primarily focused upon reproduction (e.g., Sawicki, 1991; Terry, 1989; Weir, 2006). Through the exploration of new practices of non-invasive vulval aesthetics and female genital cosmetic surgery as indicative of the operation of biopower, this project reveals that biopower is taking vulvas and vaginas seriously. By emphasizing the indeterminate and plural nature of unaltered genitalia at the outset of this project, it makes sense that the effects of such a configuration of biopower would be ones that introduce diversity as an abnormality and emphasize precision, reduction, and homogenization as a form of "correction". The institutionalization of abnormalities makes the vulva and vagina knowable and thus controllable, in turn disciplining the bodies of women who are now defined by the "(ab)normality" of their vulval and vaginal configuration. This project has also critically engaged with the ways in which different institutions—the beauty industry, medicine, plastic surgery—create and establish norms for vulval appearance and vaginal function, and influence individuals to take up practices that enable compliance with these norms. In addition to exploring the implications of biopower on female corporeality, this project reveals that the normalizing effects of disciplinary and regulatory mechanisms on the vulva and vagina impact female embodiment and subjectivity, particularly in relationship to newfound expectations for female sexuality and women's engagement with their bodies.

References

Bartky, S. (1997). Foucault, femininity, and the modernization of patriarchal power. In K. Conboy, N. Medina, & S. Stanbury (Eds.), *Writing on the body: Female embodiment and feminist theory* (pp. 129-154). New York: Columbia University Press.

Bordo, S. (1993). *Unbearable weight: Feminism, Western culture and the body.* Berkeley, CA: University of California Press.

Braun, V., & Kitzinger, C. (2001) The perfectible vagina: Size matters. *Health and Sexuality, 3*(3), 263-277.

Braun, V., & Wilkinson, S. (2005). Vagina equals woman? On genitals and gendered identity. *Women's Studies International Forum, 28*(6), 509-522.

Dines, G. (2010). *Pornland: How porn has hijacked our sexuality.* Boston, MA: Beacon Press.

Foucault, M. (1990). *The history of sexuality: An introduction, Volume 1.* Trans. R. Hurley. New York: Vintage Books.

Lander, L. (1988). *Images of bleeding: Menstruation as ideology.* New York: Orlando Press.

Laser Vaginal Rejuvenation Institute of Los Angeles. (2011). Laser vaginal rejuvenation. Retrieved July 7, 2011 from: http://www.drmatlock.com/LVRPatientEdu.html

McRobbie, A. (2004). Post-feminism and popular culture. *Feminist Media Studies 4*(3), 255-264.

Morgan, K. P. (1991). Women and the knife: Cosmetic surgery and the colonization of women's bodies. *Hypatia, 6*(3), 25-53.

Sawicki, J. (1991). *Disciplining Foucault: Feminism, power and the body*. New York: Routledge.

Terry, J. (1989). The body invaded: Medical surveillance of women as reproducers. *Socialist Review, 19*(3), 13-43.

Tiefer, L. (2008). Female genital cosmetic surgery: Freakish or inevitable? *Feminism & Psychology, 18*(4), 466-479.

Weil Davis, S. (2002). Loose lips sink ships. *Feminist studies, 28*(1), 7-35.

Weir, L. (2006). *Pregnancy, risk, biopolitics*. London: Routledge.