

**Pretty Woman:
Genital Plastic Surgery and the Production of the Sexed Female
Subject**

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For decades now, American women have turned to plastic surgery to make their breasts larger, their stomachs flatter and their thighs smoother. Recently, more and more women who go under the surgeon's scalpel also want their vaginal openings tighter and their labia smaller. Although no official data are available on how many such procedures are performed annually, industry experts estimate that plastic surgery of the female genitals is the fastest-growing plastic surgery sector in the United States (Kobrin). How should cultural critics interpret this phenomenon? One useful approach to examining this trend is to consider it as evidence of Judith Butler's theory that gender actually *produces* sexed bodies. From this perspective, how might genital plastic surgery serve to transform the bodies of women into "properly sexed" female subjects that are better suited to meet the criteria of the label "woman" under the heterosexual imperative?

In *Gender Trouble*, Butler challenges the idea of gender as a social construct that imprints itself upon stable, "natural," sexed bodies. For many years, conventional understanding within the social sciences and humanities held that gender—the myriad ways in which people "perform" their roles as men or women—is an effect of having one of two kinds of sexed bodies. Butler's work inverts this assumption, suggesting that sex itself is a gendered category. As such, gender is therefore a cause rather than an effect, and the mark of gender brings the sexed body "into being" (13). Butler emphasizes how sexed bodies are created toward a particular end: normative heterosexuality. In *Bodies That Matter*, published three years after *Gender Trouble*, Butler continues her investigation of this topic: "The regulatory norms of 'sex' work in a performative fashion to constitute the materiality of bodies and, more specifically, to materialize the body's sex, to materialize sexual difference in the service of the consolidation of the heterosexual imperative" (2). Recognizing Butler's understanding of the body as a discursive

construct, one can begin to consider how even those born with the sexual organs of a female might determine that, nonetheless, they do not “measure up.” Simply having a vagina, it seems, may not warrant full inclusion in the category “woman.”

Discourse and the Dissemination of Gender Norms

One of the key ways in which regulatory norms operate is by using institutions and discourses of power to produce messages on how gender is properly expressed through the body. Perhaps most obviously, Western medicine uses a discourse of disease to pathologize the female body and encourage adherence to gendered notions of normalcy (Davis 8). In particular, the plastic surgery industry has developed a new lexicon to classify even healthy bodies as abnormal. In the early 1980s, for example, the American Society of Plastic and Reconstructive Surgeons launched a media and educational campaign claiming that women with very small breasts were suffering from a disease called micromastia. The society submitted petitions to the Food and Drug Administration (FDA) in which they asserted that breast implants were essential to “correct physical deformities.” The physicians also targeted female consumers directly, promoting implants as a solution for flat-chested women to look “more normal.” The literature touted the implants as feeling both “real” and “natural,” underscoring “realness” and “naturalness” as qualities that one can achieve by simply purchasing them (Bloom 95).

Doctors have used similar strategies in advertising genital plastic surgery procedures. Dr. David Matlock, a Beverly Hills-based plastic surgeon, is one of the most outspoken proponents of vaginoplasty, a surgical technique in which incisions are made in the vaginal muscles before resuturing them to achieve a tighter opening. Generally, the procedure is marketed to women who have experienced a relaxation of the vaginal muscles after giving birth to a child. His

clinic's publicity materials claim that his "laser vaginal rejuvenation surgery" (an \$8,000 procedure, which he has trademarked) is an "essential service for women with a certain physical dysfunction" (Gorov C1, Healy F1). Here, the typical and nonpathological condition of a woman's genitals after childbirth has been designated "dysfunctional," thus requiring surgical intervention.

Notably, rhetoric of "the normal" figures prominently in the power of medical discourse. In interviews with women who have sought out these surgeries, many emphasize that they are not pursuing some idealized version of bodily perfection; rather, they simply want to look and feel "normal." In a *New York Times* article, journalist Mireya Navarro interviews a 39-year-old woman from Boston who underwent labiaplasty, a cosmetic surgery procedure that reduces or reshapes the labia. The woman states, "Now I feel free. I just feel normal." Similarly, a 34-year-old woman from Long Island, who underwent the procedure to reduce her inner labia, says, "I look down and I say, that's the way it should be" (9.1). Julia Scheeres's research on the marketing strategies used to reach this target audience of the plastic surgery industry reveals the prevalence of this normalcy discourse as well. She cites one advertisement in particular that appeared in a Los Angeles newspaper and addressed itself to women who "suffer from low self-esteem due to abnormal vaginal appearance." Appropriating second-wave feminists' messages about empowerment through bodily self-discovery, a press release distributed by another clinic urged women to "take out [their] hand mirrors" and inspect themselves for defects (71). The message is clear: Simply having female primary sex characteristics in no way ensures that a woman qualifies as normal. Yet, when surgery is promoted as the path to achieve normalcy, the constructedness of the very idea of normal is revealed. Although many women may understand normal to mean the way their bodies *should* have been, the notion might more accurately be

understood as the standard to which culture dictates their bodies must conform. Through medical technology, the regulatory norms of sex and sex difference can be fully expressed through the materiality of the body.

Alongside the rhetoric of the normal, which suggests something that is acceptable or typical, is that of “the natural,” which suggests something that is untouched by artificial process. Yet, the idea of the natural is used to describe both those who choose not to undergo surgery as well as those who do (Fraser 117). Dr. Gary Alter is a pioneer in labiaplasty, a procedure sought by many women whose labia minora hang below their labia majora, or are asymmetrical in size or shape. He has developed his surgical technique around this notion of naturalness. In his interview with *Fabula*, a feminist magazine, he notes past doctors would simply “cut off” the offending tissue. However, Dr. Alter found the resulting suture line “very unnatural.” Thus, in an attempt to achieve the all-important quality of “naturalness,” Alter developed a new procedure by which the labia are reduced, but their original edges are left intact (Loy 26). This example effectively highlights how the idea of naturalness, although conventionally thought to be a pure condition that exists before any type of cultural intervention, in fact denotes the mark of culture itself. In this practice, therefore, a body regarded as “natural” is a body that has successfully modified itself to earn such a classification.

In addition, rhetoric of “hygiene” often is called upon as justification for labiaplasty. Nearly every report on this medical trend appearing in mainstream media publications has quoted doctors and patients alike describing the new beauty standard for the vulva as “neat” and “clean.” For example, in a *Boston Globe* article, a 25-year-old student from California, a patient of Dr. Matlock’s, describes her post-surgery genitalia as “cleaner” and “more hygienic” (Gorov C1). *Women’s eNews* quotes a woman named Crystal, who says, “I had labiaplasty and now I

love the way I look: nice and neat and new” (Kobrin). Dr. Matlock offers a similar vision for what he considers to be the definition of vulvar beauty—specifically, a “nice, clean look” (Healy F1). These descriptions of the ideal of feminine cleanliness recall the shame with which the vagina, the site of Freud’s castration horror, has long been associated (Moi 843). As Davis writes:

The same social world that generated the mythos of the delicate, proper lady has also continually spawned and recycled dirty jokes about “vaginal dentata,” fatal odors, and other horror-story imagery about female genitalia. The off-color disgust has always been tied in a complex way to a vast, off-color desire, and these both have been concomitant with the prescription to stay dainty (8).

The vagina is a site where tensions between attraction and repulsion, as well as the conflicting impetuses to expose and conceal, historically have been negotiated. The sanitized ideal of the clean, delicate, discreet vaginal slit, so widely used in the plastic surgery industry discourse, functions in such a way so as to cast the bodies that have not undergone these procedures as necessarily dirty and unsightly. Thus, labiaplasty offers a ritual of purification by which the dark, filthy, shameful female body can finally achieve a sense of decorum.

Moreover, other discourses operate to encourage women to bring their bodies in line with contemporary gender norms. In the case of genital plastic surgery, the media/entertainment industry factors heavily into how gender norms are perpetuated. Media representations of women with extremely thin bodies and large breasts promote specific body types that women consumers wish to emulate. These idealized images, however, often cannot be achieved without plastic surgery. A similar phenomenon operates with representations of the female genitals as well. Scholars have noted that in years past, women rarely had the opportunity to see other women’s vaginas and thus had no sense of how a typical vagina might look. Yet, with the mainstreaming of the adult entertainment industry, the situation has changed dramatically. Now, a beauty

standard has emerged, one established primarily through porn actresses, nude models and strippers. According to surgeons, women are bringing in pictures from magazines and adult Web sites, pointing out whose vaginas they want to recreate. The irony of this situation is that in pornographic films and photographs, everything, from eye color or stretch marks, to genitalia, can be modified digitally (Scheeres 72). Gary Rohr, who does image retouching for Flynt Publications, says, “The easiest thing to do is to replace genital shots. You take one you prefer and paste it over the one you don’t” (as quoted in Scheeres 73). Similarly, Sharon Mitchell, of the Adult Industry Medical Healthcare Foundation, claims that asymmetrical or wrinkled labia are routinely airbrushed (Healy F1). Thus, pictures women bring in to their doctors as representative of “ideal” female genitals often depict bodies that have never actually existed. In a process that suggests Jean Baudrillard’s simulacra, women are remaking their bodies to become copies of copies that fact reference no original (54).

Plastic Surgery and the Materialization of Gender Norms

While the discourses of medicine and the media function primarily to disseminate and reinforce regulatory norms of sex, plastic surgery procedures give those norms a material reality by reshaping the flesh. Medical technology becomes the means by which discourse imprints itself on human bodies. For instance, most labiaplasty procedures eliminate the “excess” tissue that hangs below the labia majora in many women. The removal of this dangling flesh, which hangs between a woman’s legs in a way reminiscent of the male genitals, serves to further distinguish the woman’s body from its male counterpart. The female body must be differentiated from the male because it is in contrast to the female that the male body gains meaning. The system of gender is relational, operating through binaries: A “man” is “not woman,” just as

“masculine” is “not feminine.” The two concepts are locked in an interdependent relationship. If the binary begins to break down, the salience of each of these categories breaks down as well (Butler *Gender* 30-31). Therefore, to prevent such degradation the categories of “man” and “woman” are defined rigidly and their boundaries aggressively policed. Angela King, in a feminist reading Michel Foucault’s *Discipline and Punish*, suggests that it is women who “correct themselves” in various ways to meet the criteria of this category (33). She argues that through fashion, make-up and plastic surgery, women participate in the disciplining of their bodies. It is through these techniques of subjugation that their bodies and identities as women are in fact produced (30).

Therefore, as a result of the sexual binaries that operate in contemporary Western cultures, ambiguity of the genitalia is socially unacceptable. If a baby emerges from the womb with anything less than a body clearly marked as either male or female, medical technology and expertise rush in to give precision to the child's anatomy. Suzanne Kessler, who has done extensive research on gender reinforcement surgery on intersexed individuals, says, “Genital ambiguity is corrected not because it is threatening to the infant’s life, but because it is threatening to the infant’s culture” (25). The “in-between-ness” demonstrated by fleshy or hanging labia is threatening because it complicates the strict gender binary that underpins the Western social fabric. Consequently, society marshals its forces—economic, cultural and political—to bring those aberrant bodies in line. In this case, the female body must be appropriately feminized because the female genitals, generally thought to be a key indicator of one’s status as a woman, are in some cases “not female enough.”

This removal of labial tissue does more than simply sharpen the physical distinction between the female and male body. The removal of tissue deemed “excessive” functions on a social level as well, for it reflects broader social norms that forbid a variety of excesses among women, particularly inordinate sexual appetites. Simone Weil Davis historicizes the association between large labia and heightened sexuality by noting, “at least since the sixteenth century [prominent labia] have indicated to doctors the alleged presence of hypersexuality, onanism, and possible ‘tribandism’ or lesbian tendencies” (37). Through labiaplasty, both a

woman’s body and behavior are “civilized,” metaphorically reigned in to meet society’s insistence on female restraint and discretion. Saartjie Baartman, or the “Hottentot Venus,” perhaps best illustrates this type of phrenology by illustrating society’s attempt to draw a link between the physical appearance of the woman’s genitals and her character. Baartman was an African woman whose body was put on display through a touring exhibition across Europe for five years in the early part of the nineteenth century (Gilman 232). Her labia were of particular interest to the Europeans, who were eager to seize upon physical characteristics that could be used to classify distinctions between races. European travelers of the eighteenth century had returned from Africa with reports of the “Hottentot Apron,” a “hypertrophy” (or nontumerous enlargement) of the labia found among some tribes (232). Western colonialists used the “primitive” nature of the black woman’s sexual organs as evidence of a corresponding



Figure 1, Early Nineteenth Century Caricature of Hottentot Venus.

“primitive” sexuality, generally defined by “excesses,” including lesbianism (237). The Hottentot Venus provided a contrasting image for bourgeois European women’s genitals and sexuality. Unlike the untamed excess of the Hottentot, white women demonstrated a properly modest, civilized sex. In fact, those highly gendered notions of the proper female body can still be detected in the modern practice of genital plastic surgery, as it aims to reduce women’s sex—and sexuality—to more acceptable proportions.

Other surgical procedures besides labiaplasty also are tasked with sexing female bodies. For example, physicians’ promotional materials hail vaginal rejuvenation surgery (or vaginoplasty) as an “essential service” for women to enhance their physical sensation during sex, with advertisements touting, “You won’t believe how good sex can be!” (Gorov C1). However, many doctors have voiced skepticism about such claims. In a *New York Times* piece from 2004, Dr. Thomas G. Stovall, president of the Society of Gynecologic Surgeons, argues no scientific evidence exists to support the claim that women experience enhanced sensation during intercourse after the procedure (Navarro 9.1). In fact, he claims the opposite, since some women actually experience *pain* after the surgery as a result of the muscles being too tight. Other risks include nerve damage leading to loss of sensation, a buildup of scar tissue and/or infection (Healy F1). Despite some plastic surgeons’ repeated insistence that the women they treat seek the procedure to enhance their own sexual satisfaction, others concede that many women have a consultation at the urging of their husbands, boyfriends or partners who want increased sensation for themselves (Scheeres 72). Thus, by surgically altering the vagina toward the goal of enhancing male sexual pleasure, vaginoplasty reinforces the instrumental function of the vagina in normative heterosexuality. Indeed, being a site of pleasure for the male sexual organ is a primary function of the vagina under the heterosexual matrix of gender. If the vagina fails in this

capacity and is no longer able to deliver adequate stimulation to the penis, a cultural intervention is required. Underscoring Butler's theory, the vagina itself does not necessarily qualify one as a woman. Being a woman, a condition that under the normative heterosexual culture of contemporary society includes accommodating the penis, may in fact require medical assistance. As Simone de Beauvoir famously said, "One is not born a woman, but becomes one." In this case, one is not born a woman, but is *made* one through a medical procedure, effectively bringing her sex in line with her gender.

Under the heterosexual imperative, not just the performance of the vagina, but also its appearance, is important. A desire for youthfulness stands as a key motivation for genital surgeries, as it does for plastic surgery in general. In her article "Vulva Goldmine: How Plastic Surgeons Snatch Your Money," Julia Scheeres quotes UCLA psychology professor Paul Okami, who claims, "These procedures are designed to approximate that of a pubertal vulva or vagina." So, as other feminist critics have done, Scheeres points to the infinite number of Web sites promoting images of "teenage sluts" or "barely legal babes" as additional evidence of many men's sexual obsession with young, barely pubescent girls (75).

Aside from having vaginoplasty to "rejuvenate" the genitals, some women have fat injected into their labia to give them a plumper shape. Feminist health expert Judy Norsigian, as quoted in the *Los Angeles Times*, attributes the popularity of Brazilian waxing—in which nearly all of the pubic hair is removed—as further evidence of male sexual interest in adolescent girls. In the context of the heterosexual imperative, the female must be ever vigilant to keep herself alluring and hold the male's sexual interest. Physicians describe a situation many older women find themselves: in a losing battle against gravity as they begin to notice their nether regions increasingly "on the move." According to Davis, "It is woman's work to make sure her genitalia

are snug, not wayward” (15). Undoubtedly, sustaining a youthful, feminine body, as necessitated under the heterosexual matrix of gender, requires constant attention and maintenance.

Hymenoplasty, in which the hymen is surgically reconstructed to mimic the virginal state, is yet another example of how the female genitals are produced to support heterosexual normativity. The procedure historically has been performed on women from the Middle East or Latin America. In instances where women (or their families) would suffer physical harm or shame if they were discovered not to be virgins upon marriage, the small operation erases physical evidence of prior sexual activity or rape (Masterson 7). Although the number of women seeking these procedures is considerably less than those pursuing labiaplasty or vaginoplasty, its popularity has begun to take hold in the U.S., primarily among white, affluent, urban women. To distinguish it from the aforementioned cultural context, those in the industry have dubbed the procedure “recreational” hymenoplasty (Armstrong 1). A *Philadelphia Daily News* article quotes one woman who is having the \$5,000 surgery as a “gift” for her husband who, she says, “deserves everything” (Armstrong 1). Other women undergo the procedure to mark anniversaries or other special occasions. Unlike vaginoplasty, in which some doctors still make the case for enhanced female pleasure (despite evidence to the contrary), hymenoplasty *guarantees* women’s discomfort. Again, if the vagina no longer meets a key requirement of womanhood under heterosexual society—keeping the phallus endlessly stimulated—then action must be taken to recreate its proper form.

These various practices—vaginoplasty, labiaplasty, hymenoplasty—highlight the constructedness of the sexed female subject, as a woman’s body requires constant maintenance to adhere to gender requirements. Dominant gender ideology enlists the female subject to become a sentinel, watchful for aberrations or abnormalities that cause her body to slip beyond

the boundaries of acceptable womanhood. Thus, responsibility for the enforcement of norms rests within the individual subject. Gender norms are enforced by what Michel Foucault calls a panoptic mechanism (based on Bentham's envisioning of the perfect prison, the Panopticon) in which bodily surveillance has been internalized: "We are neither in the amphitheatre, nor on the stage, but in the panoptic machine, invested by its effects of power, which we bring to ourselves since we are part of its mechanism" (217). With gender, there is no center of power that enacts rules and then punishes transgressors. Rather, the gender binary is so strong and so pervasive that no external policing is necessary. As sexed subjects, we accomplish the disciplining of our bodies completely on our own.

However, because the very definitions of these categories are cultural creations, they are subject to change over time and space. As the gender norms shift, so must our disciplining practices. The variance that exists among norms becomes apparent when examining the practice of labiaplasty in the West alongside the practice of female genital operations in Africa.¹ According to Davis, both cultural practices are underpinned by the idea that "the genitalia are cultural terrain that must conform to identificatory norms" (17). Nonetheless, most American women who seek labiaplasty would be horrified at the comparison between their own procedure and the practice of female genital operations in Africa. Yet, as Davis asserts, the distinction between the two is not so great. Since the mid-1990s, 10 U.S. states have passed laws banning female genital operations. Although the nature of the operations criminalized in these states

¹ Female genital operations (also called female genital mutilation or female circumcision) include a variety of procedures that involve the removal of all or part of the external female genitals or other injury to the female genital organs for cultural, religious, or other non-therapeutic reasons. There are three known types of operations practiced today, with the most common (about 80% of all cases) being the removal of the clitoris with partial or total removal of the labia minora. The majority of the women and girls who have undergone the operation live in one of 28 countries in Africa, although the procedure is performed in some Asian and Middle Eastern countries as well. In addition, some immigrants from these countries continue the practice in Europe, Australia, the United States, and Canada. The age at which the operation is performed varies widely. It may be performed on infants, young girls, adolescents, or occasionally adult women. The World Health Organization estimates that between 100 and 140 million women and girls have undergone the procedure. Source: World Health Organization's "Female Genital Mutilation, Fact Sheet No. 241, June 2000." (<http://www.who.int/mediacentre/factsheets/fs241/en/>)

would easily apply to the kinds of procedures being performed in the offices of Beverly Hills plastic surgeons, the laws include language to address specifically “the custom and belief-based cutting of African immigrants” (21). At the same time, the parents of intersexed American infants are free to have the genitals of their children cut or excised, as are women who have made the determination that their labia stand in need of some corrective measures, without concern for legal ramifications. But, the distinction between Western practices of plastic surgery and African practices of female genital operations is one determined along cultural, racial and national lines. In practice, the difference is not so pronounced: “Among the key motivating factors raised by African women who favor female genital surgeries are beautification, transcendence of shame, and the desire to conform; these clearly matter to American women seeking cosmetic surgery on their labia, as well” (Davis 23). Davis goes on to quote Soraya Mire, a Somali filmmaker, who says, “In America, women pay money that is theirs and no one else’s to go to a doctor who cuts them up...Western women cut themselves up voluntarily” (21). In this way, one could see Western female consumers who consent to the procedures (and even finance them) to be even more oppressed and bound by normative gender than their African counterparts. In this case, American women are reminiscent of Foucault’s “docile bodies,” who, on their own, fill the role of enforcers of their own subjection under the matrix of gender.

The comparison between practices in the U.S. and Africa shows that although the specific methods may vary across space and time, normative gender imprints itself upon the body. In the U.S. context, the discourses of Western medicine and the media work together to reinforce messages about normative gender and the female body. Plastic surgery then functions as the means through which those gender norms are translated into flesh, transforming women’s bodies into “properly sexed” female subjects that are better able to fulfill their duties in the service of

imperative heterosexuality. The process of “sexing” the female body, however, does not end when the anesthesia wears off. Rather, under the matrix of gender relations, women exist in a constant state of monitoring and correcting, forever striving to hit the moving target that is “woman.”

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