

From Vaginal Exception to Exceptional Vagina: The Biopolitics of Female Genital

Cosmetic Surgery

Sara Rodrigues
MA Candidate, Centre for the Study of Theory & Criticism
srodri28@uwo.ca

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 (Tiefer, 2008; Weil Davis, 2002). Framed in popular discourse as the ‘designer vagina’, FGCS comprises a range of procedures intended to alter women’s genital anatomy.¹ 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; Cartwright and Cardozo, 2008; Goodman, 2009; Green, 2005), although current statistics on pervasiveness and outcomes are unreliable (Braun, 2010; Johnsdotter and Essen, 2010).

Drawing on FGCS as a case study, with emphasis on vaginoplasty and labiaplasty, this paper identifies and begins to open up for consideration the relationship between biopolitics and the vagina. I argue that the increasing attention on and demand for these two surgeries signifies a contemporary (re)deployment of biopower aimed at making the vagina more useful. In

particular, I suggest that labiaplasty introduces aesthetics as another dimension of disciplinary control, whereas vaginoplasty reaffirms that the value of the vagina is fixed in its receptive capability. Taken together, I argue, vaginoplasty and labiaplasty are indicative of a biopolitics in service of the creation of the 'optimal' vagina. This paper begins with a review of Michel Foucault's (1990) conception of biopower, which serves as the theoretical framework for this analysis. I then review the myriad of ways in which feminist theorists have implemented biopower in their analyses of modern female reproduction and childbirth; subsequently, I respond to these analyses by engaging critically with the neglect of the vagina in feminist analyses of the biopolitics of female bodies.² I focus on features of the vagina that explain why biopower—and, by extension, feminist analyses of biopower—must take vaginas seriously. After engaging with extant feminist scholarship on FGCS, I conduct my analysis of the biopolitics of vaginoplasty and labiaplasty in terms of its discipline of the individual body and the regulation of a population, with emphasis on the ways in which biopower is deployed in the service of an optimal, biopolitical vagina. In keeping with Foucault's interpretation of power as a complex network of relations (1990: 95), I attempt to present a nuanced approach to biopower that considers the increased discipline of female bodies alongside the identification of opportunities for resistance.

In this paper, I take a cultural rather than anatomical approach to language, and so my use of the word 'vagina' is more reflective of the cultural understanding and use of the term than its 'proper' (i.e., medical) meaning. Where appropriate, I use vagina interchangeably with other parts of the female genitalia (vulva, labia minora, labia majora, pubic mound, hymen). 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. In this respect, I

follow 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’ (139). My intention here is to promote a discursive politics that encourages women to employ the 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 or non-specific. In other words, this analysis is as much about vaginas as corporeal entities as it is about unpacking the cultural representation(s) in which they are enmeshed.

Exiting the womb: vaginal absence in the biopolitics of reproduction

In *The History of Sexuality, Volume 1*, Michel Foucault (1990) argues that modern societies are biopolitical. An ‘entire micro-power concerned with the body’, biopower entails the surveillance, spatial organization, and medical and psychological examination of bodies and populations. Organized around ‘power over life’, the effects of biopower secure the optimization, proliferation, and multiplication of life by subjecting bodies and populations to ‘precise controls and comprehensive regulations’ (Foucault, 1990: 137). Within biopolitics, human life and its biological and anatomical ‘mechanisms’ are made measurable and controllable by the discourses, practices, and institutions of power.

Foucault (1990) locates the shift from sovereign to biopolitical power in the development of two interrelated poles around which ‘power over life’ is deployed. *Anatamo-politics* is the set of diverse techniques that ensure the subjugation of the body, by perceiving it as a machine that can be disciplined, made more useful, rendered increasingly ‘docile,’ and integrated into ‘systems of efficient and economic controls’ (Foucault, 1990: 139). *Biopolitics* is a second set of controls used to regulate entire populations by managing things defined as collective problems and targets for governance (e.g., birthrate, public health, housing, etc.), which are identified as

such by norms that are established by discourse (e.g., scientific, juridical, etc.). It is at the conjecture of these two poles that biopower emerges: the tactics of *anatamo-politics* and *biopolitics* combine in different ways to control and transform life around the interrelated, operational points of ‘the species, the race, and the large-scale phenomena of population’ (Foucault, 1990: 137). Foucault argues that, in modern societies and modern political regimes, power manages and modifies the processes and performances of bodies and the population in order to preserve the ‘value and utility’ of life (1990: 144).

Feminist theorists who acknowledge the usefulness of Foucault for feminism are also critical of his neglect of the gendered nature of power and embodied experience. For example, Margaret McLaren notes that Foucault’s work is valuable for feminists because he emphasizes the body as a site of the ‘operation and exercise of power’ (McLaren, 2002: 81). At the same time, she notes, feminists critique Foucault for his neglect of the ‘gender specificity’ (McLaren, 2002: 93) that is inherent in the disciplinary power carried out on the body.

In response, feminists have extended and revised Foucault’s oeuvre to include gender, and many feminists 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 (e.g., Sawicki, 1991; Waldby and Cooper, 2008; Weir, 2006). Given that the main focus of biopower is to invest in and manage life (Foucault, 1990), it makes sense that feminist scholars working through the lens of biopolitics would focus primarily on pregnancy and female reproduction. Disciplinary regimes (e.g., the medical gaze; pregnancy manuals) subject the pregnant body to endless ‘suggestions’ for a healthy lifestyle both before conception and during pregnancy (e.g., regular exercise, arranging prenatal care early, and following a ‘healthy’ diet) (Ruhl, 1999). The

discipline of reproductive bodies is an 'investment in life' (Foucault, 1990: 141) that aims to ensure 'healthy' individual babies and optimize (future) populations.

Feminists have also conducted Foucaultian readings of reproduction that move beyond understanding power as exclusively repressive and women as exclusively passive and victimized. In the context of what, at the time, were 'new' reproductive technologies, Jana Sawicki (1991) illuminates the tensions between women's docility and liberation. She notes the dangers of reproductive technology (e.g., increased social and medical surveillance) but emphasizes the possibility for resistance. Citing Rayna Rapp, she notes that an increase in the use of reproductive technologies can, for instance, help lesbian couples and single women have genetically related children as well as enable women to advocate for adequate prenatal care for all women.

Such scholarship, however, is marked by an absence of inquiry into the relationship between biopolitics and female 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) analyzes cervical screening as a form of surveillance that produces and maintains a kind of participation that is both voluntary *and* obligatory. Outside the context of pregnancy and reproduction, there is also paucity of scholarship that engages with a biopolitics of human genitalia. While previous scholarship on human genitalia (e.g., Moore and Clarke, 1995) addresses Foucaultian ideas of discipline, regulation, and normalization, it does so without making explicit use of the Foucaultian language of biopower. For example, 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' (291). In his

short piece, 'The Biopolitics of the Penis', Stephen Maddison (2007) identifies two penises, the biomedical and the pornographic, arguing 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: 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 of the biopolitics of the female body.

In the context of feminist scholarship on biopolitics and women's reproduction, the lack of theoretical engagement with the relationship between biopolitics and vaginas is disconcerting. Culturally, the vagina is constructed as a point of entry/exit—the site at which life is first created and eventually introduced into the world. The cultural emphasis on the receptive role of the vagina in penetrative heterosexual intercourse signifies its erotic quality, while its position as the threshold at which new life emerges associates it with the reproduction of the population. As a 'between' space, the vagina is also biopolitical by location: it firmly straddles the boundary between the erotic body and the reproductive body. Yet Foucault suggests that 'it is not that life has been totally integrated into techniques that govern and administer it; it *constantly escapes* them' (Foucault, 1990: 143, emphasis added). As a result of their incommensurability (Irigaray, 1985; McCormack, 2007) and multiple significations, vaginas are particularly escapist. In turn,

biopower must take vaginas seriously, continually (re)incorporating them into techniques of disciplinary power.

One of these features is the very ‘composition’ of vaginas. For example, feminists note that female genitalia are borderless, in that there is ‘no clear demarcation between themselves [sic] and the rest of the body’ (McCormack, 2007: 802). 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. Furthermore, the vagina is a leaky space that, situated between the interior and exterior of the body (O’Connell, 2005), evokes 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. The category ‘abject’ includes forms of disgust that transgress bodily boundaries and must be controlled to preserve the constitution of the speaking subject.

The abject has been taken up by feminist theorists (e.g., 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: ‘[w]omen bleed, lactate, swell with child, give birth [, ...] produce slimy vaginal secretions when aroused, accompanied by fishy odours’ (O’Connell, 2005: 219-220). Because it is impossible to expel the abject (Kristeva, 1982), a clean and proper body cannot be attained by driving out reviled aspects of the self. Instead, abject properties are projected onto others, who are subsequently oppressed as a result of their supposed abjectness. The abject properties of the vagina directly correlate with women’s oppression: culturally, the category of ‘woman’ is defined by the presence of ‘female’ genitalia (or the absence/‘lack’ of male genitalia) (Braun and Wilkinson, 2005) and thus the possession of ‘abject’ genitalia constitutes those belonging to this category as abject Others. The horror evoked by female genitalia is perhaps best symbolized in the infamous *vagina dentata*.³ Moreover, because they

have multiple abject properties, vaginas inherently and constantly escape the normalizing effects of power, and techniques of power must be constantly (re)deployed in increasingly creative ways so as to manage 'unruly' vaginas by integrating them into the disciplinary and regulatory regimes of biopower.

Feminist perspectives on cosmetic surgery and FGCS

As requests for genital cosmetic surgery increase, so does feminist and scholarly interest in these procedures. Generally, scholarship on FGCS is interested in the cultural motivations and psychological implications of such surgeries (Braun, 2010; Braun and Kitzinger, 2001) as well as the public and medical discourses on these procedures (Braun, 2009a; 2009b). This work emphasizes the fact that these procedures are predominantly aesthetic and performed in the absence of a medical problem (Braun, 2009b) and/or situates FGCS within the ongoing medical and cultural pathologization of women's genitalia and sexuality (Tiefer, 2008; Weil Davis, 2002).

Unsurprisingly, the feminist discourse on FGCS tends to mirror the ongoing feminist work on over cosmetic surgery in general, in that scholars analyze women's participation in FGCS in 'either/or' analyses that question whether these surgeries have liberating or oppressive effects. Feminists have been critical of women's participation in the beauty industry, arguing that the mass consumption of beauty products, including cosmetic surgery, victimizes women by constraining them physically, and by defining and policing normality (Bartky, 1997; Bordo, 1993; Morgan, 1991). For example, Kathryn P. Morgan (1991) argues that the pressure to conform to these norms is so great that choice becomes impossible to exercise; in contrast, 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 exercise 'power under conditions which are not of one's own making' (Davis, 1998: 289). My approach in this paper responds to Cressida Heyes's call for Foucaultian feminist analyses that 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' (Heyes, 2006: 138):

Currently, feminist scholars working on FGCS emphasize the relationship between elective surgery and autonomy and choice. Much of this work draws parallels between FGCS and the oft-condemned set of practices that constitute female genital 'mutilation' ('FGM'), at the intersection of 'choice' and 'autonomy'. Virginia Braun (2009b) notes that drawing parallels between these two practices can draw attention to women's oppression; however, she as well as Johnsdotter and Essen (2010) are critical of feminist and media discourses on FGCS that deem it acceptable at the same time as they criminalize 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'. Examining the representation of women's autonomy in discourses on FGCS, Braun finds that media discourse and surgeons' websites discursively construct Western women as purportedly 'free' 'agents' making an autonomous, empowered choice to undergo FGCS 'for themselves' (Braun, 2009b: 240).

In contrast, 'choice' and 'autonomy' are possibilities foreclosed to women from cultures that continue to practice 'FGM'. Braun (2009b) concludes that the rhetoric of 'choice' and 'agency' 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 evokes notions of choice as indicative of women's

liberation specifically to dismiss 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: 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 in general, as such parallels ignore the fact that such relations are as complex and variable as the procedures themselves.

Female genital cosmetic surgery and the biopolitical creation of the ‘optimal’ vagina

The discipline of the vagina—and, by extension, the bodies of women—has an extensive and well-documented history. This history includes tampon use and douching, which have been promoted in association with general feminine ‘hygiene’ (Stein and Kim, 2008; Vostral, 2008). The institutionalization of the discourse of feminine ‘hygiene’ engenders conditions under which FGCS becomes a possibility. Specifically, female genital cosmetic surgeries are comparable to extant forms of disciplinary control over the vagina in that these procedures reinforce the notion that female genitalia is a ‘problem’ that needs to be ‘managed’ (Braun and Kitzinger, 2001; Frueh, 2003) and/or has a ‘defect’ that needs to be ‘repaired’. 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 is not only insufficient, it is impossible—

unruly labia cannot be controlled without surgical intervention. Instead, corrective mechanisms must be applied in order to appropriately regulate the excess skin of the ‘unruly’ labia, or the surplus tissue of the ‘loose’ vagina.

The interrelated goals of the corrective mechanisms of vaginoplasty and labiaplasty include the normalization of women’s bodies and the (re)introduction of vaginas into broader 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; simply put, all of the vulvas created through FGCS are disturbingly identical to one another (Laser Vaginal Rejuvenation Institute of Los Angeles, 2010; Weil Davis, 2002). FGCS 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. Specifically, ‘tucked’ labia are an exclusively Western necessity—in Japan, long labia are referred to as a ‘winged butterfly’, and are considered sexually attractive (Sager, quoted in Green, 2005), while the majority of Rwandese women practice labia elongation, which generates individual social capital (Larsen, 2010).⁴

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 and Wilkinson, 2005). 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 such as the ‘Brazilian’ wax (Braun, 2009a; 2009b; Hildebrandt, 2003; Labre, 2002; Tiefer, 2008). 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—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 by Herbenick et al. (2010) reveals that, among U.S. women, pubic hair removal practices range dramatically, but are most prevalent in approximately one-third of sexually active, younger women.

Most recently, Braun (2010) finds that ‘functional’ (e.g., laxity, irritation, discomfort), psychological (e.g., social/sexual embarrassment) and ‘aesthetic’ concerns are three areas under which women’s newfound concerns with their genitalia are commonly categorized. What other factors or categories might cause women to be concerned with their vulval aesthetics and vaginal ‘functionality’? 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 2008 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’. In contrast, other women featured in the film suggested that they became self-conscious about their vulvas after viewing anatomy and health textbooks while in school. The lack of acknowledgement and/or representation of female genital diversity in anatomy textbooks (Moore and Clarke, 1995) as well as textbooks for high school sexual

education (Elliott, 2003) may also influence the production of genital anxiety that leads women to consider FGCS. Genital anxiety might also arise from a lack of comprehensive sexual education and education about body confidence.

Another factor may include women's awareness of increasingly hyper-acute criteria for sexual attractiveness. Certainly, vulval self-consciousness has increased with the recent emphasis on cunnilingus, as it has led to a dramatic increase in pubic hair waxing (Herbenick et al., 2010). While it should be performed for female pleasure, under such strict conditions for acceptable vulval aesthetics, cunnilingus creates a biopolitical burden by inhibiting pleasure and regulating the circumstances under which women experience pleasure. 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 'made the vulva more visible', which has 'exacerbated pre-existing negative genital perceptions, self-disgust, and fears of social rejection' (Tiefer, 2008: 467), causing women to seek out labiaplasty and other 'corrective' surgical measures.

Through FGCS, the disciplinary power of anatomo-politics renders the individual body docile by inviting women to engage in self-surveillance and self-diagnose any aesthetic and/or functional abnormalities of their vulvas and vaginas, respectively. Biopower introduces the private vulva and non-visible vagina into the realms of the visible and the aesthetic, respectively, which suggests that biopower is renewing itself through increasingly creative deployments (Foucault, 1990). Vaginoplasty is perhaps the sole surgical procedure that is classified as 'cosmetic' but is performed exclusively on the bodily interior⁵; in contrast to other cosmetic surgeries, vaginoplasty does not produce a result that is visible on the surface of the body. It also constructs the 'private' female body as a 'public' site for improvement, where improvement is

both informed by and reproduces the ‘cultural desirability of a tight vagina’ (Braun and Kitzinger, 2001: 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’. As a result of the vagina’s newfound demarcation as a site that can be worked on or reconstructed (Braun and Kitzinger, 2001), women are now encouraged to take an interest in FGCS as part of their general ‘regimen’ of self-care (Braun, 2009b). Surgical solutions become justified as women increasingly take up the language of ‘conditions’ such as ‘hypertrophic’ (i.e., enlarged) labia minora (Braun and Tiefer, 2010). 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: 10), and then conveniently provide a solution to manage it.

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, biopower (re)introduces the vagina into erotic utility, where utility is defined by the capability of the vagina to provide as well as receive pleasurable penetrative (heterosexual) sex, which is not necessarily reproductive. 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. Vaginoplasty tightens the vaginal canal for the purposes of ‘improving’ penetrative heterosexual relations, (re)introducing the loose vagina into normalized *erotic* utility. At the level of the body, then, FGCS brings vaginas (back) into a particular economy of phallogentric 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 previous focus on women's reproductive capabilities, a point that will be taken up later.

At the level of the population, the creation of an appropriate and 'useful' vulva and vagina is significant because it is leveraged to create and regulate a new population of women defined by the cultural 'acceptability' of their vulval aesthetics and vaginal configuration. The discourse of surgeons performing FGCS emphasize that many women feel insecure about their genital appearance, implying that women, as a group, suffer from comparable feelings of genital anxiety. In turn, a new population is created, wherein 'woman' is defined first by vulval and vaginal 'normality', which purportedly leads to sexual confidence, and second by the emotional security that that normality provides. The deviant population is defined by genital 'abnormality' and insecurity and must be regulated through integration into the 'normal' population. FGCS allows women who do not fit into the 'normal' population to obtain a 'clean and proper body' (Kristeva, 1982) and subsequently gain entry into ideal modes of representation by engaging in 'corrective' or 'augmentative' procedures. What is particularly problematic about this demarcation of populations 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 of 'female' genitalia, which undermines the lived experiences of both intersex and trans*women who may not have or do not want 'anatomically correct' female genitalia.

There is also a relationship between the new population of ‘women’ created by FGCS and their overall participation in consumer capitalism. Some scholars (e.g., Hall-Gallagher and Pecot-Hebert, 2007) 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. However, the relationship between FGCS and consumption becomes more complicated when viewed through the lens of biopolitics. Foucault (1990) 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. 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).

Through the lens of biopolitics, the popularization and normalization of the procedures that comprise FGCS may, in conjunction with achieving the ‘youthful’ and uniformly pink vulva and vagina of pornography, involve creating bodily aesthetics that ensure women’s continued participation in and subjection under capitalism. Because cosmetic surgery has indeed crossed every conceivable 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 next frontier of cosmetic surgery. In the biopolitics of FGCS, then, genital cosmetic procedures such as labiaplasty and vaginoplasty are perhaps not solely indicative of increasingly precise disciplinary controls intended to render women’s bodies docile. This deployment of biopower 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, which may range from \$2,500 USD (for a clitoral ‘unhooding’) to \$12,000 USD (for a combination labiaplasty and vaginoplasty, sometimes known as ‘vaginal rejuvenation’) (TriAxial Medical, 2010), 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).

At the same time as it introduces new consumers into the realm of cosmetic surgery, FGCS, as a deployment of contemporary biopolitics, further entrenches existing consumers in an increasingly strict form of consumption. FGCS is an incredibly ‘precise’ (Foucault, 1990: 137) measure that instigates and perpetuates literally ‘tight’ control over women’s bodies. Hence, the biopolitics of FGCS performs a dual function, which is certainly in keeping with the goals of its deployment; that is, if biopolitics aims to create and then regulate a particular population, the regulatory options or disciplinary mechanisms that become ‘necessary’ for normalization must not be (financially) prohibitive. If, as medical research suggests, consumers of FGCS are often already consumers of cosmetic surgery (Goodman, 2009; Scholten, 2009),⁶ the women who undergo FGCS are perhaps the most ‘sophisticated’ cosmetic surgery consumers; perhaps, insofar as cosmetic surgery is considered an extension of a woman’s beauty regime, women undergoing FGCS are also the most ‘sophisticated’ beauty consumers. This ‘sophistication’ is achieved not only through the depth of consumption but also through the ‘privacy’ of the surgical site in this case. What is 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 but 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 of desire in that it is promoted for its ability to 'enhance' the pleasure that women achieve from 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). In the discourse on vaginoplasty, the emphasis on women's pleasure intensifies power relations by disciplining desire, producing subjects for desire as well as desiring subjects. However, instead of shifting attention away from women's reproductive obligations and towards sexuality and their sexual desire, this form of what I term 'vaginal biopolitics' intensifies power relations by continually regulating women's desirability as well as their ability to experience desire. Vaginoplasty and the non-surgical 'G-shot' (an injection of collagen that claims to temporarily augment the G-spot) move women's sexual pleasure away from the clitoris and in turn reinforce the long-standing assumption that, during penetrative sex, 'normal' women should experience pleasure and come to orgasm vaginally, despite the fact that vaginal stimulation alone does not bring the majority of women to orgasm, a misconception that has been famously and vehemently disputed (Koedt, 1970). The discourse of vaginoplasty also assumes that a tight vaginal canal is in fact pleasurable during penetrative sex. In turn, women who experience anything other than pleasurable, vaginal orgasms during penetrative sex are pathologized as abnormal, and will 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 female sexuality, they simultaneously regulate female sexuality by creating specific, limited terms of sexual being and expression. Moreover, the discourse of female pleasure 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 the plasticity of the body.

As Foucault famously suggests, however, ‘where there is power, there is resistance’, and it is ‘present everywhere in the power network’ (1990: 95). Foucault’s conceptualization of power as a complex network of relations, encourages us to identify how power can be simultaneously regulatory *and* enabling, operating as the discipline *and* production of subjects. In her work on commercial weight-loss centres, Cressida 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 their capacities. It is useful, then, to consider some of the ways in which FGCS can be similarly conceptualized.

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 a woman's newfound sexual and personal self-confidence and experience of pleasure 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, these 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, women are encouraged to identify as sexual beings, which challenges traditional discourses of women's sexual 'frigidity' (Scully and Bart, 1973) and forces medical practitioners to take female sexuality seriously. At the same time, the push to take female sexuality seriously contributes to a sexual imperative that has led to a veritable explosion of pharmaceutical treatments for female sexual 'dysfunction' (FSD). Finally, identifying as a sexual being enables women to move beyond the confines of their role as reproducers (although FGCS is of course not the first technology to enable this potential). 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 paper has argued that female genital cosmetic surgeries (FGCS) comprise a contemporary deployment of biopolitics that produce new disciplinary and regulatory effects on the vulva and the vagina. The theoretical lens of Foucaultian biopolitics enables us to take a

nuanced approach to FGCS, analyzing its regulatory effects as well as identifying opportunities for resistance from within networks of power, as recommended by Foucault (1990: 95). While this analysis was limited to the context of FGCS, with emphasis on vaginoplasty and labiaplasty, future research comparing the deployment of biopolitics in the context of FGCS to normalized forms of cosmetic surgery such as breast augmentation (or cosmetic surgery more generally) would be interesting, specifically to uncover what kinds of similarities and/or differences emerge when the two deployments are juxtaposed. Comparisons between FGCS and male sexual enhancement technologies such as augmentative phalloplasty or Viagra would also be useful, as would analysis that explicitly intersect FGCS with race, class, and sexual orientation.

In the biopolitics of female genital cosmetic surgery, the poles of disciplinary and regulatory power coalesce to create an optimal, biopolitical 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 deployment of biopower measures women's value not only in terms of their reproductive and birthing potential (Foucault, 1990) but now also by their ability (or lack thereof) to provide and maintain a tight receptacle for penile penetration, which creates an additional biopolitical burden. In addition, the hyper-visibility of the vulva, created in and maintained by cultural practices such as pornography and waxing, enables the introduction of an aesthetic dimension into the realm of feminine 'hygiene', creating new norms according to which bodies must discipline themselves. At the same time, 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 entry into sexual representation and expression. Insofar as resisting cosmetic surgery can be 'akin to a kind

of death' (Morgan, 1991: 25), the decision to undergo any or all of the procedures associated with FGCS is clearly an 'investment in life' (Foucault, 1990: 141).

Notes

¹ For a comprehensive list of currently available procedures, see Braun (2009b, 2010).

² Given the subject matter of this paper, the terms ‘woman’, ‘women’, and ‘female(s)’ are used with reference to cissexual and cisgender women, unless otherwise specified.

³ The long-standing ‘vagina dentata’ myth derives from masculine fear of female sexuality linked directly to the female genitals (Creed 1993; Drenth, 2004). In psychoanalysis and in a number of cultural legends, the vagina dentata evokes castration anxiety by instigating a fear of the loss of the penis during heterosexual intercourse. Generally, it refers to a fear of being rendered weak or impotent by the vagina, as well as a fear of annihilation via incorporation into it. As Jelto Drenth (2004) 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’ (261-262). For detailed scholarship on the history of the vagina dentata myth as well as its theoretical and practical implications, see, for example, Creed (1993).

⁴ The World Health Organization (WHO) considers labia elongation a form of female genital ‘mutilation’ (Larsen 2010).

⁵ 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).

⁶ 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 a FGCS (Goodman 2009; Scholten 2009).

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