

Vulvas with a Difference

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INTRODUCTION

An age-old problem has resurfaced—with a difference—in the biotech century. The problem: What does woman (sic) want? This question, once so exasperatedly asked by Freud—as a corollary to his finding that woman “represents a lack” (of a penis)—is once again being vigorously addressed in the practices of (mostly) male scientists and doctors with new biotechnological and medical processes at their disposal. Freud’s formulation of the question presumes an essentially identical desire (for the penis) in all women regardless of age, race, sexual preference, education, economic status, or geographical residence. It also represents “woman” as essentially lacking (because she has been found “wanting?”) and as problematic, mysterious, unknowable, and eternally unsatisfiable. Freud makes it clear that the problem—traditionally described by the term “hysteria”—is that women want sexual pleasure; they want to know how to have it, how to get it, and how to control and ensure the supply.

In Europe and the U.S., nineteenth, and early twentieth-century responses to the problem of female “hysterical” anorgasmia and decreased or absent sexual pleasure often called for medical interventions that were sometimes quite drastic, including painful body binding, purging, bloodletting, nasty douches and bath regimes, confinement to bed, bland diets, and in worst cases, hysterectomy and/or clitoridectomy. Women experiencing “vaginal relaxation”¹ and vulvar and vaginal damage due to too frequent childbirth, inadequate medical knowledge of women’s genital structures and functions, and the total ignorance of the mechanisms of the female orgasm, had nowhere to turn except to their doc-

tors, because the traditions of women healers and midwives with experience and knowledge of women's bodies had long since eroded in the moralized and rationalized body practices of the Enlightenment.

A valuable light is cast on age-old treatments of female disturbances by Dr. Rachel Maines.² She documents that an effective treatment for hysterical women since the Greeks had been "pelvic massage"—sometimes performed by male doctors, but more often by female midwives—to relieve women of the sexual tensions, pelvic edema, and nervous depressions brought on by the lack of orgasmic release in marital penetrative coitus. Maines chronicles the invention of the vibrator—originally designed to relieve doctors of the tedium of hand manipulation of women's genitals (pelvic massage)—and its fairly rapid adoption as a tool of "personal care" in private households; and shows that this technological solution to the "problem" of women's complicated sexual needs contributed to letting (male) lovers and husbands off the hook in terms of learning to satisfy their partner's sexual desires. At the same time the vibrator supported the centrality of penetrative coitus climaxing in male orgasm as the dominant form of heterosexual practice.

Meanwhile, in many north African countries such as Kenya, the Sudan, Ethiopia, Somalia, Mali, Egypt, and Chad (as well as in many parts of the Middle East, such as Saudi Arabia, Iraq, and Yemen, as well as large parts of Indonesia, and to a lesser extent in other parts of the world), varying forms of female circumcision and female genital mutilation (FGM) have been practiced for centuries by both Muslims and Christians. While there are deep and complex reasons for the origin and perpetuation of these practices, nearly all African and Western researchers who have studied them—as well as the evidence of extensive testimony from women on whom these operations have been practiced—agree that most of these procedures are extremely painful and dangerous to a woman's health; they usually destroy women's sexual pleasure, and are performed to "purify" and control women's sexuality.³ Thus, though there seems to be no social construction of female hysteria in these countries, it is significant that the circumcision practices have the effect of controlling and curtailing women's sexual pleasure, which must somehow seem a threat to

social order and masculine power. And although they are often compared, female genital circumcision can in no way be equated with the circumcision of men, even though some circumcised men do report diminished sexual sensation due to the loss of their foreskins. It is also important to note that in the past decade or so in the U.S., there has been a fairly vocal revolt against the almost universally adopted medical (and sometimes religious) practice of routine male circumcision right after birth.

THE BIOTECH SOLUTION

You don't have to fly to LA or NY to get the hottest trend in the world of cosmetic surgery—labiaplasty and vaginal tightening, also known as a “designer vagina.” —WEB SITE

Currently, biotechnologies and new microsurgical medical technologies (MedTech) are being used to pioneer new flesh technologies. MedTech is being used by doctors to address the Freudian “lack” directly by re-engineering the body of the woman rather than by treating her psyche. Consider, for example, this website text describing “Vaginal Rejuvenation through Designer Laser Vaginoplasty: Designer Laser Vaginoplasty is the aesthetic surgical enhancement of vulval structures, such as the labia minora, labia majora and mons pubis.”⁴ Texts on these websites make clear that what is lacking or inadequate is the woman's body and the structure of her sexual organs—not medical knowledge and sexual practices.

Though many men still complain that they cannot find the clitoris, recent research into the structures of the clitoris and vulva have revealed an astonishing new terrain of erectile tissue and nerve networks which show that the size of the clitoris is much bigger than previously depicted in medical literature. Part of the problem of the invisibility of the clitoris (the dark continent) is that the ancient methods of comparative anatomical studies of male and female genitalia still permeate scientific and medical literature and practice. In a recent article, Dr. Helen E. O'Connell and colleagues pointed out that even the nomenclature for the female genital parts is consistently incorrect: “We investigated the anatomical relationship between the urethra and the sur-

rounding erectile tissue, and reviewed the appropriateness of the current nomenclature used to describe this anatomy...A series of detailed dissections suggests that current anatomical descriptions of female human urethral and genital anatomy are inaccurate.”⁵

Girls and women in the U.S. are routinely taught to call their external sexual organs “vagina” (as in the current Off-Broadway show, “Vagina Monologues”), rather than “vulva.” The vagina is not the homologous organ to the penis, and the incorrect nomenclature perpetuates the invisibility and unmentionability of the female sexual (orgasmic) organs—the vulva and clitoris. The subversive ’70s feminist use of the term “cunt” (as in “cunt art”) was a direct response to this problem of naming.

However, now that vast amounts of money can be made from new microsurgical and biotechnological medical interventions, some scientists/doctors (in the U.S. and Canada) have decided to educate themselves about the “problems” of women so they can fix them once and for all in the postmodern (post-hysterical) way—through medical and biotechnology:

To date there has been no such interest, (as that dedicated to the correction of male impotence) let alone research, in vaginal relaxation and its detrimental effects on sexual gratification. ...The obstetrician and gynecologist is looked upon as the champion of female health care. ...Your doctor is a scientist. His [sic] knowledge is based upon this science (the science of obstetrical and gynecological specialty.) This science is founded upon research, bio statistics, established facts [sic], theories, and postulates. If there is none of this science pertaining to vaginal relaxation and sexual gratification then it doesn’t exist. It won’t exist until we look for it. Therefore, let it begin now!⁶

And so the scientist/doctors are off and running. Purely elective vulvar/vaginal surgeries that are done for “aesthetic reasons only” can cost between \$2,000 and \$3,500 for a fairly simple “plumping” (liposculpture) of the outer lips of the mons, using fat suctioned from the inner thighs. Or, you may be advised to employ labiaplasty to shorten and symmetrize those dangerous, dangly vulvar lips that might interfere with horseback riding, wearing pants, or be painfully drawn inside during intercourse. (“Labiaplasty is a reduction of the labia minora, the flaps of skin which form the lips of a woman’s genitalia and

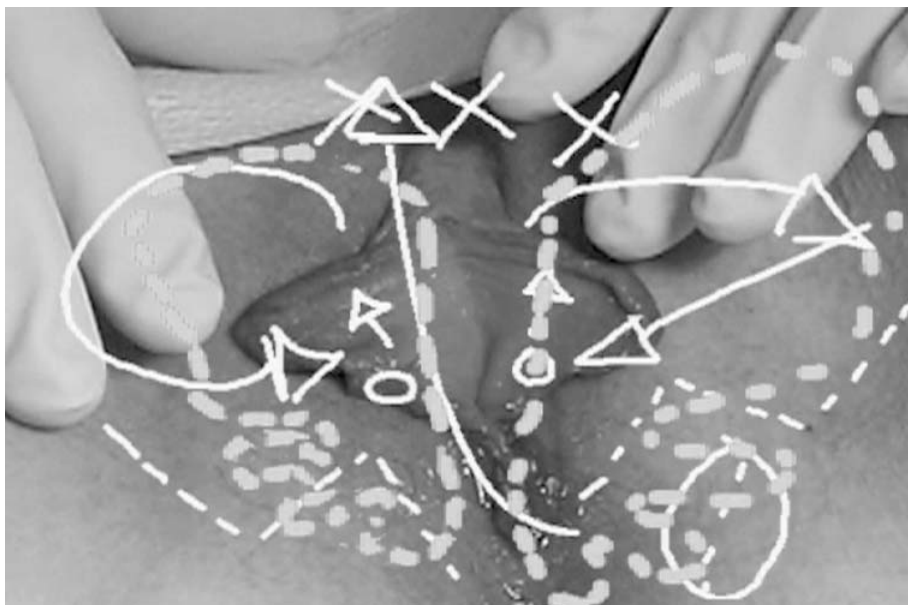
cover the clitoris and vaginal opening.”) Or, for women from certain “ethnic” groups: “When a woman marries and consummates the marriage she must bleed to prove virginity to her partner...since in this day and age (due to exercise, and physical activity) the hymen is rarely intact...(some) women do request a hymen repair.”⁷ It is no surprise that this latter sentence is the only mention of “ethnic” groups or practices that I found in the websites and online literature from vaginal rejuvenation clinics. I found no mention of the practices of female genital mutilation (FGM), or the connection between the new MedTech surgical practices and FGM, though these doctors must surely be aware of it. The new vulvar and vaginal surgical technologies would be put to much better use in helping women seeking reconstruction and healing of sexual organs mutilated and damaged by FGM practices, than in making unnecessary “aesthetic” interventions on perfectly healthy women.

TECHNOLOGIES WITH A DIFFERENCE

“Women are multi-orgasmic...From this factual data, laser vaginal rejuvenation was designed in order to *enhance sexual gratification for women who, for whatever reason, lack an overall optimum architectural integrity of the vagina.*” [author’s emphasis]

For most affluent (white) Western women accustomed to rejuvenating their looks by plastic surgery, the re-engineering and aesthetic enhancement of the vulva is a so-called “elective” procedure, and seems to represent a voluntary consumer excess not that much different from a nose or breast job—although the term “voluntary” is questionable here, considering the disciplinary pressures of Western beauty standards.

By contrast, for non-Western women, female genital alteration, including many forms of female circumcision and infibulation, is generally a mandatory cultural ritual or procedure usually practiced on women by women. With globalization and increased East to West migration, women from societies still practicing various forms of female circumcision sometimes seek these services from qualified obstetricians/gynecologists in modern hospitals. Such is the compelling nature of this cultural custom, however, that many mothers are still



Still from "Vulva De/Re Constructa" video, by subRosa.

sending their daughters back to their countries of origin for these ritual procedures, where they may be performed by the traditional female circumcisers, usually operating with rusty tools and no anesthetics or disinfectants. Despite years of organizing against Female Genital Mutilation practices on the part of many Africans and Westerners—resulting in legal bans of the practices in some countries like Guinea, Niger, and Sudan—the bans are no match for the compelling cultural rituals. In many parts of Egypt, for example, though hospitals had been forbidden to perform clitoridectomies “the procedure was now carried out in barber shops and similar, non-official places...and led to an increase of complications.”⁸

The paradoxical situation then is that women from quite different economic, social/cultural backgrounds and geographical origins are undergoing vulvar surgery and alterations for completely different reasons—and with differing results—all of which however have their roots in patriarchal gender practices. The (Western) aesthetic vulvar surgery is claimed (by doctors and patients) to enhance sexual enjoyment for the woman, although there are no medically persuasive reasons or proofs given for this. In actuality there is a likelihood that nerves and sensitive tissues are being damaged, and that erectile tissue—

which is far more extensive than is depicted in standard medical and anatomy texts—is being reduced and replaced by nerveless scar tissue. So even though in these operations the clitoris is not excised (although it sometimes is “repositioned”) there is loss and disturbance of sensitive tissues, and hence probably also of subtle and deep sensation.⁹ Undaunted by the contradictions, the aesthetic surgeon can win three times: S/he treats the high-income Western spenders who are seeking “*enhanced sexual gratification*” through genital surgery; s/he can treat the women forced by their cultural traditions to alter their genitals *with the result of controlling and curtailing or destroying female sexual pleasure*; and s/he can reconstruct the deformities and traumas caused by botched circumcision operations.

Nowhere in the online or other literature from the aesthetic “rejuvenation” clinics which practice this new surgery is there any mention of other ways of treating “vaginal relaxation,” or of helping women achieve more sexual pleasure by other than medicalized means. Nowhere is it mentioned that during second-wave feminism, for example, women gathered to teach each other about their sexual organs and bodies: How to have orgasms, how to give themselves and other women pleasure, how to teach men to give women pleasure. Nowhere are vibrators, dildos, Kegel exercises, counseling, sensual massage, pleasurable body practices, or other (non-medical) self-help practices mentioned. The literature works by seduction, promising scientifically enhanced sexual pleasure and improved performance. It insists that women are (and ought to be) multi-orgasmic and if this isn’t happening for you something may be wrong with your body, and you should hasten to the nearest surgeon for the medicalized, technological fix. To cap it off, there is no awareness in the literature of the explicitly heterosexual assumptions of this type of surgery, and of the way in which it reinforces the idea of female lack.

Neither do we see any discussion about the problematic of Western doctors making it possible for non-Western women (and men) to perpetuate their harmful and painful “customs” by using “safe” and “modern” Western technologies. This would seem to be an important medical ethics discussion. Although laws have been passed in the U.S. forbidding female circumcision practices, doctors

are increasingly being called upon to do these operations, or to repair botched genital jobs on women who come to emergency rooms. It seems that many Western feminists have been too reluctant to participate fully in this discussion for reasons of false race consciousness, and lack of understanding how related it is to issues raised by the new flesh technologies now pervading Western culture.

(ANTI) AESTHETICS OF THE VULVA

Aesthetic surgery of the female external genitalia has been neglected by physicians. However, awareness of female genital aesthetics has increased owing to increased media attention, both from magazines and video. Women may feel self-conscious about the appearance of their labia majora (outer lips) or, more commonly, labia minora (inner lips). The aging female may dislike the descent of her pubic hair and the labia and desire re-elevation to its previous location. Very few physicians are concerned with the appearance of the female external genitalia. *A relative complacency exists that frustrates many women.*¹⁰ [author's emphasis]

Surely one of the strangest aspects of the new female genital surgery are physicians' website texts (such as the one cited above) that sound rather self-conscious, and seem to be included for purposes of self-justification (or perhaps to pre-empt people wondering why a self-respecting doctor would get into the vulva re-engineering business?) An examination of some of the terms used in these texts (for example, "elective vaginal enhancement," "female genital aesthetics," "vaginal rejuvenation," or "optimal architectural integrity of the vagina,") imply that there is an implicit set of desirable traits or aesthetic standards for the female genitals—and according to the doctors, "lack" is now operable. These implicit aesthetics for female genitalia need to be made explicit, and a subversive (anti) aesthetic suggested in their place.

What aesthetics of the vulva are revealed in an examination of these Web pages and of other mass-circulation images? The passage quoted above states that "awareness of female genital aesthetics has increased owing to media attention, both from magazines and video." One can only assume that what is being referred to here are features on "Designer Vaginas" in such magazines as *Cosmopolitan*, but probably not the increased media coverage and feminist activism regarding banning female genital mutilation. Referring to the terms

found on the websites of aesthetic surgeons, it seems clear that in the plastic surgery profession at least, female genitals are seen as lacking in youthful resilience and appearance, tightness, architectural integrity, symmetry, dainty labia size, tasteful hair distribution, and plumpness. A template of the ideal vulva emerges: The tight, small, pulsing, plump, juicy, glistening, pearly pink, virginal-yet-hot cunt found in pornography, art, or erotic literature. As can be seen on the website *before* and *after* pictures of labia reduction operations, vulvas are surgically reconstructed to look very much like wounds. The crinkly, “redundant” labia—which shield the exquisitely sensitive clitoris from too harsh an approach and too direct a touch, and which form a moist, protective surface of rubbing and touching flesh that engorges with pulsing blood during sexual arousal—are drastically reduced. The entire vulva *becomes* a slit, a gash, a hole, a wound, an orifice just right for penetrating male entry and direct access to the vagina. Here lack becomes enhancement through diminishment—a peculiar logic indeed. The glowing testimonies of enhanced women that appear on the web pages speak only in the most vague terms of the wonderful new lives that this operation has given them.

Advanced digital visualization technologies are currently giving new insights into heretofore invisible and unexplored territories of the interior body (see the citation from the work of Dr. Helen O’Connell above). Seizing upon these technologies, scientists and plastic surgeons are leaping into the breach to claim and redesign the newly discovered territories—much as the conquistadores and colonists did in the newly discovered Americas. (In this connection, one wonders how, and whether, the sexual proclivities of different colonial cultures [Dutch, French, Portuguese, British, etc.] were influenced by the differing aesthetics which seem to govern the various styles of African female circumcision?)

Because language and naming construct the medico/scientific perception and treatment of the body—as well as clarifying the phenomenological experiences of the body—women need to inform themselves about the new scientific discoveries of vulvar and clitoral structures, and feminists should insist that scientists and doctors be educated in the feminist research about female desire,

biology, pleasure and sexuality. Only then will their eyes be fully opened to the possible implications of the newly discovered erectile and pleasure structures.

Many consumers it seems, are all too willing to leave behind enjoyment of organically varying bodies, and are looking to technology and science to give them new ways of creating ideals for the new technologized body, regardless of what they may have to sacrifice and suffer by doing so. The existing medico/scientific aesthetic for female genitals seems to have been affected only in some respects by the cunt celebrating 1970s, the feminist-*jouissance*-theory '80s, and the bad-grrrl '90s. The *jouissance* and libidinal excess pursued by many feminists as a path to autonomy and power, is being replaced in public discourse by the consumer spectacle of the cyborg porn babe, whose predatory surface is adorned by every well-worn sign of coded sexuality that the market will bear.

An (anti) aesthetic of the vulva might posit first of all that looks and surface are not the important thing when it comes to vulvas. Instead, sensation and feeling, and the excitation of deep structures are pre-eminent. Perhaps our scopophilic culture desires to establish once and for all a visual "proof" of the female orgasm so it can be compared to that of the male? Could it be that a dangerous precedent was set in the early 1970s, when Masters and Johnson, the avowed champions of the female orgasm and of the multi-orgasmic prowess of women, began to measure and chart female orgasms in the lab? Eye opening as this information was in so many ways, it doubled the efforts to quantify, measure, and represent the female orgasm, this time by medical charts and graphs, rather than by psychological or poetic terminology. Masters and Johnson are still invoked by the new pleasure surgeons, who, under the banner of championing female orgasmic capability and entitlement, wield their knives in order to give women the optimal vulva/vagina for enhanced sexual satisfaction, for better sex through surgery.

Can feminists counteract these entrenched views and disseminate a new (anti) aesthetic of the vulva? How can we counter the medicalized or pornographic images of vulvas that are usually the only ones offered for public view? Feminist artists tried to reclaim the cunt as a powerful pleasure source in the early '70s; and the vulva as a sign of sexual contention and gender construction

has made many appearances in the art of the '80s and '90s. In everyday life, men, lesbians, and doctors see many more vulvas than most heterosexual women ever do. There are few possibilities for women to see other women's vulvas in a pleasurable, convivial, or desiring environment. Most women probably have not even thought twice about the looks of their vulvas (many haven't dared look), but this new worry is being created (in post-hysterical terms) by the existence and deployment of new flesh technologies. Subversive tactics that critique the commercial and cultural coercion and potential physical danger of such operations are called for. Why not have parties where women can examine, compare, and explore the myriad different forms of vulvas? Why not set up spa days (paid for by medical insurance) in which women teach themselves and their sexual partners about female sexuality and desire. Let's educate children in the proper nomenclature and sexual and pleasure functions of the female genital organs. Above all, let's call for resistance to the unquestioned technological "solutions" to issues that have profound psychological, emotional, cultural, and even political origins and histories. Let us not obliterate the vulva as we now know it—before we do know it! ★

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- 1 Vaginal relaxation is "the loss of the optimum structural architecture of the vagina...the vaginal muscles become flaccid with poor tone, strength, and support." According to statistics, 30 million American women suffer from this. Just think of that marketing possibility!
- 2 Rachel P. Maines, *The Technology of Orgasm: Hysteria, the Vibrator, and Women's Sexual Satisfaction* (Baltimore and London: The Johns Hopkins University Press, 1999).
- 3 "Types of Female Genital Mutilation: Circumcision or Sunna: Removal of the prepuce or hood of the clitoris, with the body of the clitoris remaining intact. Excision or Clitoridectomy: Removal of the clitoris and all or part of the labia minora. Intermediate: Removal of the clitoris, all or part of the labia minora, and sometimes part of the labia majora. Infibulation or Pharaonic: Removal of the clitoris, the labia minora and much of the labia majora. The remaining sides of the vulva are stitched together to close up the vagina, except for a small opening, which is preserved with slivers of wood or matchsticks." Alice Walker and Pratibha Parmar, *Warrior Marks: Female Genital Mutilation and the Sexual Blinding of Women* (New York: Harcourt, Brace & Co. 1993), p. 367.
- 4 Laser Vaginal Rejuvenation Center: <<http://www.drmatlock.com>>.
- 5 Dr. Helen O'Connell et al, "Anatomical Relationships between Urethra and Clitoris," <<http://www.wwilkins.com/urology/0022-53476-98abs.html#page1892>>.
- 6 Op. cit., Laser Vaginal Rejuvenation Center.

- 7 Op. cit., Laser Vaginal Rejuvenation Center.
- 8 Arnold Groh, *Manual for the New Strategy against Female Genital Mutilation*, p. 2. Pamphlet reporting the meetings of the United Nations Working Group on Indigenous Populations in Geneva, July 26–30, 1999.
- 9 This loss of sensation is comparable to that documented for circumcised men, who often report diminished sexual sensation because of the loss of the foreskin, which is richly endowed with blood vessels and nerves.
- 10 <<http://www.drmatlock.com/laservaginal.html>>

