

Reading Lips: Exploring Emotive Responses to Labiaplasty

by

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## Abstract

*Reading Lips* focuses on emotional responses to bodily transformation, and how responses to bodies are shaped by being ‘orientated’ in particular ways. The form of transformation being focused on is labiaplasty, which is a surgical procedure that seeks to improve the aesthetic of the labia minora and majora. I argue that subjects who have considered and undergone labiaplasty are responded to in particular ways because of our social positions and facets of identity- which I refer to as ‘orientations’ -and that labiaplasty leaves ‘impressions’ on those who come into contact with it. I discuss visceral responses of shame and disgust, and I focus on where and how empathy and agency are expressed and attributed to individuals who choose labiaplasty. I critically approach labiaplasty through a feminist lens while also incorporating lived experience with the procedure, as well as attending to the larger processes that shape responses to it.

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## Introduction: Feeling out the ‘freak’ and the pornstar

The fascination with Sara (Saartjie) Baartman’s body began when she was placed on display as part of several exhibits in London and Paris beginning in 1810 for what her colonizers assumed to be ‘freakish’ bodily characteristics<sup>1</sup>. She was known for having steatopygia (an accumulation of fat in the buttocks) and a Hottentot apron, which was a term used to describe elongated and protruding labia<sup>2</sup>. Once crowds grew tired of her, she worked as a prostitute, became depressed and was rumored to have issues with alcohol. Baartman’s body was further objectified and mistreated after her death. Some accounts posit that it was only hours after her death in 1815 that Georges Cuvier had performed a number of procedures on her corpse<sup>3</sup>. Her brain and genitals were preserved in jars, and the jars and her skeleton were on display in the Musee de l’Homme in Paris until 1974<sup>4</sup>. After much negotiation between France and her native South Africa, her brain, skeleton and genitals were only returned for a proper burial in 2002<sup>5</sup>.

The fascination with Kim Halsey’s (often known by her stage name of Houston) body began with her career in pornography. She is best known for breaking a world record of having consecutive intercourse, where a goal was set for her to have sex with 500 men. Halsey ended up having over 600 male partners, which was documented and

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<sup>1</sup> Hobson, Janell. 2003. “The ‘Batty’ Politic: Toward an Aesthetics of a Black Female Body.” *Hypatia* 18(4): 87-105.

<sup>2</sup> Moudileno, Lydie. 2009. “Returning Remains: Saartjie Baartman or the “Hottentot Venus” as Transnational Postcolonial Icon.” *Forum for Modern Language Studies* 45(2): 200-212.

<sup>3</sup> Hobson, Janell. 2003. “The ‘Batty’ Politic: Toward an Aesthetics of a Black Female Body.” *Hypatia* 18(4): 87-105.

<sup>4</sup> This information comes from an article written by Lucille Davie, a contributor for a South African tourism website. Given that I have read quite about Baartman in other academic pieces and on different websites, I chose to reference Davie’s piece because it brings together and confirms several pieces of information together from various sources discussing Baartman’s life and death.

<sup>5</sup> Davie, Lucille. 2012. “Sara Baartman: at rest at last” *South Africa.info* Website: <http://www.southafrica.info/about/history/saartjie.htm#UaufDGTWHMZ> Retrieved: 2 June 2013.

filmed in 1999 under the moniker of *The Houston 500*. After opting to have labiaplasty in the same year and having the procedure filmed on camera, she decided to preserve the labial trimmings in Lucite. Her preserved ‘excess’ was then put up for auction, where she thought she would receive at least \$100,000 “...from some schmuck out there”<sup>6</sup>. Reports for the actual revenue from the trimmings range from \$4,500 to \$50,000<sup>7</sup> and in any case, her self-preservation was lucrative. Not only did she benefit monetarily, but she also gained further notoriety. She has since beat cancer, battled drug addiction, has attempted careers in nursing and real estate, and has most recently turned back to pornography<sup>8</sup>.

Baartman’s and Halsey’s stories are fascinating for many reasons, and much has been written and speculated about their lives. The telling of their stories has taken very different pathways, where Baartman’s voice is absent from her story, and where Halsey has put everything into her own words through various forms of media and a book that she wrote. Their respective preservations are of particular interest here, as they set the stage for this project. What is significant here is that we, as individuals, are likely to respond differently to these two narratives based not only on the context, but also on our specific ‘orientations’ toward Baartman, Halsey, and the objectification of their genitalia, which are physical and symbolic acts that speak volumes about colonial legacies and the commodification of body parts. For instance, as a post-colonial or historical scholar, I might feel pity or sadness for Baartman and turn ‘toward’ her story to bring her out into the open. Or, my feelings about Halsey might include a lack of pity and perhaps disgust if

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<sup>6</sup> These were the words of Marc Medoff, Halsey’s business partner and manager, which are part of an excerpt in an article about Halsey written by The New York Observer. Source: <http://observer.com/2000/08/houston-an-intimate-portrait/>

<sup>7</sup> In researching Halsey’s labiaplasty and subsequent sale of her preserved labia, I was unable to find confirmation of what the labia sold for. Several different sources have speculated that the winning bidder paid anywhere from \$4,500, to \$10,000 and upwards of \$50,000.

<sup>8</sup> Information about Halsey’s life events comes from an interview with Halsey in 2012 written by Steve Bornfeld. Source: <http://vegasseven.com/ae/2012/09/20/my-dinner-gang-bang-queen>

I were an anti-pornography activist, and this could turn me ‘away’ from her. I might feel that Baartman lacked agency and was robbed of any opportunity to have it because of my knowledge as a post-colonial scholar and the sadness that I feel ‘toward’ her. I might also feel that Halsey was simply exercising her own sense of agency in auctioning off her labia if I had liberal views on pornography. I might also turn ‘toward’ Halsey because I too had cancer, or because I had been interested in purchasing the trimmings.

What the objectification of Halsey’s and Baartman’s genitalia and the specific details of their stories demonstrate is that we feel certain emotions toward bodies and their experiences because of our own ‘orientations’ and experiences. Our responses to bodies reside within not only our psyches, but also within our own specific orientations<sup>9</sup>. Responses to others are informed by not only the particularities within the stories of others, but also our own particularities and facets of our identity. In this project, I have honed in on a specific form of genital modification, which is labiaplasty. Like the preservations of Halsey and Baartman, responses to labiaplasty are imbued with individuals’ differential and situated ways of knowing, seeing, and feeling.

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<sup>9</sup> Ahmed, Sara. 2006. *Queer Phenomenology* Duke University Press: Durham.

## Chapter one: Introducing labiaplasty and orientations

*Reading Lips* is a body of work that explores labiaplasty as a specific cultural and bodily practice while also attending to the larger processes that shape responses to it. The larger processes that I am focusing on are the specific responses and emotions that we feel toward bodies and the transformations that some individuals choose. Sara Ahmed's (2006) *Queer Phenomenology* serves as a basis for which to discuss responses as having 'roots' and meanings, and my reflecting on her discussions of orientations, impressions and disorientations works as a way to affirm that responses to bodies are significant. In her book, Ahmed (2006) employs two strategies to demonstrate how bodies extend into space as they are gendered, sexualized and raced, where she moves queer theory toward phenomenology while also queering phenomenology. She reflects on phenomenology from the perspectives of feminist philosophy, queer studies, critical race theorists, Marxism and psychoanalysis to demonstrate the several ways in which bodies, subjects, and objects are orientated, disorientated and 'impressed' upon (2006). I am taking some of Ahmed's core arguments from *Queer Phenomenology* to theorize the larger processes giving shape to and surrounding responses to labiaplasty. In the context of this project, the primary interest lies in Ahmed's (2006) arguments that being orientated turns us 'toward' and 'away' from objects and subjects, that particular practices can orientate bodies in different directions, that we experience moments of disorientation, that we are 'impressed' upon by particular emotions based on our orientations, and that we, as subjects, are marked by particular orientations that shape our responses to other subjects and objects.

As the above vignettes indicate, bodies and how they are transformed are responded to in particular ways, and I demonstrated that these responses are mediated by socio-cultural and political positions that shape ways of knowing, seeing, and feeling. To provide another example of what orientations look like, I can reflect on facets of my own identity as being significant in what my emotional responses to particular phenomena are, and that I view the social world and know particular things because of my own social location and personal experiences. More specifically, I am a cis-gendered, white, middle-class feminist sociologist researching cosmetic surgery who has also considered having cosmetic surgery. With these particular orientations and experiences in mind, I am going to respond to a practice like labiaplasty through these particular lenses, and labiaplasty is going to ‘impress’ on me differently because of how I see, what I know, and how I feel.

‘Impressions’ within the context of this project can be best understood as a way to frame how labiaplasty ‘moves’ us in various ways. As the term suggests, impressions leave a mark that can ‘stick’ onto the surface of bodies, and some impressions are ‘stickier’ than others (Ahmed 2004). This body of work will demonstrate that labiaplasty can leave emotional impressions, that impressions are mediated by specific orientations, that impressions play a role in orientating individuals in particular directions, and that experiences of disorientation can leave significant impressions on us as well.

We can think of being orientated as being in line, which tends to feel like a given, as well as a sense of feeling ‘at home’ (Ahmed 2006). To be disorientated is to experience a moment where there is a feeling of dis-alignment or being shifted out of line. Disorientations can have a ‘queer’ effect when things are no longer ‘in line’, and bodies and subjects can feel strange or stand out when they are out of place (Ahmed

2006). Disorientation as a feeling can be unsettling, as it can shatter one's sense of confidence of the ground in which they stand, and individuals can be seen attempting to re-orientate themselves back into being 'in line' (Ahmed 2006). Experiences of disorientation and attempts to re-orientate will emerge throughout this project, and as I have illustrated above, disorientation is an interconnected concept with impressions and orientations.

We are emotionally affected by what we come into contact with, and emotions are subsequently directed to objects and subjects with which we come into contact (Ahmed 2006). Developing this project has required me to focus on the circumstances in which individuals are drawn 'toward' and 'away' from labiaplasty, and I have carved out a space in sociological and feminist approaches to bodies that incorporates how and why we respond to particular bodies and practices in the ways that we do, while also positioning labiaplasty as a form of self-transformation that is multiply embedded with discourses on age, race, gender, and sexuality.

### **Thesis contents**

This first chapter presents and explains the basic components of this research project. I begin by presenting my research questions, where I also provide justifications for why I have chosen to approach the topic of labiaplasty in the way that I have. I then move toward defining labiaplasty, as well as particular phenomena and circumstances that have shaped the development of this procedure. In doing so, I briefly outline some of the reasons why an individual may become motivated to undergo this procedure, and I present two key markers that I have sought to focus on for this project, which are empathy and agency. In situating myself within existing research and literature on

cosmetic genital surgeries, I explain through reflexive processes and a literature review why labiaplasty is important to research and to bring forth into feminist and sociological analyses of self-transformation. This chapter ends with a mapping of the theoretical frameworks that are being utilized for this project and data analysis.

This body of work is comprised of five chapters, which includes this introductory chapter, a methods chapter, two data chapters and a conclusion. The next chapter outlines my methodological process in great detail, as the many changes that took place throughout preparatory steps to get the project moving and recruitment processes help to illuminate the significance of responses to labiaplasty. In the methodology chapter, I provide detailed justifications for the questions I posed to my respondents, and I also utilize some of this space to be reflexive about the various methodology stages and data collection. It is at this point where I discuss the project's demographic, where I place a special emphasis on social location and orientations. The third chapter begins with an outline of the data analysis strategies that were employed to organize and understand the data that was collected. In order to better visualize some of the data analysis, I provide textual examples of one particular strategy throughout both data chapters. In terms of the first data chapter, I focus on the visceral responses of shame and disgust, where I primarily utilize Ahmed (2004) and Biddle (1997) to theorize these two emotions. The fourth chapter takes a shift toward focusing on empathy and agency, where I also make linkages to larger processes that impact expressing empathy and attributing agency. The theoretical focus for the second data chapter is on Heyes' (2007a) work on enablement and constraint within processes of normalization, which is a pragmatic way to frame the 'shapes' of the responses provided by my research participants. My concluding chapter

will include making meaning of the various pieces of data that have been presented throughout, a reflexive piece on the efficacy of my methods and theoretical choices, and reflecting on the research questions that I have presented here in the first chapter.

### **Research questions**

In incorporating arguments that orientations shape responses to bodies, that sexuality may complicate perceptions of labiaplasty, and that labiaplasty leaves an ‘impression’ on individuals, I ask: *What visceral responses arise from being turned ‘toward’ and ‘away’ from labiaplasty, and how do such responses shape attributions of agency and expressions of empathy to individuals who have genital anxiety and subsequently choose labiaplasty?* Some context is required so that my approach to the project’s research questions can be mapped out clearly and pragmatically, which I will delve into below.

#### *Why read lips?*

The development of this research project is a result of reflexive engagement with the subject matter. While discussing labiaplasty with my peers, professors, friends and family, I began to consider the significance of responses to bodily transformation and why responses to some body parts and surgical alterations of them are more emotionally charged than others, as individuals whom I discussed labiaplasty with expressed shock, disgust, and curiosity. Witnessing responses to labiaplasty further encouraged me to question why particular cosmetic surgeries are often framed as something that we are ‘for’ or ‘against’, and why labiaplasty ‘moves’ individuals in emotional ways. Observing emotional responses to labiaplasty has also encouraged me to consider why labiaplasty is viewed as controversial, and also why other forms of cosmetic surgery do not evoke such

strong emotional reactions. I am not seeking to position my own experiences as the sole ‘movement’ behind this project, but reflexive engagement has been incredibly formative in the development of this body of work. My own experience with Carleton’s Research Ethics Board (which is detailed in my methodology chapter) demonstrates that labiaplasty has the ability to stir something in people, which I will discuss in greater detail at a later point.

The other piece of context that has shaped this project’s research questions have to do with an attempt to identify what makes labiaplasty different from other forms of cosmetic surgery. As I argued earlier, we tend to respond to different forms of self-transformations in different ways, which are contingent on a number of factors such as the area of the body that is being changed, and why we decide to change particular aspects of ourselves. I am also arguing that the sexual nature of the procedure is a significant factor that makes labiaplasty seem different, which might further complicate perceptions of this particular procedure. Surgical promotional material for this procedure emphasizes that labiaplasty is about sexuality (Tiefer 2008), because surgery is positioned as a vehicle for women to “... have normal sexual appearance or function” and labiaplasty is presented as being able to “...improve sexual gratification” (The Toronto Cosmetic Clinic, n.d.). Additionally, I posit that individuals responding to labiaplasty might have a difficult time with individuals improving their sexual selves through cosmetic surgery.

These processes of reflexivity as well as my position on sexuality in regards to labiaplasty have shifted my approach to this project towards what Susanna Paasonen (2007) refers to as a reparative reading of subject matter. Reparative reading of

phenomena is an interpretive strategy that seeks to both go beyond what is already known about a subject matter, and to also allow oneself to be emotionally moved or touched by texts, language and images associated with the subject matter. There are certain aspects of labiaplasty that are already known due to exploration of the procedure on behalf of scholars, such as numerous sources of genital anxiety, and what ‘ideal’ genitalia is purported to be. As I argued earlier, this body of work is about more than an exploration of labiaplasty as a procedure. While labiaplasty is a practice worthy of investigation on its own, in this context, it also serves as a vehicle for which to discuss affective responses and orientations. Rather than delving into what is already known about labiaplasty, I am seeking to look at labiaplasty from a different vantage point by focusing on the responses and emotional reactions related to it. The consideration of emotions and cosmetic surgery coupled with a reparative reading of labiaplasty has motivated me to investigate the ways in which perceptions of cosmetic surgery can be destabilized from being thought of as rather homogenous, and to encourage perceptions of cosmetic surgery to be reconsidered and reformulated in various ways.

Labiaplasty is a very interesting and specific form of bodily transformation for several reasons. Women’s genitalia are imbued with and marked by historical treatments and sociocultural representations, which require unpacking so as to best understand labiaplasty as a development that can be contextualized within larger processes. Generally speaking, several measures are taken to make sure that one’s genitalia are concealed, as this area of the body is arguably the most private and intimate of one’s physical self. Women’s genitalia have long been treated as sites of spillage and dis-containment, where items such as underwear, hygienic washes and sprays, and menstrual

products work to make sure that genitalia and genital functions are either masked or secured so as not to spill outside of bodily boundaries. More contemporary expressions of genital anxiety are a reflection of negative sociocultural representations of women's genitalia (Braun and Wilkinson 2001) and "...some women live these negative cultural meanings in their embodiment" (Roberts et al., 1996: 119, as quoted by Braun 2005: 411). "A pathologization of 'large' labia minora in particular has a long history, and a long association with perceived sexual 'deviance'" (Gilman 1985; Terry 1995, as quoted by Braun 2005: 414), and it is also helpful to look at the broader treatment of the vulva and vagina as informing more contemporary practices such as labiaplasty.

I think, perhaps most significantly in relation to labiaplasty and genital anxiety, that feminine genitalia are a site of vulnerability for a number of reasons. While this argument would not be applicable to all individuals, the naked body can be very vulnerable, especially when one is not comfortable with their body and because nakedness can be subject to much scrutiny. Vulnerability is also a product of certain symbolic sociocultural representations of the vulva and vagina, and Braun and Wilkinson (2001) offer several examples of portrayals of vaginas that contribute to problematic perspectives on women's genitalia. Braun and Wilkinson (2001) also importantly note that many representations of the vagina are interconnected and inform one another, which provides a basis for which to map particular treatments of genitalia as linked and not completely isolated developments. The representations from Braun and Wilkinson (2001) are as follows: "...the vagina as inferior to the penis; the vagina as absence; the vagina as (passive) receptacle for the penis; the vagina as sexually inadequate; the vagina as disgusting; the vagina as vulnerable and abused; and the vagina as dangerous" (18).

Without going into a great amount of detail about these representations, it is clear that genitalia is often viewed as embodying ‘belowness’, which due to the fact that this area is a space in which refuse exits the body (Ahmed 2004). Not only is the vagina often hierarchically organized as being ‘below’ the rest of the biological body, such organizing positions the vagina as something that should be managed and fixed through various interventions and technologies.

At its most basic level, responses to labiaplasty require feminist and sociological attention because labiaplasty itself is a response to feminine bodies, and because genital anxiety fits within an already long list of bodily inadequacies that are felt by individuals. As many feminists have written, researched and theorized already, individuals’ bodies are subjected to various forms of policing and are constantly encouraged to be engaging in various forms of self-improvement. Women in particular have long been told that beauty is an important form of social capital, that their bodies should not take up too much space, and that the self must be managed through various technologies (Bartky 1998). There are implications for the development of a procedure such as labiaplasty, such as a ‘normal’ standard of appearance for genitalia being established, that bodies are inherently assumed to be ‘wayward’ or in a state of disarray, and that feminine bodies *should be* worried about the appearance of their genitalia. It is also necessary to frame labiaplasty as an intersected practice, which is embedded with assumptions about gender, sexuality, age, and race, and labiaplasty therefore carries important *meanings* beyond the surface of the skin being altered. To understand labiaplasty solely as a form of cosmetic surgery ignores aspects of the procedure, which are built on problematic representations and ideologies. More specifically, labiaplasty does more than reinforcing Braun and

Wilkinson's (2001) ideas about representations of vaginas. Labiaplasty promotional material tends to signal that lighter skins are more 'normal', that to be 'desirable' is to appear youthful, and that sexuality and 'better' sexual experiences are inextricably tied to physical appearance. These embedded assumptions emerge throughout the data that I will discuss at a later point, which makes these intersections all the more visible and available for critique.

### **Definitions and terminology**

Labiaplasty is a surgical procedure that seeks to alter the labia minora and majora in specific ways to improve the external aesthetic of female genitalia. Practitioners utilize surgical techniques to alter labia so that the genitalia appear contained, homogenous in colour and 'sexually desirable' (S.W. Davis 2002). There are a multitude of reasons why individuals have labiaplasty, which can include a corrective procedure for trauma or childbirth, as well as the placement of labia onto the body as part of gender transition. Labiaplasty for aesthetic purposes tends to be of the greatest interest to scholars and researchers working within this area. This is likely because there might be less of a perceived sense of 'purpose' or 'depth' in aesthetic surgery versus surgery that is corrective or part of a transition. However, it is significant to note that within the current social climate that is constantly promoting various forms of self-improvement, boundaries between aesthetic, corrective and health justifications for cosmetic surgeries are becoming increasingly blurred and difficult to differentiate.

As was discussed previously, labiaplasty is a surgery that can be mapped alongside longstanding historical pathologized treatments of female genitalia, as well as being symptomatic of a culture that often presents female genitalia in narrowly defined

ways. Ideals of ‘desirable’ female genitalia arguably stem from images viewed in what I refer to as ‘Wonderbread’ pornography. This type of pornography includes the genre of soft-core as well as highly popular mediums such as *Playboy* and *Hustler*. I also think of ‘Wonderbread’ as being highly accessible to the masses, and not particularly concerned with alternative representations of bodies and sexualities. The notion of ‘Wonderbread’ is a way to categorize particular forms of pornography as being part of mainstream and heteronormative representations of women’s bodies and sexualities. An arguable increase in the viewership of pornography alongside a saturation of pornographic materials available through various forms of technology may have contributed to genital anxiety among women, especially where pornographic images tend to portray labia that appear small, symmetrical and contained to the body. Cooper, Delmonico and Burg (2000) argue that technological advances have created an increased amount of pornography consumption, which refers to the increased accessibility (millions of pornographic websites are available 24 hours a day, 7 days a week), affordability (competition on the Internet keeps prices low, and there are a host of ways to get free pornography), and anonymity of sexually explicit materials (in the privacy of one’s own home, people perceive their accessing of pornography to be anonymous) (As cited by Carroll, Padilla-Walker, Nelson, Olson, McNamara-Barry and Madsen 2008). Similarly, shifts in pubic hair aesthetic in pornography are said to have contributed to genital anxiety as well (Labre-Piexoto 2002). A lack of pubic hair for women in pornography has allowed women to see the bodies of other women in ways that have not been possible before the shifts to remove pubic hair by shaving, waxing or by laser treatments became more popular (Schick, Rima and Calabrese 2011).

Another significant representation of female genitalia has to do with it being presented as being invisible. Researchers such as Bramwell (2002) and Schick, Rima and Calabrese (2011) argue that the absence of visible genitalia and outlines of labia in print images of bathing suit and underwear models further contributes to the belief that women should not be able to see their own genitalia while wearing such garments. It is significant that many bodies in lingerie and swimsuit advertisements are subjected to alteration via image editing software that erases imperfections and ‘less desirable’ characteristics (Bramwell 2002). With this in mind, it is possible that ‘invisible’ female genitalia is something that does not exist in nature, but is rather a constructed idea that has the potential to encourage women to reflect negatively on their own bodies.

I am specifically interested in two particular responses to labiaplasty: empathy and agency, which I frame each as affective expressions and attributions within this project. The attribution of and self-proclaimed possession of agency is an area that has been long studied and discussed by many feminists and sociologists. In my view, agency is nowhere near being exhausted in bodies of work that discuss self-transformation. New vocabularies and approaches to understanding agency are required because different forms and contexts for self-transformation are continually developing. Rather than attempting to determine if agency is possible or how it is asserted, I have specifically sought to explore how agency in the context of labiaplasty is perceived among members of the general public. Agency, in the context of cosmetic surgery, can be understood as taking two (but not limited to) major pathways. The first is that individuals undergoing cosmetic surgery are free acting agents, and that the choices they make to alter their bodies are choices that are elective (Fraser 2003). The second pathway is that individuals

cannot be free acting agents because of the ways in which cosmetic surgery patients have to rely on the knowledge and direction of a surgeon and that their desires for their appearance stem from ideals that are present in various forms of consumer culture (Braun 2009).

Empathy, on the other hand, is a level of emotional intelligence that has always been of interest to me since I began researching cosmetic surgery, and it is under-theorized and less recognized in literature and research in this area. In my view, empathy is more than the recognition of a similar experience or embodiment. Empathy is also about a willingness to shift one's position 'toward' or 'away' from another individual and their experiences. In the context of this project, I have sought to see where and how empathy is expressed to bodies that have genital anxiety and who also choose labiaplasty.

I will demonstrate that empathy and agency are linked concepts throughout this project. They share some similar characteristics, and within the context of cosmetic surgery, they can inform one another. Empathy and agency are, in my view, expressions that are emotionally charged because it requires us to not only make our position known, but to also, in a sense of the word, pass judgment. Empathy and agency are also imbued with 'feelings', which can involve 'feeling' something toward another individual for various reasons. Empathy is about expressing a shared 'feeling' with another person, and I view agency as being shaped by 'feelings' about a person's choices and circumstances in which such choices take place. In terms of empathy and agency informing one another, I can relate this to the notion of orientations. For instance, if an individual has genital anxiety or has chosen labiaplasty, they would have an orientation 'toward' individuals situated in similar circumstances, which can also be framed as an empathetic response. If

one were empathetic and orientated toward those with shared experiences, they would likely be more inclined to acknowledge the presence of agency or ‘free’ choice.

### **Locating labiaplasty, empathy, and agency**

I will now provide a brief explanation of major findings, themes and claims made about labiaplasty. I will follow this discussion with focused overviews of feminist treatments of agency in relation to cosmetic surgery, as well as empathy in how it relates bodies in order to demonstrate my location in these research areas. In addition to explaining my place in the existing literature and research, I will explain the ways in which my project is aligned with particular perspectives, where I can establish originality, and the implication of the synthesis of my work.

#### *Major findings on labiaplasty*

Within the realm of cosmetic surgery, labiaplasty is a fairly contemporary development. Some surgeons have argued that labiaplasties have been taking place for over twenty years, and it is more contemporary media coverage that makes it seem ‘new’ (Braun 2005). This contemporary media coverage dates back to the late 1990s and early 2000s, and this is also the time in which literature on cosmetic genital surgeries began to emerge. While research and literature on other forms of cosmetic surgery have not necessarily been exhausted at this point in time, labiaplasty does not currently have the same breadth of information, perspectives and research that more longstanding and established surgeries such as breast augmentation or rhinoplasty have. Currently, the literature and research on labiaplasty can be organized into a handful of categories, but there are some distinctions between disciplines and approaches to the subject. As is the case with other research on cosmetic surgery, there are works that deal with the clinical

side of labiaplasty as a procedure, where things such as surgical methods and motivations for labiaplasty are quantitative and are more focused on the physiological aspect of having the surgery (see Cartwright and Cardozo 2008; Aleem and Adams 2011 for examples). Qualitative, feminist and sociological approaches to labiaplasty tend to focus on why labiaplasty has emerged, how labiaplasty can be mapped alongside historical treatments of female genitalia, bioethical and political concerns with labiaplasty, and neo-colonial comparative discourses on genital cutting. It is also important to understand these approaches to labiaplasty as instances where individuals become orientated ‘toward’ and ‘away’ from the procedure. Researchers focusing on the causes of genital anxiety are simultaneously positing that individuals turn ‘toward’ labiaplasty because of genital anxiety. Those discussing genital cutting and bioethical concerns are cautionary in their aims to turn us ‘away’ from accepting labiaplasty as a non-problematic form of self-transformation.

Historical explorations of the treatment of female genitalia are present in the work of S.W. Davis (2002), Braun (2009) and Green (2005). These authors demonstrate that the pathology associated with female genitalia is not unique to the era of cosmetic genital surgeries. Explanations of Victorian era clitoridectomies, treatment of intersex children, and returns to the Hottentot Venus are examples given by these authors to demonstrate that female genitalia have long been understood as problematic and subsequently pathologized by medicine and various forms of consumer culture. By showing that female genitalia have long been subjected to various forms of policing in various historical contexts, these authors mark labiaplasty as a form of bodily transformation that exists because of practices that preceded it. They thus position labiaplasty as being

symptomatic of longstanding historicized beliefs about female genitalia within a contemporary setting. As I discussed earlier, female genitalia and women's reproductive organs have long been treated as something that should be managed and closely monitored, as there are assumptions about women's bodies and reproductive organs as being inherently 'wayward' and 'problematic'. Furthermore, because labiaplasty is most often about reducing the size of labia, such details follow longstanding beliefs and tactics that seek to contain and reduce the amount of space that feminine bodies occupy.

S.W. Davis (2002), Green (2005), Sullivan (2007), Braun (2009) and Johnsdotter (2012) each draw comparisons between labiaplasty (and other cosmetic genital surgeries) and female genital cutting. These authors problematize Westernized assertions made about female genital cutting, which often take the form of criticisms that demonize non-Western cultures and nations for their supposed oppressive treatment of women's bodies. By pulling apart these assertions, these authors posit that cosmetic genital surgery and female genital cutting are not polarized sets of practices, and that it is a major ethical issue that not enough critique has been applied to cosmetic genital surgeries in Western cultures. These authors make attempts to demonstrate that cosmetic genital surgeries are not so ideologically different from non-Western forms of genital cutting. More specifically, it is important not to position non-Western genital cutting and Western cosmetic genital surgeries as polarized sets of practices, as positioning Western women as in control and being 'brave' enough to go under the knife has significant implications for then denying non-Western women's agency and assuming that they have little control over what happens to their bodies.

Some authors take particular issue with the intricacies within the practice of labiaplasty itself, and are less concerned with the conditions of consumer culture that perpetuates genital anxiety. S.W. Davis (2002) discusses some of her personal experiences in speaking with labiaplasty surgeons, and Tiefer (2008) examines issues of bioethics in cosmetic genital surgery industries. Tiefer (2008) suggests that we need to get beyond the ‘freakishness’ of cosmetic genital surgery and examine the ways in which cosmetic surgery industries are profiting from problematic pathological responses to women’s bodies. She argues that a lack of barriers for physician advertising has contributed to unregulated cosmetic surgery practices, questionable professional conduct, unfounded physiological claims about the results of untested surgical procedures, and a lack of questioning about surgeons’ credentials and expertise (2008). Despite discomfort with the conditions under which women are led to believe that their genitalia requires beautification, labiaplasty and other cosmetic genital surgeries will continue to be practiced and the advancement of such procedures may enter into even more troublesome territories for the pathologizing and subsequent treatment of women’s bodies. S.W. Davis (2002), Braun (2005) and Tiefer (2008) each attempt to ‘move’ and ‘touch’ the ‘untouchable’ and often unquestioned surgical discourses and practices, and such efforts have the potential to assist feminists and social scientists in demonstrating that the promotion of cosmetic genital surgeries requires attention and critique.

Some researchers argue that there are specific aspects of consumer culture that have increased both the visibility of and anxiety associated with female genitalia. Authors such as Bramwell (2002) have argued that the invisibility of genitalia where it would normally be apparent has created genital anxiety among some women. Schick et. al

(2011) and S.W. Davis (2002) also specifically position pornography as a major source of genital insecurity among women, where an increased viewership of pornography and soft-core pornography such as *Playboy Magazine* has contributed to the development of particular genital appearance ideals. Peixoto-Labre (2002) argues that the trend of the Brazilian wax has developed problematic ideas about the infantilization of women's bodies, and Braun (2005) furthers this by pointing out that a lack of pubic hair pushes women to look at themselves and others in ways that they have not before, which has subsequently created and perpetuated genital anxiety. Braun (2005) also points out that women's magazines play a significant role in perpetuating genital anxiety because of recent media coverage on cosmetic genital surgeries, where surgery as a solution has been presented alongside accounts of sexual problems.

### *Agency*

Comparatively, there is much more literature on agency within cosmetic surgery in general than there is on labiaplasty as a specific practice. While Kathy Davis' (1995; 2003) work on agency has been scrutinized and subjected to much debate over what many authors assume to be a simplistic view of agency, I find myself echoing her and Green (2005) in that there is a 'feminist dilemma' in researching cosmetic surgery, where there is a need to be critical of the processes and discourses that underpin cosmetic surgery coupled with a resistance to positioning cosmetic surgery patients as 'dupes' of patriarchal culture. I am not seeking to locate my focus on agency within the existing agency-structure debate within feminist approaches to cosmetic surgery, and I will not focus on explicating all of the details of the 'sides' of the debate at length. Simply put, the structure-agency debate in feminist approaches to cosmetic surgery is divided

primarily between liberal and radical feminists' views on choice. Liberal perspectives view agency within cosmetic surgery as personal, possessable, and argue that it carries potential for empowerment. Radical perspectives on the other hand, posit that agency is limited because it is mediated by external factors that are mostly patriarchal. Some of these radical theorists posit that cosmetic surgery patients have 'false consciousness' about their choices. There is however, a significant piece from theorizing the structure-agency debate that comes from Victoria Pitts-Taylor (2009), where she reflects on the perspective of Liz Frost (1999), who discusses the notion of authenticity in regards to the radical feminist perspective on cosmetic surgery. From the radical perspective, cosmetic surgery is regarded as an 'inauthentic' choice, and bodies become 'inauthentic' when they undergo surgical transformation (Frost 1999, as quoted by Pitts Taylor 2009). As I argue in the forthcoming presentation of my data, whether or not 'authenticity' and 'legitimacy' are deemed to be present in choosing this form of cosmetic surgery will prove to be a factor in how agency is attributed.

I will now comment on perspectives on agency that are relevant to the dynamics within this project. As I will elaborate further below, Davis' (1995; 2003) work has been subjected to critique by other feminists theorizing agency within the context of cosmetic surgery, but I see two reasons why Davis' work should be valued and reflected upon. Because several feminist authors have used Davis' work as a way to go *beyond* essentialist and simplistic views of agency, her work serves as an important springboard to develop different and nuanced vocabularies for feminist approaches to cosmetic surgery. Secondly, her work provides an opportunity to reflect on the notion of 'passivity' and 'activeness' within cosmetic surgery, which I argue is an important way

of conceptualizing agency within the context of this project. Perceiving ‘activeness’ and ‘passivity’ may play a role in how the participants attribute or deny the presence of agency, and furthermore, how they might determine which bodies are ‘deserving’ of surgery.

Davis’ (1995) germinal work on cosmetic surgery patients in the Netherlands demonstrates the aforementioned liberal feminist underpinnings to approaching agency within cosmetic surgery. Davis (1995) positioned her research participants as free acting agents because that was how they self-identified; she posited that many of her research participants were aware of constraints within cosmetic surgery, and that they saw surgery as the ‘active’ choice for themselves. “Bordo (1998) argues that individuals’ justifications for cosmetic surgery are often framed as a way to correct apparent ‘defects’, and cautions that such justifications should not be mistaken as rhetoric for empowerment” (As quoted by Heyes 2007b: 60). Furthering this, Heyes (2007b) argues that too much emphasis on women’s own justifications for surgery can work to limit feminists’ ability to critique the structures and processes that make cosmetic surgery possible (59). Fraser (2003) discusses some of the issues in positioning cosmetic surgery patients as ‘heroic’ because of their willingness to confront their physiology and their assertion that they are taking control over their bodies. She cautions against the discourse of ‘bravery’, as such positioning can make women who choose not to partake in cosmetic surgery seem morally deficient and cowardly for not taking control of their ‘wayward’ bodies. Passivity is complex in relation to cosmetic surgery, because women are rarely positioned as making ‘active’ choices. Jones (2008) points out that in cosmetic surgery advertising, women who do not choose surgery are represented as passive, as they are presented as

accepting an inherently less-than-desirable fate. Radically situated feminists, on the other hand, often portray women in cosmetic surgery as negatively passive because they have submitted to bodily ideals and have failed to accept their bodies as they are (Fraser 2003, as quoted by Jones 2008). Holliday and Sanchez Taylor (2006) seek to disrupt repetitive feminist conceptualizations of passivity and beauty, and argue that choosing surgery can actually be an active choice, as surgery can carry the potential for social mobility for racialized and classed bodies that would normally be excluded from the public sphere and from categories of 'beauty'. What this 'passive' and 'active' focused discussion seems to indicate is that the perception of 'active' choice is contentious due to the reasons *why* subjects choose cosmetic surgery. Surgical justifications based on beauty are often treated as transparent, but inclusionary justifications on the basis of broadening what is 'beautiful' and 'desirable' within surgery might be a way to be framed as an 'active' chooser of surgery.

### *Empathy*

As I mentioned earlier, empathy in relation to cosmetic surgery is under-theorized and under-explored in feminist literature in this area. Some theorists have usefully discussed empathy in general terms, and in this section I will briefly discuss their work. I will also discuss some of my own conceptualizations as to why empathy needs more feminist attention in relation to cosmetic surgery. Emotional attachments and detachments to others influence a significant amount of human behavior and interaction (Etzioni 1988; Hochschild 1975, as quoted by Thoits 1989). Attachment or detachment involves a willingness (or a lack thereof) to become 'close' to another individual, and expressing empathy is about making one's willingness to attach (or desire to detach)

known. Fairbairn (2009) distinguishes between sympathy and empathy on the basis that sympathy is less calculative, and that empathy is a very controlled emotion. In my view, empathy is a controlled expression because it requires a revealing of the self and one's experiences, which could render the empathizer vulnerable. Empathic emotions can also work to motivate individuals to reduce stress that they are vicariously experiencing in the revealing of another person's shame, experiences or emotions (Thoits 1989).

I believe that feminists have a responsibility to explore empathetic responses to cosmetic surgery patients because such explorations carry the potential to reveal how feminists' feelings of relatedness (or lack thereof) shape their treatments and perceptions of individuals who choose cosmetic surgery. I am making reference to 'feminists' in general terms, because I believe that both sides of the agency-structure debate and those feminists who are situated in between the sides of this debate should be encouraged to reflect on their own empathetic responses. Given the broad spectrum of perspectives on agency, there are sure to be nuanced positions on empathetic responses. In exploring empathy, feminists have an opportunity to not only measure empathetic responses of others within their own work, but to also engage in a larger reflexive project about how our own orientations allow and disallow empathy, as well as what expressing empathy feels like. Furthermore, examining empathy at a closer proximity allows for an important pathway into how we, as feminists and researchers, might be determining who is 'deserving' of surgery and who has 'legitimate' reasons for surgery, which are likely to be related to our own theoretical, ontological and epistemological positions. In general, we are more likely to be empathetic towards those with whom we feel a shared affinity than those we dislike, feel estranged from, or who are oppositional to our values and

beliefs, which can be those we consider to represent the ‘other’ (Fairbairn 2009). Cosmetic surgery, I think, presents feminists with empathetic dilemmas, and empathy might be difficult to express because being empathetic to a person with genital anxiety for instance, requires a revealing of the self, but also a revealing that one might be preoccupied with vanity. Vanity tends to feel ‘passive’ or ‘transparent’, and this is not an easy feeling to embody or to make known, especially for more radically situated feminists who are critical of excessive vanity and rigid appearance standards for women. I would further argue that empathetic responses relating to bodies are difficult for individuals to express at times, because we might have to show that we relate to a supposed ‘other’ and to the feelings that are oppositional to what we think about cosmetic surgery. Ultimately, I believe that empathy needs a closer look in regards to cosmetic surgery, as it represents a piece of why we respond to cosmetic surgery in the ways that we do, and an exploration of empathy can also enrich feminist approaches to theorizing cosmetic surgery.

#### *Locating my project and claims to originality*

My project responds to three areas of literature above in a number of ways. I have taken what is known about labiaplasty into account throughout the development and execution of this project, but I am seeking to focus on how this surgery is responded to and how such responses come to pass. By focusing on perceptions of agency in relation to labiaplasty, I am highlighting that unpacking agency presents significant contradictions within cosmetic surgery, and that orientations play an important role in how agency is attributed to individuals who choose labiaplasty. I am incorporating empathy into theorizing responses to labiaplasty because empathetic expressions involve a feeling (or

lack thereof) ‘toward’ other individuals, which allows for further elaboration on orientations within the context of this project. As I argued above, empathy carries the potential to enrich feminist approaches to theorizing cosmetic surgery. I am also reflecting closely on Braun (2005) and Tiefer’s (2008) work on sexuality and cosmetic genital surgeries to position the sexual aspect of labiaplasty to be a complicating factor in how agency is or is not attributed and where empathy is and is not expressed.

As I discussed previously in explaining the development of my research question, I aim to go beyond the major findings and claims that have been made about labiaplasty. Rather than developing a project that affirms what is already known about labiaplasty, I have structured my project and made particular decisions so that I have an opportunity to investigate the ways in which texts, images and emotions ‘move’ the subject matter and shift existing understandings of it from conceptualizing the procedure as a form of controversial self-transformation to a bodily practice that is shaped by several larger processes. The implication of my approach and eventual synthesis of my work will result in an enriched understanding of the sociality of emotions in cosmetic surgery and perceptions of bodily transformation. My approach to the subject matter allows for labiaplasty to actually tell us more about empathy and agency as affective and orientated responses.

### **Theoretical frameworks**

In the beginning of this chapter, I provided information about the use of orientations within this project, where I outlined which components of Ahmed’s (2006) *Queer Phenomenology* will be utilized throughout this body of work. I not only will discuss how individuals possess specific orientations that shape their responses to

labiaplasty, I will also discuss moments of disorientation, that being orientated in particular ways turns us ‘toward’ and ‘away’ from labiaplasty and subjects that choose labiaplasty, and that labiaplasty leaves ‘impressions’ on us in numerous ways.

The other theoretical frameworks have been chosen so that two major themes from this project can be addressed. The first theme that requires theorization is that of emotions, which needs to be grounded within sociology, and I will also need to demonstrate an understanding of what emotions ‘do’. The other themes requiring a theoretical approach are the linked concepts of empathy and agency, which, in my view, highlight tensions between enablement and constraint within cosmetic surgery. I have chosen Ahmed (2004) and Jennifer Biddle (1997) as the central theorists for emotions in my project, and Cressida Heyes (2007a) for theorizing enablement and constraint within processes of normalization in cosmetic surgery.

I am utilizing Ahmed’s (2004) *The Cultural Politics of Emotion* because of her emphasis on the sociality of emotions and her concise explanations of the specific emotions of disgust and shame. In the introduction to her book, Ahmed brings forward two major functions of emotions that can frame my subject matter and the details of my methodology. The first key function that is explained is that emotions are productive, in that emotions can produce the very surfaces of subjects and objects and that emotions can also create social boundaries (Ahmed 2004). The productive aspect of emotional objects leads to the second key function, where Ahmed argues that it is not just emotive expressions that ‘move’ us, but that objects can be emotional which can ‘move’ us to feel certain emotions and to act in particular ways. The connection with these functions to my project can be understood with the example of ‘ideal’ genitalia. The feeling of shame that

some women have experienced about their genitalia has ‘impressed’ on a body that feels deficient and has also created a ‘normative’ boundary in which this body is understood as requiring improvement. The emotional object in this context could be a pornographic image that represents the ‘ideal’, and it circulates literally and figuratively, where it emotionally ‘moves’ the subject who views it. Ahmed’s functions of emotions synthesize a process that authors such as S.W. Davis (2002) and Braun (2005) have identified as occurring in cosmetic surgery culture, where an ideal can ‘move’ an individual on both emotional and physical levels to choose surgery. The idea that images can be emotional objects that ‘move’ us serves as a theoretical backing to my methodological use of visual vignettes in focus groups and interviews<sup>10</sup>, which I will discuss in greater detail in the next chapter.

Ahmed’s discussions of disgust and shame are particularly relevant to the development of my project and my eventual data analysis. In addition to arguing that disgust has particular effects on the surface of bodies, Ahmed (2004) discusses the way in which disgust is crucial to power relations. She further argues that when an object is subjected to disgust or when a subject becomes an object of disgust, the object and subject experiences abjection and is hierarchically organized as being ‘beneath’ the subject who has expressed disgust toward it. Ahmed’s discussion of disgust has encouraged me to reflect on the ways in which labiaplasty patients have been responded to in the existing body of literature that has sought to explain their experiences.

Furthermore, this has made me consider that agency is not likely to be attributed to

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<sup>10</sup> I utilized visual vignettes that were in the form of pictures within my focus groups and interviews, which is a justification and process that I detail at greater length in my methodology chapter.

individuals whose decisions and beliefs about their bodies and the bodies of others are responded to with disgust.

In order to approach shame, I am utilizing both Ahmed (2004) and Biddle (1997). Both theorists present shame as a corporeal response and emotion, and their nuanced presentations of what shame can ‘do’ and what it ‘does’ are of interest to this project. I will also reflect briefly on Shotwell (2011) to address a particular facet of shame that arose in an unexpected way regarding individual experiences with shame. I chose to incorporate Biddle because of her greater focus on individuals’ experiences with shame, as Ahmed focuses on shame and the state in *The Cultural Politics of Emotion*. My decision to reflect on Shotwell (2001) is because of the way in which she theorizes shame in relation to race, which is an important emergence in the second data chapter. The productive aspect of shame is highlighted by Ahmed (2004) and Biddle (1997) in their respective discussions on bearing witness to shame, where Ahmed (2004) discusses how shame can re-orientate bodies and spaces, and how Biddle (1997) notes that shame can be reproduced based on proximity. Furthermore, their respective discussions of shame and bearing witness to it provide an opportunity to discuss turning ‘toward’ and ‘away’ from shame, which is a way for me to reflect on orientations in regards to shame. Developing expressions of empathy may also be contingent on to what extent my research participants have experienced or bore witness to bodily shame, as well as their willingness to reveal their own experiences with shame.

In order to theorize perceptions of empathy and agency, I have focused on Heyes’ (2007a) use of Foucauldian normalization in the context of cosmetic surgery makeovers on television. While the specifics of Heyes’ focus and mine differ, her description of

normalization processes in surgical transformation ultimately provides a basis to build an understanding of the ways in which bodies are simultaneously experiencing enablement and constraint through surgical processes. Her choice to reflect on normalization specifically arises from her epistemological position on what it means to have cosmetic surgery. She argues that cosmetic surgery can be framed as a process that means much more than the attainment of transparent or superficial beauty (Heyes 2007a). Rather, cosmetic surgery in Heyes' view can be understood as a form of identity building as well as a way to become more 'normal' (2007a). As Heyes reflects on in her discussion of normalization, Foucault emphasized that normalization is contradictory, as the subject has the potential to be a 'better' self, but is most often constrained and faces limitations in the process of working on the self (2007a). "Normalization also constrains an individual or population by enforcing homogeneity while also enabling individuals or a population to attain certain subjectivities where it would not normally be possible" (Heyes 2007a: 17).

Heyes views cosmetic surgery as a process that produces more 'feminine' women, alters the body in ways to reflect ideals, and subsequently makes promises about how an individual's opportunities (such as finding a partner, getting a new job or improving one's sexual relationships, for instance) will change for the better (2007a). Because these changes and promises are markers of social success and reflect supposedly what we should all want, boundaries about what it means to be a 'good' body exclude those who do not have the same desires. Constraint comes in the form of such exclusionary boundaries, and also with the notion that to be 'normal' is to be heterosexual and to ascribe to particular bodily ideals. The ideal is arguably quite narrow, and 'normal' does

not offer a lot of flexibility. Cosmetic surgery patients are also constrained by discourses that communicate to them that their bodies are inadequate as they exist naturally, and that their bodies require outside intervention from a surgeon to fit their bodies into ‘good’ and ‘normal’ categories. I think Heyes also importantly highlights that although aspects of enablement can be perceived as transparent and superficial to those who are critical of cosmetic surgery, enablement can still be a very real experience for subjects who choose cosmetic surgery.

Heyes’ (2007a) work on enablement and constraint offers a way to give shape to the participants’ perceptions of empathy and agency in relation to labiaplasty. This way of framing the participants’ perceptions requires a shift in direction from Heyes’ (2007a) initial theorizing of enablement and constraint, as well as a deeper discussion of ‘authentic’ choice and ‘legitimate’ surgery with the vocabulary of enablement and constraint. For example, a participant in this project might communicate that a particular choice to have labiaplasty is ‘authentic’, and that justifications for this surgery are ‘legitimate’, and I could generalize that this participant saw this set of circumstances as potentially enabling for this patient. Because assertions of agency fit within a larger discourse on being enabled by ‘free’ choice, this participant would also likely attribute agency and may also express an understanding of what it ‘felt like’ to be this patient based on shared or similar experiences. On the other side of the coin, a participant who saw labiaplasty as ‘illegitimate’ is not likely to empathize with a patient, and could view the surgery as constraining this particular subject. Such situations might not be applicable for all of the participants’ discussions of empathy and agency, but it is possible for me to make such linkages. Heyes’ work also provides an opportunity to tease out tensions and

contradictions with emergences of enablement and constraint, which I will discuss at greater length in my fourth chapter. Enablement and constraint, in my view, are also very much shaped by orientations to surgery, which I will reflect upon as well.

### **Closing statements**

This introductory chapter has laid out the groundwork for the upcoming chapters. I set the stage by demonstrating that particular emotions and responses are linked to our own specific ‘orientations’, which is a way to attend to particular aspects of social location and identity that inform ways of knowing, seeing, and feeling. In addition to presenting my research questions, I provided specific reasons why I became interested in researching labiaplasty, and I have demonstrated that there are larger processes in which responses to labiaplasty can be understood. These larger processes include ‘orientations’, and that labiaplasty carries great potential to leave ‘impressions’ on those who come into contact with it. In order to provide greatest level of understanding, I have also focused on providing definitions, terminology and as much context for the building blocks of this project as possible. I have provided a brief literature review so as to situate my work, and I have also outlined the theoretical frameworks that will be focused upon in the presentation of the data. In the next chapter, I will be focusing on ‘impressions’ that labiaplasty leaves on us, which will emerge throughout the description of the methodological process for this project.

## Chapter two: Methodological processes

### Methods

The entirety of this chapter is dedicated to my methodological process. In addition to detailing data collection from a methodological standpoint, I also present the ways in which theory has informed my methodological decisions. I then turn toward mapping out the initial methodological plans for this project, where I outline what shifts and alterations took place, and I explain the actions that shaped the project as it exists now. I will also present each of the questions that were posed to respondents alongside justifications for formulating these questions. By presenting the methodology in detail, I am seeking to emphasize that labiaplasty does leave important ‘impressions’ on us. After completing the explanation of my methodology, I provide information about my participant demographic. As an end to this chapter, I then present a reflexive piece on being a feminist researcher, and while I will reflect on choices regarding my methods, I also dedicate some space to comment on my own orientations toward and away from labiaplasty as a way to discuss the efficacy of visual methods in the context of this project.

My methodological praxis is a three-spoke qualitative method, which includes interviews, focus groups and visual vignettes together as a set of strategies to focus on responses to labiaplasty. I will detail each of these methods at greater length in the description of the methodological process. It is necessary that I link my methodological decisions with that of theory, as theory is present throughout the entirety of this project: in conceptual stages, in methodological justifications, and in the eventual analysis of my

data. Feminists view the world and social relations from various cultural and political locations which reside both inside and outside of their versions of knowledge (Ramazanoglu and Holland 1999), and such acknowledgments provide opportunities to be reflexive not only methodologically but theoretically as well.

At its core, this project has always been about emotions and emotional responses, and although the particularities in terms of theorists and theoretical approaches have shifted, emotions have always remained central. My initial decision to organize participants in focus groups was a strategy to reflect on Ahmed's (2004) discussion of the sociality of emotion, and although I eventually facilitated focus groups and conducted interviews, there is still an opportunity to reflect on the sociality of emotion within this shift, which is something I detail further at a later point in this chapter. In incorporating Ahmed's (2004) argument that objects of emotion can actually circulate and 'move' us, I utilized visual vignettes not only to assist participants in visualizing labiaplasty, but to also use images as objects that might 'move' the participants on an emotional level and shift their particular orientations 'toward' or 'away' from labiaplasty. Reflecting on Heyes (2007a), I wanted the participants to consider processes of enablement and constraint within the context of labiaplasty so as to illuminate emergences of empathy and agency, so I sought to pose questions about choosing labiaplasty, as well as encouraging the participants to reflect on hypothetical circumstances where surgery might be beneficial and important, or unnecessary and illegitimate. Theory has informed some of my methodological decisions, but many changes that were non-theoretical took place throughout the course of recruitment and data collection processes, which is where I turn next.

### *Initial methodological plans*

The initial plans for a project on labiaplasty were to examine different perceptions of the surgery among surgeons who do the procedure and with individuals who had varying levels of involvement with cosmetic surgeries. Interviews were to be conducted with surgeons that I had selected and researched in the Toronto area, and focus group participants were going to be recruited on the basis of gender (individuals identifying as male and female) and on various levels of involvement with cosmetic surgery. In making these distinctions, I was hoping to examine a range of experiences with cosmetic surgery in general, while also attempting to account for the possibility of varying perceptions of labiaplasty based on differences between genders.

After receiving ethics clearance, my recruitment plans were to contact privately practicing surgeons in Toronto directly about participating in the project with a letter outlining the project and an invitation to participate, which was an idea that presents significant methodological issues based on practicality and distance. Regardless of their desire to participate, I planned to inquire if surgeons (in both the Ottawa and Toronto areas) would allow me to recruit through their clinics by posting posters to reach out to potential focus group participants. I had hoped that surgeons would be the starting point for a snowball recruitment method to reach potential focus group participants. My encounters with Carleton's Research Ethics Board changed the course of my project and methodology, but I would frame the ethics process for this project as formative and as an affirmation that the perception of labiaplasty is a significant site to approach the subject matter at hand.

## *Ethics*

I submitted my proposed method with all of the required documentation and the images I chose for my focus groups to Carleton's Research Ethics Board (REB) in May of 2012. I received a lengthy set of revisions mid June, which ranged from a critique of my methodology, concerns about my seeking to confirm by own bias, problematic responses to the ways in which my vignettes were presented in my appendices, that I could not recruit participants on the basis of explaining the project as being about 'cosmetic surgery' in general terms on my posters, as well as a strong concern about the breaching of patient-practitioner confidentiality. I did not agree that my desire to utilize surgical practitioners as a potential start to a snowball method was an ethical issue, as I saw it as a viable and pragmatic strategy. I had several other concerns with the board's review of my application, as I felt that my intentions and my project had been misunderstood and misread. Dr. Kennelly and I spoke at length about some of the issues of the REB's reading of my project, and we sought to clarify some of the statements about my methodology and my recruitment methods. After each of us had addressed some of these issues with the REB's coordinator Leslie MacDonald-Hicks, there were still revisions I had to work through.

My first encounter with the REB encouraged me to think reflexively about my project in two major ways. Firstly, my project was being challenged in a way that I was not prepared for, and I was troubled by the fact that the board's review of my project felt like a snap judgment of my ideas and what felt important to me. I started to think about why the comments in the board's review of my project bothered me in the way that they did, and also why the board felt the need to comment on components that I did not see as

being part of their jurisdiction, such as the lack of focus in my method. These challenges to my ontological position most certainly bruised my ego, but as the sting wore off, I started to experience feelings of affirmation about my project and my research. Dr. Kennelly encouraged me to hold my work in high regard, and her support along with my reflecting on the experience with the REB reminded me that my work was not only important, but was also capable of stirring something in people who came into contact with it. An ‘impression’ had certainly been made, and I would posit that the REB’s response can be framed as a turning ‘away’ from labiaplasty.

This first phase of reflexivity spilled into the second phase, where it became clear that my project as it currently was built would eventually run into significant obstacles. If changes to the project were not made, I would not receive ethics clearance. If the surgical practitioners proved to not be viable participants or leads, my plans simply would not work. Time was also becoming a significant consideration, as delays in starting recruitment and research had great potential in slowing the progression and completion of my thesis. I eventually had to accept that some major changes had to take place, but I did not see these changes as reflecting only what the REB did and did not want to see in my project. These changes were aligned with what was required of me by the REB, but these changes were also about feasibility and practicality as well. Not only did their views reinforce that my project left an ‘impression’, but their views also demonstrated that emotional responses alongside perceptions of labiaplasty were worthy of further investigation.

### *Methodological alterations*

Many sets of revisions and conversations with Leslie MacDonald Hicks were required for my eventual ethics clearance in August 2012. I had committed to changes based on what the board required, but there were also changes made that were a result of my completing my thesis proposal. Writing the proposal forced me to make concrete decisions in my methodology while also closely considering the implications of these choices. Given that my proposed ideas about recruitment would not be feasible, I had to reconsider how I might gain access to potential focus group participants. After discussing strategic changes to my method with Dr. Kennelly, we decided that removing surgeons from my methodology was a pragmatic decision given the complications laid out by the REB.

At this point in time, I wanted to have my focus group participants differentiated on the basis of gender and their level of involvement with cosmetic surgery. Because surgeons were no longer part of the equation, different recruitment strategies were required to access potential focus group participants. After gaining permission to do so from the REB, I decided to recruit on Carleton University campus with posters briefly describing the project, and what eligibility requirements were necessary for participation (see appendix 1A, 1B, and 1C). I had decided that attempting to recruit in other spaces would be important to having as broad of a sample as possible, so I also contacted community health centres and clinics, two cosmetic surgery clinic offices (as it was still possible for me to attempt to recruit in clinics where surgeons were not affiliated with a hospital), three laser clinics, and a few sex shops in the Ottawa area.

In contacting each of these spaces, I provided a letter of information about the project and myself with the contact information for my supervisor and the REB (see appendix 2A), as well as copies of the posters that I sought to distribute in these spaces. I visited each of the spaces in person with the exception of the cosmetic surgery clinics, who I telephoned to see if the surgeons affiliated with the clinic were practicing privately, as this was a condition of interacting with surgeons set out by the REB. I was told by one receptionist that recruitment would not be possible within their space, and another clinic's receptionist informed me that no surgical procedures that she knew of in Ottawa took place outside of a hospital setting, which indicated that the surgeons would technically be working under respective hospital research ethics boards and were not practicing privately. Carleton's REB advised me several times that attempting ethics clearance from a hospital REB would be nearly impossible given the time that is required to have an application reviewed. With this information in mind, I concluded that trying to get my posters into cosmetic surgery clinics would likely be a futile exercise, so instead I attempted to get my posters and recruitment information into three laser clinics that complete non-surgical aesthetic procedures. This decision was made based on my assumption that individuals seeking out cosmetic laser treatments may have had or may have considered a form of cosmetic surgery.

Another significant reason that attempting to recruit participants off campus was an important strategy was because some of my concerns about the REB's strict regulations about what a poster could say and look like came to fruition. I did voice my concerns to the board about utilizing the term 'labiaplasty' after receiving my first set of revisions, as I felt that specifically using this term could be alienating to passersby who

took note of the poster. My strategy was to recruit potential participants by speaking about the project in the general terms of ‘cosmetic surgery’, and to explain that the project was specifically about labiaplasty at the first point of contact with potential participants. My justification for this proposed strategy was to have an opportunity to talk and parse out the details of the project once I had generated some interest, but the REB viewed this as deceptive. I did have a few discussions with individuals who saw me tacking and stapling the posters around Carleton campus, and the people who did approach me while I was doing this asked me what labiaplasty was, and why I was looking for research participants for a project with this topic. Although these were brief encounters, I felt a sense of relief and accomplishment in being able to actually discuss what I was doing. I do believe that ‘labiaplasty’ as a term on the posters was alienating, and that I may have been able to generate more interest through my posters if the terminology was presented in a more general fashion.

After dropping off the posters and project information at the sex shops and community health centres, the sex shops were the only spaces where I sensed a greater level of comfort with my project, and these shops also eagerly displayed my posters. These were the only individuals who wanted to have a dialogue about labiaplasty and the project. The laser clinics did not permit any type of advertising or posters in their spaces, which was not entirely surprising. I did follow up with the health centres and I was told it would not be possible for my posters to be displayed. The community health clinics explained that any advertising had to be sanctioned through the Ottawa health region’s REB, and like the hospital ethics boards, sending my project to this REB would be a lengthy and likely an unsuccessful process.

I was not contacted by any potential participants from either Carleton or from any of the sex shops, and I started to feel like I had hit a wall. My hopes were still high that I could be contacted by a potential participant or that a lead would present itself, but I knew that I needed to regroup. Given that it was October and no potential participants had been found, I was very concerned that my project would not work as I had conceptualized it. After expressing some of these issues to Dr. Kennelly, she encouraged me to look for participants in places that I had previously overlooked. I had planned a visit to see my family in Saskatoon in a few weeks time, and Dr. Kennelly asked me if there were any potential participants or leads that I could contact while I was visiting. It did not take me long to realize that I had plenty of ideas for individuals that I could contact, as Saskatoon is where I had spent most of my life up until starting my graduate degree at Carleton.

The rigidity of my eligibility requirements for the focus groups was another issue that I recognized as an obstacle to gaining participants. I reflected on how important the requirements of gender and involvement with cosmetic surgeries were to the project as a starting point, and it occurred to me that these nuances of gender and experiences with cosmetic surgeries would still emerge without my making it a requirement. I decided to dissolve the requirements for eligibility because it was limiting not only in the context of finding individuals who fit these requirements exactly, but this dissolution was also a strategy for inclusivity for individuals who did not fit in my polarized categories of gender. By removing the language of "...identifying as female or male" from my requirements, I would be providing the possibility for trans people and individuals not identifying with any particular gender to be part of my project. Rather than putting out a

call for individuals who view their gender in only two ways, I rephrased my project information to say, “All genders are welcome”.

Before I moved forward with the methodological changes that make the project what it is now, I consulted Leslie MacDonald-Hicks several times throughout the process. Given the period of time that was spent in gaining ethics clearance, I wanted to ensure that the REB was up to date on the changes that were occurring as my project progressed. She approved the changes I proposed, and actually sent me some articles she felt would be helpful with my project.

#### *Successful methodological decisions*

As I started to contact people I knew around Saskatoon, I felt a strong sense of support from communities of which I had once been a part. People were extremely willing to lend a hand by circulating my information, which proved to be very useful. I began the last of my recruitment strategies by contacting individuals who worked for Saskatoon’s Sexual Health Centre, who circulated my information and new poster through their office and clinic (see appendix 2B). This lead proved to be particularly useful as it resulted in three participants for the project. I also chose to contact three individuals who I knew to be activists in various capacities of non-profit work and an individual in Saskatoon’s birthing community who I felt would be good leads for potential participants. These particular leads resulted in four participants for the project.

Given that my recent efforts of looking for respondents in places that I knew and was familiar with, I considered doing further recruitment through social media. I had some initial reservations in utilizing Facebook as a sampling method, as I felt that doing so might be contributing to a potentially problematic selection bias. However, researchers

such as Baltar and Brunet (2011) suggest that social media sites such as Facebook have the potential to allow researchers to tap into hard-to-reach populations, and given the movement of information that is possible within a tool such as Facebook, concerns of selection bias can actually be reduced. Utilizing Facebook as a recruitment space also has the potential to generate interest in research quite quickly, and it works particularly well as a snowball sampling method (Brickman Bhutta 2012). After discussing the viability of this strategy with some colleagues and doing reading on the topic, I decided to go forward with recruitment via Facebook. The plug I placed onto my personal page was as follows:

Hello friends! I wouldn't normally use FB as a self-plug, but I am looking for research participants for my graduate research on perceptions of labiaplasty. If you would like to find out more information about the project and participation, or if you know of anyone who might be interested, please send me a private message. You can also contact me via e-mail at [jenelle\\_williams@carleton.ca](mailto:jenelle_williams@carleton.ca). Everyone and all genders are welcome!

My concerns about selection bias were reduced as my Facebook contacts distributed my information beyond the scope of my own personal contacts. After posting this plug, I was notified by one of my Facebook contacts that they had forwarded my information to Dalhousie University's Women's Centre, and another Facebook contact from Toronto shared my status on her own page and distributed my contact information. This all happened very quickly, and the snowball method as discussed by Brickman Bhutta (2012) was particularly evident in these events that followed the plug. The Facebook plug resulted in six participants for the project, ranging from individuals in the Ottawa area, Toronto and Halifax. Given that I was reluctant to recruit through Facebook, this particular strategy enriched the geographic landscape of my project. It never occurred

to me that my project could incorporate individuals outside of my immediate surroundings in Ottawa and Saskatoon, but the fact that individuals took an interest in participating in the project having minimal information about myself and the project made me feel like I had finally made methodologically sound decisions that produced results. I was once again reminded that my being able to talk about the project and interact with individuals beyond a impersonal poster was particularly significant. The remaining participants became involved through various forms of word of mouth, including my friends connecting me with individuals they felt would be interested in the project.

Anyone who expressed an interest in participating in the project was briefed with the same information. I wanted to generate excitement about participating in the project, so I sought to communicate some of the reasons why the project was undertaken by me, and exactly what participation would involve. This was a less formal way of distributing invitations to participate, and it was necessary to provide as much information as possible to potential participants so that they could make an informed decision. I asked individuals to let me know if they would like to move forward with participation, and upon their agreement, it was then that I would send my formal consent form for them to review. Given the fact that it would not be possible for me to interact with each participant in their respective location, I allowed for both written and verbal consent from participants.

A significant shift in my methodology took place after being in contact with a potential participant. This individual explained to me that they desired to participate in the project, but that they would feel more comfortable if it was on a one-on-one basis with me. I began to consider that providing a level of comfort for participants was

important to my role as a researcher, especially given that this particular individual did not feel comfortable sharing their views and experiences in the presence of other people besides myself. Although my plans to examine the sociality of emotion and perception were rooted in focus groups, I did find it striking that there was a level of privacy that certain individuals prefer to maintain when they know they will be discussing and sharing particular information. The fact that this participant preferred to keep their participation less social was a caveat that required my attention. From that point onward, I gave participants the option to either participate in the project as a focus group member or as an interviewee.

### **Focus groups and interviews in action**

#### *Questions posed to participants*

The basic question template was kept the same for the focus groups and interviews (see appendix 3A). It was important to have continuity and organization for the sake of a smoother data analysis process, but I did anticipate that each interview and focus group would open up spaces for me to probe further and ask about details in particular responses. Each interview and focus group began with the re-reading of the consent form, which was followed by some basic background questions about each respondent, which included asking them their age, educational level, and occupation.

The first question that I posed was to find out what motivations there were behind each respondent's choice to become part of a project on labiaplasty. I felt that this question was important to pose to respondents for a few reasons. Firstly, it was both significant and necessary for me to understand why individuals were interested in participating in my research project. Similarly, my knowing of what encouraged

individuals to contact me allowed me to understand which recruitment strategies were more successful than others. Secondly, respondents arguably had something at stake in making themselves available to be part of this research project. Whether they had existing opinions and knowledge on the subject matters or lacked either of these, they understood themselves as being able to contribute in some way. Whether contributions were about sharing their perspectives or that they wanted to learn something, this question allowed me to better understand how respondents viewed their own contributions. This question also allowed me to see how labiaplasty as the subject matter struck the participants as being intriguing, interesting, or a topic that they deemed worthy of further investigation.

The second question that was posed sought to determine if the respondents' understandings and perceptions of cosmetic surgery varied based on the area of the body that is being surgically altered by asking them to compare similarities and differences between labiaplasty and rhinoplasty. I came into this research with the assumption that it is the sexual nature of labiaplasty that might complicate our perceptions of the surgery, and this question was formulated as an attempt to extract information from comparing labiaplasty with a surgery that occupies a more normative and common space within cosmetic procedures. By asking about differences and similarities, my hope was to encourage respondents to reflect on what these respective surgeries signify, and to what extent perceptions of labiaplasty can be understood as different from perceptions of other cosmetic surgeries.

After showing the images to the participants (which is outlined in greater detail below), I attempted to engage in a dialogue about their perceptions of choice in regards to labiaplasty. It was necessary that I asked my respondents about how they understood

agency in the context of labiaplasty in order to see if and how participants understood agency as being present or absent for individuals who have labiaplasties. The decision to undergo this procedure has both explicit and implicit underpinnings in the form of external pressures that have made this surgery a social reality and that also motivate individuals to have this procedure. I did not want to be too leading in utilizing terminology like ‘agency’ or ‘autonomy’, as I wanted to observe respondents negotiating the tension between oft heard assertions of autonomy from proponents of cosmetic surgery with arguments that position choice as both limiting and constraining. I anticipated that my respondents would have varying and potentially conflicting views (that may be against each other or even within the individual) on the meanings of and implications of asserting agency within labiaplasty.

The last set of questions that were posed to respondents involved encouraging them to place themselves into four hypothetical situations and to explain what their feelings and responses would be if any of these situations were part of their reality. I asked them “... how would you feel or respond if...” and I then sought to ask them why the responses they communicated might emerge in these situations. My motivations behind presenting this question was an attempt at removing labiaplasty from abstract circumstances to resituating the surgery into a space where it was more realistic for respondents to imagine. By looking for their initial responses and emotional reactions to each of these questions, I sought to see where and if feelings of empathy might emerge. I have previously argued that expressions and feelings of empathy are context dependent, which means that individuals who are not active participants in the sphere of cosmetic surgery may be more or less likely to express empathy because of some significant

factors. One factor is the reason why an individual would elect to have cosmetic surgery (and these reasons could range from purely aesthetic, physical pain or discomfort to that of bodily trauma). Other factors might include the area of the body being operated on (gastrointestinal bypass surgery for significant weight loss versus a cosmetic breast augmentation), the relationship between the insider and the outsider, the age of the individual, as well as their socio-economic status, gender, race, or occupation. As my observations about context indicate, I felt it was important to provide some different options for context for respondents to reflect on. I asked respondents about their feelings toward witnessing an expression of genital anxiety from another person, and how they would feel if a friend, their mother, or a person going through a gender transition told the respondent that they were going to have labiaplasty.

#### *The use of visual vignettes*

Many researchers attest to the value of incorporating images into qualitative work such as interviews and focus groups, arguing that images can work to facilitate fieldwork, bring greater depth to the topics being discussed, and enhance the quality of the data being gathered (Liebenberg 2009). I sought to utilize images in the focus groups and interviews that would not only generate discussion, but would also assist the participants in visualizing labiaplasty in a more coherent way. Images are often argued to be visual representations of subjective experiences, rather than being objective statements, so the exploration of visual meanings in images not only helps us 'see', but also asks us to think about what it is we are seeing and what it is we do not see, and why particular components are present and absent from our own vantage points (Duff 1981; Braden

1983; Beloff 1985; Blyton 1987; Grimshaw 2001; and Pink 2001, as quoted by Liebenberg 2009).

Three images were presented to interviewees and focus group participants, and the images were shown after the second question regarding the comparison of rhinoplasty and labiaplasty was posed. I have found that many respondents and individuals outside of the project have expressed a difficulty in understanding what labiaplasty might look like, and particularly what the idealized ‘norm’ looks like on the body. By presenting images, it was my intention to examine the ways that individuals responded to the images both verbally and with body language, and to see what shapes their emotional responses would take. I also felt that the presentation of images would allow respondents to think about female genitalia in ways that they might not have before, and I hoped that it would create a dialogue either with myself or with members of a focus group.

The first image that I presented was a photograph of a panel of plaster casts of female genitalia (see appendix 4A). This image was chosen because of its saliency in regards to a critical view of labiaplasty. The image comes from a project conceptualized and executed by Jamie McCartney, a male artist from the U.K. When showing the image to the respondents, I was eager to ask them about their feelings and perspectives on the use of colour, the gender of the artist, the presence of pubic hair, as well as their thoughts on whether the panels were successful in presenting the idea that there is not one ‘normal’ labia, and that variation in appearance is more normal and acceptable than cosmetic surgery culture would want us to believe. Although I take issue with the choice of removing colour and am quite curious about the absence of hair in the panels, this image could be understood as celebratory in terms of the variation of the labia, and

subsequently has potential to be empowering because of the way in which it presents variation and differences among bodies.

Because the first image seeks to demonstrate that there is wide variation and many acceptable ways for labia to appear, the second image that I presented made for an intriguing contrast with the first image (see appendix 4B). This image set comes from a Toronto based clinic (which, like, many others, provides an image gallery for website visitors to view) and sets the standard for the 'norm' by preceding a before and after gallery with these four images. In my view, this set of 'normal' images would allow respondents to visualize the ideal labia, which I felt synthesized the many images on clinic websites, verbal explanations from surgeons, as well as the explanations of ideals from scholars and researchers working in this area such as S.W. Davis (2002), Teifer (2008), Green (2005) and Braun (2009). Although these labia are different in their own ways, they still reflect the ideal of homogenously coloured, hairless, small and contained genitalia.

In contrast with the first image, this image asserts that there are four 'normals'. From a marketing perspective, individuals who are potentially interested in labiaplasty are going to see this image, compare themselves (and likely find that they do not fit within this narrow category) and will then see what surgeons are capable of in the before and after images that follow underneath this set of images. The image then, is supposed to make the potential patient/consumer act, which could be in the form of a planning a consultation. By presenting this image, I sought to encourage respondents to think critically about the idea of 'normalcy', and to also compare emerging themes from the first image to the second. Such emergent themes could be colour, pubic hair, and the

notion of an ‘ideal’. I was quite curious to know if the presentation of this image would cause respondents to feel discomfort, and if this was the case, where this discomfort stemmed from. I was curious about visceral responses to the image, and if the assertion of ‘normal’ caused the respondents to be moved emotionally in any way.

Like the second, the third image that I presented to respondents marked a significant transition in the visual treatment of female genitalia in the context of labiaplasty procedures (see appendix 4C). This image is what would hypothetically follow the previous image in a photo gallery on cosmetic surgery clinic websites. On the website where the second image was retrieved, sets of before and after images like this one followed the set of ‘normal’ images. In my view, this image has a particular shock value attached to it. I myself felt several visceral responses after seeing this image for the first time, which included feelings of disgust, sympathy and sadness. This range of emotions that I felt is why I chose to show this image to my respondents, and I was anticipating varying feelings and responses to be expressed after presenting this image. The image is striking because of the way that it is pathologized with the gloved fingers, the number, and the pulling of the labia.

The context that I provided for the first image was that it was a panel from a male artist’s project, and I explained that this project is a direct commentary on the artist’s perspective that labiaplasty is a problematic practice. For the second image, I communicated to the participants that the image was found on a clinic website, and that I was quite certain that these four ‘normals’ had actually had a labiaplasty. For the third vignette, I explained to the participants that this image would likely follow the second vignette in a before and after image gallery, and that an image such as this works as a

way for a surgeon to demonstrate their capabilities. Ultimately, I provided the participants with an analysis of the images when I provided them with contexts for the images, which is a set of actions that I need to account for. Providing an analysis to the participants raises concerns about leading the participants to respond in particular ways, which I will work to address in a larger reflexive piece on the methodological and fieldwork process to conclude this chapter.

### **Demographic**

A total of sixteen participants contributed to this project, which were split between interviewees and focus group participants. Of the sixteen participants, twelve identified as women, and four identified as men. Two focus groups (of two and three individuals respectively) took place with myself as the facilitator, and the remaining eleven individuals partook in one-on-one interviews with me. One focus group was comprised of three women, and the other was mixed genders with one man and one woman. The remaining three men and eight remaining women partook in a single one-on-one interview. Of the eleven interviews that took place, four individuals expressed a preference to participate in a one-on-one interview when asked about what they would prefer and the remaining seven interviews took place because of scheduling and distance related issues that prevented them from partaking in a focus group. A total of six interviews took place in person, four took place via Skype, and one took place over the telephone. Both focus groups were conducted in person with all individuals involved.

At the time of the focus groups and interviews, eight of the participants were located in Saskatoon, four were located in Ottawa, three were in Toronto, and one was located in Halifax. All focus groups and interviews were audio recorded, and I completed

all transcriptions. The women's ages ranged from 18 to 36, and the men ranged from the ages of 24 to 32. A striking fact about all participants is that they had either completed or were in the process of completing a level of post-secondary education. The educations and subsequent social locations of all of the respondents are significant, and this will be discussed at further length in the data analysis chapters to follow.

The areas of study for the participants ranged greatly and included biology, social work, psychology, sociology, women's and gender studies, public history, organizational development, environmental studies, political science, philosophy, criminology and health-related studies. All of the males had completed a form of post-secondary education, with one having completed a BA, two having a Master's degree, and one had just recently finished an advanced college diploma. One was currently enrolled in Teacher's College after completing his Master's, one had trained to be a massage therapist, one was working as a sexual health educator and as a game developer, and the last was doing archival work.

Four of the women had completed a university level education, with three having each completed a BA and one having completed her Master's. Five women were in the process of completing undergraduate degrees, one had gone to trade school, and two were working on their Master's. Of the five current female students, four had part-time work outside of their schooling: one in make-up artistry, one as an employment recruitment assistant, one worked for a non-profit organization and one was working through her social work practicum. Of the females currently in the workforce and not currently working on a level of education, one identified as a civil servant, one was in non-profit

work, one was working as a doula, one was a self-employed vocational counselor and one was a sexual health educator.

### **Reflexivity and the researcher**

As I discussed before presenting information on the participant demographic, I need to address the fact that I presented my participants with an analysis of the images when I provided them with context for the image. Feminists who conduct research need to recognize the grounds of their own judgments as well as those of their participants (Ramazanoglu and Holland 1999). In hindsight, I was not seeking to have the participants provide me with an analysis of the images that we viewed together. I was, however, looking to have the participants communicate to me what their emotional responses were to the image. When using found images, researchers can run into the problem of not having enough background information about the content (Pauwels 2010), but in my case, I perhaps knew too much, and there is some difficulty in the fact that I made the bulk of this knowledge known to the participants. It is important to realize that the researcher's identity and experiences shape the ideas with which they go into the field, their political and ideological stance, and there can be costs if these linkages between the researcher and research are not taken into consideration (Holland 2007). I can best explain the presentation of the vignettes in two major ways. Firstly, I was not aware of what my providing of context was 'doing' while I was presenting the images, and this aspect of my methodology would have likely benefitted from me completing more research into how to best utilize visual vignettes in the context of interviews and focus groups. Secondly, my own emotional responses to the images permeated into my fieldwork, which is a reality for many researchers. This is indicative of the sociality of

emotions as well, where ‘impressions’ that labiaplasty left on me emerged from me in ways that I did not expect. Despite the fact that as researchers, we leave our ‘marks’ on our research, it is still necessary for me to acknowledge how my actions could have been potentially leading for for the participants.

It is important to discuss the emotions that are generated while conducting research, as the meshing of emotions with the emergence of data can make analysis and theorizing difficult (Reay 1996). “Emotions and research also draws attention to researchers’ experiences, particularly in the field, and to issues of ethics that permeate all research” (Holland 2007: 196). The images that I had the strongest reaction to are the images that I decided to present to my respondents. As someone who had already spent a significant amount of time working to understand the discourses and visual representations of labiaplasty, the surgical images ‘moved’ me. I found the assertion of ‘normal’ to be problematic in many ways, and I was also bothered because there was such objectification and detachment from women’s genitals and their whole selves. I wondered if these visual representations would move my respondents in the way that they moved me, and so at the time, I saw it as a pragmatic step to utilize these images. I do not want to diminish what the images contributed to the project, as they provide a strong basis for which to talk about the emotional responses of shame and disgust, and the images themselves also emphasize the significance of orientations within this project. It is, however, informative for me to explain why I chose these images to present to the participants.

### *Focus groups and interviews*

As a whole, the focus groups and interviews ‘worked’ differently because the participants’ willingness to be more ‘emotional’ in their responses tended to be more apparent in the interviews. While I am not working from a particularly large sample and I do not want to make sweeping generalizations, the one-on-one interviews elicited more emotive responses than the focus groups. This is likely because the interviewees were only interacting with me, and the focus group participants were in the company of strangers and also had to engage in conversations with multiple people, which may have diminished their desire and ability to be more ‘emotional’. The focus groups were different spaces than those of the interviews because of their lessened emphasis on emotions, and the overall ‘feeling’ in the groups was different from the interviews. The interviews were valuable because of the increased amount of emotional responses, and also because providing the choice to have interviews likely allowed me to speak with two women who had considered labiaplasty, and my sense is that they would not have elected to be in focus groups. Overall, the interviews, focus groups and the visual vignettes contributed to creating many layers and caveats, which allows for varied theorizing and analyses.

### *Orientated participants*

Because I directly sought out individuals whom I felt would be potential leads and because I advertised my project through my personal Facebook page, my own orientations have made an impression on my sample of respondents for this project. Particular aspects of my orientation such as my education, my social class and my social networking from my own interests are all factors that place me into particular spaces and

align me with particular people. Although my information was distributed on Facebook further than my own personal page, my decision to recruit through Facebook and to contact particular individuals ultimately played a role in my demographic. The individuals that volunteered and agreed to be part of the project fit into a social location similar to that of my own: the overwhelming majority were white, all had some form of education and several of the participants were working and earning incomes at the time of their respective participation. Within the focus groups and interviews, I felt a sense of ‘ease’ in speaking with most the participants because of some of our similarities in orientation. These details are not insignificant- and I will unpack more of these details in my data analysis chapters.

There is something to be said about ‘knowing’ the participants through the capacity of personal connections and social locations. While I did know some of my respondents personally before having them as interviewees and focus group participants, I seemed to know something about the respondents who were strangers to me before the project. Because individuals that I did not know personally came forward to be a part of the project, I could only assume that they had an opinion or perspective on labiaplasty that they wanted to contribute. In making such assumptions, I also assumed that they had some sort of knowledge about cosmetic surgeries or labiaplasty, and also that they would be in a social location that would encourage or facilitate some sort of self-education in this area. In essence, there were some assumptions I felt I could make (albeit some incorrect) about the respondents just based on the fact that they were interested in participating.

### *Thinking versus feeling*

I experienced a particular challenge while conducting the focus groups and interviews. As the tenets of my project and the appendices for the interview and focus group questions indicate, it was necessary that I focused on what the respondents were feeling and if responses were shaped by an emotion. I had to be particularly conscious of how I began each of the questions that were posed to respondents, and rather than asking, “What do you think...”, I made every attempt to ask “How would you feel if...” or “What are your feelings toward...” to precede each question. There certainly were times that ‘think’ inadvertently replaced ‘feel’, and with my respondents, there seemed to be a stark difference between how they communicated an intellectual opinion and an emotive one. The times that I had accidentally replaced ‘feel’ with ‘think’, it seemed to have a significant impact in how respondents answered and engaged with the questions. It was difficult to get respondents back to communicating their feelings once they started to reflect on an intellectual level, and I do believe that my occasionally interchanging the terms of thought and feeling had a significant impact in some of the responses I received.

### **Chapter closing statements**

This chapter has presented and explored several aspects of the methodology process. In addition to mapping out the initial plans, changes, and finalized components of this project’s methodology, I have reflected on how theory has informed my methods and I have sought to place special emphasis on how labiaplasty left ‘impressions’ throughout my ethics and visual methods processes. It was necessary and important that I map out my methodology in detail, and I also provided several appendices for direct references to my recruitment methods, the question guide that was utilized in the

interviews and focus groups, and the visual vignettes themselves. Within all of this, it has also been necessary to utilize some of the space within this chapter to reflect on my role and orientation as a researcher. There is room in reflexive processes to map out an honest exploration of how aspects of one's identity can create particular biases (Reay 1996), and my own reflexivity is useful for further reflecting on the efficacy of methods utilized in this project. As much as this chapter has been about methodology, this chapter is also about my reflecting on my orientation as a researcher and within the project, which is formative in presenting a full picture of my methodological processes. The next chapter will take a shift away from the processes of recruitment, ethics and methods, and move toward detailed discussions of the data.

### **Chapter three: Visceral responses to labiaplasty**

The following chapter will discuss two specific emotional responses to labiaplasty that provide a basis from which to discuss orientations and being orientated: shame and disgust. I begin by detailing the two data analysis strategies that were employed to break down the data thematically, which are the same strategies used to address the data presented in the next chapter. I also provide a textual example to detail the process of analysis for one of the strategies that was utilized. Throughout this chapter, I focus on particular participants and aspects of their experiences and narratives as a way to thematically and theoretically frame the findings that are discussed here. I reflect on instances where participants experienced disorientation in addition to discussing orientated directions and how these individuals were marked by their own orientations. I provide detailed explanations of why participants were drawn to participating in this project, what some of the 'general' perceptions of labiaplasty were, and I also dedicate quite a bit of space to reflect on how shame and disgust emerged through presenting the visual vignettes to the participants. In the latter half of this chapter, I engage in theoretically based discussions using frameworks from Ahmed (2004) and Biddle (1997) to present an understanding of the ways in which the emotions of shame and disgust emerge. To conclude, I summarize the major findings established throughout, and I reflect briefly on the efficacy of my analysis strategies.

## **Data analysis strategies**

### *Close readings*

Specific strategies were employed to identify emerging themes and to analyze the breadth of information that was collected through the interviews and focus groups that were conducted. It was also necessary for me to consider data analysis from a theoretical perspective, so that my method of extraction would allow me to work toward framing and understanding the data from the work and ideas laid out by Biddle (1997), Ahmed (2004), and Heyes (2007). In order to analyze the data theoretically and thematically, I looked at my data in two specific ways. Firstly, I began by doing a close reading of each transcription and participant. This strategy of looking closely at each participant also provided me with the opportunity to see that the participants responded to bodies and the choices that individuals make in specific and nuanced ways. As a starting point, I combed through each of the thirteen transcriptions and did a close reading of the answers and discussions that occurred in the focus groups and interviews. It was in this process of analyzing the data that I saw several opportunities to focus on shame and disgust as specific emotional responses to labiaplasty. I worked thematically, where I focused on expressions and discussions of empathy, agency, shame, and disgust separately. I colour coded components that mirrored or provided important links in terms of themes from each transcription and grouped the common pieces together. While this was a time consuming process, it was important for me to read the data closely and work toward immersing and familiarizing myself with the data.

In order to look at each question that was posed to respondents as contributing specifically to addressing my research questions, I also went through each question that

was posed to participants individually and extracted each answer from all of the transcriptions. In doing this, I saw that there were some important similarities in the answers from the participants, and there were also differences that set particular respondents apart from the others. In both cases, several of the respondents were not explicit in communicating their thoughts and feelings, and I found myself attempting to grapple with clues about what they were attempting to say and contradictions within the participants' responses and stories that they communicated to me and to other participants in the case of focus groups. These implicit pieces of information struck me as being particularly interesting, and I needed to find a way to make meaning of these clues. It should be noted, however, that not all of the participants were unclear or contradictory in their responses. In fact, some of the participants were neither unclear nor contradictory, and as a result, these participants' responses were not subjected to the same analytical treatment that I explain in the following section. In the cases where participants were seen to be unclear or contradictory, I looked to find a way to ground these clues and contradictions, and in doing reading and research, I decided that analyzing pieces of my data through I-poems could be of great benefit to really understand what participants were saying or trying to say when it was not expressed in a completely explicit way, which I will detail below. Because this method takes the 'guts' out of texts and transcription, there are opportunities to closely see and hear the perspectives of the participants in ways that are not readily apparent by viewing transcribed text.

#### *Data analysis strategies: I-Poems*

I-Poems as a method of data analysis are part of a *Listening Guide* laid out by Gilligan, Spencer, Weinberger and Bertsch (2006). While this *Listening Guide* is

intended to attend to psychological data analysis and reading, it contains particular components and suggested strategies that fit particularly well within the context of this research project. The point of an I-poem is for a researcher to see how participants view and talk about themselves within their communicative expressions. Rather than a fixed interpretation, this method allows for a pathway into relationships between the respondent and what they are speaking about to become more visible and clearer to the researcher (Gilligan and Brown 1992, as quoted by Gilligan et. al 2006). The authors specify that their own applications of I-poems arise from looking at narratives that research participants provide, but because participants were constantly being asked what they thought or what they felt in the context of this project, 'I' or 'me' came up a lot beyond the context of a story or a narrative.

In order to hear how the research participants sees themselves within the responses they express, the process of creating an I-Poem is to start by reading excerpts closely to find an overarching theme or plot from the respondent (Ibid.). In doing so, a researcher can begin to gather a 'feeling' from a participant's responses and expressions. It is important for the researcher to take part in a reflexive process by considering where this 'feeling' might come from, and to also consider how the researcher's particular orientations and ways of knowing might shape the perception of what the participant appears to be saying. In the context of this project, for example, I could experience a 'feeling' while reading data from a participant that they might be 'for' or 'against' labiaplasty. Such feelings that researchers experience make for an interesting way to interpret what happens in the I-poem, especially in the case where the feeling and what the I-poem denotes are mismatched. In keeping such feelings in mind, the next step is to

remove 'I' and arrange it with the closest verb along with any important descriptors. As Gilligan, Spencer, Weinberger and Bertsch (2006) note, using bold letters, underlining and italicizing the nouns, verbs and descriptors in stages allows the researcher to map the progression of hearing and seeing what the participant is saying. In the example provided below, I will show how a poem is extracted from an excerpt of data utilizing this method.

I-Poems can provide a way to show and begin to understand uncertainties that research participants may be having about expressing knowledge or their opinions, and this method can also show conflicts and contradictions within the individual (Ibid). As the above explanation demonstrates, the application of I-poems has been framed as a way of closely looking at how the individual sees themselves, but I have taken this method a step further so that I can look at the ways in which the research participants view and understand other individuals, the bodies of other people, and the decisions that individuals make in electing to have labiaplasty. I refer to the poems here as I/They poems, so I can incorporate the important pronouns of 'she', 'he', 'they' or 'them' with the closest verb and any significant descriptors alongside<sup>11</sup>. My extension of I/They-poems being utilized in a slightly different way allows me to have an understanding of how participants view and understand other people, which is a central tenet of this research project. As in-depth descriptions will demonstrate below, the conflicts and contradictions within the respondents' reactions to other individuals and bodies prove to be particularly interesting. Using both the I/They-poems serve the purpose of illuminating

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<sup>11</sup> 'She', 'he', 'them', or 'they' has many different possibilities in terms of whom the respondent is speaking about. When respondents are speaking about another person, the reference could range from a patient, a surgeon, or even someone that they know personally that fits the context of the conversation at hand.

expressions of affective responses, and these strategies also allow for more nuanced understandings of answers to specific questions posed in the interviews and focus groups.

As an example, I am focusing on a participant who discusses choice in an interesting way within the context of labiaplasty, and I felt that the poem extracted from her excerpt demonstrates that she is conflicted with her views, that she is not completely explicit in what she means, and that the development of her perceptions are relational to one of her orientations. In searching for a ‘feeling’ from this participant, I initially felt that she was ‘against’ labiaplasty and cosmetic surgery in general after I had done a reading of her interview and transcript, and I certainly made assumptions about her vantage point without fully understanding her perspective. She expressed that she had a ‘cynical view’ toward cosmetic surgery, and several times throughout her interview, she explained that she felt ‘sad’ for women going through either considering the procedure or having the procedure itself. An I/They-poem from a discussion she had about choice indicates that her position on cosmetic surgery was not as straightforward as I had assumed it to be. The process begins by bolding the pronouns and isolating them away from the excerpt:

That’s what troubles **me** about cosmetic surgeries. That a lot of the time that **people** have these surgeries because of outside influences telling **them** how to be, and that **they** don’t have choices. There’s a part of **me** that wants to judge these **women** and say, ‘Why don’t **you** stand up for **yourself** and fight this? But on the other hand, **I** understand that if a **woman** makes a conscious decision to have or do something that **they** want, **they** understand their motivations and all that sort of thing and **they** still want to go through with it, **I** want to support that and understand the freedom to make choices. It’s always problematic from the perspective of **my** feminism, because **my** first inclination is to say **we** should all be empowered enough to not need it, but if **someone** really wants it, **I** don’t want to condemn anyone...

Me

People

Them

They

Me

Women

You

Yourself

I

Woman

They

They

They

I

My

My

We

Someone

I

After isolating the pronouns away from the rest of the text, I now underline the verbs that are present and that fit alongside the pronouns.

That's what troubles **me** about cosmetic surgeries. That a lot of the time that **people** have these surgeries because of outside influences telling **them** how to be, and that **they** don't have choices. There's a part of **me** that wants to judge these **women** and say, 'Why don't **you** stand up for **yourself** and fight this? But on the other hand, **I** understand that if a **woman** makes a conscious decision to have or do something that **they** want, **they** understand their motivations and all that sort of thing and **they** still want to go through with it, **I** want to support that and understand the freedom to make

choices. It's always problematic from the perspective of **my** feminism, because **my** first inclination is to say **we** should all be empowered enough to not need it, but if **someone** really wants it, **I** don't want to condemn anyone...

Me troubles

People have

Them telling

They don't have

Me wants

Women judge

You stand up

Yourself fight

I understand

Woman makes

They to have or do

They understand

They want

I support and understand

My problematic

My inclination

We should be empowered

Someone wants

I condemn

In the last stage, I work on italicizing descriptors that connect and make some sense of the emphasized verb and pronoun. After doing so and arranging the descriptors

after the verb in each line, I do a bit of rearranging for clarity's sake so that the poem is readable and understandable.

That's what troubles **me** about cosmetic surgeries. That a lot of the time that **people** have *these surgeries* because of outside influences telling **them** *how to be*, and that **they** don't *have choices*. There's a part of **me** that wants to judge these **women** and say, 'Why don't **you** stand up for **yourself** and fight *this*? But on the other hand, **I** understand that if a **woman** makes *a conscious decision* to have or do something that **they** want, **they** understand *their motivations* and all that sort of thing and **they** still want *to go through with it*, **I** want to support that and understand the freedom to make choices. It's always problematic from the perspective of **my** feminism, because **my** first inclination is to say **we** should all be empowered *enough* to not need it, but if **someone** really wants *it*, **I** don't want to condemn anyone...

Troubles me

People have these surgeries

Telling them how to be

They don't have choices

Me wants to judge these women

Why don't you stand up for yourself and fight this?

I understand

Woman makes conscious decision

Something that they want

They understand their motivations

They want to go through with it

I want to support and understand

Problematic to my feminism

My inclination

We should be empowered enough

Someone wants it

I don't want to condemn

In her poem above, I view her way of being cynical as being mediated by her tendency to be cautious in saying what she thinks and by her own vantage point. Her relationship with feminism complicates what she thinks about labiaplasty, because as she explains, the surgery troubles her, and I see this complication as going beyond her beliefs about empowerment, and also as being about a hesitation to condemn women for the choices that they make. While I would still certainly maintain that this participant views labiaplasty in a cynical way, she is attempting to negotiate what she thinks she should feel based on her orientation toward feminism. This participant's feminist orientation makes turning 'toward' and 'away' from labiaplasty quite complicated. While the details of this participant's feminism are not made explicitly clear, I would argue that a significant part of her feminism is evident, which is that she does not feel comfortable denying agency to women who claim to possess and understand it. Yet, she is not completely comfortable with women having this surgery. She indicates that choices are limited at the beginning of this excerpt, and in stating that she does not want to condemn choices, she is not comfortable condoning labiaplasty either. What this participant experienced is disorientation, where her orientation 'toward' feminism makes it difficult for her to pass judgment on an individual's choice regarding their body while *knowing* that she should be critical of labiaplasty. For her, her feelings about labiaplasty were not completely 'in line' with her feminist perspectives, where she acknowledges that she does not want to judge women for their choices, that she wants to be supportive, and she also expresses that she feels that women should feel empowered enough to not want or consider labiaplasty. After completing a poem on this specific discussion, I can also now

see that she is not fully comfortable positioning herself as against labiaplasty and cosmetic surgery because there are implications for taking this vantage point. As I discussed already, the denial of agency is an issue for her, and it would seem that she does not want to position women who choose labiaplasty as ‘dupes’. Creating an I/They-poem for this participant allowed me to see deeper into the specifics of her feminist orientation, and the poem also works as a tool for reflexivity for myself as a researcher, where I can work to address assumptions that I have made about the participants’ perspectives.

### **The push and pull ‘toward’ the project**

All of the women that I spoke with expressed that their participation in this project was part of a larger pursuit of knowledge and obtaining information about the subject matter. Some participants noted that they did not know a lot about labiaplasty and wanted to learn more; half of the women felt that learning about labiaplasty was relevant to their occupations; the majority expressed that gaining knowledge was of personal importance to them; and one noted that she felt her participation could be put to good use to educate people about labiaplasty and the circumstances surrounding it. Half of the female respondents grounded their participation in their interests in women’s issues, and nearly half expressed that their interests in sexuality and reproductive health were a main reason why they decided to participate. The individuals who linked their participation to an interest in sexuality and women’s issues also self-identified as feminists throughout the course of their respective interviews and focus groups. Four of the participants noted that they had recently had a form of exposure to labiaplasty through various forms of media, which included talk shows, YouTube videos and documentaries. Two of the

respondents were forthright in explaining that they found labiaplasty to be ‘frightening’ and ‘problematic’, and part of the basis of their participation can be understood as them desiring to share their strong views on the subject matter.

All four of the men indicated that they were interested in learning more about labiaplasty and explained that knowledge and learning were important to them. One of the men specifically noted that his interest in the project stemmed from his work as a sexual health educator; he was the only man to express that he had some existing knowledge on the subject matter. The other three men indicated that labiaplasty was not a subject that they knew a lot about, but that learning more about it was of interest to them. Two of these three men explained that they volunteered to participate to not only learn more about labiaplasty, but to also assist me with my project. One of these three men explained that he enjoys speaking about taboo subjects, and that he had existing opinions on the subject matter, but did not explain that he had any knowledge about labiaplasty. Another one of the three men who did not express that he had any existing knowledge about labiaplasty explained that he was quite interested in the physical transformations that people undertake, and that identity formation was of interest to him as well.

The interest in the production of knowledge for the respondents indicates that the overwhelming majority of the women and all of the men saw themselves as capable of learning and contributing to a process that is about education on different levels. Perhaps because of this orientation, being part of a research project felt accessible for many of the participants, and given that some of the respondents communicated that they had something to say about labiaplasty, these individuals were enthusiastic about having a space to communicate their views. Improving one’s professional and practical knowledge

in one's respective field of work suggests that these participants saw the project as having the potential to benefit their knowledge base in some way. One respondent interestingly saw her participation as an opportunity for a reflexive experience, and she stated that she was curious to know what her responses to the project's contents would be. I understand her motives as not only part of the pursuit of knowledge, but also as part of a desire to be engaged in critical thinking.

Labiaplasty and the beautification of female genitalia is currently and has recently been a bit of a 'hot topic' in online media as well as in television and documentary programming through networks such as BBC and feminist websites such as *Jezebel* and the *F Word* blog. I was not surprised to hear that some of the participants had had recent media exposure to labiaplasty, as I noticed various articles and media snippets online were emerging increasingly in the months when I was interviewing and facilitating focus groups. Those respondents noting that they had a form of media exposure to labiaplasty were arguably 'moved' in some way, and I would further this by arguing that labiaplasty in the media had 'stuck' or left an 'impression' with some of the participants.

None of the men mentioned an interest in women's issues as the basis for their participation, none explicitly self-identified as feminists, and only one of the men explained that they had been exposed to labiaplasty through a form of media. It is possible that these differences between the men's and women's justifications for participating in the project may have been diminished if the proportions of men and women had been more equal. However, I believe that these differences in reasons and circumstances for participation from the men and women may account for the amount of reactivity throughout the interviews and focus groups. Throughout their respective

interviews and focus groups, the men tended to be more neutral in their responses, and I would suggest that their neutrality might have been shaped by a lack of exposure to and knowledge about labiaplasty before participation took place. It is also possible that the topic of labiaplasty did not ‘move’ the men as much as it did with some of the women because labiaplasty primarily impacts the bodies of women, and possibly because the male respondents did not make explicit mentions of feminism or being feminist. Two of the men were, in my view, feminists, but no explicit mentions were made.

To reaffirm the significance of orientations within this project, I am referring to Ahmed’s (2006) arguments that we, as individuals are orientated in specific directions, and that we are marked by specific orientations that give shape our ways of knowing, seeing, and feeling. Overall, the orientations of the participants played a significant role in their decision to be a part of this project, as specific pieces of the participants’ identities turned them ‘toward’ a project on labiaplasty. As the above descriptions indicate, several of the women described themselves as feminists, men and women had occupations in sexual health, and nearly all of the participants expressed in some way that they decided to volunteer to be a part of this project because they found the subject matter to be interesting in some way. An aspect of the ‘pull’ of the project that stands out is the educational attainments and orientations of the participants, because all of the participants expressed to me that they felt they could learn something from being a part of the project, whether it was learning about the subject matter, what it was like to be part of a research project or obtaining transferable knowledge for one’s occupation and education. The description of the demographic in the second chapter and the above sentiments demonstrate that the participants for this project are an educated group of individuals, and

their respective educational orientations are significant in how they respond to labiaplasty, which is something that I will reflect more upon in my discussion of shame. Gender is also a notable orientation in respect to the participants' decision to volunteer to be part of the project because of the way in which labiaplasty 'impresses' on individuals differently on the basis of gender. To reflect briefly on the recruitment processes for this project, my attempts to recruit likely 'touched' more women than it did men based on the fact that I had leads through spaces such as university women's centres and birthing communities. Once again, my own orientation as a feminist researcher knowing particular people in particular social locations had an impact on who became interested in the project. However, if these recruitment strategies been different and less gendered, women still would have been more likely to volunteer than men based on the fact that labiaplasty tends to impact (albeit not solely) the bodies of women more than it does men. Half of the men in this project were leads through women, which further supports my argument that feminine bodies tend to feel the 'impressions' of labiaplasty first, and perhaps the most strongly.

### **General perceptions of labiaplasty**

As I transcribed the interviews and focus groups, I initially noticed that patterns were developing in terms of how participants fit along a spectrum of being 'for' or 'against' labiaplasty and cosmetic surgery as a general set of practices. Some of the respondents were explicit in how they viewed cosmetic surgery generally, which was shaped by how these respondents discussed the notion of choice. Neutrality and being 'for' cosmetic surgery stemmed from the rhetoric of viewing individuals' bodies as their own personal projects, and that changes to bodies are products of one's own choices. The

respondents who understood cosmetic surgery as problematic often expressed that individuals who choose cosmetic surgery have ultimately been subjected to external pressures that have shaped the way that these individuals view self-transformation. None of the participants were clearly neutral or ‘for’ the specific procedure of labiaplasty, and respondents’ feelings about cosmetic surgery as a general set of practices were both easier to hear and see at particular points. Viewing cosmetic surgery and labiaplasty as problematic came from the various feminist vantage points of several of the participants, as well as an engagement with choosing labiaplasty as not wholly personal or an objective choice. These feminist orientations often appeared to be reflecting ideologies of radical feminist positions toward cosmetic surgery, but the situatedness of participants’ respective feminisms experienced disorientation at several points, as I demonstrated in the presentation of the I/They-Poems analysis method above. I will reflect on other instances of this feminist disorientation, one of which I will discuss below.

As I made note of some of the emerging patterns and groupings of participants along the spectrum in the beginning stages of both transcribing and becoming familiar with the data, I initially thought that these groupings would shape how I analyzed my data. However, as I got deeper into the data, I realized that this spectrum of being ‘for’ or ‘against’ cosmetic surgery started to have a larger grey area where being ‘for’ or ‘against’ was less definitive, and that the majority of the respondents waffled and were even contradictory in expressing their views on labiaplasty. It became clear to me that it would be nearly impossible to try to analyze the data through the groupings along a spectrum that no longer existed as I had imagined it to. However, I still see great importance in

discussing the general perceptions of cosmetic surgery and how these perceptions wavered and were renegotiated throughout some of the focus groups and interviews.

Labiaplasty seemed to trouble and destabilize what respondents thought about cosmetic surgery, and I argue that this happened for a number of reasons. The images in the visual vignettes likely worked toward shifting perceptions of labiaplasty because of the order in which they were presented and the actual contents of the images themselves. In presenting the images that I chose for vignettes, a trajectory was shown to participants that arguably celebrates female genitalia (in the plaster casts from artist Jamie McCartney) and moves to a less comfortable treatment of female genitalia that pathologizes bodies (as demonstrated by the ‘normal’ labia and the before and after image). Some of the participants waffled in what they thought about cosmetic surgery and labiaplasty, and seeing these shifts shows how deeper understandings of the subject matter at hand can actually destabilize what is thought to be a fixed view on cosmetic surgery and labiaplasty. In order to mark these shifts, I will map out how respondents were troubled by having a deeper understanding of how labiaplasty works and why it occurs. Below, I will show how some respondents expressed contradictory sentiments and shifted their perceptions about cosmetic surgery by presenting a series of I/They-poem (in italics) for two particularly striking examples with a brief analysis of each.

In asking one of the women to compare rhinoplasty with labiaplasty, she explained her views to me very clearly and plainly:

*It's the same*

*I don't agree*

*My views*

*Manipulating bodies*

*It's problematic*

*Someone's genitals*

*Another level of messed up*

Next, she reflects on the third vignette, which is a before and after image from a clinic website, where she further affirms her views.

*Presented*

*Looks unhealthy*

*Presented differently*

*Changes my feeling*

*A picture in between her legs*

*Removes the body part*

*Removes the body from woman*

*You forget*

*You are looking*

*It can be dehumanizing*

Lastly, her assured vantage point wavers in an excerpt from her feelings about a transgendered person having labiaplasty:

*That's different*

*Circumstances are different*

*I think*

*I would be supportive*

*I guess tricky*

*They feel something is not right*

*Within them*

*People on the cosmetic side are experiencing pressures*

*I guess the same*

*Tough*

What I sensed from this particular respondent was that she specifically takes issue with vanity in relation to cosmetic surgery and labiaplasty, and I had positioned her on the ‘against’ side of the spectrum. Her position on labiaplasty echoed that of a radical feminist response, where she expressed frustration with cosmetic surgery culture, as she spoke specifically about ‘normal’ as being problematic, that bodily ideals promote negative body image, and that cosmetic surgery is embedded in patriarchal treatments of the female body. In a similar vein, she was very critical about the presence of agency in choosing labiaplasty, as she felt that it was not possible to fully possess agency as a cosmetic surgery patient. As is illustrated above, she becomes less sure of what her position is when I started to ask her about how she would feel if she knew a transgendered person seeking out labiaplasty, and this becomes a moment of disorientation for her. Initially, she argues that surgery for a transgendered individual is a completely different set of circumstances, and that she would be supportive. A shift of being aligned with her radical perspective takes place when she considers that perhaps these sets of reasons for choosing labiaplasty might not be so different. What is particularly striking near the end of her poem is when she explains that “...something is not right within them”, which is a sentiment that could be applied to both non-transgendered and transgendered patients. Her response emphasizes that justifications for

surgery are not only important, but also part of a contingency on how subjects who have labiaplasty are responded to. This participant presents a significant sentiment that is echoed by other respondents in the project, where aesthetic-based surgery is assumed to reside in ‘unnecessary’ concerns with vanity and superficiality, and more purposeful surgery is much more acceptable.

As a second example, I asked one of the men what his general views on labiaplasty were, and he explains that:

*Neutral stance*

*I feel it's about confidence*

*Bettering appearance*

*You feel something wrong*

*More the power to you*

*You want to*

*Improve yourself for only*

*Yourself is ok*

*Someone telling you*

*You need better*

*Upsetting me*

*Expectations are different everywhere*

*I try to be understanding*

He becomes troubled by the emphasis on self-improvement, the second vignette (which is the grid of four images with the word ‘Normal’ as a heading) and the idea of a ‘norm’ being established:

*I don't think it's legal*

*It shouldn't be*

*It's misleading*

*It's unfair*

*I'm irritated*

*I'm surprised*

*I'm not*

*Doesn't surprise me*

*It's cheating*

*I'm not cool with the idea of normal*

*Normal?*

*It's like propaganda*

*Someone's idea*

*Having [pubic] hair is normal*

*Someone portraying normal*

*Upsetting*

Interestingly, he maintains his neutral stance on labiaplasty after I asked him if his perception of labiaplasty had shifted or stayed the same at the end of his interview. He explains:

*Not really*

*I'm still neutral*

*I'm pro-choice with pretty much everything*

Unlike the individual in the last example provided above, this participant is mindful of orientating himself ‘away’ from the individuals who choose labiaplasty. As the beginning of his series of poems indicates, he sees himself as neutral, and I would further argue that he hesitated to pass judgment on anyone choosing labiaplasty or cosmetic surgery within the excerpts above and throughout his interview. I sensed that he saw passing judgment as inappropriate, and also that he likely did not want to suggest that individuals who choose surgery are incapable of understanding their own decisions. I initially had positioned him as being rather passive on the issue of labiaplasty, given his neutrality and hesitancy to make any value statements. Upon further reflection and a close reading of his poems above, he was more calculative and cautious than passive.

In my view, his position is a very gendered one, and I would speculate that this is due to the fact that he fears passing judgment on what women do with their bodies. He also mentioned to me that he did not know what it would feel like to have genital anxiety or to desire labiaplasty, which indicates his awareness of not being orientated ‘toward’ individuals who choose labiaplasty. Rather than discussing the individuals who have labiaplasty, he very clearly expresses frustration with practices related to promoting labiaplasty, which can also be understood as a moment of disorientation. Given his mostly neutral way of speaking about labiaplasty prior to this point, I was surprised to hear him react in this way, and the idea of ‘normal’ disrupted his position. The assertion of ‘normal’ and discussing my suggestion that the ‘normals’ in the second vignette had had a labiaplasty ‘moved’ him to problematize and think differently about how cosmetic surgery ‘works’, as his poem demonstrates above. Given this part of our discussion, I anticipated that he would indicate that a shift in his perceptions of labiaplasty had taken

place. At first glance, it would seem that his affirmation of neutrality is entirely contradictory, but he still maintains neutrality toward individuals and their decisions due to his brief mention of choice at the end of his last poem above. The way in which he seemingly separated his perceptions of the practices versus the individuals who have labiaplasty is extremely interesting, as he demonstrates that not only can we have multiple positions on cosmetic surgery, but that these positions are mediated by how we see ourselves as being able to claim particular vantage points and express particular opinions based on our own orientations. Although this participant was more subdued in his responses and approach to labiaplasty, some of the participants' responses to labiaplasty and the vignettes that I presented were more pronounced, and emotional. Investigating more emotional responses to labiaplasty provides an interesting starting point to delve into the response of disgust, which is where I turn next.

### **On disgust**

“Is that a tumor?”

“Ugh.”

“This looks like it would be uncomfortable.”

“What am I looking at here?”

“What happened to some of these?”

“Is there a condition?”

“To me, it looks infected.”

“Some of them don't look normal to me.”

“It's gross because I don't know what I'm looking at.”

Disgust is a powerful emotion that is involved in the work of drawing distinctions and boundary making (Lawler 2005). Above are a selection of questions and responses from a portion of participants (both men and women) responding to the visual vignettes, and at first glance, it would seem that the views of these participants have been expressed in a negative and deprecating manner. However, the ways in which some participants expressed disgust and talked about disgust itself are imbued with many complexities that require further understanding and discussion. Each of the sixteen participants engaged with disgust in some way, and their engagements with this emotion is mapped out below. In this section, I will specify how disgust emerged thematically in three general ways, and discuss the specifics of each emergence in greater detail. I also frame understandings of these emergences using Ahmed's (2004) work in *The Cultural Politics of Emotion* that suggests that disgust is performative, and that disgust is productive in shaping surfaces and impressions of objects. Firstly, disgust emerged as a response to the images that I presented to each participant, but disgust was most often the response in relation to the third vignette, which is a before and after image from a clinic website (see Appendix 4). Secondly, disgust was interestingly expressed in relation to various circumstances surrounding the development of labiaplasty, the promotion of the procedure, and the actual practice of labiaplasty itself. Lastly, disgust emerged as a descriptor of the self, which provides an important bridging point for my discussion on the emotion of shame. Ahmed (2004) argues that it is important to understand expressions of disgust as being beyond a corporeal reaction, as disgust is also often an act of speech that can "... generate effects by 'binding' signs to bodies" (92). Such signs act as signals to orientate

ourselves in particular directions, which I will detail below using specific examples from the participants.

### *The vignette*

As was discussed previously, I am arguing that the participants' performances of disgust cannot be reduced to stemming only from malice toward or belittlement of a body. In fact, I believe that some participants would find it problematic that they were seen as having expressed disgust, and some were actually reflexive about this, which will be discussed at greater length in the forthcoming discussion on shame. The questions and responses that were presented above encompass several first responses to the third vignette that was shown to each participant, and their expressions of disgust can be understood as a 'gut reaction'. Ahmed argues that "...our relation to what happens in our guts is not always direct, but is also mediated by ideas that are already implicated in the very impressions we make of others and the way those impressions surface as bodies" (2004: 83). Importantly, disgust was mostly attributed to the labia on the left, which is being spread to show that its size and shape are 'problematic' (see Appendix 4C). This image is an emotional object that 'moves' and leaves 'impressions', as the specifics of this image show the 'good' and the 'bad' body, pain and relief, medical intervention, and the capabilities of the surgeon who completed this labiaplasty. Additionally, there are important undertones that mediated the respondents' reactions to the image. In other words, I would not argue that only the bodies disgusted the participants. Rather, particular circumstances within the before and after image moved the participants in particular ways.

Ahmed (2004) argues that lower regions of the body- which represent the spaces where ‘waste’ and the abject are expelled from the body- occupy a ‘lower’ hierarchical space. I agree with Ahmed’s argument that it is not that our reproductive organs or sexuality are inherently disgusting, and the spatial distinction between the ‘above’ and ‘below’ portions of the body provides an example to see how bodies are subjected to hierarchical organization and treatment. When the third vignette was shown to participants in their interviews and focus groups, the participants had already seen two images with female genitalia and had been discussing labiaplasty at length for some time. With this in mind, it was not just the presentation of labia itself that caused the participants to feel discomfort and disgust. For the participants who did respond with an element of disgust to the third vignette, they explained to me that they did not completely understand what they were looking at. These same individuals coupled the unrecognizability of the genitalia with phrases such as “dehumanizing”, “just body parts” and “detached from the body”. One of the men noted that he was not initially aware that he was looking at genitalia. The fact that the labia were not recognizable and that the labia lacked a human component for some of the participants meant that the ‘belowness’ of the genitalia became amplified and contributed significantly to the development of disgust as a reaction from these individuals. In this sense, these participants were responding to what they believed to be an object, rather than a body.

A key factor in perceiving the genitalia in the third vignette as disembodied is the medicalized setting in which the image takes place. Several of the participants noted that this was significant to them (both those who did and did not express a level of disgust toward this image), and some mentioned that the medicalized elements of the image

made them feel uneasy. Some of the participants who expressed disgust spoke specifically about the gloves, the number, and the draping of surgical cloth as contributing to their lack of comfort with the image. Feeling disgust can go beyond the visceral experience of this feeling, and can ‘move’ us on the designation of ‘badness’ that is assumed to be inherent in the objects that cause disgust (Ahmed 2004). Two of the women who had expressed disgust toward the vignette’s medical elements explained to me that they understood that the genitalia on the left was presented in a way to look ‘unhealthy’ and ‘grotesque’, but I could see that this knowledge did not completely negate their feelings of disgust. The association of ‘badness’ with the left side of the image is particularly interesting because some participants queried ‘what happened’ to the genitalia on the left, and in asking about what happened to the body, these participants were assuming that the ‘before’ genitalia could not look that way naturally.

#### *The practice of labiaplasty*

Throughout both of the focus groups and several of the interviews, disgust was expressed toward the practice of labiaplasty itself. The focus group comprised of all women were particularly frustrated and ‘grossed out’ by the circumstances surrounding the procedure, and several of the interviewees saw the details of the procedure as being disturbing. Outwardly through speech and discussion, disgust can transform the surfaces of and what we think we know about bodies, objects, and subjectivities (Ahmed 2004). Both focus group members and interviewees grappled with the feeling of disgust in relation to the consequences of labiaplasty, which can be described in terms such as “poor body image”, “low self-esteem”, and “damaging”. Some participants also expressed concern about the negative treatments of women’s bodies, as well as fears that

“...women don’t know what they’re doing...” when they choose labiaplasty. In these particular contexts, the expression of disgust was not as strong as it was in response to the vignette that I detailed above, but disgust was still present, and it was also expressed alongside feelings of frustration about the mere existence of labiaplasty.

As I discussed in my methodology chapter, after presenting a visual vignette to each participant, I sought to get their initial feelings and responses before providing them with context for the image. To reiterate, I explained that the first image was an art installation that was a direct commentary on labiaplasty; I explained my speculation that the four ‘normals’ in the second image had had a labiaplasty; and that the third image was something that one might find in before and after galleries while researching the procedure on clinic websites. Given that the second and third vignettes were pulled from clinic websites that promote labiaplasty, several of the participants recognized that the images were used as promotional and marketing tools after I provided context for the image. The images I chose were strategically selected and presented in a way to map the progression of various treatments of female genitalia. I thought of the images as beginning with arguably positive representations of labia and moving toward presentations that can be understood as problematic. These images are neither random nor without intent, and it was required various treatments of labia and genitalia were presented in a structured and somewhat controversial manner. What I asked of respondents was for them to communicate to me what some of their initial responses and feelings were toward the image, or what feelings and responses the image evoked in them. After gathering some words and descriptions of feelings, I then provided the respondents with the context for each image so they could fully understand what they

were looking at, and then probed to see if the provided context changed their perception or feeling toward the image. It certainly was striking in some cases, where some participants spoke strongly about the fact that such marketing is, in their words “misleading”, “wrong”, and “unfair” on the basis that a post-surgical body was established not only as a ‘norm’, but also as a basis for bodily comparison. Some participants who understood the images as marketing tools to create and exacerbate genital anxiety were visibly bothered, angered, and upset, and I observed this through their body language and in their verbal expressions where they communicated that this knowledge bothered them. Once again, the participants seemed to be designating certain ‘badness’ to the second and third vignettes, and in doing so, these individuals were also attempting to maintain distance from the actions that repelled them in asserting this ‘badness’.

Two female participants in their respective interviews expressed explicit disgust toward a particular aspect of labiaplasty, which was the desire for female genitalia to reflect a youthful aesthetic, due to the fact that it is thought to be ideal to have small and contained genitalia that does not appear, in the words of one of the participants: “...worldly, experienced, or adult.” These participants explained to me that that they each saw the infantilization of women’s bodies as extremely problematic, and one furthered her argument by explaining, “...prepubescent bodies should not be the ‘ideal’...” This sort of turning ‘away’ from labiaplasty is because of their discomfort with the notion of infantilization, and I would posit that their discomfort also comes from their orientations as feminists. Their discussions of infantilization were brief, and did not go much further beyond the assertion that they found this to be problematic. Their feelings of disgust

caused them to feel what Ahmed (2004) refers to as an almost involuntary feeling- which, in this case, is shaped by the feminisms of these participants- of pulling away from the object of disgust, as distance between the self and the object of disgust is important in ensuring that the object of disgust does not stick to or stick with us in ways that trouble our thinking.

### *Disgust and the self*

One participant's description of her realization that something was wrong with her genitalia is aligned particularly well with Ahmed's discussion of disgust. This participant explained to me that it was her exposure to pornography that encouraged her to think negatively about her genitalia, and that she had not previously thought of herself as disgusting until she compared her body with what she saw in pornography. This particular aspect of her experience exemplifies Ahmed's (2004) argument that disgust is mediated by 'impressions' of other bodies and objects, and also shows that this participant was identifying 'badness' within her body at this point in her life. The story that she told me about her experience also marks an important connection between feelings of disgust and shame, which I will be detailing further below. Additionally, this participant's turning away from what disgusted her manifested through her considering and desiring to have labiaplasty. By considering the surgery, this participant was attempting to resist the permanence of disgust from 'sticking' to her body. This instance of explicit disgust in relation to the self summarizes the main points laid out by Ahmed and applied to my participants' expressions, and provides an excellent point to shift focus toward the emotion of shame.

## **On shame**

Here, I will present a theoretically focused analysis of shame and I will also detail the ways in which it emerged in the data. In reading the data closely, I found shame to be less explicit and less common than expressions of disgust, and while I would maintain that disgust and shame can be performative, shame is more mediated by the self than disgust is. “There is no emotion that individuates, isolates and differentiates the self more than shame” (Biddle 1997: 229). Ahmed’s (2004) conceptualization of shame is particularly helpful in understanding that shame is relational, and Biddle (1997) provides a way to understand the functions of shame on an individual level. I will discuss the emotion of shame in two specific ways. Firstly, I will discuss the expression of shame from two female respondents who have both considered having labiaplasty. Their experiences are particularly relevant, and spotlighting them in a discussion on shame is imperative to providing an enriched understanding of what it means to be orientated ‘toward’ surgery, and this focus also works as an affirmation that particular practices and objects of emotion can orientate individuals ‘toward’ bodily transformation. Secondly, I will discuss shame as it arose in an unexpected way, which involves a close reading of how two participants reacted to their own responses. Like disgust, shame is also a performative response. Shame can make unspeakable feelings and experiences viscerally present (Shotwell 2011), where private and personal feelings spill outside of boundaries that keep us comfortable.

### *Shame and the self*

Before reflecting on the experiences of the two participants who have both considered labiaplasty, it is important for me to note that their pathways differ slightly. A

link between them is that they are/were in their late teens when they started considering the surgery, but one has completely abandoned the idea of surgery and the other (the younger of the two) would still have the surgery if she had the opportunity to do so. These women's respective participation in this project has been extremely fascinating and valuable, and each of their narratives in considering labiaplasty adds another important facet to understanding perceptions of labiaplasty. Those who are 'closer' to the surgery are significant because their perceptions of labiaplasty are informed by different experiences than the experiences of the other participants. I will now move toward discussing the differences and similarities between their experiences and narratives while also reflecting theoretically on emergent themes associated with feeling and expressing shame.

An important theoretical link to make between disgust and shame is that the embodiment of shame can be understood as a product of an expression of disgust or contempt (Biddle 1997). As my discussion of disgust indicates, disgust can emerge in complex ways, as it can rework and transform the surfaces of bodies and subjectivities (Ahmed 2004). In the cases of the two participants being focused upon here, the representation and assertion of a 'norm' produced significant effects. Not only are non-conforming bodies positioned as 'disgusting' in surgical discourses and treatments, images representing the 'norm' can cause individuals to feel shame. Both participants (albeit one more openly than the other) attest to pornography as contributing to their own genital anxiety, and even though pornography does not always present realistic body types and sexual experiences, they each expressed that ideals still interpolate one's body image and sense of self. One of the women spoke specifically about how pornography

can create expectations for bodies and sexual experiences, and given that a lot of mainstream pornography does not provide alternative representations and experiences, shame can be felt if one's body does not meet standards of appearance. "It is the failure to meet the standards of the self and others that makes shame such a potent, painful and significantly productive emotion" (Biddle 1997: 231). Shame, like disgust, is productive in the sense that it pushes those who experience it to diminish it, and choosing a procedure like labiaplasty is significant for the self in that it is a way to address the failure that the self feels, and it also seeks to reduce the pain (whether it is physiological, psychological or a combination of the two) associated with feeling ashamed. An I/They-Poem from one of the women considering labiaplasty provides an emotional and fascinating glimpse into her experience and also demonstrates a linkage between feeling disgust and shame.

*I was a teenager*

*I wasn't considering surgery*

*I didn't know*

*I had never known*

*My parts were wrong*

*I was exposed to pornography*

*I compared myself*

*I thought*

*I looked used and disgusting*

*A man want me?*

*I felt shame*

*Upsetting to me*

*I knew*

*I was different*

*I knew*

*I didn't look like the pictures*

*I came across labiaplasty*

*Crossed my mind*

*Feeling that shame and disgust*

*My parts didn't look how they should*

*I don't know*

*I actually thought*

*Back of my mind*

*Improve myself*

*I don't know*

*Very negative for me*

*I feel*

*I'm a feminist*

*I'm independent*

*I'm strong*

*Why should I care?*

*I wanted to change*

*Why would you think this?*

*You're so strong*

*I still struggle*

*I wouldn't even do it*

*I wouldn't even consider*

*I hear about it*

*I cringe*

Shame involves the intensification of awareness of not only the bodily surface, but also of the subject's relation to the self (Ahmed 2004). As this participant's poem above demonstrates, her consideration of having labiaplasty contradicted her feminist beliefs, but she still felt that her "...parts didn't look like they were supposed to". It was her feminist orientation, a fear of surgery itself and the 'badness' that she saw in surgical practices that turned her 'away' from having the surgery. She hinted to me that she has since gained more self-acceptance for her body at other points in her interview, but she still maintained that she still struggles with genital anxiety despite having turned 'away' from surgery. Although she was no longer considering labiaplasty at the time of our interview, what she conveyed to me about her experiences indicated that labiaplasty had left impressions on her in different ways. Not only had labiaplasty become a possibility for her, she also turned away from it because it impressed on her feminist beliefs.

The other woman explained to me that her feelings about labiaplasty are quite complicated, and would likely appear contradictory to anyone who might hear her express them. She expressed that she felt labiaplasty was 'wrong' and possibly 'unnatural', and that even though she might be "...mutilating her body..." by having the surgery, she was sure that she would experience some relief from her bodily anxiety. Her desiring labiaplasty coupled with an understanding of what the surgery is implicated in

indicated to me that she wants to resist being labeled vulnerable or ignorant of what having labiaplasty means. She also spoke specifically about surgery having only the *potential* to alleviate shame and negative emotions, and further acknowledged that if she were to hypothetically have labiaplasty, she would have to work on improving her psychological self to become fully ‘better’. She was extremely articulate in how she weighed the pros and cons of labiaplasty, and throughout her interview, there were several points in which I could hear her directly resisting being positioned as a ‘dupe’ of patriarchal and cosmetic surgery culture. Her explanation of the personal and more political implications of labiaplasty was profound. Her experience also highlights the fact that cosmetic surgeries can appear to be superficial and transparent, but can produce actual affects that individuals believe in and subscribe to.

Both of these participants demonstrate that surgery can still be desirable even with recognition of ‘badness’ within cosmetic surgery practices. Their viewpoints are similar to those of some of their fellow participants in that labiaplasty appears to be problematic, and there are acknowledgements within both of their experiences that recognition of such ‘badness’ does not erase feelings of shame about the body. In other words, critically viewing labiaplasty does not necessarily negate the feelings of shame that individuals possess. Biddle (1997) argues that it is problematic to imagine someone being freed from shame and its repressive normativity when self-identities are bound by shame. Post-operative surgical identities are represented as being freed from ‘unnecessary’ excess, undesirable qualities and of course, shame. “Shame can be restorative only when the shamed body can ‘show’ that its failure to measure up to a social ideal is only temporary” (Ahmed 2004: 107). In many ways, the culture of cosmetic surgery maintains self-

identities that are defined by shame and a projection of non-normativity, and consistently show that discomfort with the self is not only a choice, but also a temporary form of embodiment. Perhaps the argument that cosmetic surgeries are unable to completely alleviate corporeal pain and shame is strengthened when we consider that such procedures and practices would not exist without the residual productive effects of shame. More specifically, individuals would not seek out forms of self-transformation if shame was not so uncomfortable, and individuals would not choose cosmetic surgery if representations of transformation did not look like they carry great potential to alleviate pain and shame.

### *Shame and reflexivity*

As I briefly mentioned above, shame emerged in an unexpected way with three of the female participants. I did not anticipate that shame would emerge beyond the participants reading shame in the vignettes or discussing how particular presentations of genitalia might create bodily shame for those who view them. Interestingly, these emergences that I expected to see and hear about recognizing and seeing shame on the bodies of others were quite sparse, and the unexpected emergence of shame manifested in participants thinking and expressing themselves reflexively through the responses that they provided to me. Ahmed suggests that shame requires a witness, one who ‘catches’ the failure of the individual to live up to an ideal or an expectation (2004). In the interviews and focus groups, I was the witness to expressions of shame, and my witnessing certainly had an impact in how the participants dealt with their feelings. It is striking that such reflexivity was only clearly communicated among the women, and I would suggest that this might be because the men were quite cautious about making

definitive statements about women who choose and have had labiaplasty. The men generally made fewer value statements about labiaplasty, and particular aspects of discussing labiaplasty did not seem to weigh as heavily on them as it did with some of the women. Three specific instances with the women stood out to me as being reflective of shame and the self, but the context and expression of shame differed in important ways.

The first instance of shame and reflexivity occurred with the first woman I interviewed, and in viewing all three of the vignettes, we spoke quite a bit about the term 'normal'. She indicated that she hated using this term, and further explained that her using this term in front of me was simply her way of expressing what she was feeling. She interestingly asserted that 'normal' is not a word that she should use or be comfortable using, as she expressed that she had knowledge of 'normal' being a problematic term to describe something. This participant specified that she had learned through her education that using the term 'normal' to describe an object or body had implications, and her educational orientation can be seen as factoring into her expression of remorse in utilizing this term. Near the end of her interview, she explained to me that she was left wondering why she had responded in the ways that she had, and while she did not want to be self-deprecating, she felt she had been somewhat narrow minded in communicating some of her responses.

The second instance of reflexivity with another participant occurred after she made a link between the idea of 'normal' and the creation of bodily shame after we looked at the second vignette together. When we moved on to look at the third image, like several of the other participants, she made a few inquiries into what happened to the pre-operative body. After explaining to her that I did not know what happened or if there

was a condition, she started to process her thoughts differently. She reflexively explained to me that what she did in trying to find out what is ‘wrong’ was offensive, and she expressed shame for making assumptions about the body on the left side of the before and after image. It can feel shameful to overtly acknowledge the differences of another person or body (Biddle 1997), and this sums up what this participant was experiencing. She discussed that she felt slightly upset with herself for thinking this way, and her way of explaining why she was upset felt like she was attempting to explain to me that her inquiries became uncomfortable because she felt she had been ‘caught’ doing something that she would not normally do. While this participant did not provide me with any reasons why she felt ‘wrong’ in her line of questioning, I would argue that this had to do with her having a set standard for herself about how she *should* respond to things, and she felt she had crossed a boundary.

The third participant also expressed shame as though I had ‘caught’ her doing something she felt she “...should not be doing”. While looking at the first and second vignettes, I asked her about what she thought about colour in relation to the images, as other participants before her had discussed the light-skinned qualities of the four ‘normal’ labia in the second vignette. I did not tell her that other participants had made note of this. Instead, I asked her to compare the presence of colour in the first and second vignette. After thinking about this briefly, she positioned herself as having made a mistake. She then explained to me that she had made wrongful assumptions about race, and that whiteness, in her view, was clearly being established as the ‘norm’. She expressed that she was ashamed and embarrassed about the fact that she had not considered how women of colour fit into notions and representations of idealized genitalia. It was not my

intention to chastise her for not commenting on colour, but making race visible can be shaming (Shotwell 2011). She expressed that she was embarrassed, and that she had never thought of it that way. As individuals, we hold ourselves to particular expectations, and to be witnessed in one's failure to meet such expectations is to feel ashamed (Ahmed 2004). At the end of her interview, I asked her if any of her perceptions of labiaplasty had changed or if they had stayed the same. She explained that her opinions had been affirmed, and interestingly, she went back to discussing the shame in relation to women of colour. This feeling of shame did not leave her, and her way of discussing it bordered on being apologetic. Because this participant and I had spoken about feminism in explicit terms throughout the course of her interview, I believe her feminist orientation and arguably her educational orientations were primary reasons why she felt shame in this situation. Discomfort with racism or ignorance toward it should provide a basis for transformative social relations (Shotwell 2011), and my inadvertent 'impressing' of shame onto this participant was productive in the sense that it initiated reflexivity, but the fact that this was not my intention made witnessing her shame particularly uncomfortable.

These individuals' reactions to their own responses are striking because of the heaviness that they seemed to carry, and their actions weighed on them in particular ways. Their respective orientations in terms of their education, values, and feminism pushed them to be reflexive, and to engage critically with discourses and terms that are arguably one-dimensional and lacking inclusivity. Furthermore, their orientations seem to have had an impact on their knowledge of what they should and should not say and what is appropriate and inappropriate for their respective ways of expressing themselves.

Stepping beyond these boundaries was troublesome for these participants, and they were quick to realize when they felt they were ‘out of line’. This dis-alignment exemplifies Ahmed’s (2006) assertion that moments of disorientation can feel ‘queer’, and the participants’ reflexivity and apologetic sentiments reflect her argument that we ‘reach’ out for stability or something that can re-orientate us back to where we feel comfort and certainty.

What is also striking about these three participants is that they are all women, and watching them process their feelings of shame reflects Bartky’s (1990) argument that for women, shame also works as an affective attunement to their social environments (as quoted by Shotwell 2011). Furthering this, Ahmed argues that shame can be intensified on the basis of who witnesses an individual’s shame, as individuals privilege the ‘views’ of certain people over others (2004). The importance of views is relational, and the importance of certain individuals’ opinions can be mediated by knowing or not knowing someone, and also by how individuals value the opinions of others. I do believe that my perceptions of the participants’ views were important to some of them, and it is not because I see myself as occupying a space where my views are privileged. However, participating in a research project (especially where participants feel strongly about knowledge production as these participants did) could cause individuals to feel nervous, possibly doubt what they think they know, and also worry about expressing a ‘wrong’ kind of knowing.

I attempted to diminish the participants’ feelings of shame in all of these moments that I described above, which is an interesting strategy that I undertook. I was uncomfortable myself in bearing witness to the shame of others, I absolutely understand

what it is to feel embarrassed and ashamed, and it felt ‘right’ to help pull the participants out of their moments of difficulty. I felt responsibility toward them, as I played a significant role in ‘impressing’ a feeling of shame onto them with my questioning and discussions. I felt particularly guilty when I reflected on the interview with the third participant, who felt shame for being ignorant to the issue of race within labiaplasty. What I went through in attempting to diminish shame is reflective of what Biddle (1997) refers to as contact shame. Bearing witness to a body or person being shamed can produce strong feelings of discomfort, and in some cases, shame itself can be reproduced and absorbed by those who witness shame. My feeling shame for impressing shame on others supports Biddle’s (1997) suggestion that shame can encourage us to ‘feel’ for other people because shame is such a relational and porous emotion.

### **Closing statements**

In conclusion, I will briefly summarize the major findings from this portion of data. Participants were interested in participating in the project for reasons of learning, knowledge production, prior media exposure, a desire to assist me with my project, as well as interests in feminism and sexuality. I framed the turning ‘toward’ this project as being based on the various orientations of the participants, as their justifications for participating were a reflection of how they described themselves to me. In order to illustrate how some participants were contradictory and inconsistent with what they thought about labiaplasty and cosmetic surgery, I presented a series of I/They-Poems from two participants whose responses I felt were particularly indicative of these characteristics. My discussion on disgust incorporated the theoretical work from Ahmed (2004), and I argued that disgust in the context of this project was mediated by several

important factors. Firstly, I connected the emotion of disgust in relation to how the participants responded to the third vignette; secondly, I discussed responses to practices associated with labiaplasty; and lastly, I discussed disgust in relation to a self-perception. Shame was discussed in culmination with a focus on the participants who had considered labiaplasty, as well as on a small group of participants who experienced shame when they engaged reflexively with their own responses. My discussion on shame incorporated theoretical insights from Ahmed (2004), Biddle (1997), and Shotwell (2011).

More broadly, the contents of this chapter communicate that labiaplasty can cause us to feel disgust in a number of ways. As the participants demonstrated, details of the procedure such as a contentious ‘ideal’ being emphasized and problematic ‘norms’ being established can cause us to feel that labiaplasty is a ‘bad’ thing. On the other side of the coin, promotional materials attempt to show that labiaplasty is a ‘good’ thing. The participants’ specific responses to the before and after vignette that I detail indicates that surgical promotional materials ‘work’ in the way that they are intended to, which is to encourage viewers to interpret pre-operative bodies as embodying ‘disgusting’ and undesirable characteristics. Labiaplasty demonstrates that disgust and shame are linked in significant ways, as well as that shame and disgust produce pronounced effects on subjectivities and on the surface of bodies, which can push individuals ‘toward’ particular practices. In the experiences of the women who had considered labiaplasty, objects of emotion such as pornographic images and arguably promotional materials impressed upon them, where they felt disgust toward the appearance of their genitalia, and they both experienced anguish through shame as a result. As potential surgical subjects, experiences with shame made these women feel inadequate and encouraged them to turn

‘toward’ the surgery. Some of the women’s reflexive engagements with shame further demonstrates that this emotion produces significant effects, where I observed these women experiencing disorientation based on deviations from lines and boundaries by which they governed themselves.

## **Chapter four: Expressing empathy and attributing agency**

Agency is a capacity to make one's own choices, and is often accompanied with terms such as 'rights', 'independence', 'autonomy' and 'freedom'. However, as many feminist scholars that I have reflected on in my literature review have noted, agency is neither straightforward nor free of contradictions. Empathy is, as I have mentioned before, an expression that represents a willingness to relate with another individual on an emotional level while also turning 'toward' them instead of 'away'. This chapter focuses on the ways in which the participants attributed agency and expressed empathy toward individuals experiencing anxiety about their genitalia and who subsequently choose labiaplasty. As I have discussed previously, I will present emergences of empathy and agency as affective responses, as both of these markers are intersected with a 'feeling' about someone, their choices, and personal circumstances. Theoretically, I am working with Heyes' (2007) application of enablement and constraint within cosmetic surgery culture, where she demonstrates that several elements of cosmetic surgery and being a patient are imbued with elements of experiencing empowerment by having to accept particular limitations. Her framework provides several opportunities to comment on the tensions, contradictions and complexities that the participants experienced in thinking about empathy and agency in the interviews and focus groups. Empathy and agency are responses that can also be framed as being shaped by the varied orientations of the participants, which I detail and discuss throughout this chapter.

I will begin by focusing on the third question that I posed to all participants, which asked them to compare similarities and differences between labiaplasty and

rhinoplasty. I begin with a discussion of responses to this question divided on the basis of gender, and I conclude this discussion by emphasizing why gender is significant here. Beginning with this question provides a basis for my discussion about what sets labiaplasty apart from other surgeries, and a departure point for elaborating on social acceptability and the participants' orientations 'toward' or 'away' from labiaplasty. Much of the analysis is through a gendered lens, as there are important differences in how the men and women engaged with the questions that I discuss here, as well as how labiaplasty left impressions on the participants. From there, I launch into detailed discussions on empathy and agency under the larger umbrellas of 'legitimizing' labiaplasty and choosing labiaplasty. I seek to demonstrate the ways in which agency and empathy were complicated by specific factors by not only looking at the dynamics of enablement and constraint, but also by considering the orientations of the participants.

### **Setting labiaplasty apart**

All of the men and all but one woman stated in comparing labiaplasty to rhinoplasty that there is a public and private divide between these two procedures. In simple terms, these respondents explained that a nose is located on the face and is a publically visible feature, and that one's labia are a private feature that are only seen by this individual and their sexual partners. In a similar vein, three of the women and one of the men expressed that sexuality plays a significant role in differentiating a rhinoplasty from a labiaplasty. Each explained that one's labia are directly linked with sex and sexuality, and one woman specifically noted that labia are a sexualized part of the body. I anticipated that there would be a greater level of consensus and discussion about sexuality in regards to labiaplasty, but it was extremely limited in terms of how it was

explicitly expressed, and even after attempting to probe for more from these respondents, they did not say much more on the difference between rhinoplasty and labiaplasty. The man who discussed sexuality as a significant difference presented an interesting nuance to his observation by further explaining that individuals might have a deeper emotional connection to their genitals than the features on their faces. He used himself as an example, and noted that he felt a stronger attachment to what might happen to his genitals rather than what could happen to his face. He explicitly linked the emotional attachment to his own genitals by explaining that his genitals allow him to have particular experiences that his nose does not, and that he would ‘fear’ change to this area of his body more than a change to his nose.

Two female interviewees discussed that cosmetic surgeries fit along a spectrum of social acceptability. One positioned labiaplasty at the ‘extreme’ end of the spectrum. The other interviewee who took a position on social acceptability interestingly did not place labiaplasty anywhere on the spectrum that she explained to me, but instead explained that correcting a bump in one’s nose is acceptable whereas the number of procedures and ‘unnecessary’ cosmetic surgeries were extreme to her<sup>12</sup>. This particular interviewee was one of the two women who had considered labiaplasty, and I found it quite striking that she had not placed labiaplasty on the spectrum of social acceptability. As I indicated above, other participants found cosmetic surgery to be problematic, and given that she had considered labiaplasty, I believe she did not want to position labiaplasty as strange or extreme. In this particular case, it is her orientation of being

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<sup>12</sup> The participant used Heidi Montag as an example of cosmetic surgery gone overboard. In 2009, 23 year old Montag underwent over 10 cosmetic procedures, including Botox, rhinoplasty, a brow lift, chin reduction, fat injections in cheeks and lips, breast implants, liposuction on her waist and thighs, ear pinning, butt implants, and liposuction on her neck.

‘close’ to labiaplasty that likely contributed to her rather complex answer to this question. Her response was mediated by something she had told me at the beginning of her interview, which was that she saw our interview together as an opportunity to talk about her desire to have surgery. I believe that she was seeking acceptance both for her feelings about her labia and for her considering the procedure, and positioning labiaplasty as an ‘extreme’ choice would have been problematic for her.

One of the men and two of the women engaged in a brief discussion of their belief that there is a greater deal of discomfort associated with the perception of labiaplasty than with a rhinoplasty. Interestingly, each came to this by a very similar experience, where the participants had explained to their respective friends, roommates and coworkers that they were participating in a research project on labiaplasty. One of the women explained that her co-workers were disturbed by the very existence of labiaplasty, the other woman noted that her friends were shocked to find out what labiaplasty was, and the man’s roommates had wrinkled their noses at the mention of labiaplasty. He further conceded that their reactions would likely have been different if his roommates had found out that he was going to a focus group discussing rhinoplasty.

The participants’ differentiations between rhinoplasty and labiaplasty present three major springboards for the remaining components of this chapter. Firstly, they demonstrated that social acceptability of surgeries are significant, and with some particular nuances that I discussed above, labiaplasty is subjected to different scrutiny because of where this surgery takes place on the body, and in the words of one of the men, “...the fact that our genitals are so immediate to our experiences of sexuality...” makes labiaplasty ‘different’. One of the other men expressed that he “cared differently”

about genitals than other body parts, which is a comment that resonated with me because of the broader implications of taking such a perspective on what makes labiaplasty ‘different’. Secondly, the participants demonstrated that gender is an important factor in how labiaplasty is understood, perceived and discussed. The men’s and women’s viewpoints embody particular characteristics, where the men tended to be less critical and the women tended to express larger vocabularies related to their emotions. These gendered orientations were evident through several stages of the data analysis. Thirdly, encouraging the participants to compare rhinoplasty and labiaplasty emphasizes that generally, we tend to *care differently* about specific body parts and the decisions that are made to change them. It would seem that we tend to care more or less about what others decide to do to their faces and other areas of their bodies based on an attachment to particular body parts. The notion of caring differently works as a pragmatic and nuanced approach to considering why labiaplasty is responded to in the ways that it is, and also why we might be willing or unwilling to position this type of procedure as socially acceptable.

### **Agency and choosing labiaplasty**

As was discussed in my introductory chapter, I am seeking to discuss and frame agency in a way that is differentiated from the existing agency and structure debate in feminist cosmetic surgery discourses. By focusing on the perceptions of agency within the context of labiaplasty, I can frame agency as an affective response and focus on the grey area that is in between the agency and structure debate. Such a focus can illuminate the complexity of agency, and can also illustrate the contradictory elements of agency as it relates to bodily transformation, where I will be using Heyes’ (2007) theorization of

constraint and enablement in the context of cosmetic surgery. In speaking with the participants about agency, I avoided using the term itself and instead asked them why they thought individuals might choose labiaplasty. I had anticipated that talking about choice and choosing labiaplasty would provide me with information that might be indicative of a participant's stance on agency, and I also figured that I would be able to probe further about agency. Because I presented the notion of agency in less concise terms to the participants, most of the answers that were received were not explicitly about agency. However, the answers I received provide several glimpses into the participants' views on agency, and reveal several contradictions and complexities within this concept.

#### *Doing it for themselves*

As a starting point, some of the participants expressed why they thought individuals might choose labiaplasty, and reasons ranged from a desire for beautification, to improve intimacy, to correct trauma, and for gender reassignment. A few of the participants did not engage further with the notion of choice beyond stating the reasons why they thought individuals would choose labiaplasty, and in order to get them thinking about choice in a different way, I would reference a point that the respondent had made earlier in the interview or focus group. For instance, I reminded the participants that they had mentioned things earlier such as free choice, external pressures, their personal feminism, and where they perceived bodily ideals to come from, and I would then ask them to reflect on choice alongside the specific component that they had brought up previously. This strategy allowed for the participants who were less forthcoming with their thoughts on choice to expand further, and complex themes began to emerge.

Several of the men and women expressed that external pressures would factor into an individual choosing labiaplasty, and many of the participants struggled with this. Some of the women and men lamented that external pressure to have labiaplasty was ‘wrong’, but that it was likely a reality for several labiaplasty patients. In these particular cases, I probed further by posing questions about how they might respond to a patient asserting that surgery was for themselves only, or that they came upon the decision to have labiaplasty on their own. The participants’ responses were very interesting, as they weighed the possibility of agency with what they saw as constraining factors, which were in the form of external pressures. One of the women explained the notion of choice in a very concise way:

I think it’s impossible to separate choice in our society. When it comes to understanding choice with women who have labiaplasty, there are so many influences and factors in life that lead up to a choice like that. It’s not to say that we are without agency and unable to make informed decisions, but those decisions are so influenced by our surroundings. Even if you’re very conscious of why you are making this decision, it’s very difficult to separate influences from the choice and making the choice itself... There are so many strong feelings about whether the decision to do so is ‘right’ or ‘wrong’. It isn’t a simple or easily reached conclusion.

To reflect briefly on Heyes (2007), this participant and others were leery about agency being straightforward and an assertion that was completely enabling for individuals who choose labiaplasty. In this particular set of circumstances, a full acceptance of objective agency was clouded by the presence and inescapability of external pressures. I can further extrapolate that because some of the participants expressed that external pressures were problematic, that these pressures to have surgery could be framed as something that constrains surgical subjects because it undermines individual and unobstructed choice. I cannot argue that this is precisely what the

participants would have posited, but given the pieces of information and clues that they have provided me with, I would certainly argue that in the eyes of several of the participants, agency was perceived as difficult to remove from external pressures and forces that encourage surgery.

*Choice, interrupted*

Discussing choice with three specific interviewees (one man and two women) encouraged me to reflect on another layer within the attribution of agency toward those who choose labiaplasty. As I have mentioned previously, my intention to reflect on agency has been part of a larger objective to look more closely at the grey area that occupies the space between the agency and structure debate. While I have long thought that a grey area exists, I have had little explanation about this area besides the argument that individuals exercise choice within limited sets of constraints (Holliday and Sanchez Taylor 2006), and that individuals still choose labiaplasty (and other forms of cosmetic surgery) with the full knowledge that they are most often only provided with a limited range of options, selves, and subjectivities to choose from. My engagement with choice in relation to the three aforementioned participants has created another way in which the grey area becomes significant. In expressing to me that individuals should be able to make the choices that they want while also indicating that they were skeptical of the existence of autonomy in cosmetic surgery procedures, these participants demonstrated that a close reading of agency (as I am attempting to do here in this project) should differentiate between the belief that individuals should be able to choose self-transformation and that an assertion of agency is of questionable existence.

None of the participants argued that individuals should not be allowed to choose labiaplasty, and the majority argued that individuals should be able to make their own choices. However, many of the participants maintained that choice is limited by a number of factors, and some even questioned the presence of autonomy. In theory, the participants believed that individuals should have choices and agency. In practice, however, the participants were skeptical about the notion of free and objective choice. What complicated the perception of choice for many of the participants had to do with prior conversations that we had had about the vignettes, where some participants recognized that capitalism, profit and a desire to recruit patients disrupts someone freely choosing labiaplasty through my contextualization of the images. In more specific terms, some of the participants spoke about how some individuals might be coerced into having surgery through promotional materials as well as encouragement from surgeons and clinics to become more ‘normal’. A selection of I/They-Poems from three different participants (two women and one man) below demonstrate how they viewed choice as a complex process, and in some cases, the participants wavered in what they believed to be choice.

*I feel*

*I feel*

*I feel*

*Women making choices*

*I'm not sure*

*They understand what they choose*

*Pushy partner*

*Physician pushes you*

*You're on the fence*

*I'm not sure about informed consent*

*People providing you information*

*Benefitting from your decision*

*Women researching dismiss negatives*

*Looking to confirm what they want to see*

*Your own choice*

*You use methods*

*I think information provided is one-sided*

---

*I believe*

*A woman has the right to do*

*Whatever with her body*

*A woman should have autonomy in*

*Wanting labiaplasty*

*I'm not sure autonomy can completely exist*

*Being misled and convinced to have surgery*

*There's autonomy*

*But if there's limited information-*

*Someone wants my money*

*They don't have autonomy at all in that sense*

*There's no chance for autonomy*

*I think*

*A woman should have autonomy*

*If she would like to*

---

*Do we have choice?*

*Obviously we have choices*

*We are individuals*

*We have autonomy*

*We use brains*

*But, we live in a social world*

*Some choice is lost*

*You are consumed within a consumerist culture*

*I think*

*I think*

*On a desert island*

*They wouldn't want*

*To change faces, breasts or genitals*

*We live in a social world*

*We compare ourselves*

*Person chooses*

*Their choice, absolutely*

*I support someone having a choice*

*It's complicated...*

*Not really their choice though!*

What these participants recognized in Polzer and Knabe's (2012) terms was 'commodification of intimacy', which can be explained as capitalizing on and profiting from women's sexual anxieties and promises of a new and improved subjectivity. "Cosmetic surgery continually ups the ante for individuals: it trickles down to ever more consumers; it is sold to new markets (men, younger consumers and ethnic groups); and it constantly invents new defects and new procedures to correct them" (Heyes 2007b: 60). Many individuals want to support self-expression as a bodily practice because it is wrapped up within larger discourses on morality and feminism, where we tend to believe that we should not condemn others for the choices that appear on the surface of their bodies. However, as I have emphasized before, we tend to care differently about particular kinds of self-expression and self-transformation, and the participants' concerns about profit, sources of information and the encouragement to have surgery truly complicates this desire to view surgery as a completely enabling process for patients. Enablement is transparent because of the ways in which constraint complicates and intersects it (Heyes 2007a), and this tension between wanting to support the choices of others and hesitancy to attribute agency to all labiaplasty patients highlights the complex and contradictory nature of the grey area that I have discussed previously.

### **Legitimizing labiaplasty**

#### *On intelligibility*

I will preface the presentation of the data in this section with a brief reflection on the notion of 'legitimacy'. Firstly, I want to address the notion of intelligibility in regards to how the participants engaged with the idea of social acceptability of labiaplasty. It was the third vignette in particular that encouraged some of the participants to talk about what

would be an acceptable set of circumstances in which to have labiaplasty. As I discussed in the last chapter, the participants made several attempts to ‘read’ the pre-operative body by asking me several questions about the condition of the genitalia on the left side of this image. To extend Judith Butler’s (1993) argument about the cultural intelligibility of gendered subjects, I would frame the participants’ processes of looking at and thinking about the bodies that were shown and described in this project as an attempt to determine the legitimacy of genital anxiety and the subsequent choice to have surgery. Once a body is intelligible to an individual, that body can be understood as the object of particular cultural and gendered inscriptions, and it further becomes an object that is gazed upon and subjected to particular interpretations (Nack Ngue 2007). For instance, several of the participants believed that the labia in the third vignette (the before and after image) would be deserving of surgery, as these participants perceived the state of the body in the before image to be ‘extreme’, and some indicated that the body appeared to be ‘uncomfortable’. In a particular instance where I asked the participants what they would feel if they witnessed the genital anxiety of another person and this person’s subsequent choice to have labiaplasty, one woman explained, “If it felt legitimate, I would be supportive.” In addition to this participant asserting that she would have to read the situation to determine her feelings, she further indicated that she had the capacity to ‘feel’ or ‘sense’ legitimacy from witnessing the surfaces and testimonials of other bodies. Therefore, it was specific bodies that the research participants deemed to have ‘legitimate’ reasons for surgery, and only certain bodies were seen as deserving of surgery in very specific circumstances, which I will expand upon further below in discussing labiaplasty in relation to gender transitions.

### *On legitimating labiaplasty*

This participant's discussion of 'feeling' legitimacy served an important purpose in my use of the term 'legitimizing labiaplasty'. I felt that her assertion would be a nuanced way of working through and framing this particular set of data. I would further argue that my using this term is also a way to reflect on the notion of social acceptability and 'authentic' reasons for having labiaplasty. As I discussed in my methodology and explanation of each question that was posed to all respondents, I sought to determine where and how participants deemed labiaplasty to be socially acceptable, and I also desired to move labiaplasty away from an abstracted place and into a more imaginable occurrence for the participants. Most of the participants had little contact with labiaplasty outside of media exposure before their participation in the project, with the exception of the two women who had considered labiaplasty, and one of the men who explained to me that a female friend of his had had labiaplasty prior to our interview. By asking participants what their feelings would be if people they had personal connections with and did not know personally were choosing labiaplasty, I sought to see if they would be understanding of such choices. I anticipated that understanding choices would depend on the patient's individual circumstances, how the participant might relate to what these individuals might be going through, and lastly, how the participant's particular orientations might factor into expressing an understanding of another individual's choice to have labiaplasty. I understand the term 'legitimizing labiaplasty' as twofold, and this term also illuminates a key linkage between empathy and agency. Firstly, 'legitimizing labiaplasty' is built upon how individuals feel toward other individuals considering labiaplasty and furthermore, how the participants might express empathy. Secondly,

‘legitimizing labiaplasty’ is about the participants deciding when and how the surgery is acceptable. ‘Acceptable’ and ‘understandable’ surgery is much more likely to have agency attributed to it than surgery that is ‘illegitimate’ or ‘undeserved’. It is here that we can begin to see how attributions of agency can be influenced by the expression or denial of empathy to individuals choosing labiaplasty.

The instances that I describe below demonstrate that in the eyes of the participants, there are circumstances where labiaplasty is acceptable, and situations where it is not. I will now move toward expanding on the participants imagining and ‘legitimizing’ labiaplasty, and in order to draw comparisons between the men and women, I extract and present key terms that the participants used to describe their own reactions. By focusing on the key terms, this way of interpreting this series of questions shows the range of responses, as well as similarities and differences based on the different contexts that the participants were asked to reflect upon.

#### *Friends and female relatives*

In asking the women how they would feel if a friend approached them and told them that they were going to have labiaplasty, the key terms that arose were: confused, surprised, sad, concerned, interested, curious and discomfort. In the case of the men, each replied that they would be curious, and rather interestingly, no other terms outside of curiosity were mentioned. In both cases with the men and women, most of the individuals who expressed that they would feel curious followed up with the reasoning that they would want to know more about what the motivations and reasons would be for the surgery. The key words related to the participants’ mothers or female relatives from the perspective of the men were curious and discomfort. With the women, on the other hand,

words such as discomfort, confused, curious, shocked, sad, and upset arose in their responses. Similarly in the case where the participants were asked about their response to a friend choosing and having labiaplasty, some (although notably fewer in this context) expressed that they would also be curious about what the reasons and motivations would be for their respective female relative to want labiaplasty.

In the cases of participants imagining that a friend of theirs and a female relative had decided to have labiaplasty, the women mostly saw surgery as something that Heyes (2007) would frame as constraining the surgical subject. More specifically, the surgical subject has been constrained by bodily ideals that have been likely to encourage surgery, and a recognition that the body does not fit into 'normal' surgical categories after researching the procedure. The women took more definitive positions than the men on wanting to know more about the decision making processes and motivations to have the surgery. In asking the women to expand on their responses, very few responses were neutral or bordered on being accepting of the decision to have surgery. A few of the women expressed that they would try to dissuade a friend from having the surgery, and some of the men and women explained that their way of questioning their motives would be contingent on the type of relationship (perhaps in terms of strength and closeness) that they had with the individual choosing the surgery. Interestingly, the men did not engage with the notion of dissuading or discouraging a friend or family member, and I think this is another manifestation of the fear of judging women and their choices regarding their bodies.

### *Gender transition*

The responses to finding out that an individual going through a gender transition and choosing to have labiaplasty were strikingly different from the other responses related to the general question of “How would you feel if...” Generally speaking, both the men and women expressed much less discomfort through their body language in responding to a trans woman having labiaplasty, and the reasons for curiosity were quite different from the explanations that I provided for the friend and female relative circumstances above. The key terms that arose from the women were as follows: supportive, curious, intrigued, excited, critical, sympathetic and accepting. For the men on the other hand, the key terms were curious and accepting. Curiosity in the cases of men and women here had to do with wondering about the process itself, what labia a trans woman might choose, as well as what options would be available to choose from in such circumstances. The term ‘critical’ was completely related to and contingent on curiosity, as one of the women expressed that she would be critical of what might be presented to a trans woman as a ‘normal’ feminine body. In the case of a gender transition, there was a near consensus among the participants that this would be a socially acceptable and legitimate reason to have labiaplasty. The participants seemed to be viewing labiaplasty in a gender transition process as a way of ‘becoming’ and building one’s identity, rather than determining surgery to be about attaining superficial or exceptional beauty (Heyes 2007a). With this in mind and comparing the responses to the other questions in this specific series, the participants generally were less receptive to the idea of surgery for reasons of pure aesthetic and vanity, and an I/They-Poem from one of the women sums up this major shift from hesitance to acceptance of labiaplasty:

*I guess*  
*Them feeling fit in*  
*Society more accepting*  
*People wouldn't have this reason*  
*You're never fully accepted*  
*You're fully there*  
*Someone to have finality*  
*I would feel happy for them*  
*You've never been allowed to be*  
*You're supposed to be*

As I mentioned prior to the presentation of the poem above, the participants strongly positioned labiaplasty for trans individuals as an enabling process, and some of the participants spoke directly to the notion of ‘becoming’, affirming identity and revealing the true self that one is meant to be (Heyes 2007a). No participant expressed an aversion or resistance to the idea of an individual having labiaplasty as part of a gender transition, and within the terms of ‘excited’ and ‘supportive’, I would posit that some of the participants’ orientations as allies and strong supporters of queer and trans communities became explicit through their responses to this particular scenario. Beyond expressing that one is an ally and supporter, I think the unquestioning legitimation and assertion of ‘deserving’ surgery is also indicative of a resistance to vanity that are present in aesthetic-based labiaplasty. Falsely ‘made-up’ women who are engaged in numerous beauty practices are sometimes positioned as ‘bad’ because they submit to vanity and because their agency is sometimes interpreted as being transparent (Holliday and Sanchez

Taylor 2006), whereas becoming ‘normal’ as well as building one’s identity are seen as enabling one’s subjectivity, a process towards which the participants were more sympathetic and understanding. Neither I nor the participants discussed the possibility of labiaplasty occurring with a family member or friend undergoing a gender transition, so I am unable to make any extrapolations about how the participants would have responded to the suggestion of this possibility.

### *Bearing witness*

For the last questions within the series of ‘imagining labiaplasty’, I asked the participants how they would feel if they were to bear witness to a person’s genital anxiety and their decision to have labiaplasty. More specifically, I wanted the participants to consider genital anxiety to be experienced by someone that they did not know personally or have a relationship with. To help contextualize witnessing another body’s genital anxiety and surgical decision, I communicated to the participants that they could witness these things in a number of ways, which could have ranged from reading a surgical testimonial, watching a documentary about cosmetic genital procedures, or even reading a blog or an online forum post on the subject of labiaplasty. As was true with the other questions, the men expressed a smaller range of emotion and responses, and the main terms that arose in their responses were curious, sympathy, and investigative. One of the men further suggested that a lack of relationship to the person would make him want to ask more questions about motivation and reasons for choosing the surgery.

In the case of the women, this particular question turned out to be more productive in understanding their positions than I had initially anticipated. Their responses not only provided insight into empathy as an expression, but they also helped

to ground their own feelings about labiaplasty, where many of the female participants seemed to say that they were orientated toward the space *in between* being ‘for’ and ‘against’ labiaplasty. This ‘in between’ space can be best described as a melding of critical viewpoints on the surgery itself while not desiring to diminish the agency of individuals choosing to change their bodies. The women used terms such as sad, empathy, upset, sympathy, curiosity, judgment, pity, relief and heartbroken. The two women who had considered the surgery, as well as one of the women outside of this category expressed empathy as a response to the imagining of witnessing the genital anxiety of another person and their subsequent choice to have labiaplasty. In probing more with the women who had considered labiaplasty, they both expressed that they would feel this way because they understood what it feels like to have genital anxiety and to desire the surgery. The other woman who expressed empathy explained to me that she understood what it was like to feel anxiety about her own body, so she felt she could understand what another person could be experiencing. She said she did not completely understand what it would feel like to desire surgery, but she explained that she could relate to what a person having genital anxiety might be experiencing. It was one of the women who had currently desired to have labiaplasty that brought up the term ‘relief’, and after I inquired more to find out what she meant by this term, she explained that she would feel happy for this person, as it indicated to her that they would get what they wanted. On the other side of the coin, it was the other woman who had once considered labiaplasty and no longer desired it who said ‘heartbroken’, and she explained to me further that it would hurt her to know that someone was going through what she had experienced. It was interesting to see the two women who had expressed an interest in

labiaplasty share an identical position on empathy, and yet expressed completely different emotions toward this hypothetical body and situation.

This question on witnessing genital anxiety and a subsequent choice to have labiaplasty was the last structured question that I posed to the participants, and in many cases with the women (with the exception of two women who had considered labiaplasty), they seemed to express what they were feeling in a more concise way than they had throughout their respective interviews and focus groups. Their words and expressions seemed to work as affirmations and in some cases, negated much of the contradictions and waffling that many of them expressed earlier. Some of the women explicitly said that they did not want to condemn individuals who had or choose labiaplasty, but they were not fully comfortable with the fact that potential and actual patients had been made to feel that they were not 'normal'. From reading the key terms, their explanations and comparing them with what was said at earlier points, it became clear(er) that the majority of the women who had not personally considered labiaplasty were more against the surgery than they were comfortable admitting to me. In more specific terms, these women seemed to be saying that they would not want someone to feel genital anxiety, but also that they were not keen on the idea of surgery, either. Some of the women explained that if they were in a position to speak with the person whose genital anxiety and choice to have labiaplasty that they had born witness to, they would try to dissuade them from having the surgery. Only two women explained that they would try to dissuade a female relative or a friend from having surgery in the previous questions, but in the case of a stranger's genital anxiety and choice to have labiaplasty a total of five women expressed that they would attempt to convince a stranger that they

should not have surgery. There are a few potential reasons why some of the women expressed that they did not want individuals to have labiaplasty. Firstly, it is possible that the lack of relationship with a stranger (as compared to more intimate relationships with friends and family members) would allow the participants to feel more comfortable confronting a stranger's decision because there is no relationship or rapport to damage through expressing judgment. Secondly, this emergence could be indicative of an emotional 'outreach' of sorts, where some of the women would feel the desire to try to reduce feelings of anxiety if they were to find themselves in this situation. Lastly, and perhaps most pessimistically, this desire to turn other individuals 'away' from labiaplasty might be part of a larger hostility toward individuals choosing labiaplasty, where the women could be viewing the choice to have the surgery as 'wrong', 'inauthentic' and vain. It is also interesting that the responses from these women mark a distinct shift 'away' from labiaplasty, and four out of these five women spoke about being feminists or having feminist vantage points in explicit terms throughout their respective interviews and focus groups.

### **On empathy**

What is particularly striking about the responses from the participants is that the women expressed a much larger range in terms of emotions and some of the key terms that I unpacked above. While I would not want to go so far as to say that men emoted less than the women—at least in part because of the disproportionate numbers of men and women and because I do not have a large enough basis to make such statements - it is still necessary that I attempt to explain and account for these differences. Although the men only represented a quarter of the total number of participants, their responses nearly

mirrored one another, which is interesting because they did not cross paths with one another in the interviews or focus groups. It is significant to discuss that experiences with feeling and emotions are different for men and women, and also that such differences shape the ways in which feelings are disclosed (Bartky 1990). The tendency for the men to be more neutral in their responses throughout the project and a 'fear' of passing too much judgment is what appears to have shaped their lack of range in responses. The men's fear of judgment and neutrality are important to frame not only as a gendered orientation, but also as an awareness of being situated within a feminist research project. I did not communicate to the men or the women that they were participating in a feminist project, but I believe part of the men's distancing from judgment and value statements indicates that they understood these circumstances.

I would further posit that the emotive expressions stemming from imagining labiaplasty have much to do with how one's body can be impressed upon by considering the possibility of someone the participants know choosing to have labiaplasty. As a general statement, I think it is important to consider that labiaplasty makes much less of an impression on men's bodies than it does on the bodies of women. That is not to say that men are not impacted by the existence of labiaplasty, as there certainly are individuals going through gender transitions who have labiaplasty, and labiaplasty might also have an impact on how men perceive female genitalia. In the case of this project however, the men seemed to be less affected by the idea of imagining labiaplasty as per my strategy, and although there were a greater number of women responding to these sets of questions, their responses seemed to come from a deeper place.

Similarly, an explicit expression of empathy from the men was completely absent, but this absence is still significant to my analysis. I would not want to argue that expressions of empathy were absent because men simply do not understand what it is to embody femininity, and that they were unable to empathize because they do not have labia. To do so would be to make unfair assumptions about the men's capacity to see outside of themselves and to wrongfully assert that men do not express certain emotions (Bartky 1990). Rather, I see this absence of empathy as indicative of three major elements. One is that the men may have not felt comfortable relaying information to me that they too have felt genital anxiety, which I understand as a very strong probability. The second is that if any of the men did have genital anxiety, they did not relate it to women having anxiety about their labia, and were therefore unable to completely connect with the notion of 'understanding' what this anxiety might feel like. The third possibility that might explain the lack of empathetic responses from the men would be that anxiety related to one's labia did not make much of an impression on the men, and it is possible that a discussion on something such as penile enhancement or medicalized sexual performance may have encouraged them to speak in terms of 'understanding' what anxiety might feel like.

### **Chapter closing statements**

This chapter has sought to present responses and feelings about empathy and agency from the men and women involved in this project. I began by discussing how the participants compared rhinoplasty and labiaplasty, in order to set the stage for why we *care differently* about the surgical transformation of genitals. In presenting the ways in which agency and empathy are complex attributions, I have focused on specific

participants' dialogues, and I have also sought to connect their perspectives to larger processes such as social acceptability, consumerism and 'legitimizing' surgery. Theoretically, I have framed discussions on empathy and agency within the dynamics of Heyes' (2007a) discussion of Foucauldian normalization, where processes of enablement and constraint are identifiable in what the participants thought and felt about labiaplasty. For the most part, the participants saw enablement as a rather transparent component of the surgical process, where they were critical about profit in regards to the capitalist nature of cosmetic surgery, and where it can be difficult to understand choice in a completely objective way. However, all but one of the participants expressed that labiaplasty in the context of a gender transition would be enabling to individuals going through this process. Constraint was an interesting emergence as well, where most of the women did not want other women to have labiaplasty, and the fact that the overwhelming majority of the participants expressed that they *would* question or be curious about a person's choice to have non-gender transition labiaplasty further indicates that the participants were hesitant to view genital anxiety as unquestionably authentic or legitimate.

There are several interconnected concepts at play within this chapter, which include orientations, empathy, agency, intelligibility, enablement, and constraint. Orientations have been significant throughout this chapter, as the participants' feminism, values, genders, and interests factored into how they expressed empathy and how they attributed agency. My discussions of empathy and agency point to larger processes of social acceptability regarding genital anxiety, the choice to have surgery, and what happens to surgical subjects themselves. As I referenced earlier in this chapter,

intelligibility is important in determining what ‘legitimate’ reasons for surgery are, and who is ‘deserving’ of surgery, as it requires a ‘reading’ of specific circumstances. Such ‘readings’ are not only going to be based on orientations because of the situated ways in which we know, see, and feel, but these ‘readings’ can also include or exclude expressions of empathy. Empathy is also linked to attributing agency, where an expression of shared experiences and feelings ‘toward’ an individual experiencing genital anxiety could lead to the belief that agency is present and possessed. On the other hand, agency is much less likely to be attributed if an individual expresses no understanding or shared feeling of the experience of another individual. It is also imperative to note that the participants’ engagements with agency and empathy indicate that they tended to view enablement through surgery as mostly transparent and intersected by constraining aspects of surgery. The components of this chapter demonstrate that the participants felt that labiaplasty was only acceptable in specific circumstances, that we are much more likely to turn ‘away’ from individuals who choose labiaplasty if we do not share similar feelings or experiences, that the participants took issue with aesthetic-based surgery because it was visibly constraining, and that several of the participants’ responses to questions of empathy and agency can be categorized within larger vocabularies on enablement and constraint.

## Chapter five: Major findings and conclusion

### Thesis summary

This body of work began with a focus on orientations in relation to women's genitalia and how we might be turned 'toward' and 'away' from particular bodies and forms of self-transformation based on facets of our own identities and experiences. In incorporating arguments that labiaplasty leaves 'impressions' on us, that we experience moments of disorientation in coming into contact with labiaplasty, that orientations play a significant role in shaping responses to labiaplasty, and that sexuality may complicate perceptions of labiaplasty, I asked: *What visceral responses arise from being turned 'toward' and 'away' from labiaplasty, and how do such responses shape attributions of agency and expressions of empathy to individuals who have genital anxiety and subsequently choose labiaplasty?* In order to contextualize the research questions and arguments that were presented, I positioned labiaplasty by situating it as a historically and culturally imbued practice, while also providing justifications for my approach to the subject matter. My project was then situated in existing literature and research on the themes of labiaplasty, empathy and agency, and I also outlined the central theoretical frameworks being reflected on throughout this project, which were drawn from the work of Ahmed (2004), Biddle (1997), Shotwell (2011), and Heyes (2007a).

The purpose of presenting my entire methodological process was to demonstrate that labiaplasty leaves 'impressions' on those who come into contact with it, as well as that my project was responded to with some discomfort. It was also imperative to detail recruitment strategies, what measures I took to make the project work, as well as the

questions that were posed to the project's participants. In addition to reflecting on the orientations of the participants, I also had to reflect on my own orientations as not only aligning me with particular leads and participants but also as impacting the presentation of the visual vignettes. By being reflexive about my role as a researcher and my emotions that are attached to labiaplasty, I sought to ground this experience in how emotions spill over into conducting research, and that the impressions labiaplasty has left on me are fixtures within this project.

The two data chapters that were presented focused on the visceral responses of shame and disgust, as well as attributions of agency and expressions of empathy. Before launching into the intricacies of shame and disgust in the first data chapter, I provided an extensive explanation of my data analysis processes and mapped out an extended method of I-Poems. Not only did I engage in a close reading of each of the transcriptions, I also completed several I/They-Poems as part of a strategy to isolate contradictions, complexities and instances where a participant's response or narrative could be better clarified and understood. Incorporating the notion of orientations in this chapter involved discussing the reasons why participants were drawn to the project, as well as how shame in particular was mediated by orientations of education, feminism, and gender. Disgust was a response to the second and third vignettes, was expressed toward the practice of labiaplasty itself, and was felt by the two women who had considered labiaplasty. I reflected on the work of a number of different theorists in order to frame the numerous and interconnected concepts that were presented throughout this body of work. In this particular chapter, I argued that the participants' responses of shame and disgust were strongly linked to impressions and orientations, but also that several of the participants

experienced disorientation as well. Shame was presented as a residual effect in discussing the two women who had considered labiaplasty, where I reflected on Shotwell's (2011) work to comment on how some of the women were reflexive in experiencing shame. I linked Ahmed's (2004) arguments that shame is a relational experience and a productive emotion, and discussed Biddle's (1997) explanation of contact shame and the productivity of shame on an individuated level.

The second data chapter focused on empathy and agency, which I framed as affective expressions and attributions. In order to reflect on orientations and how the participants viewed labiaplasty as 'different', I discussed the participants' comparisons between rhinoplasty and labiaplasty. What resulted from these comparisons was that the participants did view labiaplasty as being different and somewhat 'exceptional' from rhinoplasty because of the private area of the body being operated on, the sexual nature of the procedure, and lessened social acceptability of the procedure. In a focused discussion on agency, I sought to highlight the grey area that exists between the feminist agency and structure debate by demonstrating that some of the participants were very cognizant of the contradictions and complexities within attributions of agency, and also that some participants showed these contradictions through speech and subsequently through I/They-Poems that I presented. I also reflected on agency theoretically with Heyes' (2007) vocabulary on enablement and constraint. In this particular case, this theoretical vocabulary emphasized the often-contradictory tensions within perceptions of agency. In order to discuss empathy, a discussion on 'legitimizing' labiaplasty was presented, where I reflected on the various ways in which the participants responded to imagining that various people inside and outside of their personal relations were having labiaplasty.

What was most striking in this discussion is that many of the participants were uncomfortable with the idea of friends and female relatives having the procedure, but were nearly unanimous in accepting the idea of labiaplasty within a gender transition. Not only was this emergence an opportunity to discuss the orientations of the participants as being ‘toward’ this type of justification for surgery, but this was also a way to see that the participants were drawing boundaries between vanity and ‘becoming’ as ‘illegitimate’ and ‘legitimate’ reasons for surgery. Reflecting on the question of bearing witness to a stranger’s genital anxiety and choice to have labiaplasty revealed some of the women being more explicit in what they thought about labiaplasty, which was that they were not supportive of non-trans women having the surgery.

### **Theoretical and methodological reflections**

Because my approach to labiaplasty is built on a number of different concepts, it was necessary to achieve balance in theoretically framing my arguments, ideas and emergences from the data that was collected. More specifically, the topic of this project required me to reflect on emotions while maintaining a feminist approach to the procedure itself so as to remain politically critical of labiaplasty while also taking into account that cosmetic surgery in general is layered with many contradictory elements and that responses to labiaplasty are mediated by numerous factors. Heyes’ (2007) work on enablement and constraint within normalization allowed me to be critical of the processes that shape labiaplasty, and her work, as I have mentioned before, emphasizes tensions and contradictory elements within cosmetic surgery, especially where bodies appear to be enabled through surgical transformation. Ahmed’s (2004; 2006) work has been particularly valuable to this project because of the way in which she positions

orientations as being formative in social relations and responses to others, and also because of her specific work on shame and disgust as visceral yet politically productive responses. I used Biddle (1997) for her individuated approach to shame, where she focuses specifically on what types of effects are produced through experiences with shame. I also reflected on the work of Shotwell (2011), where I was able to obtain and express a vocabulary for my experiences with impressing shame onto my participants.

I made some significant theoretical linkages between several of the concepts that were discussed throughout this project by not only considering the work of the theorists that were referenced throughout, but by also incorporating the nuanced elements of this project that make it unique and significant to existing sociological and feminist approaches to cosmetic surgery. Throughout this body of work, I have made a series of arguments and extrapolations that can enrich approaches to how we respond to bodies as well as provide suggestions for new vocabularies for forms of cosmetic surgery that are in constant flux and development. I argue that empathy is under theorized in research on cosmetic surgery, and also that further considerations of empathy in future feminist projects on cosmetic surgery and bodily transformation could give shape to larger reflexive projects on how our own orientations shape what we see, feel and know about cosmetic surgery. My work exemplifies that expressions of empathy and attributions of agency are affective responses and that it is possible to theoretically link these concepts. Both of these affective responses involve a feeling ‘toward’ or ‘away’ from another individual based on a reading of specific circumstances where empathy might be felt based on a shared experience and where agency could be attributed based on the perception that an individual’s choice appears to be authentic. Empathy and agency are

further connected on the basis that expressions or denial of empathy communicate something significant about agency, which is that it is unlikely to be attributed in the event that empathy goes unexpressed, and conversely, that attributing agency is an increased possibility based on expressing a shared experience, emotion or perspective with another individual. Lastly, I have formulated the work of Heyes (2007a) to fit within my own project to not only remain critical of labiaplasty as a practice, but to also show appreciation for a framework and approach that highlights several of the complexities and contradictions that are present in researching cosmetic surgery. By incorporating notions of enablement and constraint into data analysis, I illustrated that the participants were going through the motions of negotiating these two possibilities for individuals who choose labiaplasty. Demonstrating that enablement and constraint are identifiable in the participants' experiences in coming into contact with labiaplasty emphasizes that responses to the procedure are complex and imbued with contradictions.

Methodologically, several changes to my project took place over the course of gaining ethics clearance and through recruitment. This three-spoke qualitative method included interviews, focus groups and visual vignettes. The visual vignettes provided intricate dialogue on the response of disgust in particular, and the various representations of genitalia in the vignettes resulted in discussions on race, youth, sexuality, and ideas about 'normal' and 'legitimate' reasons for surgery. Although I had initially planned to organize participants into focus groups, one-on-one interviews ended up occurring twice as often as than the groups themselves, which was partially due to the personal preference of some of the participants, but was also due to the fact that interviews tended to be easier to schedule and organize. I likely would not have had the participation of the two women

who had considered labiaplasty if interviews had not been made an available option, because each of their narratives were quite intimate and private. I felt that the interviews ended up resulting in richer data than the focus groups, as the interviews were slightly more focused in both discussion and reflection of the questions that were posed to the participants. This development was not what I had anticipated for the project, but it is certainly notable to reflect upon.

In my initial analyses of emergences of empathy and agency in the data, I had concerns that I had missed the mark in encouraging the participants to reference these expressions and attributions because these emergences were not in plain sight as I went through the data. However, upon closer examination, I realized that I would have to piece together the clues about empathy and agency. Because I asked the participants about agency and empathy in implicit ways by not actually utilizing these terms in the hopes that I would receive information about how attributions and expressions of agency and empathy are *built* and *mediated*, I subsequently received implicit answers and pieces of information. My strategies of reading the data thematically and creating I/They-Poems allowed me to make inferences about what the participants were communicating. I/They-Poems were particularly helpful in making parts of the participants' narratives and discussions more visible and pronounced, and as I discussed in the presentation of my data analysis strategies, creating these poems provided me with the opportunity to be reflexive about assumptions that I was making about the participants' responses and positions. In looking at the 'guts' of particular respondents' discussions and answers, I was able to pick up on details that I likely would have not seen otherwise. I acknowledge that I altered the I-Poem strategy as it had been originally conceived to better fit the needs

of my project, and in doing so, I was able to reflect more on how the participants viewed the bodies, decisions and subjectivities of other people.

### **Reflecting on sexuality**

In my introductory chapter, I had initially posited that it was the sexualized nature of labiaplasty that might complicate emotional responses to the procedure, as well as complicating attributions of agency and expressions of empathy to individuals experiencing genital anxiety and subsequently choosing labiaplasty. I felt that improving one's sexual self through labiaplasty might trouble how the participants responded to the procedure, and I further anticipated that the participants would engage in several discussions about sexuality in relation to the procedure. Sexuality did arise in some areas of the data, but the range of discussion and reflection on it was rather limited in scope. This absence is not insignificant, and this absence might be due to the fact that I did not explicitly ask the participants any questions about sexuality and labiaplasty. I assumed that this would just emerge from the participants, and it is also possible the participants lacked the vocabulary to map their responses alongside their feelings about sexuality simultaneously.

As I argued in the fourth chapter, some of the participants explicitly stated that it was the sexual nature of labiaplasty that differentiated it from rhinoplasty, which indicates that some of the participants were thinking about sexuality. Given my position that we *care differently* (or that body parts carry particular meanings) about what happens to specific areas of the body, I can argue that the participants who fuelled this concept were positioning labiaplasty as more or less socially acceptable on the basis that it alters one's sexual experiences and one's sense of a sexual self. I do not have enough

underlying support to say that these participants were accepting or unaccepting of labiaplasty on the basis of altering sexuality and sexual experiences as this particular part of the data represents a very small snippet of information. In my view, it could have gone both ways, as the men who spoke about caring differently and experiences with body parts were situated slightly differently ‘toward’ and ‘away’ from labiaplasty. One of these men was more accepting toward the surgery than the other, but they both maintained the men’s tendencies to distance and turn themselves ‘away’ from the procedure that I have discussed before.

### **Reflecting on orientations, disorientations and impressions**

As was discussed throughout this thesis, the role of ‘impressions’ and being orientated ‘toward’ and ‘away’ from labiaplasty has played a significant role in how I have conceptualized the participants’ responses to labiaplasty. As a researcher, I turned ‘toward’ labiaplasty because of the impression that labiaplasty left on me, as I felt several visceral responses toward a procedure that was imbued with many layers and meanings. My own complicated feelings about labiaplasty have not only encouraged me to incorporate the significance of emotional responses to the procedure, but to also consider how such feelings are mediated by my own orientations and experiences. These specific facets of my identity have left marks on my project in terms of the participants I came into contact with, as well as the concepts that I sought to examine by researching responses to labiaplasty.

I think it is also imperative to understand particular orientations as allowing for different levels of susceptibility for impression making as well, and that orientations intersected one another at interesting points in this project. The experiences of my

participants in this project highlight this nuance by demonstrating that labiaplasty impresses on us not only in different ways but also to different extents. Orientations such as gender, education, race, sexuality and value systems such as feminism are differentially impacted, and I sought to demonstrate these differences throughout the data analysis portions of this thesis. Women who self-identified as feminists in the interviews and focus groups tended to view labiaplasty most problematically and critically out of all of the participants in the project. These women also had different vocabularies for responding to labiaplasty from some of the other women and the men, and it seemed that labiaplasty impressed the most ‘deeply’ onto these women at the time of their participation. The women who had considered labiaplasty had already been impressed upon and marked by labiaplasty prior to their participation, which had obviously had a significant effect on them. These orientations of being ‘toward’ labiaplasty at particular points in their lives were intersected by the orientation of feminism, where one woman eventually turned ‘away’ from labiaplasty because of her own feminism, and the other would “...have surgery tomorrow” with the knowledge that labiaplasty feels like the ‘wrong’ thing to do.

The men’s experiences in the project are particularly interesting not only because of their orientations as men, but also because of their tendencies to maintain a measure of distance from the procedure. As was discussed previously, the men seemed to have an awareness that they were participating in a feminist research project, and in being turned ‘toward’ feminism through participation, the men’s responses were often neutral and did not have the same emotional range as the responses of the women. Overall, labiaplasty impressed onto the men less and differently than it did with the women, and as my

previous discussions on this have detailed before, labiaplasty impacts the bodies of women most directly and more significantly than the bodies of men. Labiaplasty arguably may have left residual effects on the women post-participation, and this would not be as likely of a scenario for the men who participated in the project.

Other experiences in the project were impacted by the participants' orientations coming into contact with labiaplasty, where several of the participants were observably experiencing disorientations where something feels strange, out of line, or as Ahmed (2006) specifies, 'queer'. As I discussed in the third chapter, one woman's orientation as a white feminist was marked by her expression of shame as a result of feeling ignorant to whiteness being established as a 'norm' in labiaplasty procedures. Two other women felt shame based on boundaries they felt they had crossed in responding to bodies, which appeared to be the result of these women considering what they had been 'taught' about what are 'right' and 'wrong' ways of asking questions, interpreting situations and utilizing particular language. In their own ways, these women expressed to me that something did not feel 'right' in how they had answered questions and responded to the material in their respective interviews, and such 'queer' moments often also show individuals reaching out into space to try to resituate and re-orientate themselves back 'toward' where they would be normally orientated. These women were not the only individuals to experience disorientation throughout the project, as two other women were negotiating their responses based on what appeared to be disruptions to their feminist orientations, and one of the men's tendencies to be neutral was disorientated by the ways in which marketing and promotional tools associated with labiaplasty 'moved' him to become frustrated and upset.

## Conclusion

Ultimately, this project has demonstrated that labiaplasty is a multiply embedded practice that is worthy of investigation for a number of reasons. I have shown that this procedure is informed by particular beliefs about and treatments of female genitalia, and that there are processes that reside within and outside of this procedure that result in an enriched perspective on approaches to cosmetic surgery and responses to bodies. This project has emphasized that labiaplasty can ‘move’ us in many ways, where we might respond viscerally, where our orientations can be affirmed or shifted, and where we might deny or acknowledge particular feelings toward individuals who choose this procedure. Labiaplasty can also ‘move’ us by impressing onto our psyches, and being impressed upon can cause us to be reflexive and consider how our own responses are mediated by orientations that comprise pieces of our identity. Labiaplasty can also ‘move’ us ‘toward’ or ‘away’ from bodies experiencing genital anxiety, and examining this procedure in detail reveals nuances about vanity, identity, and ‘legitimate’ self-transformation. As a fitting way to conclude this body of work, I will finish by saying that this project has demonstrated that we *care differently* about labiaplasty, and that these differences illuminate several significant nuances about how we deem subjects to be ‘legitimate’ in their desires to become ‘better’ bodies through labiaplasty, and perhaps most significantly, whose choices are deserving of our acceptance.

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**DEPARTMENT OF SOCIOLOGY & ANTHROPOLOGY  
Carleton University**

**PARTICIPANTS REQUIRED FOR RESEARCH  
ON LABIAPLASTY**

**Volunteers are being sought out to take part in a research project on perceptions of  
and emotions associated with labiaplasty.**

**In order to participate, you must currently identify as a woman, be over the age of  
18, and you must have had any or multiple forms of cosmetic surgery in the past.**

**As a participant, you will be engaging in a small group discussion with other  
individuals meeting the same criteria listed above and one researcher. This  
discussion would take up an hour of your time.**

**For more information about this study or to volunteer as a participant,  
please contact:**

**Jenelle Williams (researcher)  
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This project has received ethics clearance and has been reviewed by the Carleton  
University Research Ethics Board. To contact the Carleton University Research Ethics  
Board please send inquiries to: [ethics@carleton.ca](mailto:ethics@carleton.ca)

Appendix 1A



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**In order to be a participant in this study, you must currently identify as a woman,  
be over the age of 18 and have considered undergoing a form of cosmetic surgery  
and have abstained for any number of reasons.**

**As a participant, you will be engaging in a small group discussion with other  
individuals meeting the same criteria listed above and one researcher. This  
discussion would take up an hour of your time.**

**For more information about this study or to volunteer as a participant,  
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and emotions associated with labiaplasty.**

**In order to be a participant in this study, you must currently identify as a man, be  
over the age of 18, and have not undergone a form of cosmetic surgery.**

**As a participant, you would be engaging in a small group discussion with other  
individuals meeting the same criteria listed above, one researcher and one research  
assistant. This discussion would take up an hour of your time.**

**For more information about this study or to volunteer as a participant,  
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Appendix 1C



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Title of research project: Feeling the change: Exploring emotive perceptions of labiaplasty

Date of ethics clearance: August 16<sup>th</sup>, 2012

### **Project background**

My name is Jenelle Williams, and I am a Master's student in the Department of Sociology and Anthropology at Carleton University. For my Master's thesis project, I am under the supervision of Professor Jacqueline Kennelly, whose contact information has been provided above. I am contacting you because I am researching varying perceptions on labiaplasty and under what conditions such perceptions develop. The objective of this project is to find out the reasons why specific cosmetic surgeries are often defined as something that we (as individuals) are 'for' or 'against'. In order to meet this objective, I am focusing on the role of emotions in people's perceptions of labiaplasty.

### **Recruitment**

I have contacted you because I am seeking to post posters in your space in order to recruit participants for my research. I believe that your space could be conducive to obtaining participants, as a variety of people utilize your space to address health issues and to discuss their bodies. Of course, your willingness to participate (by allowing to have posters posted) is completely voluntary, and should you change your mind about participating, you can withdraw at any time. If you have any questions or concerns, you can contact Dr. Kennelly, Carleton's Research Ethics Board, or myself at any time.

Regards,

Jenelle Williams

Appendix 2A



**DEPARTMENT OF SOCIOLOGY & ANTHROPOLOGY  
Carleton University**

**PARTICIPANTS REQUIRED FOR RESEARCH  
ON LABIAPLASTY**

**Volunteers are being sought out to take part in a research project on perceptions of  
and emotions associated with labiaplasty.**

**In order to participate, you must be over the age of 18, and you must be willing to  
view images involving nudity as part of your involvement in this project. Everyone  
and all genders are welcome.**

**As a participant, you will be engaging in a small group discussion or in a one on one  
interview with one researcher. Deciding to be an interviewee or a focus group  
member is a decision that can be made based on your comfort level in discussing  
and viewing matters related to the project. In either case, participation will take up  
one hour of your time.**

**For more information about this study or to volunteer as a participant,  
please contact:**

**Jenelle Williams (researcher)  
Department of Sociology and Anthropology  
Email: [jenelle\\_williams@carleton.ca](mailto:jenelle_williams@carleton.ca)**

This project has received ethics clearance and has been reviewed by the Carleton  
University Research Ethics Board. To contact the Carleton University Research Ethics  
Board please send inquiries to: [ethics@carleton.ca](mailto:ethics@carleton.ca)

## **Background questions**

How old are you?

What is your current profession/occupation?

What is your level of education/area of study (if applicable)?

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- 1) Why were you interested in being part of a research project on labiaplasty?
  
  - 2) In your view, how is labiaplasty different (or similar) to another form of cosmetic surgery such as a nose job?
  
  - 3) Please explain what your initial response or feeling is toward his image and what you are feeling as a result. (First image- wall of 'vaginas' by Jamie McCartney- provide background if it is required or requested)
  
  - 4) Please explain what your initial response or feeling is toward this image and what you are feeling as a result. (Second image- 'Normal' labia)
  
  - 5) Please explain what your initial response or feeling is toward this image and what you are feeling as a result. (Third image- Before and after image)
  
  - 6) In your view, why do individuals choose to have labiaplasty?
- 

The next questions that we will go through will be a slightly different format from what we've talked about in the previous questions. What I want you to do is provide a one-word emotional response to each question that I ask, and I will follow up with your responses afterward.

- 7) How would you feel if a friend came to you and told you that they were going to have labiaplasty?

Appendix 3A

8) How would you feel if your mother (or a close female relative) came to you and told you that they were going to have labiaplasty?

9) How would you feel if a person who was making a gender transition came to you and told you that they were going to have a labiaplasty?

10) How would you feel if you witnessed someone expressing genital anxiety? (The witnessing could take place through reading a testimony of a labiaplasty patient, a blog post or an individual talking about their genital anxiety on a documentary or program)

Image #1



Image #2

Normal

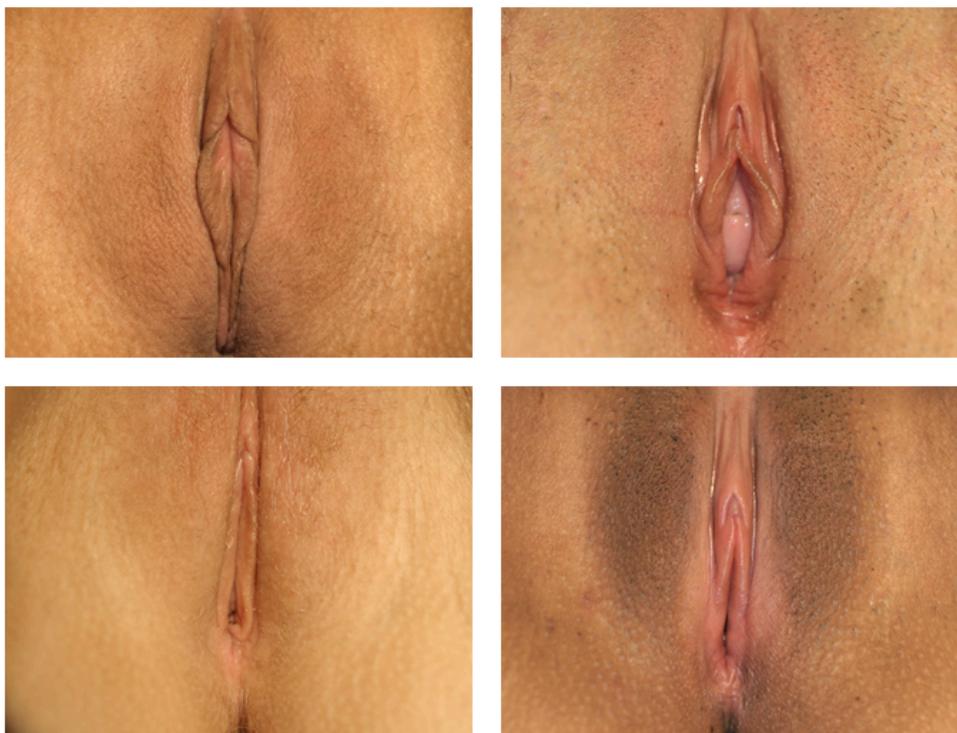


Image #3

