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LOOSE LIPS SINK SHIPS

DISCUSSION QUESTIONS

1. Do you think women and men face the same expectations to possess aesthetically "appealing" genitalia? Why or why not?
2. Could this type of plastic surgery for women be compared to male circumcision? Why or why not?

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3. Do you find similarities between the cosmetics and/or diet industries and this type of plastic surgery for women? What underlying ideas about women's bodies do they seem to share and promote?

[They are] two excrescences of muscular flesh which hang, and in some women, fall outside the neck of the womb; lengthen and shorten as does the comb of a turkey, principally when they desire coitus....

—Ambroise Paré (1579), quoted in Lisa Jean Moore and Adele E. Clarke, "Clitoral Conventions and Transgressions: Graphic Representations in Anatomy Texts, c1900–1991," *Feminist Studies* 21 (summer 1995)

DESIGNER VAGINAS

Perhaps you noticed some of the articles in women's magazines that came out in 1998; *Cosmopolitan*, *Marie Claire*, and *Harper's Bazaar* each carried one, as did *Salon* on-line, articles with titles like "Labia Envy," "Designer Vaginas," and "The New Sex Surgeries." More recently, *Jane* magazine covered the topic, and Dan Savage's nationally syndicated advice column, "Savage Love," stumbled explosively upon it as well. 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. In contrast to the tightening operation known as "vaginal rejuvenation," labiaplasty is sheerly cosmetic in purpose and purports to have no impact on sensation (unless something were to go terribly awry).¹ Throughout coverage here and in Canada, the aptly named Doctors Alter, Stubbs, and Matlock shared much of the glory and the public relations. In the name of consumer choice, these articles provoke consumer anxiety. The *Los Angeles Times* quotes Dr. Matlock: "The woman is the designer... the doctor is just the instrument.... Honestly, if you look at *Playboy*, those women, on the outer vagina area, the vulva is very aesthetically appealing, the vulva is rounded. It's full, not flat.... Women are coming in saying, I want something different, I want to change things. 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."²

All the popular articles about the "new sex surgeries" that I've reviewed also include remarks from skeptical

colleagues and from polled readers who feel okay about their labia. (In an unfortunate turn of phrase, one plastic surgeon describes Dr. Matlock as a bit too "cutting edge.") Despite this apparently balanced coverage, a brand-new worry is being planted, with the declaration in *Salon* that "many women had been troubled for years about the appearance of their labia minora," and with the use of words like "normal" and "abnormal" to describe non-pathological variations among genitalia. The November 1998 article in *Cosmopolitan* has an eye-catching blurb: "My labia were so long, they'd show through my clothes!" Having taken *that* in, the reader suddenly looks up at the accompanying photo with new eyes: the photograph is of a slim woman in fairly modest underwear; because of the picture's cropping, she is headless, but the posture is distinctive, awkward. She's somewhat hunched forward, her hands are both crotch-bound, and one finger slips beneath the edge of her panties. Having read the caption, you think, "My God, she's tucking in her labia!"³

Ellen Frankfort's 1972 book, the women's liberationist *Vaginal Politics*, begins with the following scene.⁴ Carol from the Los Angeles Self-Help Clinic "slips out of her dungarees and underpants," hops onto a long table in an old church basement and inserts a speculum into her vagina. The 50 other women present file up and look with a flashlight, and learn, too, how to self-examine with a speculum and a dimstore mirror. This self-exploration of what has often been referred to as "the dark continent" or just "down there" seemed the perfect symbol for the early claim of women's liberation that "the personal is political." How could a woman call for sexual autonomy without self-awareness?

To reverse the phrasing of one of Second Wave feminism's most famous byproducts, how could we know "our selves" without knowing "our bodies" first?⁵ This image of women using a well-placed mirror to demystify and reclaim their own bodies is rooted dimly in my teen-years memory. I found it eerily resurrected when the *Salon* piece by Louisa Kamps came up on my computer screen. Kamps starts off like this: "'Ladies, get out your hand mirrors,' begins a curious press release I find at my desk one Monday morning. 'Yes, it is true... the newest trend in surgically enhanced body beautification: Female Genital Cosmetic Surgery.'" The hand mirror this time is used to alert the would-be vagina shopper to any deficiencies "down below" that she may have been blithely ignoring. From 1970s' consciousness-raising groups and Judy Chicago's dinner plates, through Annie Sprinkle's speculum parties of the 1980s, and on to Eve Ensler's collaborative *Vagina Monologues*,⁶ we came at the end of the 1990s to Dr. Alter and Dr. Stubbs. What's the trajectory from Second Wave feminist "self-discovery and celebration" to the current almost-craze for labiaplasty? And does the fact of this trajectory provide us with a warning?

THE CLEAN SLIT

The vagina. According to Freud, its first sighting is the first scandal. It is *the secret*, invariably broken, that, once seen, changes you forever, especially if "you" are a little boy in turn-of-the-century Vienna, stumbling in upon your mother *en déshabillé*. You discover, all at once, in a rude shock, that she lacks a penis. You tremble at the threat that her missing phallus implies to *your* little member: if it happened to her, it could happen to you (especially because you've got the gall to compete with your father for your mother's affections). For Freud, his followers, and even many of his feminist revisionists, the "scandal" of a woman's genitals is supposed to be due to what *isn't* there, not what is. This article is not about lack, however. It is about excess. And it is not (exactly) about what Jacques Lacan and Hélène Cixous celebrated as *jouissance*. It's about labia.

So the vagina betokens the horror of castration, we're told. Many have remarked that perhaps this scandal is more accurately defined as one of interiority. In a society that revolves around the visual, an orgasm that doesn't include ejaculation can seem maddeningly uncontrollable:

you can't prove it (outside of a laboratory), and thus it can be faked.⁷ Discussing hard-core cinematic pornography, Linda Williams claims that "[t]he woman's ability to fake the orgasm that the man can never fake... seems to be at the root of all the genre's attempts to solicit what it can never be sure of: the out-of-control confession of pleasure, a hard-core 'frenzy of the visible.'"⁸

In the Amero-European world of the late-eighteenth and the early-nineteenth centuries, an earlier notion of women's natural lustiness was transformed into the myth of feminine modesty.⁹ This purported lady-like decorum has always been depicted as simultaneously innate for the female *and* a massively big job. For the same social world that generated the mythos of the delicate, proper lady has also continually spawned and recycled dirty jokes about "vagina dentata," fatal odors, and other horror-story imagery about female genitalia.¹⁰ 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—no matter what—for at least three hundred years. The paradoxical welding of abhorrence and adoration is often "resolved" socially through a stereotyped decoupling of the two, although mythologies of the lurid and the pure female are in fact too interdependent ever to be truly unbraided. Women have been branded good or bad, refined or fallen, on the basis of their race, their profession, their station in life, and so forth, with the judgments conveniently supporting the political, economic, and racial status quo (about which, more later). That being said, the paradox is also one that women negotiate individually, and this has been so for a remarkably long time. To see this conundrum's longevity, take a look at Jonathan Swift's eighteenth-century "dressing-room poems," animated by voyeuristic disgust for the female body, and compare them with "What Your Gynecologist Didn't Tell You about the Smell," a now-defunct joke web site that made fun of Dr. Matlock but did so via misogynist aversion—an aversion familiar to all women who feel compelled to contain this supposed foulness and to approximate the required delicacy.¹¹

Although "feminine modesty" used to be the answer to this subtextual concern about vaginas, now the shameful zone needs to be brought into line for display, rather than hidden. The vulva is becoming a pioneer territory for cosmetic enhancement—surgical practitioners need above all to capitalize both on that preexisting shame and on the ever-greater need to

provide a cyborgian spectacle of porno-gloss. The relative mainstreaming of the sex industry (think of Demi Moore in *Striptease*, for example) and the blurring of the lines between hard-core and advertising imagery (think Calvin Klein) have led to a perpetually increasing sense of pressure among many women, the pressure to develop and present a seamlessly sexualized, "air-brushed" body.¹² Drs. Alter, Stubbs, and Matlock want that sought-after body to include a specific labial look, one desirable enough to be worth "buying."

Before people will spend money on something as expensive and uncomfortable as cosmetic surgery, they need to be motivated not only by desire but by concern or self-doubt. Bringing the authoritative language of medical science to the aestheticization of the vagina is one key way to trigger such anxiety. Advertisers have frequently invoked and generated medicalized norms to sell products. Roland Marchand describes perhaps the classic example of this phenomenon: after the liquid known as Listerine proved a lackluster general antiseptic, it was decided to dramatize its function as a mouthwash. Foul tasting as it was, consumer incentive would be needed. The term "halitosis" was "exhumed from an old medical dictionary" by an advertising firm and became the driving force behind a subsequent, energetic scare campaign about the medical, social, and romantic risks of bad breath.¹³ Advertisers have always been both matter-of-fact and explicit about delineating and then steadily working to create a sense of deficiency where once there was indifference or even, God forbid, enjoyment, working to incite new arenas of insecurity, new personal anxieties, so that more things can be marketed and sold.

Cosmetic surgery has worked with the same principles throughout its more than 100-year history, as detailed in histories of the profession by Kathy Davis, Elizabeth Haiken, and Sander Gilman.¹⁴ For instance, in a particularly unnerving chapter on "micromastia" (the "disease" of flat-chestedness) and the surgeries developed to "correct" it, Haiken quotes a 1958 article by plastic surgeon Milton T. Edgerton and psychiatrist A.R. McClary, on "the psychiatry of breast augmentation": "Literally thousands of women in this country alone, are seriously disturbed by feelings of inadequacy in regard to concepts of the body image. Partly as a result of exposure to advertising propaganda and questionable publicity, many physically normal women develop

an almost paralyzing self-consciousness focused on the feeling that they do not have the correct size bosom."¹⁵ The rationale laid out here, which explains *but also helps create* "inferiority complexes," can be applied across the full topography of the human form, as borne out by the increasing prevalence of liposuction, face-lifts, buttock and tummy tucks. The latest realm to be scoured for "abnormalities" is the vagina, formerly spared from the scrutiny of the market because it was considered both too reviled and too quakingly desired to be addressed commercially.

These days, in part because of the video dissemination and the mainstreaming of pornography, women, regardless of gender preference, can see the vaginas of a lot of different other women. They may desire those vaginas, they may simultaneously identify with them, but if they are rich enough or have great credit, they can definitely have them built.¹⁶ A 1997 article in the Canadian magazine *Sæ* interviews a patient of Dr. Stubbs in Toronto. Deborah "has had her eyes done and had breast implants and some liposuction. She says that she started thinking about her labia when her first husband brought home porn magazines and she started comparing herself. 'I saw some other ones that were cuter than mine' and I thought, 'Hey, I want that one,' she laughs."¹⁷ Of course, the images we relish or bemoan in pornography are almost always tweaked technically. As Deborah did her "catalog shopping," the women she was admiring were perhaps themselves surgically "enhanced," but additionally, they were posed, muted with makeup and lighting, and the resultant photographic images were then edited with an airbrush or the digital modifications of Photoshop.

This is especially true of pornography that presents itself as "upscale," whether soft or hard core. As Laura Kipnis helps us realize, there's a crucial link between *Hustler's* targeting of a working-class market and its being the first of the big three glossy "wank mags" to show what it called "the pink."¹⁸ *Hustler's* aggressive celebration of vulgarity informed its initial rejection of soft-core decorum about genitals; thus, its representations of vaginas were matter-of-fact, and often enough contextualized with very explicit, poorly lit Polaroid shots sent in by readers. When the vagina finally came to the pages of *Penthouse*, by contrast, it was as flaw-free and glossy as the rest of the models' figures. In "The Pussy Shot: An Interview with Andrew Blake," sex writer Susie

Bright discusses the classed aesthetics of this pornographer, whose trademarks are his lavish sets (straight out of *Architectural Digest*, Bright remarks) and high-end production values: in this posh setting, it comes as no surprise that the star's labia are small and her "pussy is perfectly composed, with every hair in place."¹⁹

The evolution of a new strict standard of "beauty," rigid enough to induce surgery, does not occur in a vacuum. Among other factors, economics are in play—not just in the eagerness of a few cosmetic surgeons to up their patient load but in a far more intricate web of drives and desires intersecting with technological shifts and cultural and financial power plays. I will only nod here to the complexity of this phenomenon. A first example: in *Venus Envy: A History of Cosmetic Surgery*, Haiken points out that research catalyzed by World War I and II led to technological innovations that furthered the cosmetic surgery industry. Wars, which maim and disfigure people, increase the demand for and respectability of plastic surgery, allowing surgeons the grim opportunity to improve their skills and their public relations. Additionally, war means the invention and/or increased availability of new materials, like silicone and polyurethane, both of which were used for breast augmentation in the wake of World War II.²⁰ Could this new material on hand have led (in part) to the 1950s' notorious obsession with large breasts?

Here is a more recent example of the subtle interplay of cultural and economic forces that can help shape changes in beauty standards: Perhaps Rudolph Giuliani's New York City should be thought of as undergoing an urban labiaplasty. In this zoned, regulated era, newly comfortable for tourists if not for New Yorkers, the sex industry has been radically curtailed. This change has meant, tellingly enough, that almost all the sex clubs "connected" enough to remain open after 1998 favor "clone" women—Caucasian bodies, tidy tan lines, big blonde hair, collagen lips, surgically removed ribs, liposucked bottoms, and implanted breasts. With time, their labia may also be ubiquitously trimmed. Many women with bodies that diverge from the approved stereotype—biker chicks, Latina and Black dancers, plump or small-breasted women, the pierced girl with the monster tattoo—women who used to be able to dance erotically for an income, have been "sheered away," forced into unemployment, prostitution, or departure. These days in New York, only the

clones can dance, and it is clone bodies alone that New York City strip club patrons now ogle.²¹ The ripple effects such a change works, no doubt, multiply, and the Bloomberg era will see them continue.

In part because of the prevalence of just such a mainstreamed *Penthouse* and *Playboy* aesthetic, labias in pornography are often literally tucked away (in the most low-tech variant of body modification).²² If you review enough porn, however, especially lesbian porn or that which is unqueamishly "déclassé" as in *Hustler*, you will see a wide variety in the female genitalia on display—wide enough to evoke the "snowflake uniqueness" analogy that is banded around in popular coverage of the new cosmetic enhancement surgeries. And indeed the before-and-after shots available at some of the surgeons' web sites that I've found so far do reveal, unsurprisingly, that the single favored look for these "designer vaginas" is... the clean slit. Louisa Kamps of *Salon* magazine agrees: "What strikes me in the 'after' shots is the eerie similarity between the women... their genitalia are carbon copies of each other."

In a subtle but nontrivial way, this particular aesthetic and the surgery that manifests it cut back on women's experience of self-on-self contact, of tactility: Luce Irigaray celebrates the nonvisual, sensory experience women perpetually enjoy as their vaginal lips press and move against one another. She suggests that this physiological status makes women psychologically less invested in the myth of the monadic, self-reliant individual than are men. Irigaray's "two lips which are not one" would not touch each other much in a world of women "Altered."²³ What do the aesthetics of a streamlined android prototype, Barbie? A desire to approximate prepubescence? A fastidious minimization of marginal zones?²⁴

Mary Russo writes of "the female grotesque" in terms that are relevant here: "The images of the grotesque body are precisely those which are abjected from the bodily canons of classical aesthetics. The classical body is transcendent and monumental, closed, static, self-contained, symmetrical, and sleek... The grotesque body is open, protruding, secreting, multiple and changing..."²⁵ Russo's contrasting of the grotesque with the classical is particularly resonant in this context, as plastic surgeons often invoke classical

aesthetics and the metaphor of surgeon-as-sculptor; Stubbs even illustrates his site with photographs of classical statuary and presents his “before-and-after” shots in a “Surgical Art Gallery” captioned by Hippocrates: “*Ars longa, vita brevis*—Art is long and life is short.”²⁶ Elizabeth Haiken discusses “the classical context in which [early plastic surgeons] wished to place themselves; the term *plastic surgery* derives from the Greek *plastikos*, to shape or mold.”²⁷ The asymmetries, protrusions, and changeability of Russo’s grotesque are what the labiaplasty is meant to “shape or mold” and *cut away*.

Bodies do change with the passage of time, of course. If the living body is to approximate sculpture, change itself must be managed, *fixed*. Reading the following quote from Dr. Alter’s web site, one is reminded of the Renaissance theory of the wandering womb, whereby female hysteria and misbehavior were deemed the results of a uterus that had dislodged and begun to storm about internally, wreaking havoc. A woman’s “womb was like a hungry animal; when not amply fed by sexual intercourse or reproduction, it was likely to wander about her body, over-powering her speech and senses.”²⁸ In Dr. Alter’s prose, the older woman, “in dialogue with gravity,”²⁹ may find her previously pleasing vagina dangerously “on the move”: “The aging female may dislike the descent of her pubic hair and labia and desire re-elevation to its previous location,” Dr. Alter warns. So, it is woman’s work to make sure her genitalia are snug, not wayward.

We are talking about vaginal aesthetics, and aesthetic judgments almost always evidence socially relevant metaphors at work on the material and visual planes. Ideas about feminine beauty are ever-changing; the classic example is a comparison of Rubens’s fleshy beauties and the wraithlike supermodel Kate Moss (who succeeded Twiggy). But, in a world where many women have never thought about judging the looks of their genitals, even if they care about their appearance more generally, we should ask what criteria make for a good-looking vagina, and who is assigned as arbiter. These (mutating) criteria should tell us something about the value system that generates them. To tease out some answers to these questions, this article goes on to put the labiaplasty phenomenon in a contextual frame with other vaginal modifications.

MODIFYING/CLASSIFYING

What representations of vulvas circulate in our society? And who, beyond Dr. Tight, is modifying the female genitalia, how and why? For one, among alternative youth (and the not-so-alternative, not-so-youthful, too) piercings are being sought to modify and decorate the labia, sometimes to extend them, and, ideally, to add to clitoral stimulation. What sensibilities mark these changes? Among body modifiers on the Web, conversation about body image, self-mutilation, and, contrarily, healing, is common, with an accepted understanding that many turn to piercing as a means of overcoming perceived past abuse. “Most folks use Bod-Mod to get back in touch with the parts of themselves that were hurt or misused by others.” BodMod has helped me undemonize pain. . . . I was able to handle [childbirth] better, knowing that I’d survived. . . . two ten-gauge labial piercings. . . .” Changing one’s relationship to one’s genitalia by becoming their “modifier” leads here to an aesthetic reassessment: “You know, I never liked to look at my puss until I got my rings. I have well-developed inner labia that always show, and I was always envious of those women who seemed to have nice neat little pussies with everything tucked inside. My puss looked like an old whore’s cunt to me! So one reason I *know* I wasn’t mutilating myself when I got my privates pierced was how much I liked to look at myself after the work was done. You might actually say I’m *glad* my labia are the way they are now.”³⁰

“Glad” is what the cosmetic surgeons do *not* want you to be about prominent labia minora. If you look at the opening paragraph of Enslers’ *Vagina Monologues*, you begin to wonder if the unruliness now coming under the governance of the cosmetic surgeon isn’t at least as symbolic as it is aesthetic. This is Enslers, introducing her project (interviews with real women, transcribed, performed onstage, and then collected in a book):

I was worried about vaginas. I was worried about what we think about vaginas, and even more worried that we don’t think about them. . . . So I decided to talk to women about their vaginas, to do vagina interviews, which became vagina monologues. I talked with over two hundred women. I talked to old women, young women, married women, single

women, lesbians, college professors, actors, corporate professionals, sex workers, African American women, Hispanic women, Asian American women, Native American women, Caucasian women, Jewish women. At first women were reluctant to talk. They were a little shy. But once they got going, you couldn’t stop them.³¹

Just as Enslers’ own catalog of interviewees seems to burgeon and proliferate, so too the women with whom she spoke were “unstoppable.” With a similar metaphorical expansion, in the cosmetic surgeons’ promotional material, not only are women’s *labia* depicted as in danger of distention, but one woman customer also described her “*bang-up*” about her preoperative labia as “just growing and growing,” until the doctor cut it short, that is. Loose lips sink ships.

I received a “free consultation” from one doctor who performs labiaplasties, and this doctor explained to me that the ideal look for labia minora was not only minimal and unextended but also symmetrical, “homogeneously pink,” and “not wavy.”³² To the dangers and allures of what’s hidden about the vagina, now is added the “too muchness” of labial tissue. In their heterogeneous dappling and their moist curves, labia mark the lack of tidy differentiation between inside and outside and that’s just *too much*. One effect of this procedure is to reduce this sense of a “marginal” site between exterior and interior corporeality. Labia can be seen as “gateway” tissue, in other words, tissue that is somewhat indeterminate in texture and hue, yielding slowly from outer to inner and blurring the boundary between the fetishized gloss of the outer dermis and the wet, mushy darkness of the inside. This indeterminacy, actually a function of the labia’s protective role, may be part of their association with excess.³³ In *Public Privates: Performing Gynecology from Both Ends of the Speculum*, Terry Kapsalis “reads” the images in a widely used medical text, *Danforth’s Obstetrics and Gynecology*. She is struck by the lack of representations of healthy vaginas in *Danforth’s* and argues that ultimately the work’s visual logic pathologizes female genitalia per se. Using language parallel to that which I have used here, she writes: “Perhaps it is not a lack that is threatening, but an excess. The fact is that even if no pathology exists, there *is* something there—namely, a vulva with labia, a clitoris, and so on, a marginal site occupying both

the inside and the outside, an abject space (according to Julia Kristeva) that threatens to devour the penis (vagina dentata).”³⁴

In the medical realm, much effort is expended to overcome the mysterious liminality of the vagina. Since the eras of the ancient anatomists Galen and Hippocrates and especially since the rise of gynecology in the nineteenth century, vaginas have been diagrammed and cataloged in medical textbooks. Running parallel, a variant of pornography has always picked up and parodied the objectifying eroticism of scientific conquest.³⁵ In this realm, large labia have often been associated with deviance—at least since the sixteenth century they have indicated to doctors the alleged presence of hypersexuality, onanism, and possible “tribadism” or lesbian tendencies. Jennifer Terry discusses a 1930s’ study conducted in New York City, “under the auspices of the Committee for the Study of Sex Variants,” in order “to identify, treat, and prevent homosexuality.” A moderate-sized group of self-proclaimed lesbians were examined by a battery of experts, so that their “traits” could be characterized and profiled. These experts included gynecologists. The overseer of the project, one Dr. Dickinson, ultimately “identified ten characteristics which he argued set the sex variant [lesbian] apart from ‘normal’ women: (1) larger than average vulvas; (2) longer labia minora; (3) ‘labia minora protrude between the labia majora and are wrinkled, thickened, or *brawny*’; (4) ‘the prepuce is large or wrinkled or in folds’; (5) the clitoris is ‘notably erectile’ . . . ; (6) ‘eroticism is clearly in evidence on examination, as shown by dusky flush of the parts, with free flow of clear, glairy mucus, and with definite clitoris erection. . . .’” The study concludes that all “these findings can be the result of strong sex urge [presumably an innate or congenital condition], plus: (a) Vulvar and vulvovaginal self-friction; or (b) Homosexual digital or oral play; or (c) Heterosexual manual or coital techniques, singly or in any combination.”³⁶ Terry rightly emphasizes the researchers’ apparent fascination with the concept that homo/hypersexual desire (often conflated) could be strong enough that it could make the vulva a site of transformation. The prurience behind this possibility that perverted sex play could “rebuild” a vagina, seems great enough that it is allowed to overshadow the theory of a congenital distinction between heterosexual and homosexual anatomy.

Many American and British clitoridectomies and female castrations (the removal of healthy ovaries) were performed in the nineteenth century and as recently as the 1970s, as a response to just such indicators.³⁷ Isaac Baker Brown began to perform clitoridectomies in Britain in 1858, in order to reduce "hysteria" and other nervous ailments, but particularly to combat "excessive" masturbation. He was, by the 1860s, soundly critiqued in his own country and indeed expelled from Britain's Obstetrical Society in 1867; but his procedure (and its milder variant, circumcision of the clitoral hood) became popular in the United States by the late 1860s and was performed in this country for decades. Although experimentation in the development phases of sexual surgeries generally was exacted on the bodies of poor and disenfranchised women (mostly African American), the lady of leisure became the expressed target for these operations. Upper-middle-class and upper-class women had disposable incomes and time on their hands (to masturbate...or to recover from genital surgery). Robert Battey developed the practice of removing healthy ovaries to address a whole slew of complaints, from kleptomania to epilepsy, and this procedure was surprisingly widespread, particularly between 1880 and 1910. One 1893 proponent of female castration claimed that "the moral sense of the patient is elevated.... She becomes tractable, orderly, industrious and cleanly." Although depleted misrule seems an unsurprising "benefit" of such operations, one would not expect *aesthetics* to spring up as a concern in this context, but Ben Barker-Benfield cites some clitoridectomy and castration patients who thought of the trend as a "fashionable fad" and found their scars "as pretty as the dimple on the cheek of sweet sixteen."³⁸

In the 1970s and 1980s, James Burt, an Ohio gynecologist, gained notoriety—and eventually lost his license—performing what he called "the surgery of love" on more than 4,500 patients, apparently often without even garnering the pretense of informed consent, while they were anesthetized and "on the table" for another procedure. This procedure included a clitoral circumcision and a vaginal reconstruction that changed the angle of the vagina; he insisted before and after the malpractice suits that he had enhanced the sexual pleasure of 99 percent of the women upon whom he'd operated and that he was "correcting" the female anatomy, which he saw as God's mistake, by repositioning the

genitalia. Women were left with loss of erotic sensation, enormous pain during intercourse, chronic bowel and urination problems requiring regular catheter use, and ongoing serious infections; the same set of medical sequelae have been reported among infibulated women.³⁹ In 1997, the Ohio Supreme Court ultimately awarded forty women compensation amounting to a total of \$20 million. This award came after spectacular struggles in the courts over an eleven-year-period. The organization Patients-in-Arms, led by Carla Miller (who describes herself as "a victim of FGM" [female genital mutilation]), is devoted to helping women speak out about abuse and disfigurement at the hands of gynecologists. A review of the cases toward which Ms. Miller can direct one makes it excruciatingly clear both that this phenomenon is quite widespread and that it is made possible by the common and interlinked phenomenon of the "white wall of silence" that reduces the doctors' risk of being brought to task.⁴⁰

In a related phenomenon that persists to this day, the erotic tissue of "intersexed" or ambiguously gendered babies and children is routinely, in fact just about ubiquitously, modified through surgery without the minor's consent, in what the medical profession calls a "psychosocial emergency." These modifications have been shown to leave behind serious psychological scarring; often enough, the surgeries profoundly compromise the sexual sensation of the people forced to undergo them. In a piece called "The Tyranny of the Aesthetic: Surgery's Most Intimate Violation," Martha Coventry explains that "girlhood is [almost always] the gender approximated through surgery in such circumstances." "It's easier to poke a hole than build a pole," as one surgeon remarks. Coventry quotes Suzanne Kessler, whose work represents an important contribution to the study of intersexed experience: "Genital ambiguity is corrected not because it is threatening to the infant's life, but because it is threatening to the infant's culture."⁴¹

The genitalia are cultural terrain that must conform to identificatory norms; this has been driven home by the historians of gynecological science. When mid-nineteenth-century physician Marion Sims developed the duck-billed speculum and an examination protocol that gave him a good view, he used the language of an imperial conquistador, beholding still uncharted territory: "I saw everything, as no man had seen before."⁴² Much has been written

particularly by Irigaray, about the mythologization of female genitalia as "the dark continent," the "nothing to see," an Unknown supposedly waiting to be penetrated by pioneering masculine experts; Mary Ann Doane and Anne McClintock are among those who have etched out the linkage that such a metaphor immediately suggests between gender politics and racial imperialism.⁴³

What if the "nothing," the furor about female absence, is in part a stand-in scandal for the *something* that is the vaginal bloom—just as the "vast wildernesses" of the Americas and Africa were an invader's myth that suppressed the inconvenient fact of inhabitation? It is exactly in the realms where gender and race intersect that we can see this being played out. Sander Gilman and Michele Wallace are among those who have discussed Saartjie (or Sara) Baartman, dubbed the Hottentot Venus. She and other African women were taken from their homes and put on show in the early nineteenth century; in this display, their labial "aprons" were rumored about and peeked at with as much eroticized condemnation as were their "steoptygic" buttocks, although the latter were more plainly in view.⁴⁴ When George Cuvier, Geoffrey St. Hilaire, and Henri de Blainville, eminent naturalists all, attempted to force a scientific examination of Baartman, de Blainville reported that "she hid her apron carefully between her thighs—her movements were brusque and capricious like those of apes.... It was only with great sorrow that she let drop her handkerchief for a moment"⁴⁵ The outrage of invasion so evident here is aggravated by the dehumanization of Baartman that drove the tragic endeavor. In the same commentary, Cuvier describes elements of her appearance as being "like an orangutan," "like an animal," and "like a dog."⁴⁶ Eager to inspect her labia, particularly as they were seeking a classificatory wedge that would distinguish the Hottentot from the European on the level of species, the scientists spent three days trying to convince Baartman to submit to the physical, even offering her money, which she refused. Alas, her early death afforded them ready access to her private parts, however, and Cuvier made a plaster cast of her body and had her brain and genitals preserved in jars. Although the skeleton remains at Paris's Musée de l'Homme, her body is due to be returned to South Africa for burial...and her brain and genitals have disappeared.⁴⁷

It is no coincidence that the aforementioned Marion Sims, early American gynecologist, developed his surgery techniques only by repeated, public operations on the bodies of African American slaves and poor, white "washerwomen."⁴⁸ Doing symbolic work, nonwhite women in the Euro-American context have endured the exposure of their bodies only to have them decried and desired, first as heathenish, then as "abnormal." Meanwhile, the nonprostitute white woman's vagina was hidden, protected—shamed, too, but out of the limelight.

OUR VULVAS, OUR SELVES

Perhaps this context needs to be kept in mind when we consider another role played contemporarily by images of female genitals: among activists opposed to the circumcision of African females, even among those who are extremely sensitive to the liabilities of cultural bias, the documenting photo has a special, and somewhat problematic, status. In "Desiring the 'Mutilated' African Woman," Wacuka Mungai points out that there is a heated and eerily prurient interest expressed over the Web in accessing documentary photos of girls and women who have undergone clitoridectomies, excisions, and infibulation.⁴⁹ Although photographs of excised and infibulated vaginas are available at "kinky" web sites alongside other images deemed freakish or gory, I agree with Mungai that, even beyond the overtly pornographic, their status as emblems of an "Othered" barbarity is also tinged with unacknowledged eroticism. As Mungai explains, these photos are typically taken with something like consent, but under circumstances when a girl would be hard pressed to withhold permission—in exchange for treatment, a foreign, light-skinned doctor who doesn't speak your language asks that you let her photograph you. You are not likely to refuse her, even though there may be trauma in the taking, and even though the photos then circulate the globe, representing only the wounded status of the African female. Like the gynecological diagram, like Baartman's genitals so long on formaldehyde display in Paris, like the "monster shot" in porn flicks, these images are partial, headless...vaginas emphatically dis severed from whole people, made creatures of their own—treated, perhaps, as the essence

of the woman, the cut vagina the truest thing about her, a dangerous metonymy. Mungai points out that, by the same token, in media coverage of the debates over female circumcision among immigrants, the portraits of "cut" women's faces that accompany articles decrying the practice often serve to bring about the same delimiting reduction.

One North American woman with whom I spoke who had elected to have a labiaplasty laughed uproariously with me at the nerve of a European television news program that had approached her to ask if she'd like to do a segment on their show about her operation. The very *thought* of her face being linked to her imagined, modified vagina was preposterous to her, and she would certainly never have consented to being part of the show. Our laughter should continue to ring until it has turned livid, as we think about the many African girls and women who experience just this representational conflation.

[In keeping with the concerns voiced here about circulating images of "cut" female genitalia, I have decided not to present illustrations like those at the plastic surgeons' web sites mentioned here or those found in some anti-FGO (female genital operations) materials....

CONFOUNDING THE BOUNDARIES

The U.S. Congress passed a measure criminalizing the circumcision of a minor female in 1996, and nine or ten states have passed anti-FGO acts since 1996 as well. In Illinois, Minnesota, Rhode Island, and Tennessee, this legislation felonizes operations performed on adults as well as on minors. But *which* operations? Anti-FGO laws that now exist in a number of U.S. states describe procedures that would definitely include those practiced by Drs. Alter and Matlock, but they use only language that addresses the "ritual" or custom and belief-based cutting of African immigrant bodies. Meanwhile, this legal language either elides or okays both the "corrective" cutting of the intersexed child and the surgery sought by the unsettled consumer who has been told by plastic surgeons that her labia are unappealing and aberrant. Thus American law marks out relations between the state and its citizen bodies that differ depending on birthplace, cultural context, and skin color.

In fact, however, it is a (prevalent) mistake to imagine a quantum distinction between Euro-American and African reshaping of women's bodies: far too often, they are measured with entirely different yardsticks, rather than on a continuum. Nahid Toubia, executive director of the advocacy group Rainbo, remarks that "[t]he thinking of an African woman who believes that 'FGM' is the fashionable thing to do to become a real woman' is not so different from that of an American woman who has breast implants to appear more feminine."⁵⁰ In keeping with Toubia's remark, I propose here that a subtler and less culturally binaristic analysis of such phenomena will lead, not to political paralysis in the name of cultural relativism, but to deeper understanding of core issues like the nature of consent, of bodily aesthetics and social control, and of cross-cultural activist collaboration.⁵¹

Soraya Miré, Somali maker of the film *Fire Eyes*, remarks in Inga Muscio's (wo)manifesto, *Cunt: A Declaration of Independence*: "[Western women] come into conversations waving the American flag, forever projecting the idea that they are more intelligent than I am. I've learned that American women look at women like me to hide from their own pain.... In America, women pay the money that is theirs and no one else's to go to a doctor who cuts them up so they can create or sustain an image men want. Men are the mirror. Western women cut themselves up voluntarily."⁵² Significantly, in Miré's construction, consent to genital surgery does *not* okay it so much as it marks the degrading depths of women's oppression. Although consent is at the heart of the issue of genital operations on children, a topic both urgent and not to be downplayed, we must also look at the social and cultural means whereby consent is manufactured, regardless of age, in the West as well as in African and other countries engaging in FGOs. In the North American popular imagination, the public address of advertising is not understood as infringing upon our power of consent. Indeed, the freedom to "pay the money that is [one's] own" is too often inscribed as the quintessential exemplar of life in a democracy. Perhaps due to that presumption, beauty rituals hatched on Madison Avenue or in Beverly Hills do not bear the onus of "barbarism" here, despite the social compulsions, psychological drives, and magical thinking that impel them.

By the same token, American oversimplifications suppress the fact that African women's relations to

female genital operations are complex and variable, as are the operations themselves, of course. The operations can be roughly grouped into four sorts: circumcision, the removal of the clitoral hood or "female prepuce"; clitoridectomy, "the partial or total removal of the clitoris"; excision, "the removal of the clitoris and all or part of the labia minora"; and infibulation, "the removal of all external genitalia followed by the stitching together of most of the vaginal opening."⁵³ As will be discussed, motivations for any of these practices are highly variable across time and between individuals as well as between cultures. Vicki Kirby points out the distortions that come with Western monolithizing: "What is 'other' for the West must thereby forfeit its own internal contradictions and diversities in this singular and homogenizing determination of alterity."⁵⁴

Additionally, African vaginal aesthetics are not limited to such sheerings away of vulvular tissue. Although now it is predominantly the members of the royal family who still practice this technique (which is thus a sign of status), the Buganda people in Uganda have a tradition of stretching and massaging the labia and clitoris from childhood to extend them (for feminine beautification). As Londa Schiebinger describes, some say that the "Hortentor aprons," so fetishized by Europeans, were also the result of cosmetic manipulations, on the part of African women seeking beauty.⁵⁵

If one considers all female circumcision practices in Africa to be analogous, as is too commonly the case in popular American analysis of the phenomenon, not only does one miss the dramatic differences between the different forms of FGO, but one also fails to understand the relevant differences between people who practice it as a part of their cultural life and those who experience it as a part of their religious life. Crucial issues of consent are blurred with such elisions. Western critics of African genital surgeries can also miss completely the role that it often plays in the symbolism of resistance and political struggle, both colonial and tribal.⁵⁶ In *Facing Mt. Kenya: The Tribal Life of the Kikuyu* (1953), Jomo Kenyatta remarks that "the overwhelming majority of [the local people] believe that it is the secret aim of those who attack this country's old customs to disintegrate their social order and thereby hasten their Europeanization."⁵⁷ An additional point: although female circumcision is not explicitly directed by any religious text, it is practiced as an expression

of Muslim, Christian, and Jewish religious observance among various African populations. Overall, it should not be imagined as concomitant with Islam (which it regularly is, often in an anti-Arab conflation), or even as a primarily religious practice.

In most regions, female circumcision practices are determined more by cultural factors, and by ethnic, national, tribal, and postcolonial politics, than by religion. They are by no means solely or exotically "ritualistic" in a way that entirely distinguishes them from nonimmigrant American operations on vaginas. Female genital operations are understood, variously, as hygiene, as beautification, as a curb to female sexuality, as a clarification of the difference between the sexes, as an enhancement of male sexual pleasure, as conducive to fertility and/or monogamy, as disease prevention, and as a means of conforming with social norms and ensuring that one's daughter will be marriageable, that she will be able to take her place among her age set, and that the solidarity and social strength of older women's organizations will be able to flourish.⁵⁸

SURGERY, SISTERLINESS, AND THE "RIGHT TO CHOOSE"

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. Thus, the motivations that impel African-rooted FGOs and American labiaplasties should not be envisioned as radically distinct. Not only does such oversimplification lead to a dangerous reanimation of the un/civilized binary, but it also leaves the feminist with dull tools for analysis of either phenomenon. There are aesthetic parallels between the Western and the African procedures. The enthusiasm for the clean slit voiced so vigorously by the American plastic surgeon I consulted is echoed among a group of Egyptian mothers discussing female genital operations for their daughters in the 1990 documentary, *Hidden Faces*. Although several of the women laughingly nudge each other and say they wouldn't want the excisers to interfere much with "the front" (showing a clear zest for clitoral pleasure), one woman voices an aesthetic principle about which she

feels strongly. Energetically, she decries the ugliness of dangling labia, and explains to the filmmaker, with appropriate hand gestures, "Do you want her to be like a boy, with this floppy thing hanging down? Now, it should be straight Shhh. Smooth as silk." This aesthetic judgment is in keeping not only with the views of labiaplasters in the United States but also with the vocabulary of Mauritanian midwives: one such woman, who has argued to her colleagues for a milder version of circumcision in place of vigorous excision, "use[s] two words to refer to female circumcision, 'tizian,' which means to make more beautiful, and 'gaad,' which means to cut off and make even."⁵⁹

The group of women chatting on a rooftop in *Hidden Faces* invokes another continuum between African and American women's approaches to feminine beauty rituals and vaginal modifications. Simplistic depictions of a global patriarchy, wherein men curb, cow, cut, and dominate "their" women, may drive home the ubiquity of female subjugation, but they leave out an important factor at the same time: although both labiaplasties and African female circumcision should be (and are here) investigated through a feminist lens, that feminism should be informed by an awareness of women's agency. A knee-jerk celebration of that agency misleads, but its disavowal in the name of victimhood leads to dangerous blind spots. Across many different cultural contexts, female genital operations are contemplated and undergone by girls and women in a social and psychological framework shaped *in part* by other women.

The plastic surgeon whose office I visited provided me with two referrals, patients who had had the procedure done by him. As part of what seemed a well-worn sales pitch, he referred often to "self-help groups," a network of supportive, independent women helping each other find the professional care they wanted and deserved, in the face of an unfeeling, disbelieving medical profession. I was interested by what seemed an invocation of rather feminist sensibilities and wondered about this swelling, grassroots support group he seemed to be conjuring up for me. And, indeed, the image of the surgery consumer as a liberated woman and an independent self-fashioner did provide a crucial spin for the doctor, throughout his consultation. The consumer-feminist in support of other women he condoned; by contrast, he expressed an avowed disapproval of the women who came to him solely to please a

domineering partner. He brought up this posited bad, weak, man-centric woman three times as we spoke, and each time his face clouded, he frowned, and his brow furrowed: he said that it was only this type of woman who complained of pain after the procedure, for instance, just to get the attention of her partner, whereas for most women, he insisted, the pain was minimal. He seemed to use these diverging models of female behavior to answer in advance any reservations the prospective client might have about a cosmetic operation on the genitalia (such as, "Should I really do something so drastic to my body just to please men?"). By insisting on his antipathy toward women who kowtowed to the male perspective, and celebrating the fearless vision of the pioneer consumer of "cutting edge" surgery, the doctor tried, I suspect, to ward off potential surges of feminist resistance to the procedure.

In the same spirit, one web site advertising the surgery fuels itself on a long-standing feminist call for a more responsive medical establishment by contrasting the surgeon being advertised with other doctors less sensitive to the needs of women. "Very few physicians are concerned with the appearance of the female external genitalia. A relative complacency exists that frustrates many women."⁶⁰ Rachel Bowlby has addressed the theoretical connotations between feminist freedom and the "freedom" to choose as a consumer.⁶¹ The surgeon to whose sales pitch I listened and the creators of the web site noted here certainly understood that the feminist discourse of choice can be appropriated, funneled toward the managed choosing-under-duress of the consumer, becoming saturated along the way with commodity culture's directives.

One goal of this article is to raise the question of this ready appropriation. In *States of Injury: Power and Freedom in Late Modernity*, Wendy Brown examines some of the liabilities of the Left's reliance on the rhetoric of identity, injury, and redress, suggesting that it can result in a politics of state domination.⁶² From Bakke on, we have certainly seen the language of affirmative action hauled into the arena of "reverse racism." Perhaps by the same token, the language of choice, as central to the feminist project in this country as we could imagine, sprang up in a culture where the glories of consumer "choice" had already been mythologized. Revisiting and perhaps refiguring the conceptual framework behind "choice" in the face of manufactured

consent, then, is to enable, not critique feminism. The hand mirror that allowed feminists of the 1960s and 1970s to get familiar with "our bodies, our selves" is positioned again so that we can see our vaginas. Only, it comes now with the injunction to look critically at what we see and to exert our selfhood through expenditure and remodeling of a body that is not "ourself" any longer but which is "ours," commodified and estranged, to rebuild.

Although the approach of the doctor I visited seemed agenda-driven and rather theatricalized, when I talked with the women to whom he referred me, I was struck by how very friendly and supportive they *did* seem. I had found the doctor likable but showy, like a much rehearsed salesman, but these women were engaged, candid, and genuinely warm. They were generous with their time (and with their permission to be cited anonymously in the present article), and they made it clear that they really did want to help other women with their "experience, strength, and hope." Perhaps these women were "incentivized" to speak well of the doctor (about whose care they raved): maybe they received discounted work in exchange for talking with prospective clients. Even with this possibility in mind they seemed sincerely ready to assume a common perspective, in fact an intimacy, between women discussing their bodies and body image. To overlook their candor, generosity, and *sisterliness* in order to critique the misogynist judgments that may have driven them to surgery would be to mischaracterize the phenomenon of gender display. We typically learn about and develop a gendered bodily performance, not in isolation, but as members of both real and imagined female "communities."⁶³ And in 2002, one senses the cultural shading that twentieth-century feminism has, ironically, brought to this community building: the rhetoric of choice making and of solidarity developed during the Second Wave ghosts through our conversations. It's a stereotypical joke that women *really* dress for each other—a deeper look at how this female-to-female hodgepodge of peer pressure and peer support really manifests itself is useful. And again, a look at the web of relations among women is helpful in understanding African female genital operations as well.

One on-line World Health Organization report discusses the impact of female circumcisions on girls' psychological health. Importantly, it mentions not only

"experiences of suffering, devaluation and impotence" but also the "desirability of the ceremony for the child, with its social advantage of peer acceptance, personal pride and material gifts." Claire Robertson points out that among the functions of the circumcision ceremony in Central Kenya is the role female initiation plays in maintaining the social strength of organizations of older women.⁶⁴ The flip side of approving support, of course, is peer pressure. "When girls of my age were looking after the lambs, they would talk among themselves about their circumcision experiences and look at each other's genitals to see who had the smallest opening. If there was a girl in the group who was still uninitiated, she would always feel ashamed since she had nothing to show the others."⁶⁵

A reminiscent bodily shame lurks behind the support for labial modifications that my American patient contacts expressed. One (heterosexual) woman explained to me that although none of her boyfriends had ever remarked on her labia, "ever since I was fourteen, I felt like I had this abnormality; I felt uncomfortable changing in front of girlfriends." She went on to say that she felt she had to hide her vagina around other women and could never enjoy skinny-dipping because of her concerns about other women judging her appearance. Another labiaplasty patient reported a "120% shift" in her "mental attitude," and a "night-and-day" improvement in the looks of her genitalia, thanks to the surgery. "As sad as it is, it makes you feel inferior," she commented.⁶⁶ Her use of the second person (or the ethical dative, as it's known), so intimate in its extension of subjectivity, meant that her language included me. . . . I too felt sad, I too felt inferior. And for a fee, the kind doctor was there to correct me.

NEW RITES

It is probably obvious from this piece that, even in the age where both informational and medical technology have led to bodies being reshaped, extended, reconfigured, and reconceptualized like never before, I believe that erotic tissue is far better enjoyed than removed.⁶⁷ In approaching the politics of female genital operations, however, I would argue that it is imperative that both consent issues and vaginal modifications themselves be considered *on a continuum* that is not determined along

hemispheric, national, or racial lines. Instead, we peer at female genital operations with a prurient, bifurcating tunnel vision and pretend a clean break between the "primitive barbarism" of "ritual" cutting of African women, who are far too often represented as undifferentiated victims, and the aesthetic or medical "fixings" of those Amero-European women who are presented as either mildly deformed people in the wise hands of experts or consumer-designers of a cyborgian gender display.

In "Arrogant Perception, World-Traveling, and Multicultural Feminism: The Case of Female Genital Surgeries," Isabelle R. Gunning attempts to define and model a responsible approach to thinking about genital operations across cultures. She urges activists "to look at one's own culture anew and identify [...] practices that might prove 'culturally challenging' or negative to some other," and "to look in careful detail at the organic social environment of the 'other' which has produced the culturally challenging practice being explored."⁶⁸ I have tried, in this article, to meet her first criterion, and I hope that rendering American cosmetic surgery strange through a heedful look at this latest, not-yet-naturalized procedure can aid us in contextualizing and understanding genital surgeries born in other contexts as well.

Gunning examines some of the ramifications of legal "remedies" for African genital operations and concludes that criminalization of FGOs, whether on the grounds of violating human rights, women's rights, or children's rights, can seem to characterize African women and men as morally blighted, criminally bad parents, and blinded by a cultural tradition that would best be replaced with Western values. Stan Meuwese and Annemieke Wolthuis of Defense for Children International remark that a "legal approach to the phenomenon... especially the use of criminal law, shows very clearly the limitations of the juridical system to combat historically and socially deeply-rooted behavior." One Somali woman points out that "if Somali women change, it will be a change done by us, among us. When they order us to stop, tell us what we must do, it is offensive to the black person or Muslim person who believes in circumcision. To advise is good, but not to order."⁶⁹

Gunning, Robertson, and writers at Rainbo's web site are among those who advise that the socioeconomic dependency of women upon men is perhaps the key context for understanding and ultimately abandoning female genital surgeries.⁷⁰ They call for a two-pronged

strategy: (1) work to improve women's socioeconomic autonomy, both globally and locally and (2) facilitate autonomous, community-generated cultural evolution rather than imposing punitive restrictions. These do seem fruitful emphases, as applicable in the American as in the African context. That they are realizable can be seen with the following story.

In 1997, Malik Stan Reaves reported in the *African News Service* about an alternative ritual that was replacing female circumcision in some rural sections of Kenya. I quote from his article:

A growing number of rural Kenyan families are turning to an alternative to the rite of female circumcision for their daughters. "Circumcision Through Words" grows out of collaborations between rural families and the Kenyan national women's group, Maendeleo ya Wanawake Organization (MYWO), which is committed to ending FGM in Kenya...with the close cooperation of the Program for Appropriate Technology in Health (PATH), a nonprofit, nongovernmental, international organization which seeks to improve the health of women and children....

"People think of the traditions as themselves," said Leah Muuya of MYWO.⁷¹ "They see themselves in their traditions. They see they are being themselves because they have been able to fulfill some of the initiations.... Circumcision Through Words brings the young candidates together for a week of seclusion during which they learn traditional teachings about their coming roles as women, parents, and adults in the community, as well as more modern messages about personal health, reproductive issues, hygiene, communications skills, self-esteem, and dealing with peer pressure. The week is capped by a community celebration of song, dancing, and feasting which affirms the girls and their new place in the community."⁷²

Willow Gerber, of PATH, confirms that as of December 2001, the Circumcision Through Words program is still ongoing and has been, over the last several years, expanded to other districts by a consortium of donors.⁷³ Considering this impressive endeavor, which has seen more than 1,900 girls grow to womanhood uncut, one is reminded of the words of Claire Robertson: "Central Kenyan women have been making increasingly successful efforts to stop FGM... [they show] strengths that

U.S. women might well emulate in seeking to better their own status."⁷⁴

How *might* we emulate "Circumcision Through Words"? Newly formed rituals in this country, at least those formally recognized as such, usually emerge in either New Age or evangelical settings and can grate the sensibilities of people beyond those spheres. Initiation of our girls into womanhood is often enough left to the devices of Madison Avenue and magazines like *YM*, *Teen People*, and *CosmoGirl*. And yet, for all the unconsciousness with which so many of us muddle through our life transitions in this country, nonetheless we too "feel that we have been ourselves" when we fulfill what we see as society's expectations for people at our stage of life. This is not an emotion to be belittled. (One Arabic term for the genital scar is *nafsi*, "my own self.")⁷⁵ Without the "years of research and discussion" that helped MYWO develop Circumcision Through Words, we would be hard pressed to generate new ways of bringing "our bodies, ourselves" into a symbolic relation with the social world that would prove both intelligible and affirmative. Just as analogies between genital cuttings are both important and exceedingly difficult to draw, so too is the conscious development of new, performative practices both worth emulating and only circuitously "applicable." Even in rural Kenya, the approach to "circumcision through words" varies dramatically from district to district.⁷⁶

So I will not conclude this article with a glib, faux ritual for American women trained to hate the specificities of their bodies in the interest of capital accumulation. I will see, however, if I can leave you in a performative mode, offering a coda that I hope can "act" upon and through the reader as a textual "rite of antidote," speaking back to the cited language of abnormality, pathology, and sexual distrust with which this article began.

CODA

Dan Savage, syndicated sex advice columnist, responded to one reader concerned about the aesthetic effect of her long labia minora, by suggesting the work of Dr. Stubbs. He received many letters of protest, providing means to the appeal of prominent labia and/or suggesting that he advise self-admiration, not surgery. The enthusiastic adjectives these letter writers employed

("lavish," "luscious," "extravagant"), coupled with their emphasis on erotic pleasure, can remind us that perhaps "beauty" results from a harmony between form and function, and one key genital function is *pleasure*. I offer excerpts from some of these letters here.⁷⁷

- ... You might have told Jagger Lips to toss her unappreciative lovers out of bed and find a boyfriend who sees the beauty of her as she exists. ...

- ... I have long inner labia and most of the women I've seen naked have inner labia that extend past the outer labia. ... If someone wants to see what vulvas really look like, they should put down *Penthouse* and start sleeping with lots of women.

- ... many men, myself included, don't find a thing wrong with longer labia minora. My girlfriend has one [sic] and I find it quite the enjoyable thing to suck on. ...

- Does female sexual pleasure mean anything to you? Not only do the labia minora engorge during sexual stimulation and have lots of nerve endings, they also increase friction. ...

- I am writing to Jagger Lips to discourage her from chopping off her labia minora. I prefer long labia. I find that they lend themselves more readily to being tugged, stretched, nibbled, etc. ...

- ... I remember a gorgeous actor, Savannah, who sadly committed suicide in the mid-1990s, who had a beautiful snatch with extravagant labia spilling (an inch and a half, easy) from her soft and salty cornucopia of love. She was sad, I hope she's resting in peace, and I'd recommend your reader try and rustle up a video. ...

- Our society tends not to be so pussy-positive, and most commercial pussy pictures are airbrushed on Planet Barbie, and shouldn't be considered reality. Labia (inner and outer) have lots of nerves and feel really good when they get stroked.

- ... Please tell the woman with the lavish labia not to have them removed. ... You were much too hasty to recommend clipping her butterfly wings! ...

NOTES

1. Things certainly can happen. See Louisa Kamps, "Labia Envy," 16 Mar. 1998, <<http://www.salon.com/mwt/feature/1998/03/16feature.html>> (9 Dec. 2001).
2. *Los Angeles Times*, 5 Mar. 1998. See, too, the following Internet resources on labiaplasty: Dr. Alter: "Female

- Cosmetic and Reconstructive Genital Surgery," <<http://www.altermd.com/female/index.html>> (9 Dec. 2001); Julia Scheeres, "Vaginal Cosmetic Surgery," 16 Apr. 2001, <<http://thriveonline.oxygen.com/sex/sexpressions/vaginal-cosmetic-surgery.html>> (9 Dec. 2001); Dr. Strubbs, <<http://psurg.com>>; Laser Rejuvenation Center of LA, <<http://www.drmatlock.com>>; Dan Savage, "Long in the Labia," 16 Dec. 1999, <<http://www.thestranger.com/1999-12-16/savage.html>> (13 Dec. 2001); iVillage.com Archive Message Board, "Cosmetic Surgery," 7 Jan. 2000, <<http://boards.allhealth.com/messages/get/bhcosmeticsx2.html>> (13 Dec. 2001); Patients' chatboard, <<http://boards.allhealth.com/messages/get/bhcosmeticsx2.html>>.
3. See Kamps. Also, see Carrie Havranek, "The New Sex Surgeries," *Cosmopolitan*, November 1998, 146.
 4. Ellen Frankfort, *Vaginal Politics* (New York: Quadrangle, 1972). See, too, Julia Scheeres, "Vulva Goldmine: How Cosmetic Surgeons Snatch Your Money," *Bitch* 11 (January 2000): 70–84.
 5. Boston Women's Health Collective, *Our Bodies, Ourselves* (New York: Simon & Schuster, 1973). Updated editions have continued to be released. See Boston Women's Health Collective, *Our Bodies, Ourselves for the New Century: A Book by and for Women* (New York: Simon & Schuster, 1998).
 6. See Amelia Jones, ed., *Sexual Politics: Judy Chicago's Dinner Party in Feminist Art History* (Berkeley: University of California Press, 1996); Shannon Bell, "Prostitute Performances: Sacred Carnival Theorists of the Female Body," from her *Reading, Writing, and Rewriting the Prostitute Body* (Bloomington: Indiana University Press, 1994), 137–84; and Eve Ensler, *The Vagina Monologues* (New York: Villard Press, 1998).
 7. Although some women enjoy orgasmic ejaculation, it remains an exception to the rule.
 8. Linda Williams's book is about pornographic films, especially those of the 1970s: *Hard Core: Power, Pleasure, and the "Frenzy of the Visible"* (Berkeley: University of California Press, 1989), 50.
 9. See Michel Foucault, *The History of Sexuality*, vol. 1, *An Introduction* (New York: Random House, 1978).
 10. See Gershon Legman, *Rationale of the Dirty Joke: An Analysis of Sexual Humor* (New York: Breaking Point Press, 1975), 547.
 11. Jonathan Swift's "dressing room poems" include "To Betty the Grissette," "The Lady's Dressing Room," "A Beautiful Young Nymph Going to Bed," and "Strephon and Chloe." See Jonathan Swift, *The Complete Poems*, ed. Pat Rogers (New Haven: Yale University Press, 1983), 447–62. Also, see William Ian Miller, *The Anatomy of Disgust* (Cambridge: Harvard University Press, 1997).
 12. In a mode that both ridicules and familiarizes the body modifications of plastic surgery, tabloids regularly feature articles about the "work" being done on celebrities, with a special emphasis on implant disasters. See, for instance, "Hollywood's Plastic Surgery Nightmares: When Breast Implants Go Bad," *National Enquirer*, 4 May 1999, 28–33. Kathy Davis discusses popular coverage of celebrity surgeries in *Reshaping the Female Body: The Dilemma of Cosmetic Surgery* (New York: Routledge, 1995), 18.
 13. See the work of the late historian Roland Marchand, *Advertising the American Dream: Making Way for Modernity, 1920–1940* (Berkeley: University of California Press, 1985), 18–20.
 14. Davis; Elizabeth Haiken, *Venus Envy: A History of Cosmetic Surgery* (Baltimore: Johns Hopkins University Press, 1997); Sander Gilman, *Making the Body Beautiful: A Cultural History of Aesthetic Surgery* (Princeton: Princeton University Press, 1999). Also, see Claudia Springer, *Electronic Eros: Bodies and Desire in the Postindustrial Age* (Austin: University of Texas Press, 1996).
 15. Milton T. Edgerton and H.R. McClary, quoted in Haiken, 244.
 16. On the thin line between identification and desire, between wanting to be like someone and wanting to bed down with them (so exploited in consumer culture), see Diana Fuss, "Fashion and the Homospectatorial Look," in *On Fashion*, ed. Shari Benstock and Suzanne Ferriss (New Brunswick, N.J.: Rutgers University Press, 1994), 211–32; and Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (New York: Routledge, 1990), esp. 57–72.
 17. Josey Vogels, "My Messy Bedroom," *See*, 10 July 1997, <<http://www.greatwest.ca/SEE/Issues/1997/970710/josey.html>> (13 Dec. 2001).
 18. Laura Kipnis, *Bound and Gagged: Pornography and the Politics of Fantasy in America* (New York: Grove, 1996).
 19. Susie Bright, "The Pussy Shot: An Interview with Andrew Blake," *Sexwise* (New York: Cleis Press, 1995), 82.
 20. Haiken, 29–34, 136–45, 237, 246.
 21. See Richard Goldstein, "Porn Free," *Village Voice*, 1 Sept. 1998, 28–34. My own research for a work-in-progress, "Choosing the Moves: Choreography in the Strip Club," also bears this out.
 22. See Nedahl Stelio, "Do You Know What a Vagina Looks Like?" *Cosmopolitan*, August 2001, 126–28, on sex magazines' doctoring of vaginas and the increased prevalence of labiaplasty.
 23. Luce Irigaray, *This Sex Which Is Not One*, trans. Catherine Porter (Ithaca: Cornell University Press, 1985), 209. Also see her *Speculum of the Other Woman* (Ithaca: Cornell University Press, 1986).
 24. See Mary Douglas on a cross-cultural tendency to approach marginal zones, marginal people, and marginal periods with great apprehension, in *Purity and Danger: An Analysis of the Concepts of Pollution and Taboo* (1966; reprint, New York: Routledge, 1992).
 25. Mary Russo, *The Female Grotesque: Risk, Excess, and Modernity* (New York: Routledge, 1994), 8.
 26. See <<http://www.psurg.com/gallery.html>> (13 Dec. 2001).
 27. Haiken, 5.
 28. Natalie Zemon Davis, "Women on Top," in her *Society and Culture in Early Modern France* (Stanford: Stanford University Press, 1975), 124. See 124–31.
 29. Denise Stoklos, remark made in Solo Performance Composition, her course offered by the Performance Studies Department, New York University, Spring 2000. "Our primary dialogue is with gravity," Stoklos says.
 30. See Ambient, Inc., "Body Modification: Is It Self-Mutilation—Even if Someone Else Does It for You?" 2 Feb. 1998, <<http://www.ambient.on.ca/bodmod/mutilate.html>> (13 Dec. 2001). Another web site dealing with body modification is <www.perforations.com> (13 Dec. 2001).
 31. Ensler, 3–5.
 32. This and all subsequent quotations from this plastic surgeon are from an office visit in a major American city—location to remain unspecified to ensure anonymity—in April 1999.
 33. Elizabeth Grosz: "[W]omen's corporeality is inscribed as a mode of seepage." See her *Volatile Bodies: Toward a Corporeal Feminism* (Bloomington: Indiana University Press, 1994), 203.
 34. Terri Kapsalis, *Public Privates: Performing Gynecology from Both Ends of the Speculum* (Durham: Duke University Press, 1997), 89. She references Julia Kristeva, *Powers of Horror: An Essay on Abjection* (New York: Columbia University Press, 1982). On the cultural and political implications of representations of genitalia in anatomical textbooks, see Lisa Jean Moore and Adele E. Clarke, "Clitoral Conventions and Transgressions: Graphic Representations in Anatomy Texts, c1900–1991," *Feminist Studies* 21 (summer 1995): 255–301; and Susan C. Lawrence and Kae Bendixen, "His and Hers: Male and Female Anatomy in Anatomical Texts for U.S. Medical Students, 1890–1989," *Social Science and Medicine* 35 (October 1992): 925–36. Also, see Katharine Young, "Perceptual Modalities: Gynecology," in her *Presence in the Flesh* (Cambridge: Harvard University Press, 1997), 46–79.
 35. Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge: Harvard University Press, 1990). And see Lynn Hunt, *The Invention of Pornography* (New York: Zone, 1993).
 36. Jennifer Terry, "Lesbians under the Medical Gaze: Scientists Search for Remarkable Differences," *Journal of Sex Research* 27 (August 1990): 317–39, 332 (emphasis added), 333.
 37. See Ben Barker-Benfield, "Sexual Surgery in Late-Nineteenth-Century America," *International Journal of Health Services* 5, no. 2 (1975): 279–98; Andrew Scull and Diane Favreau, "The Clitoridectomy Craze," *Social Research* 53 (summer 1986): 243; Barbara Ehrenreich and Deirdre English, *Complaints and Disorders: The Sexual Politics of Sickness* (New York: City University of New York Press, 1973); and Rachel P. Maines, *The Technology of Orgasm: "Hysteria," the Vibrator, and Women's Sexual Satisfaction* (Baltimore: Johns Hopkins University Press, 1999).
 38. Barker-Benfield, 287, 298.
 39. See Daniel Gordon, "Female Circumcision and Genital Operations in Egypt and the Sudan: A Dilemma for Medical Anthropology," *Medical Anthropology Quarterly* 5 (March 1991): 7.
 40. For more on this and similar cases, see Carla Miller's statement at <www.InMemoryoftheSufferingChild.com>. For coverage of the Burt case, see, for instance, Sandy Theis, "His Peers Waved Red Flags: Monitors' Concern Went beyond Love Surgery," *Dayton Daily News*, 4 Aug. 1991, 1A; Rob Modic, "Painful Testimony: Woman Testifies of Trust for Gynecologist Burt," *Dayton Daily News*, 1 June 1991, 1A; Judith Adler Hennessee, "The Love Surgeon," *Mademoiselle*, August 1989, 206; Gerry Harness and Judy Kelman, "A Mother's True Story: 'My Gynecologist Butchered Me!'" *Redbook*, July 1989, 22. Also see <<http://www.nocirc.org>> (13 Dec. 2001); <<http://www.SexuallyMutilatedChild.org/index.html>> (13 Dec. 2001).
 41. See Suzanne Kessler, *Gender: An Ethnometbodological Approach* (1978; reprint, Chicago: University of Chicago Press, 1985), quoted by Martha Coventry in "The Tyranny of the Aesthetic: Surgery's Most Intimate Violation," <<http://www.fgm.org/coventryarticle.html>> (20 Dec. 2001).
 42. Deborah Kuhn McGregor, *From Midwives to Medicine: The Birth of American Gynecology* (New Brunswick, N.J.: Rutgers University Press, 1998), 149. She is quoting Sims's autobiography. See also Kapsalis, chap. 2.

43. Mary Ann Doane, "Dark Continents: Epistemologies of Racial and Sexual Difference in Psychoanalysis and the Cinema," in her *Femmes Fatales: Feminism, Film Theory, Psychoanalysis* (New York: Routledge, 1991), 209–48; and Anne McClintock, *Imperial Leather: Race, Gender, and Sexuality in the Colonial Context* (New York: Routledge, 1995), esp. 1–4, and 21–31.
44. See Zola Maseko, director, *The Life and Times of Sara Baartman, "The Hottentot Venus,"* videorecording, London: Dominant 7, Mail and Guardian Television, France 3, and SABC 2, 1998.
45. Henri de Blainville, quoted in Maseko.
46. See Londa Schiebinger, *Nature's Body: Gender in the Making of Modern Science* (Boston: Beacon, 1995), chap. 5.
47. Maseko.
48. McGregor, 46–51.
49. Wacuka Mungai, "Desiring the 'Mutilated' African Woman," paper, 1999. Mungai is a doctoral student at New York University and assistant program director at Rainbo, an organization devoted in large part to advocating for African women around the issue of female circumcision.
50. Nahid Toubia, *Female Genital Mutilation: A Call for Global Action*, 3d ed. (New York: Women, Ink, 1995), 35.
51. See Janice Boddy, "Body Politics: Continuing the Antircircumcision Crusade"; and Faye Ginsburg, "What Do Women Want? Feminist Anthropology Confronts Clitoridectomy," both in *Medical Anthropology Quarterly* 5 (March 1991): 15–19.
52. Inga Muscio, *Cunt: A Declaration of Independence* (Toronto: Seal Press, 1998), 134–35.
53. "Female Genital Mutilation: A Human Rights Information Pack" (London: Amnesty International, 1997).
54. Vicki Kirby, "On the Cutting Edge: Feminism and Clitoridectomy," *Australian Feminist Studies* 5 (summer 1987): 35–56.
55. In New York City, March 1999, Wacuka Mungai shared one anecdote with me about a Buganda woman who took one trip to a gynecologist in North America: the doctor was flabbergasted and wanted to rush in a crowd of residents to stare at her. Of course, this reaction was not welcomed by the patient and she shielded away from the entire profession afterward, rather than risk a reoccurrence of the circus atmosphere the doctor had created. See also, Lauran Neergard, "Doctors See More Female Circumcision," 17 Sept. 1999, posted at <<http://www.worldafricanet.com/news/news7861.html>>. And see this web site, that catalogs body modifications across cultures: <<http://www.cadewalk.com/mods/modify.htm>>. Also, see Schiebinger.
56. See Claire Robertson, "Grassroots in Kenya: Women, Genital Mutilation, and Collective Action, 1920–1990," *Signs* 21 (spring 1996): 615–42, on some of the history of circumcision's changing meaning in Kenya over the course of the twentieth century. Mungai suggested that the tribal politics, in addition to the politics of colonial resistance, were perhaps more complex than Robertson's article describes. See also, Isabelle R. Gunning, "Arrogant Perception, World Traveling, and Multicultural Feminism: The Case of Female Genital Surgeries," *Columbia Human Rights Law Review* 23 (Summer 1992): 189–248.
57. Jomo Kenyatta, quoted in Gunning, 228.
58. See, for instance, Nadia Kamal Khalifa, "Reasons Behind Practicing Re-Circumcision among Educated Sudanese Women," *Abjad Journal* 11, no. 2 (1994): 16–32; Anke van der Kwaake, "Female Circumcision and Gender Identity: A Questionable Alliance?" *Social Science and Medicine* 35, no. 6 (1992): 777–87.
59. Claire Hunt and Kim Longinotto, with Safaa Fathay, *Hidden Faces*, videorecording (New York: Twentieth Century Vixen Production/Women Make Movies, 1990). And see Elizabeth Oram, introduction to Zainaba's "Lecture on Clitoridectomy to the Midwives of Touil, Mauritania" (1987), in *Opening the Gates: A Century of Arab Feminist Writing*, ed. Margot Badran and Miriam Cooke (Bloomington: Indiana University Press, 1990), 63–71.
60. See <<http://www.altermd.com/female/index.html>> (13 Dec. 2001).
61. See Rachel Bowlby, in *Shopping with Freud: Items on Consumerism, Feminism, and Psychoanalysis* (New York: Routledge, 1993), on theoretical conflations between feminist freedom and the "freedom" to choose as a consumer.
62. Wendy Brown, *States of Injury: Power and Freedom in Late Modernity* (Princeton: Princeton University Press, 1995).
63. Anonymous telephone interviews with two West Coast labiaplasty patients, August 1999. For an on-line example of this, see the fascinating archived chat between women about cosmetic surgery at iVillage, "Cosmetic Surgery Archive Board," 7 Jan. 2001, <<http://boards.allhealth.com/messages/get/bhcosmeticsx2.html>> (13 Dec. 2001).
64. See Robertson.
65. Anab's story, from "Social and Cultural Implications of Infibulation in Somalia," by Amina Wasame, in *Female Circumcision: Strategies to Bring about Change* (Somali Women's Democratic Organization), quoted in Toubia, 41.
66. Anonymous telephone interview with author, August 1999.
67. An important caveat: As the transgendered community has made clear, for some individuals, erotic enjoyment is enhanced via the genital modification that comes along with reassigning gender, even if that surgery has resulted in a reduction in nerve endings or sensation.
68. Gunning, 213.
69. See Frances A. Althaus, "Female Circumcision: Rite of Passage or Violation of Rites?" *International Family Planning Perspectives* 23 (September 1997), <<http://www.agi-usa.org/pubs/journals/2313097.html#21>> (20 Dec. 2001).
70. Alan Worsley, "Infibulation and Female Circumcision," *Journal of Obstetrics and Gynecology of the British Empire* 45, no. 4 (1938): 687.
71. For more information, see the web site for the Gender Learning Network, a partnership between twenty-three women-run NGOs, including MYWO, "working to promote women's rights and status in Kenya," <<http://arcc.or.ke/gln/gln3sec.html>> (13 Dec. 2001). And here are two relevant links to PATH's web site: (1) Anonymous, "Alternative rituals raise hope for eradication of Female Genital Mutilation," 20 Oct. 1997, <<http://www.path.org/resources/press/19971020-FGM.html>> (13 Dec. 2001), and (2) Anonymous, "Modern Rites of Passage," <http://www.path.org/resources/closerlooks/f_modern_rites_of_passage.htm> (13 Dec. 2001).
72. PATH's Michelle Folsom heads a ten-year office in Kenya, and oversees the organization's collaboration on this and other projects with MYWO, and their work receives the support of the Kenyan government. See "Program for Appropriate Technology in Health Promoting a Healthy Alternative to FGM: A Tool for Program Implementers" (Washington, D.C.: PATH, 2001). See also, Davan Maharaj, "Kenya to Ban Female Genital Excision," *Los Angeles Times*, 15 Dec. 2001.
73. Robertson, 615. See also, Carolyn Sargent, "Confronting Patriarchy: The Potential for Advocacy: Medical Anthropology," *Medical Anthropology Quarterly* 5 (March 1991): 24–25.
74. Alan Worsley, 687.
75. See "Modern Rites of Passage," <http://www.path.org/closerlooks/f_modern_rites_of_passage.html> (13 Dec. 2001).
76. All letters quoted in Dan Savage, "Savage Love," *Village Voice*, 18 Jan. 2000, 126.