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## DESIGNER VAGINAS

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*The goal of creating the idealized female form is neither new nor novel. Women have been altering their bodies for centuries. However, the focus recently has come onto the vagina - the most culturally value-laden of anatomical parts. This paper seeks to explore how historical representations and contemporary perceptions of the vagina have shaped attitudes towards female genitalia, and why society has perpetuated the objectified, idealized female image and imposed that falsification on the vagina. Additionally the author explores the practice of female genital cosmetic surgery (FGCS), potential impetus behind the increase in elective vagina surgeries, and the implications of FGCS for both the individual and broader society. Further the author hopes to examine implications for social work practice working in a society blanketed with the pernicious cultural message that in order for a woman to be accepted and feel adequate, she must attain the “perfect” physical form.*

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For centuries, women have altered their bodies to achieve a perceived physical ideal. In the developed Western world, pervasive cultural constructions of “perfection” have motivated women to dye their hair, adorn themselves with permanent makeup, adopt emotionally and physically destructive diets, and at the most extreme, undergo cosmetic surgery (Davis, 1995). Popular culture and the media perpetuate this belief that women can and should literally construct themselves into the enigmatic, heterosexual female ideal (Braun & Kitzinger, 2001). Thus, it was only a matter of time before women’s focus shifted to the vagina, and thus birthed an additional form of modification: female genital cosmetic surgery (FGCS). Throughout this paper, the author will examine the history and current status of the vagina in public discourse. Additionally, this author endeavors to explore the current phenomenon of elective FGCS and the role that the media and societal attitudes play in the practice of FGCS. While important, female genital cutting or surgery for transsexual and intersexed people will not be discussed within this paper as such topics are beyond the scope of this paper.

The vagina has become increasingly prolific in contemporary art, which



is represented through popular culture. From Judy Chicago's 'The Dinner Party' to Annie Sprinkle's 'Speculum Parties' in the 1980s, artists' representations of the vagina have become increasingly more mainstream. These feminist artists paved the way for the most well-known representations of vagina in art such as Eve Ensler's *The Vagina Monologues* (Braun & Wilkinson, 2001). Additionally, the proliferation of pornography has furthered the dialogue around female genitalia (Braun, 2005; 2001; Davis, 2002; Nagel, 1996; Scheeres, 2006). This larger, vagina awareness in the media helps normalize anatomy and is a positive shift towards bringing the vagina into public discourse. These contemporary representations have developed after the years of derogatory discourse regarding female anatomy. The vagina has traditionally been thought of as gross and shameful, often as something to be hidden (Braun, 2005; Braun & Wilkinson, 2001; Davis, 2002). These attitudes manifested in secrecy around female genitalia, as something not to be discussed. When the vagina was made public, it was ridiculed or presented as disgusting (Braun & Wilkinson, 2001; Braun, 2005; Davis, 2002).

Historically, women's bodies have been a site of struggle for power and control (Brownmiller, 1994). As Brownmiller (1994) commented "the female body often reduced to isolated parts, has been mankind's most popular subject for adoration and myth, and also for judgment, ridicule, esthetic alteration, and violent abuse" (p. 58). While research about female bodies and the media's representation of women is widespread, literature discussing the vagina as a topic is scant. Despite this lack of attention, there exists a wealth of pejorative and paradoxical socio-cultural representations of the vagina.

### The Vagina in History

Symbolic constructions of the vagina were originally created by a heterosexist, male-dominant culture which sought to perpetuate the subordinate status of women by creating the idea that women's bodies are dangerous and uncontrollable, and thus, the vagina is something to be feared (Davis, 2002). This construction of female bodies as a source of disgust, fear and danger (Ussher, 1989) is manifested in the mythological idea of the dangerous vagina (Beit-Hallahmi, 1985; Otero, 1996). For example, the *vagina dentata* –a vagina equipped with teeth is a common mythological motif around the world (Beit-Hallahmi, 1985). Lederer (1968) uses this imagery in the fairytale *Sleeping Beauty*, metaphorically comparing the impenetrable wall of deadly thorns to the vagina. In New Zealand, Maori legend describes the Goddess of Death, "in the place where men enter her she has sharp teeth of obsidian and greenstone" (Alpers, 1964, p. 111).



Perhaps the genteel status women aimed to occupy later in Western history is in response to the early derogatory perceptions of women and their voracious desires as symbolized through their vaginas (Braun and Kitzyger, 2001). Notions of female lust were transformed into the myth of feminine modesty. During the late eighteenth century, any derivation from that modesty was seen as amoral and promiscuous; the antithesis of what a woman was supposed to or would want to be. As to not be perceived as threatening, women were obliged to emanate demureness and docility, the goal of which was to convey self-control. Self-containment was highly valued. This was the antithesis of the “sexually insatiable female” dogma of the past.

During the same era, a large labia came to be associated with deviance, because they implied, albeit incorrectly, promiscuity (Braun & Wilkinson, 2001; Pliskin, 1995). The vagina quickly morphed into a public health concern. A woman who was unable to control her sexual desires (just by virtue of feeling sexual desires), would pose a threat to the population as though her perceived promiscuity were contagious, and a disease in and of itself. Women who lacked etiquette were perceived as sexual. Women with “overly” long labia, as determined by the dominant culture were were dangerous to the public (1995).

The vagina as dangerous arose symbolically arose as the uncontrollable female. In more practical or pseudo scientific terms, the vagina was the melting pot for diseases. Such concepts were infused into contemporary periods as well. Erik Erikson (1968) suggested: “Dreams, myths, and cults attest to the fact that the vagina has and retains (for both sexes) connotations of a devouring mouth” (Braun & Wilkinson, 2001, p. 24). American servicemen in Vietnam recount hearing stories of sex workers with razors, sharp glass, or even grenades in their vaginas (Gulzow & Mitchell, 1980). Thriller genre films frequently use vagina detanta imagery “for the purpose of portraying female sexuality as a monstrous threat to the male” (Braun & Wilkinson, 2001, p. 24, Galvin, 1994, p. 9).

The male psyche played a critical role in perpetuating the myth that the vagina is dangerous and erratic; a metaphorical part of the woman to be controlled. The vagina is seen as a hole of uncertainty –mysterious, fleshy, devouring the male penis (Galvin, 1994). Additionally, the vagina physically is not physically seen as easily as the penis, nor has it been represented as often in media and social dialogue around genitalia. Thus the vagina (that we aren’t as familiar with) is unpredictable (Braun & Wilkinson, 2001; Braun, 2005).

#### The Vagina in Public

These attitudes subsequently infiltrate popular psyche and seep into media



outlets, perpetuating cultural beliefs about the vagina. According to Braun and Wilkinson (2001), the vagina's degraded status plays out in several ways: the vagina as (a) inferior to the penis; (b) as absence of a penis; (c) a passive receptacle for the penis; (d) sexually inadequate; (e) disgusting; (f) vulnerable and abused, and; (g) dangerous. The consistent invalidation of the vagina leads women to see their own anatomy as undesirable; as parts that need to be transformed to be accepted.

Women are inundated with derogatory cultural attitudes surrounding vaginas, which are portrayed as dirty, unhygienic, and even dangerous (Braun & Wilkinson, 2001). The media perpetuates this stigmatization of female anatomy by asserting that women need to clean and hide their vaginas to maintain some level of decorum. Douches, scented panty liners, and a cadre of various "feminine hygiene" products created to sophisticate the vagina are marketed to women, increasing the stigma that vaginas are shameful things meant to be hidden and perfumed (Kane, 1997; Braun & Wilkinson, 2001; Davis, 2002). The vagina consistently has been portrayed as problematic. Popular teen and women's magazines are rampant with questions from readers about how to improve the look, smell, tone, even taste of their vaginas (Kane, 1997). "A significant amount of women would gladly swap their real vaginas for something less troublesome-an unexploded warhead in their back garden, say..." (Ellen, 1999).

Movies, television, and music, all perpetuate these imbedded attitudes by recycling tired jokes about the "foulness" of the vagina. Such carriers of pop culture allude to the danger the vagina poses to society if it is not controlled (Legman, 1975; Braun & Wilkinson, 2001; Davis, 2002). The message is clear: women must conform to what the male authority of popular culture dictates as acceptable, so that men can feel some amount of control over women and their sexuality (Braun, 2005). Media representations of female sexuality as "insatiable" or "voracious" are arguably born from this fear of the female; that men's penises could get devoured by the "uncontrollable beast" that is the vagina (Pliskin, 1995).

From a feminist perspective, women have internalized society's misogynistic attitudes about women and their "sub-par" anatomy, and some have consequently elected to undergo female genital cosmetic surgery (FGCS). Further, television shows glorify cosmetic surgery, creating the impression that "everyone is doing it." The expectation becomes that one must improve their own appearance in order to fit in.

FGCS is one of the newest in a lineage of surgical and cultural arsenals meant to popularize the idea that female bodies are inherently flawed. The in-



creasingly normalized status of commercial pornography coupled with vaginally focused art and prints material, albeit positive cultural changes, may have led to an increase in FGCS (Braun, 2005; Davis, 2002; Nagel, 1996; Scheeres, 2006). Women, who often look to magazines for representations of the traditional feminine ideal are increasingly shifting their focus to pornography and consequently to their own genitals. Davis (2002) quotes a well-known cosmetic surgeon in saying "...they look at Playboy, the ideal woman per se, for the body and the shape and so on. You don't see women in there with excessively long labia minora" (p.7). Women who internalize this notion of the vagina coupled with their attitudes around their own anatomy are susceptible to FGCS.

Plastic surgeons perpetuate the practice by emphasizing the notion of the "perfect, tight" vagina. A purveyor of FGCS, Dr. Gary Alter proclaims "take out your hand mirror and check out those labia, after all, you just might not measure up" (Braun and Kitzinger, 2001, p.272). Media reports covering the work of many modern practitioners state that vaginal tightening (vaginoplasty) increases the sexual pleasure for women. This has yet to be explored empirically; however it is often cited as the impetus for women undergoing surgery. Curiously, this procedure seems like it would increase male pleasure more markedly than women's.

### History of Vaginal Surgery

FGCS began in the 1840's with J. Marion Sims, a physician who performed a series of experimental surgeries for vesico-vaginal fistula on Southern slaves. These fistulas were often a result of childbirth and presented as necrotized vaginal tissue between the bladder and the vagina, which allowed for the involuntary discharge of urine into the vaginal vault (Littrell, 1995). Although the procedure was intended for white women post-childbirth, a black woman's subordinate status, manifested as an inability to refuse treatment. Coupled with her higher birth rate, black women were increasingly vulnerable to this experimental surgery (Adams, 1997). Additionally, since enslaved women were often undernourished, the incidence of childbirth complications increased, and Sims was endowed with a higher patient yield to experiment upon. Although Sims' work provided a cure for visico-vaginal fistulas, it set the tone for further scrutiny of natural female anatomy and the creation of procedures for illusory maladies.

Such was the case for nineteenth century British physician Baker Brown who was called into question for performing non-consensual clitorectomies on women with reported pronounced sexual desire (1997). Clitorectomies entail

surgical removal of all of the clitoris and sometimes the labia as well (Littrell, 1995). Current vernacular describes the procedure that Brown performed on women as female genital mutilation or forced circumcision. Brown's apparent goal was to "cure" women of their want for clitoral stimulation, however, his procedure led to further pathologizing of female sexual desire.

### Contemporary FGCS

In this day and age, bodily perfection, a tight, unadulterated vagina-is cultural currency (Davis, 1995; Davis, 2002). Many women who have undergone genital cosmetic surgery cite feelings of aesthetic dissatisfaction with the appearance of their vaginas, consistently noting that their labia are too loose or that their labia minora protrude beyond their labia majora (Braun & Kitzinger, 2001). It seems that women are proceeding under the assumption that there is a "normal vagina" that does not look like their own. Society created the image of a "normal" vagina and ascribed a pejorative status to a "loose vagina" which purportedly signals sexual promiscuity (2001). It behooves the male-dominant, Western culture to perpetuate this idea, as a large penis is conversely valued; thus if a man feels that the size of his genitalia is inadequate, he can turn his problem of a small penis into her problem of a loose vagina (Braun & Wilkinson, 2001; Braun, 2005).

The phenomena of contemporary FGCS began with controversial gynecologist Dr. James Burt, who stated in his 1975 book *Surgery of Love* that he had been performing "love surgery" on women without their consent for years (Adams, 1997). This surgery involved realigning the vagina and removing the skin covering the clitoris, with the intent, Burt asserted, of enhancing female sexual pleasure. Burt was motivated by a self-held idea that women's vaginas are "structurally inadequate for intercourse" (p.61), and thus should be altered. This claim was turned on its head when, in 1989, Burt had his license revoked after several former patients filed suit for malpractice claiming that they were sexually crippled and suffered chronic debilitating pain, urinary tract infections, and incontinence (Adams, 1997). Both Brown and Burt operated on women under the guise of benevolence; however, they were guided by traditional, male-centric, heterosexual values and believed that women suffer from an inherent sexual pathology that necessitates intervention (Adams, 1997).

According to several theorists, medicine created numerous procedures intended to help construct the coveted "ideal" vagina: a youthful, tight, rounded vulva, with labia majora enclosing the labia minora and clitoris (Braun, 2005;

Braun & Wilkinson, 2001; Braun & Kitzinger, 2001; Davis, 2002). The scope of modern FGCS includes vaginoplasty (tightening of the vaginal muscles), labiaplasty/labioplasty (labia minora reductions), labia majora “augmentations,” (tissue removal, fat injections), liposuction (mons pubis, labia majora), vaginal tightening (fat injections, G-spot “amplification” - collagen injected into the “G-spot” which swells it), -and hymen reconstruction (intended to restore the appearance of virginity). Given the nature of these specific reconstructive surgeries, it would appear that women are after pubertal genitalia.

Although specific quantitative data regarding FGCS currently does not exist, a collection of qualitative interviews of 24 Western surgeons suggests that increasing numbers of women are electing to undergo FGCS for a variety of motivations and costs, both emotional and material (Braun, 2005). Many patients who opt for FGCS previously have undergone cosmetic surgery (Gagne & McGaughey, 2002; Braun & Wilkinson, 2001; Haiken, 1997; Davis, 2002; Scheeres, 2006). Given the problematic historical representations of the vagina by the medical community, the media, and society at large, it seems natural that women would feel the need to alter their genitals.

#### Implications for Practitioners

Regardless of the plethora of procedures conducted upon the vagina, or reasons given for their necessity, only in very rare cases do FGCS procedures serve any other purpose than to perpetuate the derogatory ideology that women’s vaginas are imperfect; their bodies are not good enough and they are not good enough follow (Braun, 2005; Braun & Wilkinson, 2001; Davis, 2002).

However, there is hope to end this oppressive attitude. Literature on FGCS is becoming increasingly prevalent in popular media. *Cosmopolitan*, *Harpers Bazaar*, and *Marie Claire*, as well as *Salon* online ran stories on the subject. These pieces all discussed labiaplasty, a relatively recent plastic surgery procedure that involves trimming away labial tissue and sometimes injecting fat from another part of the body into labia that have been deemed excessively droopy (Davis, 2002). These articles also included remarks from skeptical colleagues and from polled readers who feel that their labia are satisfactory; encouraging reports that show resilience to the pernicious myth of perfection.

Judy Chicago, Annie Sprinkle, and well-known writer Eve Ensler not only included the vagina in their work, but made it the focus. As well, the normalization of pornography has furthered modern discourse on human anatomy thus serving to de-stigmatize and de-mystify the “gross, dangerous” vagina (Braun,



2002; Braun & Wilkinson, 2001; Davis, 2002; Nagel, 1996; Scheeres, 2006).

Because FGCS is manifested on/in the body, it is imperative that practitioners explore the potentially deleterious health consequences resulting from any one of the FGCS procedures. Women report loss of sensation (ironically “increased pleasure for women” is a common reason cited for the decision to undergo the surgery), chronic pain, and frequent urinary tract infections (Navarro, 2004; Scheeres, 2006). There also exists evidence of increased incidents of vaginismus, a condition in which the vaginal muscles constrict, restricting access to the penis, thus compromising any sexual activity (Scheres, 2006). The irony here is that some women who choose FGCS in order to create the “ideal vagina” or “increase their sexual pleasure” ended up with an inability to have sex at all (Davis, 1995). Along with a \$10,000 price tag, FGCS may be an exorbitantly high price to pay for the “perfect” vagina.

Concurrently, the idea of women’s bodies as shameful, private things could affect women’s help-seeking behavior and willingness to discuss certain symptoms with practitioners, or even examine their own genitals and recognize causes for concern. Normalizing real (as opposed to idealized) vaginas is beneficial to women as it may allow them to feel freer to discuss concerns with practitioners as well as serve to generally cultivate greater body acceptance.

Clinicians would be well served to investigate how these cultural attitudes manifest for women with whom they practice. Female subordination and the drive for bodily perfection can manifest into destructive behaviors such as disordered eating, overzealous exercising, capriciously use of plastic surgery, and other body punishing rituals all in pursuit of a perceived physical ideal (Blessing, 2005; Delinsky, 2005). Research suggests that women who undergo cosmetic surgery have a higher propensity for disordered eating patterns, body dissatisfaction, and general attitudes of their bodies as defective (Blessing, 2005; Delinsky, 2005).

Future social work research should examine individual outcomes for those who choose to undergo surgery, as well as the impact of increased cosmetic surgery on societal ideals (Delinsky, 2005). This gives rise to the question, is it the perceived ideals that are driving the increase in FGCS, or is it, the other way around? Could the phenomena of more women opting to construct their perfect vagina constructing the perceived ideal? Further, women could be proceeding under false assumptions; the reality could be that in our heterosexually driven culture, men do not lust after one perfect female form, but are happy with any number of differing aesthetics regarding a woman’s anatomy.

The danger of FGCS is when dysmorphic thinking moves fluidly into ac-



tion; and the body becomes a site for alteration rather than reflection. Blessing (2005) suggests: "... heartbreaking consequences can emerge when thinking is supplanted by action and when fantasies are responded to as if they were real" (p. ) Future research should explore women's reported motivations for undergoing FGCS. Findings could inform best practice models targeted at mitigating the self-esteem issues that can be the impetus for women compelled to alter their appearance.

Gillespie (1996) discusses the implications for cosmetic surgery on the macro societal level. She states that cosmetic surgery "encourages women to experience their bodies as pathology and reinforces unrealistic ideals...this may lead to disharmony and dissatisfaction, and make body preoccupation normal feminine behavior" (p.83). If that cultural truism perpetuates it could exacerbate self-destructive behaviors, which are all topical issues for social workers.

Additionally, it must be said that body dissatisfaction is not limited to females. Normalizing the creation of the perfect form could lead to increases in erratic and overzealous rituals aimed at body modification in males as well (Striegel-Moore, Silberstein, & Rodin, 1986). Issues typically associated with males and cosmetic surgery are too broad for the scope of this paper, however, it is safe to say that creating a unilateral ideal for any population is harmful to the individual and for the broader society.

The tenacity of negative representations suggests that society has an obligation to think critically about how the vagina is discussed in schools, media, and coming generations. Cultural representations affect women's health. Sexual and psychological well-being can only be improved by a shift in ideology. Breaking the taboos of shame and secrecy by talking seriously about the vagina and by challenging derogatory representations is imperative in this restorative process of healing the female psyche and steering attitudes towards what should be ideal: the vagina as a healthy, functional, beautiful part of female anatomy.

#### References

- Adams, A. (1997). Molding women's bodies: The surgeon as sculptor. In D. Wilson & C. Laennec (Eds.), *Bodily Discursions, gender, representations, technologies* (pp. 59-80). Albany, NY: State University of New York.  
Albany, NY: State University of New York.
- Alpers, A. (1964). *Maori myths and tribal legends: retold by Anthony Alpers*. Aukland: Longman Paul.
- Beit-Hahllahmi, B. (1985). Dangers of the vagina. *British Journal of Medicine*,

- 58, 351-358.
- Blessing, D. (2005, August 20). Bodily enactments of unmentalized conflicts: Breast Reduction surgery in two adolescents. Paper presented at annual convention of the American Psychological Association, Washington, D.C.
- Braun, V. (2005). In search of (better) sexual pleasure: female genital cosmetic surgery. *Sexualities*, 8, 407-424.
- Braun, V. and Kitzinger, C. (2001). The perfectible vagina: size matters. *Culture, Health, and Sexuality*, 3(3), 267-277.
- Braun, V. and Wilkinson, S. (2001). Socio-cultural representations of the vagina. *Journal of Reproductive and Infant Psychology*, 19(1), 17-32.
- Brownmiller, S. (1984). *Femininity*. London: Hamish Hamilton.
- Burt, J. & Burt, J. (1975). *The surgery of love*. New York; Carlton Press.
- Davis, K. (1995). *Reshaping the female body*. New York and London: Routledge.
- Davis, S. (2002). Loose lips sink ships. *Feminist Studies*, 28(1), 7-35.
- Delinsky, S. (2005). Cosmetic surgery: A common and accepted form of self improvement. *Journal of Applied Social Psychology*, 35(10), 2012-2028.
- Ellen, B. (1999, June 6). The Brazilian wax...have American's gone a pluck to far? [Electronic version]. *The Observer*; 33.
- Erikson, E. (1968). *Identity, youth, and crisis*. London: Faber and Faber.
- Gange, P. and McGaughey, D. (2002). Designing women: cultural hegemony and the exercise of power among women who have undergone elective mammoplasty. *Gender and Society*, 16(6), 814-848.
- Galvin, A. (1994). Basic instinct: damning dykes. In D. Hamer and B. Budge (Eds.), *The good, the bad, and the gorgeous: popular culture's romance with lesbianism*. London: Pandora.
- Gillespie, R. (1996). Women, the body, and brand extension in medicine: cosmetic surgery and the paradox of choice. *Women and Health*, 24, 69-85.
- Gulzow, N. & Michel, C. (1980). "Vagina dentate" and incurable venereal disease: legends from the Viet Nam war. *Western Folklore*, 39, 306-316.
- Haiken, E. (1997). *Venus envy: a history of plastic surgery*. Baltimore, MD: Johns Hopkins University Press.
- Harrane, C. (November, 1998). The new sex surgeries. *Cosmopolitan*. Retrieved March 18, 2008 from <http://www.dramatlock.com/images/magazines/pages/cosmo1/1.jpg>
- Kane, K. (1997). The ideology of freshness in feminine hygiene commercials. In C. Brundson, J. D'Acci, and L. Spiegel (Eds.), *Feminist television*



criticism: a reader. Oxford: Clarendon Press.

Lederer, W. (1968). *The fear of women*. New York: Harcourt.

Legman, G. (1975). *Rationale of the dirty joke: an analysis of sexual humor*. New York: Breaking the Point Press.

Nagel, J. (1996). *Whores and other feminists*. New York.: Routledge.

Navarro, M. (2004, November 28). The most private of makeovers. [Electronic Version]. *The New York Times, The Sunday Styles*. p. 1.

Otero, S. (1996). Fearing our mothers: an overview of psychoanalytic theories concerning the vagina dentata motif. *American Journal of Psychoanalysis*, 56, 269-288.

Pliskin, K. (1995) Vagina dentata revisited: gender and asymptomatic shedding of genital herpes. *Culture, Medicine, and Psychiatry*, 19, 279-501.

Scheeres, J. (2006). Vulva goldmine: the new culture of vaginal reconstruction. In L. Jervis and A. Zeilser (Eds.), *Bitchfest: ten years of cultural criticism from the pages of Bitch magazine* (pp. 261-266). New York: Farrar, Straus, and Giroux.

Stedman's OB GYN words: including neonatology, pediatrics, and genetics. (1995) Littrell, H. (Ed.). 2nd Edition, Baltimore: Williams and Wilkins. [Is this an edited book with or without authors? I'm not sure, but please check out how the owl purdue website has this citation]

Striegel-Moore, R. Silberstein, L., & Rodin, J. (1986). Toward an understanding of risk factors for bulimia. *American Psychologist*, 41(3), 246-263.

Ussher, J. (1989). *The psychology of the female body*. London: Routledge.

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