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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?

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 excesses of the same 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. 


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 "Laba 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," began popularizing "labiaomorphism," a phenomenon that involves removing away overbroad labia 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 more often seen as a cosmetic procedure to change the look of the vulva, just as people go to the dentist to change the look of their teeth. The New Sex Surgeries, an article in Cosmopolitan, is just one example of how labiaplasty has become a popular trend.

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? This image of women using a well-placed mirror to demystify and reclaim their own bodies is rooted dimly in my ten-year memory. I found it eerily reconstituted when the Salon piece by Louise 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 blissfully ignoring. From 1970's 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, we came at the end of the 1990s to Dr. Alter and Dr. Stubbs. What's the trajectory from Second Wave feminism "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, his first sightings of 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 or "deklothette." You discover, all at once, in a sudden flash, that she lacks a penis. You tremble at the threat that her missing organ 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 fantasias. It's about labia.

So the vagina betrays 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 oddly uncontrolled; you can't prove it (outside of a labatory), and thus it can be faked. Discussing hard-core cinematic pornography, Linda Williams claims that "the 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.'"

In the American-European world of the late-eighteenth and the early-nineteenth centuries, an earlier notion of women's natural modesty was transformed into the myth of feminine modesty. This purported lady-like attenuation of the vagina shopper to any deficiencies "down below" that she may have been blissfully ignoring. From 1970's 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, we came at the end of the 1990s to Dr. Alter and Dr. Stubbs. What's the trajectory from Second Wave feminism "self-discovery and celebration" to the current almost-craze for labiaplasty? And does the fact of this trajectory provide us with a warning?"

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 planned, 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 photos 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 her fingers are beneath the edge of her panties. Having read the caption, you think, "My God, she's tucking in her labial!"

Ellen Frankfort's 1972 book, the women's liberationist Vaginal Politics, begins with the following scene. Carol from the Los Angeles Self-Help Clinic "slips out of her chaps and underpants," hops onto a long table in an old church basement and inserts a speculum into her vagina. The 60 other women present file up and look with a flashlight, and learn, too, how to self-examine with a speculum and a diestromor 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?
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 seamless, sanitised, "airbrushed" body.13 Dr. Akers, Sroufe, and Matlock want young- or body to include a specific tabloid 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 concerted 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 terms 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. Advertisers have always been both master-of-fact and explicit about delineating and then stealthily 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 the 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-breastedness) 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 the size 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. . . . The rationale laid out here, which explains but also helps create inferiority complexes, can be traced across the full topography of the human form, at borne out by the increasing prevalence of liposuction, face-lifts, buttocock 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.15 A 1997 article in the Canadian magazine Scan interviews a patient of Dr. Sroufe's 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 Penthouse 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.' 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, muited with makeup and lighting, and the resultant photogenic images were then edited with an airbrush or the digital manipulations 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 Hunter's subjecting of a working-class market and its being the first of the big three glossy "wank mags" to show what it called "the pink." 'In Hunter's aggressive celebration of vulgarity informed his initial rejection of softcore pornography about gender; 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 Hustler, by contrast, it was as flax-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 porn setting, it comes as no surprise that the star's labia are small and her "pussy is perfectly composed, with every hair in place."

The evolution of a new strict standard of "beauty," rigid enough to induce surgery, does not occur in a vacuum. Among other factors, economics is in play—just not 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 main 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.16 Could this new material on hand have increased the demand for plastic surgery in the 1950's notorious obsession with large breasts?

Here is more recent example of the subtext 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 zone, 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, lipsuckered 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 eroticly 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. 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). If you review enough porn, however, especially lesbian porn or that which is unequivocally "declassé" 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 bandied around in popular coverage of the new cosmetic enhancement surgeries. And indeed the before-and-after shots available at some of the surgeon's website 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 suble but nontrivial way, this particular aesthetic and the surgery that manifests it cut back on women's experience of self-on-self connect, 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." What do the aesthetics of a streamlined and sanitized? The smooth gnom of our favorite plastic ivory and prototype, Barbie? A desire to approximate prepubescence? A fatalist minimization of marginal zones?22

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, procuring, secret, multiple and changing..." Russo's contrasting of the grotesque with the classical is particularly resonant in this context, as plastic surgeons often invoke classical
MODIFYING/CLASSIFYING

What representations of vulvas circulate in our society? And who, beyond Dr. Tigh, is modifying the female genitalia, how and why? For one, among alternative youth (and the neo-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 sensitivities mark these changes? Among body modifiers on the Web, conversation about body image, self-mutilation, and, conversely, healing, is common, with an accepted understanding that many turn to piercing as a means of overcoming perceived past abuse. "Most folks use BodyMod to get back in touch with the parts of themselves that were hurt or misused by others." BodyMod has helped me understand 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 pussy 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 little pussies with everything tucked inside. My puck 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." 39 "Glad" is what the cosmetic surgeons do not want you to be about prominent labia minora. If you look at the opening paragraph of Enslinger's Vagina Monologues, you begin to wonder if the unrealness now coming under the governance of the cosmetic surgeon isn't at least as symbolic as it is aesthetic. This is Enslinger, 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.

Just as Enslinger's own catalog of interviewees seems to burgeon and proliferate, so too the women with whom she spoke were "unstoppable." With a similar messianic expansion, in the cosmetic surgeons' promotional material, not only are women's labia depicted as in danger of disintegration, but one woman customer also described her "hang-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." To the dangers and allure of what's hidden about the vulva, now is added the "too muchness" of labial tissue. In their heterogeneous dapping and their mixed 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 "marginial" 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 fecundized gloss of the outer dermis and the very, mushy darkness of the inside. This indeterminacy, actually a function of the labia's protective role, may be part of their association with excess. 39 In Public Private: Performing Gynecology from Both Ends of the Spectrum, Terry Kapla"sa "reads" the images in a widely used medical text, Danforth's Obstetrics and Gynecology. She is struck by the lack of representations of healthy vagi-

nas 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 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 demens)." 44

In the medical realm, much effort is expended to overcome the mysterious linearity of the vagina. Since the era 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. 44 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, omniscience, and possibly "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 brazenly; (a) the prepuce is large or wrinkled or in folds; (5) the clitoris is 'nearly 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-fright; or (b) Homosexual digital or oral play; or (c) Heterosexual manual or coital techniques, singly or in any combination." 45 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 perceived sex play could "build" 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.12 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) remained 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 Bartry 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, obedient, industrious and cleanly." Although depicted as a relief, the outcome of her treatment was an unsurprising "benefit" of such operations, one would not expect addicts to spring up as a concern in this context. 

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 urinary problems requiring regular catheter use, and ongoing serious infections; the same set of medical sequelae have been reported among infibulated women. In 1997, the Ohio Supreme Court ultimately awarded forty women compensation amounting to a total of $20 million. This award came after speculacularr 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 that both 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.13

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 "psychosexual 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 interested 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." 14

The genitalia are cultural terrain that must conform to institutional norms; this has been driven home by the historians of gynecological science. When mid-nineteenth-century physicians 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, beholdng still uncharted territory: "I saw everything, as no man had seen before." 15 Much has been written, particularly by Frigcran, 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 charted out the linkage that such a metaphor immediately suggests between gender politics and racial imperialism.16

What if the "nothing," the rumor about female absence, is in part a stand-in 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? Is it 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 Saartje (or Sara) Baartman, dubbed the Hortentos 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 peered at with as much eroticizing condescension as were their "steetopic" buttocks, although the latter were more plainly in view.17 When George Cuvier, Geoffroy St. Hilaire, and Henri de Blainville, eminent naturalists all, attempted to force a scientific examination of Baartman, de Blainville reported that "she hid her apton carefully between her thighs—her movements were brusque and capricious like those of apes....It was only with great sorrow that she let her handkerchief for a moment."18 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."19 Exager to inspect her labia, particularly as they were seeking a classificatory wedge that would distinguish the Hortentos 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 pleaser cast of her body and had her brain and genitals preserved in jis. Although the skeleton remains at Paris's Muséed'Homme, her body is due to be returned to South Africa for burial....and her brain and genitals have disappeared.20

It is no coincidence that the aforementioned Marion Sims, early American gynecologist, developed his surgery techniques only after repeated, public operations on the bodies of African American slaves and poor, white "washerwomen."21 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, OURSELVES

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 sometimes problematic, status. In "Desiring the "Mutilated" African Woman," Wacuka Mungai points out that there is a heated and eerily puritanical interest expressed over the web in accessing documentary photos of girls and women who have undergone clitoridectomies, excisions, and infibulation.22 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 subject and the context 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 had to press to withhold permission—in exchange for treatment, a foreign, light-skinned doctor who does not speak your language asks that you "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 formalddehyde display in Paris, like the "monster shoe" in porn flics, these images are partial,headless...vagi nas emphatically discovered from whole people, make creatures of their own-traited, perhaps, as the essence
of the woman, the cut vagina the truest thing about her, a dangerous metaphor. 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 decry-
ing 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 uproar-
iously 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 imag-
ined, modified vagina was perpetroper 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 lived, as we think about the many African girls and women who experience just this represen-
tational confusion.

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. . .

CONFONDING THE BOUNDARIES

The U.S. Congress passed a measure criminalizing the circumcison 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 “tissue” or custom and belief based cutting of African immigrant bodies. Meanwhile, this legal language either elides or okay 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 alter-

ant. Thus American law marks our 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 imag-

ine a quantum distinction between Euro-American and

African reshappings of women’s bodies: far too often, they are measured with entirely different yardsticks, rather than on a continuum. Nahid Toobia, executive director of the advocacy group Rainbo, remarks that “the 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.” In keeping with Toobia’s remark, I propose here that a subtler and less culturally binaristic analysis of such phenomena will lead, not to political para-
sysis 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.

Sozaya Miré, Somali maker of the film Fire Eyes, remarks in Inga Mascio’s Amahaymanfar, East: A Declaration of Independence: “[Western women] come into conversations wowing 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 them-

selves up voluntarily.” Significantly, in Miré’s construc-
tion, consent to genital surgery does not offer 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 cul-
tural meaning whereby consent is manufactured, regard-
less 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 exem-
plary of life in a democracy. Perhaps the reason that the surgical 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 clito-

ris”, 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.” As will be discussed, motivations for any of these practices are highly vari-
able across time and between individuals as well as between cultures. Vicki Kirby points out the distor-
tions that come with Western monopolization: “What is ‘other’ for the West must thereby forfeit its own inter-
nal contradictions and diversities in this singular and homogenizing determination of alterity.”

Additionally, African vaginal aesthetics are not limited to such sheenings away of vulvar 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 femin-

ine beautification). As Londa Schiebinger describes, some say that the “honorific aprons”, so fetishized by Europeans, were also the result of cosmic manipula-
tions, on the part of African women seeking beauty.

If one considers all female circumcision practices in Africa to be analogous, as it is too commonly the case in popular American analysis of the phenomenon, not only does one miss the dramatic differences between the differ-
ent 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 resis-
tance and political struggle, both colonial and tribal.

In Pating Mt. Kenya: The Tribal Life of the Kikuyu (1953), Jomo Kenyatta remarks that the “overwhelm-
ing 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 harass their Europeanization.” 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 connotation), or even as a primarily religious practice.

In most regions, female circumcision practices are determined more by cultural factors, and by eth-
nic, national, tribal, and postcolonial policies, than by religion. They are by no means solely or exclu-
sively “ritualistic” in a way that entirely distinguishes them from nondiscriminant American operations on vaginas.

Female genital operations are understood, variously, as hygienic, 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 marriagable, 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.

SURGERY, SISTERSHIP, AND THE “RIGHT TO CHOOSE”

Among the key motivating factors raised by African women who favor female genital surgeries are beau-
tification, 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 oversimplifica-
tion lead to a dangerous reanimation of the uncivilized 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 proced-
ures. The enthusiasm for the clean slit voiced so vig-

ously by the American plastic surgeon I consulted is echoed among a group of Egyptian mothers discuss-
ing female genital operations for their daughters in the 1950 documentary, Hidden Faces. Although several of the women laughingly nudge each other and say they wouldn’t want the excisors to interfere much with “the front” (showing a clear zest for clitorial 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 aes-
thetic judgment is in keeping not only with the views of
labiaplasties 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, ‘tissin’, which
means to make more beautiful, and ‘gassar’, which
means to cut off and make even.”

The group of women chatting on a rooftop in Hidden
Faces invokes another continuum between African and
American women’s approaches to feminine beauty ritu-
als and vaginal modifications. Simplistic depictions of
a global patriarchy, wherein men control, 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 dan-
gerous blind spots. Across many different cultural con-
texts, female genital operations are contemplated and
undergone by girls and women in a social and psycho-
logical profession shaped in part by other women.

The plastic surgeon whose ofce I visited provided me
with two referrals, patients who had had the proce-
dure done by him. As part of what seemed a well-
known sales pitch, he referred often to “self-help groups,”
a network of supportive, independent women help-
going 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 won-
dered 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-advocate did provide a cru-
cial spin for the doctor, throughout his consultation.

The consumer-feminist in support of other women he
condoned; by contrast, he expressed an awkward disap-
proval of the women who came to him solely to please a
dominating partner. He brought up this postered 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 feminine behav-
ior to answer in advance any reservations the prospec-
tive 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 insist-
ing on his antipathy toward women who wore thongs
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 sur-
gery 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.”

Rachel Bowlby has addressed the
theoretical conflagrations between feminist freedom and
the “freedom” to choose as a consumer. The surgeon
to whose sales pitch I listened and the creators of the
web site noted here certainly understood that the femi-
nist discourse of choice can be appropriated, funneled
forward toward the managing consumer-under-desert 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 rhet-
oric of identity, injury, and redress, suggesting that it
can result in a politics of state domination. From
Balck on, we have certainly seen the language of affir-
mative 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 expendi-
ture and remodeling of a body that is not “ours,” commodified and estranged,
rebuid.

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 likewise shilly, 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 anony-
mosly 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 dis-
counted work in exchange for talking with prospec-
tive 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 sincerity in order to critique the misogynist judg-
ments 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.” And in
2002, one season of the cultural shading that twentieth-
century feminism has, ironically, brought to this com-
munity building: the rhetoric of choice making and of
solidarity developed during the Second Wave ghost-
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 opera-
tions 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. 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 them-
theselves about their circumcision experiences and look at
each other’s genitals to see who had the smallest open-
ing. If there was a girl in the group who was still unini-
fablated, she would always feel ashamed since she had
nothing to show the others.”

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
ever commented on her labia, “ever since I was four-
teen, I felt like I had this abnormalcy; I felt uncomfort-
able 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 appear-
ance. 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
remarked. Her use of the second person (or the
darwinian stance, as it’s known), so intimate in its exten-
sion 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, reconfig-
ured, and reconceptualized like never before, I believe
that erotic tissue is far better enjoyed with discomfort
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hemispheric, national, or racial lines. Instead, we see 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 "beings" of those Amero-European women who are presented as either mildly deformed people in the wise hands of experts or consumer-designers of a cyberman gender display.

In "Arogant Perceptions, 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." As 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 Rainbow's website 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, Mzedelelo 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 Myuso of MYWO. "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 nutrition. The week is capped by a community celebration of song, dancing, and feasting which affirms the girls and their new place in the community.

Willow Gerber, of PATH, confirms that as of December 2001, the Circumcision Through Words program is still ongoing and has been, over the past several years, expanded to other districts by a consortium of donors. 71 Considering this impressive endeavor, which has seen more than 1,900 girls grow to womanhood uncircumcised, 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." 72

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 stumble 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") 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. 73

So I will not conclude this article with a glib, factual ritual for American women trained to hate the specifics 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 "lace" upon and through the reader as a textual "rite of antidote," speaking back to the cited language of abnormality, pathology, and sexual distress with which this article began.

CODA

Dan Savage, syndicated sex advice columnist, responded to one reader concerned about the aesthetic effect of very long labia minora, by suggesting the work of Dr. J. Stubb. He received many letters of protest, pointing to the appeal of prominent labia and 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. 75

...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 engage 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 rugged, stretched, nibbled, etc....

...I remember a gorgeous actor, Savannah, who so badly 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 rad...

...Some people think of the traditions as themselves...others 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...


Although some women endure excruciating encapsulation, it remains an exception to the rule.


Milton T. Edgerton and H.R. McClary, quoted in Haiken, 244.

On the thin line between identification and desire, between wanting to be like someone and wanting to be down with them (exploited in consumer culture), see Diana Fuss, “Fusion and the Homospeculational Leak,” in On Fashion, ed. Shari Benstock and Suzanne Ferris (New Brunswick, NJ: Rutgers University Press, 1994), 211–32; and Judith Butler, Gender Trouble: Feminism and the Subversion of Identity (New York: Routledge, 1990), esp. 57–72.


Elizabeth Grosz: “(Women’s corporeality is inscribed as a mode of stage.” See her Volatile Bodies: Toward a Corporeal Feminism (Bloomington: Indiana University Press, 1994), 203.


Barber-Benfield, 287, 298.


45. Henri de Blainville, quoted in Maseko.


47. Maseko.


49. Wacuka Mungai, "Desiring the ‘Matilared’ African Woman," paper, 1999. Mungai is a doctoral student at New York University and assistant program director at Rainbow, an organization devoted in large part to advocating for African women around the issue of female circumcision.


55. In New York City, March 1999, Wacuka Mungai asked one acquaintance 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 wellreceived by the patient and she fled away from the entire profession afterward, rather than risk a recurrence of the circus atmosphere the doctor had created. See also, Lauran Neergard, "Doctors See More Female Circumcision," 17 Sept. 1999, posted at <http://www.worlddailyconnect.com/news/news/7804.html>. And see this web site, that catalogs body modifications across cultures: <http://www.cadewalk.com/mods/modify.html>. Also, see Schiebinger.


57. Jomo Kenyatta, quoted in Gunning, 228.


61. See Rachel Bowlby, in *Shopping with Fraud: Items on Consumerism, Feminism, and Psychoanalysis* (New York: Routledge, 1993), on theoretical conundrums between feminist freedom and the "freedom" to choose as a consumer.


64. See Robertson.


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.


74. Alan Worsley, 687.
