

# **Making the Cut: Mass media and the growing desire for genital cosmetic surgery by young women and girls.**

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## **Abstract**

Women and girls have long been confronted with unrealistic, unattainable body image norms. Additionally, the 'ideal feminine' body has been subject to constant change over the last centuries and decades. With the proliferation of the internet, women and girls are continuously exposed to advice from heteronormative discourses of womanhood. Demand for cosmetic surgery has dramatically increased and is still expanding. Recently, women's and girls' awareness has shifted towards how they should 'improve' the aesthetic appeal of their labia, 'optimise' their vaginas, and generally make their vulva 'healthier', leading to a growing popularity of female genital cosmetic surgery. Proponents of surgical interventions (falsely) claim them as agentic methods of self-expression and promise 'improvement' beyond the individual's control. The marketing of these procedures is predicated on shame and has been described as aggressive. Our postmodern era brings new visions of desired body image, and a rise of internet-based digital connections between people. This means new body image 'norms' are instantly circulated and changed, and body image is continuously scrutinised and shamed. Coupled with increased accessibility of internet-based nudity and pornographic material, and prevailing associations of shame and taboo about female genitalia, consequences particularly for young women's perceptions of body image are drastic. This chapter discusses the internet's role in the recent desire by young women and girls to seek genital cosmetic surgery.

## **Keywords**

Body Image – Commodification – Cyber-shame – Genital Aesthetic – Genital Cosmetic Surgery – Shame – The 'Ideal Feminine' – Women's Health – Fourth Industrial Revolution (4IR)

## **Introduction**

Body modification and cosmetic surgery have gained notable public awareness with the advent of mass media through the internet, together with the marketization of new ‘feminine ideals’. ‘Failure’ to meet these bodily norms can distance women away from society’s ‘ideal feminine’ and lead to an internalisation of body image-oriented shame. We note this chapter is written from a Western perspective and therefore might be limited in its transferability to other cultural contexts. We further accept that the following discussions of female genital cosmetic surgery [FGCS] in this chapter centre on cisgender women and girls, and thus necessarily omit trans, non-binary, and intersex individuals, who face unique challenges surrounding genital surgery and modifications. We write in the knowledge and understanding that the experiences and discourses which affect non-Western and non-cisgendered women and girls are diverse, complex, and worth exploring in their own right, hence are not tackled here directly. This chapter will interrogate the internet’s role in the recent desire by young women and girls to seek genital cosmetic surgery. We have decided to focus particularly on ‘young’ women (18-29 year olds) and girls due to their high usage rates of social media (Primack & Escobar-Viera, 2017), through which we know new body image ‘norms’, including those of new genital aesthetic ‘norms’ are being propagated (Iglesia, Yurteri-Kaplan, & Alinsod, 2013). We unpack this relationship between young women and girls and FGCS by foregrounding literature which writes on the intersections between the internet, mass media, and body image; and the links between shame and cosmetic surgery. Following these sections, we provide an analysis of conditions promoting the uptake of FGCS, culminating in implications for clinical practice and concluding thoughts.

### **The Ever-Oscillating Nature of Female Body Ideals**

Society has continually propagated unrealistic – and ever-changing – standards and so-called ‘norms’ of what it means for women and girls to be feminine, and therefore beautiful. The variation of feminine beauty norms demonstrates that they are both temporally and culturally situated, meaning changes in socio-cultural opinion can enforce profound changes to what is classed as desirable and what no longer meets the ‘feminine ideal’. This ideology has been documented by Wolf (1991), who claims imagery of women’s so-called ‘beauty’ has been used against women in a move to commodify women’s bodies and keep women occupied by shame about their bodies not meeting the new ‘beauty’ standard. For example, the Ancient Egyptians and Ancient Chinese dynasties preferred a slender figure, demure in posture, and quaint in poise, associated with modesty (see Silverio, 2019 for a detailed discussion of postural aspects of women and shame). On the contrary, denizens of Ancient Greece, the Italian Renaissance, and Victorian Britain favoured fuller-figured women, with larger breasts and shapely hips – taken as visual synonyms for enhanced fertility (Magli, 2007; Rice, 1981). Moving to more modern casts of the

‘ideal feminine’, Western society during the 1920s desired an androgynous ‘flapper girl’ build, in what was a dramatic shift away from the portly Victorian figure of the previous century. Before long, the three subsequent decades (1930s-1950s) once again saw new trends in femininity with the dawn of the Golden Age of Hollywood, which brought with it the hourglass figure as the most desirable. A further change to what was deemed feminine, and therefore beautiful in the Western world, came to fruition in the 1960s, with tall and thin becoming the exemplar for feminine beauty. Eventually, the desire for the ‘stick-thin’ feminine vanished, only to be replaced by a societal desire for a version of femininity which came to be known as the ‘Supermodel’. This era, which dominated the 1980s, saw *‘slim, but still buxom’* as the new feminine standard filling the spotlight previously held by those mentioned above. The 1990s, gave way to ‘heroin chic’, where *thin* was once again *‘in’*. Women were again considered to be the embodiment of feminine beauty if they were waifish and gaunt, effectively equating *sexy* with *skinny*, and deviations from this attracted disdain and shame.

This fluctuation between often polar opposite supposed *‘feminine’* traits (i.e. from voluptuous to willowy and back again) illustrates beauty standards and desired forms of femininity are arbitrary, capricious, and fragile. It shows that throughout history, certain bodies are not *naturally* more beautiful or attractive than others, but rather the social desirability of some body types has waxed and waned according to socio-cultural, patriarchal, masculinist desires and discourse. Moreover, hegemonic heteronormative discourses have long dictated which bodies are favourable and therefore, valued; whilst simultaneously and implicitly deciding which ones are made invisible, erased from favour, or worse: *shamed*.

One way women and girls are seen to be circumventing this issue is by seeking cosmetic surgery. As the new millennium brought with it the advent of desire for the *‘healthy curvy’* woman, cosmetic surgery became increasingly more accessible to the average person and pioneering efforts in the field of plastics and reconstructive surgeries were adapted for *“the aesthetic improvement on otherwise healthy bodies”* (Davis, 1995; p. 16)

## **Society, Body Image, and Cosmetic Surgery**

Social media use amongst adolescents continues to increase annually, with early adolescents now actively using social media, whilst simultaneously undergoing physical changes, identity development, and forming attitudes about their bodies, and trying to establish themselves as an individual. Sociocultural theories of body image argue individuals internalise the largely unattainable cultural body norms projected on social media, which pressure young people, and particularly young women, to try to change their bodies (see Salamon & Spears Brown, 2019). This is largely due to a pre-occupation with body surveillance (the excessive monitoring of the outer appearance) and self-objectification behaviours or commodification (when people view themselves as objects for use instead of as human beings) as explained

by Salamon and Spears Brown (2019). Moreover, Manago et al. (2015) have contended that social networking websites are popular avenues for young people to curate flattering images of themselves; post provocative photographs; and gain both attention and validation. Anyone posting on these websites is vulnerable to the dark side of social media (Craker & March, 2016), including cyber bullying, trolling (the act of leaving an insulting message on someone else's social media post), and online harassment, with many instances linking to body image. It is on such platforms that Manago et al. (2015) argue that young people learn what is considered sexy and attractive, and we argue, that for women an important tertiary factor is that they learn what is the current feminine 'norm'.

### **The Internet and Body Image**

The role of the internet in body image projection and consumption has been a hot topic in the mass media in what has become known as the '*complicated truth*' about social media and body image. Women users of social media have reported they tend to compare their own appearance negatively with their peer group and with celebrities, but not with family members (see Fardouly & Vartanian, 2015). Social media and its impact on body image has also been the subject of academic debate internationally. For instance, in Australia, Tiggeman and Slater (2013) examined the relationship between internet exposure and body image concern in adolescent girls. The authors found that time spent by participants on the internet and social media was significantly related to internalisation of the thin 'ideal', body surveillance, and a drive for thinness. Moreover, in a study engaging with American students, Manago et al. (2015) found that social media fosters a heightened experience of the self from an observer's perspective, which has consequences for body image and sexual agency amongst both women and men. Further, Vandenbosch and Eggermont (2012) note more adolescent girls in Belgium report observing sexually objectifying content on their social media newsfeeds, which led to increased endorsement of Western beauty ideals; increased surveilling of their own bodies; and increased prioritisation of appearance with regard to self-worth.

We live in an age where there is an increasing emphasis on the body and its perfection. Whilst television and its role in the domestication and normalisation of cosmetic surgery and the risks associated with it through reality television programmes has been well documented (Ashikali, Dittmar, & Ayers, 2016; Crockett, Pruzinsky, & Persing, 2007; Tait, 2007), the rapid proliferation of internet technologies and smart phone applications have much to answer for. Recent estimates suggest approximately 90% of 18 to 29-year-olds use social media, with most visiting such sites at least once daily (Primack & Escobar-Viera, 2017). Alongside the rise in social media applications focused on photographs and videos, there has been an increase in teenagers '*sexting*' (*sexual-texting*) images to one another, which has seen associations with sexual shame (Ringrose & Harvey, 2015), and social groom-

ing (Won Kim & Chock, 2015). Further, there has been a widely documented correlation between exposure to appearance-related social media websites, in what Salamon and Spears Brown (2019, p. 539) term: the “*selfie generation*”, and what has been linked to body image dissatisfaction (see Fardouly & Vartanian, 2015; Ghaznavi & Taylor, 2015; Pepin & Endresz, 2015), particularly amongst females (Tiggeman & Slater, 2013).

Another way the internet has influenced the marketing of new ‘feminine ideals’ has been the increased access to the sexualised body and pornography. The internet has also revolutionised how individuals access pornographic materials, and there has been a subtle seeping of pornography-influenced imagery used in mainstream mass media, through the use of overtly and overly sexualised images, especially of women, in what could be described as ‘*pornography-lite*’. Given pornography is known for dramatic, unrealistic, and sometimes falsified sexual imagery; consumers of pornography are often exposed to bodies and genitalia which are unattainable to the majority of viewers, in what Barbara et al. (2015; p. 916) argue is “*a new vulvovaginal standard*” women *must* meet and their partners *should* expect, and what we refer to as the ‘ideal’ genital aesthetic.

### **Shame and the Desire for Cosmetic Surgery**

Whilst changing a part of one’s physical appearance is often a harmless desire, for some the desire to change their body lies in the shame they hold in relation to their bodies and its so-called imperfections (see Feder, 2011; Northrop, 2012). The phrase ‘the beauty myth’ was coined by Wolf (1991), to highlight the power of the media, particularly through the beauty industry and its advertising, in provoking in women a destructive obsession with unrealistic beauty ideals, and how the myth of female beauty can in actual fact be oppressive. Some individuals, faced with unrealistic body ideals in the media, undergo cosmetic procedures and it is therefore right to explore cosmetic surgery in the context of shame.

Duarte et al. (2015; p. 657) define shame as a “*multifaceted, self-conscious and socially shaped emotion that emerges in the context of competition for social attractiveness*”. For Salamon and Spears Brown (2019, p. 541), shame is simply “*when individuals feel particularly negative about their bodies*”; whereas Feder (2011) talks of shame as having the ability to provoke disgust. For some with the confidence, financial means, and peer support, cosmetic surgery is seen as a solution to this internalised and societally governed shame and associated disgust. However, the modification of women’s bodies through cosmetic surgery has faced critique from feminist scholars who believe that succumbing to cosmetic surgery positions women as victims of a construction of femininity and beauty standards which exist in our patriarchal society (Taylor, 2012). This has been discussed by scholars such as Jones (2008; p. 12) as “*the never-ending renovation of the self*”. However, Alsop and Lennon (2018; p. 95) attempt to push back against the negative feminist stance

towards cosmetic surgery, arguing it enables “*the expressive body*”, which allows for a modification of possibilities for inter-subjective relations with others.

Body modification has become part of the postmodern self, and appropriation of the body in this sense is intertwined with fashion and identity (Sweetman, 1999). Sociological and cultural studies help to place the rise of cosmetic surgical practices and industries within a historical, social, and cultural context. They do so by locating cosmetic surgery within post-Enlightenment projects of individualisation, self-transformation, and self-improvement for the betterment of both the individual, and in turn society (see Tanner, Maher, & Fraser, 2014). Stemming from this is a fascination in self-making and self-reinvention, and the perception of beauty as a commodity (see Gimlin, 2000).

Normalisation of cosmetic surgery has been attempted by disentangling aesthetic procedures from shame, arguing that confidence and self-esteem should be a priority. The taboo around undergoing cosmetic surgery is, however, still so prevalent that many women who have a cosmetic surgical procedure ‘*take it to the grave*’ as they feel ashamed due to societal scorn. Cosmetic surgery is understood to be part of the individual’s reflexive construction of self-identity (Askegaard, Gertsen, & Langer, 2002). The rhetoric narrative that “*The women are doing it for themselves*”, to borrow from Braun (2009; p. 233) is a common discourse in cosmetic surgery (Morgan, 1991). It constructs a reflexive, but individualised, acultural subject – someone who is aware of the motivations for their desires and practices. However, motivations behind cosmetic surgery sometimes move beyond the self, in a step towards appeasing others, or to meet the new societal standards. For instance, Atari et al. (2017) present a consideration of cosmetic surgery as part of women’s mate retention strategy to minimise the risk of partner infidelity and relationship dissolution. The authors conclude that women consider plastic surgery as part of a strategy to retain a long-term mate. Considering whether gender differences exist in young people’s attitudes towards cosmetic surgery, Wen, Chia, and Xiaoming (2017) found that young people of both sexes generally held positive attitudes towards cosmetic surgery and that no significant gender disparities exist. However, the authors contend that female audiences are more likely than their male counterparts to identify with cosmetic surgery-related media.

Whilst many forms of cosmetic surgery are visible (for instance: rhinoplasty, botox, and arguably ‘tummy tucks’ and liposuction), others are hidden from the public view. Dobson et al. (2017) discuss tensions and ambiguities which exist in modifying the ‘*private*’ body, with specific reference to FGCS (something which is only seen by the self or intimate others). Lloyd et al. (2005) argue although representations of female nudity are common, detailed accurate representations of female genitals are rare, and there is a lack of awareness of the diversity of female genital appearances. Perhaps due to this lack of awareness, in recent years, increased numbers of healthy girls and young women have been seeking female genital cosmetic surgery in a bid to get a ‘*designer vagina*’. This is a controversial topic, with questions surrounding legality arising since comparisons emerge between female genital cosmetic surgery and ‘traditional’ forms of genital cutting – often referred to as

female genital mutilation (Braun, 2009; Essén & Johnsdotter, 2004). But away from all controversy, the demand for FGCS is booming.

## **Shame and Female Genital Cosmetic Surgery**

Women often claim to undergo FGCS because they are unhappy with the function and/or appearance their vulva/vagina. Regarding functional aspects, women request FGCS when feeling sustained discomfort in their clothing, or during sports or sexual activities; or if they appear to lack sensation during sexual intercourse due to vaginal *'looseness'* (Goodman, 2009). A judgement of genital appearance is often based on qualities of the labia minora. In a Dutch survey, 42% of female respondents stated the appearance of the labia minora was important (Koning, et al., 2009). A vulva without visible labia minora is predominantly considered the visual ideal (Clerico, et al., 2017; Howarth, et al., 2016), with variations in shape, colour, or asymmetry of the labia viewed as undesirable (Braun, 2010). Whereas genital appearance is mentioned as the main driver for FGCS in interviews and online communities (Howarth et al., 2016; Zwier, 2014), physical discomfort is noticeably more often given as a reason in clinical contexts, which has been interpreted as women supposing the latter to be more of a guarantor to be accepted for surgery (Bramwell, Morland, & Garden, 2007; Zwier, 2014). Women's anxiety to show their vulva to their sexual partner and the resulting negative impact of genital appearance on one's sex life has been mentioned as another motivation for surgery (Bramwell, Morland, & Garden, 2007), though, as Barbara et al. (2015; p. 915) point out: *"surgery is not a definitive solution to treat psychologically based pain or dysfunction. Moreover, there is no robust evidence supporting the effectiveness of female genital cosmetic surgery, especially regarding sexual enhancement"*. However, the questions of why women's distress about their genital aesthetic reaches an intensity which leads to surgical interventions and why more and more young women and girls decide to follow this path are more complex and require unpacking.

### **The 'Ideal' Female Genital Aesthetic and Shame**

Generally, negative sentiments towards female genitalia are by far no novelty. The lack of non-vulgar, non-derogatory words for them in everyday use, let alone the words used for female masturbation, in comparison to the male versions of both speaks to the age-old tradition of female sexuality being taboo (Silverio, 2019; see also Stevenson, 2016). Correspondingly, girls are brought up in Western society where visual media has made female genitalia invisible (Bramwell, 2002), effectively asking women and girls to live up to the 'barbie doll' role model where *'smooth and hairless'* and *'neat and tidy'* is desirable (see Epperlein & Anderson, 2016). It is therefore unsurprising that 'vagina' is still commonly used for female



genitalia as a whole, despite it being biologically incorrect, whereby ‘vagina’ refers to the muscular tract which connects the vulva (the visible external part of the female sex organs), to the cervix (the lower part of the uterus, which is internal). The linguistic and attentional neglect of the clitoris by caretakers add to this obscuration of the vulva and are considered as momentous for female development (Lerner, 1976).

Next to the vagina’s ‘absence’ from social discourse, Braun and Wilkinson (2001) identified six other negative representations of it, in which the vagina is positioned for example as ‘disgusting’ or ‘dangerous’. An interview study (Fahs, 2014) exploring women’s narratives on their genital identified seven themes: ‘dirty’ or ‘gross’; needing maintenance; unknown or frustrating; unnatural; comparative; ambivalent; and affirmative. Anxiety, excess, and need for control were dominant references in women’s narratives. On this basis, it is no wonder that Western discourses of the female body have evolved without explicit reference to female genitalia. The effects on women’s self-perception are mirrored in the data: In a qualitative analysis of US American, British, and Dutch women’s posts in on-line communities and international surgery providers’ websites about labial reduction (Zwier, 2014), 71% of women mentioned emotional discomfort regarding their genital appearance, meaning they felt “freakish”, ashamed, or scared of a negative reaction by a partner. Another key aspect is the desire for being ‘normal’ in a heteronormative society that only allows for two distinct and mutually exclusive sexes and, accordingly, two types of genitalia. Female genital cosmetic surgery offers means to counter shame and fear of ‘abnormality’ by creating prototypical genitalia and thereby shrouding genital plurality (see Liao & Creighton, 2019; Nurka, 2018).

### **Shame and the Rise of Female Genital Cosmetic Surgery**

Aesthetic surgeons have expanded their repertoire, and the relative ease of access to these surgeries coupled with their increasing affordability has seen rising uptake amongst women across the world. Today’s postmodern world of the gym-going social media influencer, venerates women who are ‘*strong, not skinny*’ and ‘*fit, not thin*’, and now, more than ever, we see cosmetic ‘enhancement’ and surgery being utilised as a way of reaching current ‘feminine ideals’. In particular, facial aesthetic surgery had become an increasingly common part of a woman’s lifecourse, to – at least visually – *defy* the signs of ageing. The trend for cosmetic surgery in younger women, however, has often been intrinsically linked to a sexualisation of the female body (see Kinnunen, 2008). Women influenced by Western celebrity culture and visual media are more frequently opting for breast enlargement, buttock enhancement, liposuction and fat transfer surgeries, amongst others (Markey & Markey, 2009) under the guise of self-care and self-improvement (Selwyn Delinsky, 2005), though procedure preference is said to differ by race (Prendergast et al., 2011), and generational age (see Placik & Arkins, 2014).

What has come to concern scholars, activists, and those in the medical profession more recently, is the rise in popularity of, and requests for, genital cosmetic surgery, in particular amongst young girls (see Shaw et al., 2013). Female genital cosmetic surgery can include a variety of procedures which are undertaken to improve appearance and occasionally functionality, but in the absence of clinical indication (Braun, 2015). The binary notion of gender and the lack of reflection on it in FGCS scholarship – attributing ‘female’ genitalia exclusively to ciswomen’s bodies – are problematic (see Braun, 2019), but are, as discussed above, inherent to a phenomenon in which the creation of ‘prototypical’ genitalia is pursued. According to The British Association of Aesthetic Plastic Surgeons (BAAPS; 2017) FGCS procedures range from ‘labial reduction’ (reduction of the skin on either side of the vaginal opening), to ‘liposculpture’ (fat transfer from one area of the body into the mons pubis), and ‘vaginal tightening’ (where the vaginal opening is either sutured, or where the ‘excess’ vaginal mucosa is excised and the vaginal wall muscles are ‘tightened’). Other, more experimental FGCS procedures include the ‘hoodectomy’ (exposure of the clitoris via removal of the clitoral hood) and ‘hymenoplasty’ (‘reconstruction’ of the hymen), and with the advancement of experimental cosmetic surgery the list is becoming seemingly endless (see Braun, 2009 who provides an extensive listing). Interventions which can be found listed under the FGCS label often vary between publications, as does the nomenclature. Indeed, some terms used by providers have been considered misleading and proprietary (Goodman, 2009). The fact that cosmetic surgery is not a medical speciality with recognised training and accreditation conditions in many countries is likely to contribute to these inconsistencies (Liao & Creighton, 2019).

The Western world has been at the forefront of much of this genital modification work (Braun, 2010), and although it is steeped in controversy (see Essén & Johnsdotter, 2004; Kelly & Foster, 2012; Liao, Taghinejadi, & Creighton, 2012) and robust data on successful treatments and complications of FGCS are scarce (Michala, 2019) the numbers of women seeking these surgeries is set to continue to rise. The American Society for Aesthetic Plastic Surgery (ASAPS, 2019) reported 12,746 labiaplasties performed in the United States of America in 2018, an increase of 18.3% compared to 2017 and of 52.9% compared to 2014. Results from the annual Global Aesthetic Survey indicate the number of performed labiaplasties worldwide increased by 1% from 2016 to 2017, and that 22% more ‘vaginal rejuvenations’ had been conducted over that period (ISAPS, 2018a). Taken together their increase of 23% was the largest among all procedures surveyed (ISAPS, 2018b). It has been noted that those data presumably even underestimate actual numbers of FGCS, given that they are based on voluntary self-report and collected by organisations of providers (Braun, 2010; Liao & Creighton, 2019). The spike in the FGCS trend has been attributed to aggressive marketing on behalf of the cosmetic surgeons who offer and perform these surgeries (Braun, 2010). The increase has also been attributed to the associations being made by surgeons and the media that FGCS can improve female sexual pleasure, specifically the ability to reliably and repeatedly

achieve orgasm after the procedure has healed (Braun, 2005; Goodman, 2011; Simonis, Manocha, & Ong, 2016). However, perhaps most influential has been the perpetuation of new ‘ideal feminine’ norms which now extend to the visual and tactile aesthetic of the female genitals (Koning et al., 2009; Liao, Taghinejadi, & Creighton, 2012; Swami et al., 2008).

## **Normalising Female Genital Cosmetic Surgery: The Influence of the Fourth Industrial Revolution**

The feelings of shame and experience of taboo with regard to female genitalia has only been emboldened by the proliferation of new ‘feminine ideals’ by the mass media. The Fourth Industrial Revolution [4IR] and advent of almost universal, quick and easy access to the internet has made it possible to share images to a large audience almost instantaneously.

### **Body Talk... Bodies Talk**

Bodies, specifically those which are female, are often the central focus of these visual media. More specifically, research has found that nude imagery has significantly shifted focus from the breast in the mid-twentieth century to the vaginal area in the post-millennium era which could account for the increase in desire for FGCS (Placik & Arkins, 2014). Above we have seen the linking of female genitalia to shame through inadequate social discourses, however it can now be argued that the 4IR has utilised these feelings of shame to drive forward the aggressive marketisation of FGCS, which has – in some Western contexts – normalised the idea that one *can*, and perhaps *should* change the female genital aesthetic if it is deemed by oneself, by one’s intimate partner, or by one’s healthcare professional, to not conform to the socially desired ‘norm’.

Evidence that the internet has facilitated the normalisation of FGCS in response to internalised feelings of shame related to one’s genitalia, has been derived from pockets of research from across the world. In their analysis of published research, Mowat et al. (2015) draw on five studies which have either analysed the content of FGCS providers’ websites (Ashong & Batta, 2012; Liao, Taghinejadi, & Creighton, 2012; Moran & Lee, 2013) or were mixed analyses of provider websites, pornographic websites, and other publications (Howarth, Sommer, & Jordan, 2010; Zwier, 2014). Their review identified five dominant and inter-related patterns which have assisted in FGCS becoming normalised in modern society: “*pathologisation of genital diversity; female genital appearance as important to wellbeing; characteristics of women’s genitals are important for sex life; female body as degenerative and improvable through surgery; and FGCS as safe, easy, and effective*” (Mowat et al., 2015; p. 1). The authors further explain that the internet has a key role in informing, promoting, and normalizing FGCS. The claim that the internet

has *a*, if not *the* key role in perpetuating a certain vaginal aesthetic and normalising FGCS in order to achieve it, is unsurprising. There is a growing body of literature which has stated that the internet has facilitated greater exposure to the female genitalia through easy access to pornography (Barbara et al., 2015); has encouraged the view that FGCS is a *treat* and not a *treatment* (Tiefer, 2008); and has aggressively marketed FGCS as sexually liberating and relationship enhancing (Braun, 2005; 2009; Goodman, 2011), despite there being a lack of evidence and even some to the contrary (see Cartwright & Cardozo, 2008; Iglesia, Yurteri-Kaplan, & Alinsod, 2013).

## **Implications, Considerations, and Conclusions:**

Non-clinically indicated cosmetic surgery has almost always been associated with being a financially driven endeavour by those who perform it. Moreover, surgeons performing procedures on otherwise healthy beings is predicated on the fact there is a constantly shifting body image ‘ideal’ being designed and propagated. Women have usually been the target of such social discourses, and where once the cosmetic surgeon was visited to enhance what was visible to the public (i.e. face lifts, rhinoplasty; or breast augmentation), the expansion to FGCS has been argued by some as unprecedented and others as inevitable (see Tiefer, 2008). Alongside the development of aesthetic surgery has been the advent of the use of visual media to market anything which can be sold. At the forefront of visual media mass marketisation in the age of the 4IR has been the internet. The boundary of these two phenomena becomes the point of rupture at which *the body* can be sexualised and marketed through *the internet* to an audience who indulge themselves in mass media and assimilate those messages into their own everyday discourse. As Kinnunen (2008; p. 38) argues: “*Media images are discursive condensations of gender and sexuality, and they powerfully set the models for body discipline. As part of the pornographisation of culture, the female body is excessively sexualised in the media.*”

### **Psychological and Social Implications**

Whilst the internet has arguably helped engender positive social change, when used to market the new ‘feminine ideal’, new myths about ‘beauty’, and now seemingly, new desired genital aesthetics, the internet allows such content to be widely circulated within seconds, meaning body image ‘norms’ are continually and continuously consumed. With this increased exposure also comes more opportunity for bodily scrutiny, surveillance, and shame. And with evermore avenues to target the population through mass media on the internet it is no wonder FGCS and the sur-

geons who make a living performing them, are advertised in the same way. Sexualisation of the female body is not new (see Silverio, 2019), but what we see in terms of body image issues is an intrinsic link to mental wellbeing. When the focus of these body image issues, Barbara et al (2015; p. 916-917) describe a “*dictatorship of beauty ideals*” which portrays unique variations in genital aesthetics “*as a limit and not as a value*” and go on to argue “*FGCS interventions performed on perfectly normal women may confirm and even strengthen this idea.*” whereby the root causes of women’s insecurities are being cosmetically ameliorated, but not psychologically alleviated.

### **Clinical and Ethical Considerations**

The above commentary on the psychological and social impacts of FGCS really focuses on the body as a site of personal scrutiny and surveillance. However, as has been evident in this chapter, the body often is the site of wider surveillance by clinicians and also by academic commentary (see Cartwright & Cardozo, 2008). Here we are beginning to see a growing literature base comparing FGCS to female genital mutilation/cutting [FGM/C] with poignant questions being asked about how scholars, activists, clinicians, and the general public are meant to understand the difference between the two procedures (see Liao & Creighton, 2007; Sheldon & Wilkinson, 1998). These questions have become especially prevalent given one category – FGM/C – has seen widespread legislation brought in against it across the Western world, and the other – FGCS – is openly marketed to women of all ages (see Kelly & Foster, 2012). Further, although there is some anecdotal knowledge of lifecourse risks FGCS might pose, the relative novelty of aesthetically inclined FGCS does not have a sound evidence base for its safety. The lifecourse risks discussed has pondered whether the obstetric complications associated with FGM/C (e.g. sexual dysfunction, prolonged labour, perinatal mortality) could translate to women who undergo FGCS procedures, particularly those who seek FGCS before giving birth (see Johnsdotter & Essén, 2010; see also Braun, 2010). In response to these debates, some have called for greater regulation, where currently there is none (Essén & Johnsdotter, 2004; Liao & Creighton, 2011) and others have chosen to adopt a ‘women-centred’ approach of advocating choice aided by education and counselling when the FGCS is ‘medically indicated’ (Shaw et al., 2013).

### **Concluding Comment**

The aim of this chapter was to discuss the role of the internet in the trend which has seen an increasing number of young women and girls desire FGCS procedures. This area of research is currently predominantly derived from evidence-based medicine and whilst this work has been critical, there has been an overwhelming lack of theoretical criticality as the world awaits the path FGCS will take. This chapter has drawn on the available scholarship to help build on the work by others (specifically

see Barbara et al., 2015; Braun, 2005; 2009; 2010; 2015; Tiefer, 2008) in an attempt to establish a theoretical critique of FGCS. We note the work of Nurka (2018; p. 207), who stakes the claim: “*If I am critical of FGCS, it is not because I think that it is a violation of nature, but because the fantasy of proper sex is offered to women as the cure for their suffering when it is in fact the cause.*” This eloquently sums up the growing opinion that if FGCS was disaggregated from the marketised narrative of ‘*sexual pleasure*’ and women were fully informed about FGCS procedures and their risks, a regulated FGCS branch of specialised medicine might be somewhat more acceptable. The intrinsic issue which we, in this chapter, have also raised is that the internet allows these messages of overly sexualised women’s bodies to be shared and altered with immediate effect, meaning the social desirability of one body image ‘norm’ is precarious and fragile in our heteronormative patriarchal society. The principle of FGCS being agentic cannot yet be accepted as true, whilst the marketed discourse of FGCS is tainted by the shaming of variation amongst the genital aesthetic.

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## Author Biographies

**Thula U. Koops** is a Psychologist with a clinical and academic background. Taking a general interest in women's sexualities, her research focusses on women's sexual problems, particularly with regard to sexual pain. Her aim is to further

knowledge on women's experiences of sexual problems and the conditions giving rise to them, adopting both individual and societal perspectives. Other ambitions are the reflection on implications for sex therapy and diagnostics on the role of the body, and the application of qualitative research methods. Looking into the expression of sexuality in a changing society, she has also published on sexual activities in the online sphere. After graduating from the University of Hamburg in 2013 with a Master's degree in Psychology, she started her training in Psychodynamic Psychotherapy. She joined the Institute for Sex Research and Forensic Psychiatry at the University Hospital Hamburg-Eppendorf a year later to work both clinically and in a research capacity. Since then, she has published in internationally peer-reviewed journals, given conferences presentations and talks, as well as having taught sexuality-related classes to medical students. Her engagement reaches beyond the scope of her academic career: As secretary-treasurer of the German Society for Sex Research she has published statements relevant to the current public debate, for example on the abortion law in Germany.

**Catherine Wilkinson** is a Senior Lecturer in Education based at the School of Education at Liverpool John Moores University. Catherine has a creative interdisciplinary background with a BA (Hons) in Fashion Brand Management, an MSc in Marketing Management, and a PhD in Environmental Sciences. She has a recognised research achievement in researching 'with' children, young people and their families via creative and/or participatory approaches, including mixed methods, ethnographic and field-based qualitative research. Catherine completed her PhD in Environmental Sciences at University of Liverpool, funded by an ESRC CASE award. Undertaking 18 months of ethnographic research, Catherine adopted a participatory mixed-methods approach to explore the ways in which young people use community radio as a platform to find and realise their voices, build stocks of social capital, and create their own communities and senses of self. Catherine previously explored the portrayal of mothering a child with complex health care needs, considering the competing identities of mother, nurse, carer and advocate that these mothers fulfil as part of their daily regimes in 'being mum'. This paper was presented at the American Association of Geographers annual meeting, New Orleans, 2018, where Catherine was awarded funding from the AAG Enrichment Fund for her attendance as a 'distinguished non-geographer'. Though researching on diverse topics including youth voice, disfigurement, and eyebrows, Catherine's research is united under the theme of identity. Catherine is committed to culturally credible means of disseminating research, including the creation of audio artefacts, poetry, comic strips, and YouTube videos.

**Grace Perry** is a Qualitative Research Analyst at the Division of Epidemiology at the University of Utah. Grace graduated *magna cum laude* from Colorado College with a degree in Sociology and an emphasis on community-based, participatory action research. As a member of the LGBTQIA+ community, Grace has been especially interested in pursuing research surrounding (trans)gender equity and queer

justice. During her senior year of college, Grace completed an award-winning thesis exploring the daily, lived experiences of trans and gender nonconforming students on her campus, which resulted in several trans-affirming policy changes at her undergraduate institution. Furthermore, over the summer of 2018, Grace completed her journalism capstone unpacking intersex “corrective” surgeries and their harmful physiological and psychological repercussions. In her current position at the University of Utah, Grace works on a variety of qualitative research projects, from ones seeking to understand the impact of childhood traumas – including physical and mental abuse – to ones evaluating current opioid addiction programmes. As a researcher, Grace is committed to ethical and agentic practices which centre on and foreground members of marginalised communities and engender positive social change, whilst facilitating the unpacking of dominant discourses.

**Samantha Wilkinson** is a Senior Lecturer in Childhood and Youth Studies at Manchester Metropolitan University. Prior to this, she was a Lecturer in Human Geography at the same institution. She holds a BA (Hons) in Human Geography; an MSc in Environmental Governance; and a PhD in Human Geography, all obtained from the University of Manchester. Samantha’s PhD was funded by the ESRC CASE award and Alcohol Research UK and explored: Atmospheres of drinking; alcohol-related im/mobilities; the role of friendship and care in drinking practices; and intergenerational drinking experiences. Samantha currently works on a number of interdisciplinary, multi-institution, research projects. Her diverse research interests include: Young people and identity; hair; home care for people with dementia; Airbnb; animal geographies; and alcohol consumption practices and experiences. Samantha is also interested in utilising innovative qualitative methods when researching ‘with’ participants, including: Drawing-elicitation interviews; mobile phone methods; team ethnography; diaries; and video methodologies. Samantha has published extensively around these diverse themes in a number of high-impact, peer-reviewed, journal articles, and has presented her research at a number of international conferences.

**Sergio A. Silverio** is an academic Psychologist whose work can be best described as falling within the field of ‘Medical Psychology’, that is, the application of psychological knowledge to both health and healthcare services. His work in this area aims to understand both personal experiences of psychopathology, and health system policy and practice regarding public health priorities. Specifically, the main focus of Sergio’s work has been women’s mental health and psychological wellbeing over the lifecourse and through key life transitions (i.e. pregnancy, birth, ageing, & widowhood). His early work which explored older never married women’s gender identity and social networks attracted critical acclaim from The British Psychological Society. Methodologically, Sergio specialises in qualitative methods and analysis, and he has particular expertise in conducting in-depth interviews on sensitive topics. This has led to the development of a theoretical interest into the ethics of qualitative inquiry. Sergio’s work involves – at one end – embracing critical

psychology perspectives to contribute new theoretical bases for research, and – at the other – adopting formal evaluative frameworks to influence, adapt, and transform policy. He is currently employed at the Department of Women & Children's Health, King's College London, and holds Honorary Fellowships at the Elizabeth Garrett Anderson Institute for Women's Health, University College London; and the Department of Psychological Sciences, University of Liverpool. He is an Associate Fellow of The British Psychological Society and a Fellow of the Royal Society for Public Health.