“VULVA STUDY. hidden but not undiscovered” in Conversation with “Manufacturing the Vulva”

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Abstract Cosmetic surgery and techno-medical manufacturing of the body are booming. The transformative potential of cosmetic surgery is used to shape and enhance physical appearance, gender identity and sexuality. Among the cosmetic procedures that have become popular is intimate surgery for women, which is oriented towards an ideal shape of the vulva. Almost in parallel with this trend, vulva-positive websites highlighting the diversity of the vulva are becoming ever more widespread in order to enlighten women and contribute to women’s health. This Art-Science Interaction consists of two parts that are in conversation with one another. Artist Merve Şahinol presents in her part “VULVA STUDY. hidden but not undiscovered” photographs of clay vulvas she modeled during therapy sessions to use in talks with women who are challenged by their own perception of their body image. She shares her thoughts and experience of the modeling and learning process in form of prose. In “Manufacturing the Vulva”, sociologist Melike Şahinol explores the rhizomatic dilemma between self/body awareness and empowerment, and the normalization and beauty constraints of manufacturing the vulva. This contribution emphasizes the awareness of the vulva as well as the lack of specific analyses of post-surgery embodiment experiences that include the “new” corporeal experience of sexuality and the fact that these experiences in general have been addressed but not sufficiently analyzed.

Keywords Clay molds of the vulva · Female genital cosmetic surgery (FGCS) · Vulva diversity · Body awareness · Vulva awareness · Corporeal experience

VULVA STUDY. hidden but not undiscovered (Merve Şahinol)

Autonomy and Shame

The question of my own identity is and always has been important to me. I want to look into the corporeal identity through my vulva as one of the key characteristics of identity for me besides the intellectual one, the mind as such.

Who am I when I reflect on my vulva and thus my femininity?

- How is it being reflected on my body?
- What is hidden in and centered on my body?
- And how can I experience it through and with my own body?

My vulva is a feature of a part of my body and also a part of my femininity;

A part of my very own identity.

The vulva is identified with female shame. Why?

When we inspect the naked female body in the mirror, the vulva is not visible. Is it hidden? How can
I succeed in meeting an important part of my femininity, if it appears invisible? How can I discover it despite its hidden anatomy?

I want women to become aware of how important it is to recognize and to acknowledge their gender identity through physical self-reflection of female shame, to construct it themselves and to reconstruct it if necessary (Figs. 1, 2 and 3).

Anatomically speaking, it is not easy to come to terms with one’s own vulva and to become familiar
with it. A conscious confrontation can be helpful to fathom one’s own gender identity.

The confrontation with the mirror helped me, at a young age, when I first explored myself.

A mirror! How big should it be? I need to take off my clothes. I need a mirror. How should I position myself? Should I sit, stand or lie down? How should I hold the mirror? Should I bend over, head down, or squat? It is rather elaborate, yet, it shouldn’t be that way. These obstacles are what makes it difficult to look at the vulva just like that. I have to spread my legs wide open. Relatively quickly driven by my curiosity, I became active in front of my parents’ mirror cabinet; Upside down, legs spread open, not long to endure the position but then: there it was, the vulva!

Fig. 2 Merve Şahinol, Clay vulva 2, 2020
Through several private conversations during the art therapy sessions, I learned that the mirror image discovery of one’s vulva was still avoided or for various reasons not even thought of by many women.

Experimenting with diverse materials, I started working with clay. The idea to form a vulva out of clay only came to me after the energy exchange with the material.

Clay is supplely malleable. It feels supple yet solid, which has a positive effect on me.

Without prejudice, I touch the clay, dip my hands into the water, moisten the clay and shape it into a
vulva; First the outer lip walls then the inner ones and finally the clitoris. It is a process of exploring and actively shaping. A hollow to the inside. My hands find the portal of the vulva; they shape it. It is her, the vulva who lets herself being shaped because she forms herself through and with the intentions of the creator — me, myself (Figs. 4, 5 and 6).

I feel that my whole body is involved in this process of shaping the vulva within. My hands are tools in the manufacturing of life, of a gender identity?
My hands are recipients of the matter of life; A matter that grounds me. Energy flows through my neural pathways.

A resonating body, a body part, the earth, clay, the moisture. Touching, exploring, accepting. What is “being”? I am an active part of the creation.

Condition and Shape

Clay feels highly organic to me and as a medium it is my first choice. It is declared as an inorganic material that occurs in nature. To me, however, it is a bridge of body experience. With the good receptivity of water
and warmth as well as air and heat, it is the perfect medium to form vulvas. Due to its flexibility based on the elements listed, clay can always be modified into different forms. Clay, also called clay earth, further helps to form, to construct and to be self-reliant in harmony with the earth and oneself; to ground oneself.

I use different types of clay in my various works.

Coarse clay — how to get the grain of clay, the texture, just right.
The texture takes on a diffuse and rather abstract character not only through shaping with coarse clay but because the material is also self-willed, just like the vulva itself. Depending on the grain, not particularly clear, the texture can also take on a strongly concrete and soft form by using finer clay. This waywardness, which is evident in the eventual unforeseeable drying of the clay, is characteristic of the resonance of matter and the living (Figs. 7, 8 and 9).

My work with mineral clay prepares for me a physical connection. With every movement of my palms and fingers I generate energy that affects the shape of the clay: only then the clay becomes vulva. The shape determines the vulva that eventually emerges. Completed in one moment, but seeking change in the next. With my hands as mediators, new vulvic manifestations are formed again and again, which at first are malleable but at some point, solidify. In the process of forming, an opening, an entrance emerges. It is a portal but also the exit to the world.

The symbol of origin, if you want to see it that way; the origin of human existence or life. During the process of creation, the working in of the deepening and the working out of the elevations, the allegory already becomes visible or yet more perceptible. With each hand movement I contribute to its emergence and become part of it.

About the Origin

Clay has a centering effect on me. Working with clay brings a sensual and creative interaction and enhances and sensitizes my aesthetic sensibility.

This process brings me closer to primal confidence and also strengthens my self-esteem, my self-confidence. All this takes me to a kind of inner core within myself, which inevitably leads to the vulva (Figs. 10, 11 and 12).
Each vulva represents a different possible form of gender identity. The deformation or even reshaping of a vulva is like a birth. Each shape is unique. The shaping of each vulva feels good. I am in (inter)action, (intra)action;
Sensitized to myself, in and around my body, sensitized to my portal, to my identity, to my body;
As it should be;
Through it, out of it;
Hidden but not undiscovered.

Manufacturing the Vulva (Melike Şahinol)

The context of dealing with the manufacturing of the vulva constitutes the change in values towards an upgrade culture [1] that has been evident since the 1970s. This upgrade culture is accompanied by enhancement technologies, the use of which produces posthuman and nomadic subjects with modified, hybrid, fluid and cybernetic bodies [2, 3]. Enhancement technologies involve, for example, surgical treatments and medical interventions that are not disease-related, such as cosmetic surgery [4]. Surgical interventions into the vulva and vagina¹ are bodily makeovers that occur in the context of intimate surgery. The medically accelerated transformation of the body’s intimate area implies the inscription of (upgrade) cross-cultural and normative patterns of the meaning of soma techniques for the (future) appearance of the female intimate area. As a result, new possibilities of morphological and sexual self-determination open up for women and the formed — the

¹ The vulva is the visible part of the female genitalia, thus the outer area. The vagina is part of the vulva and, more precisely, the tubular organ that connects the externally visible vaginal entrance with the internal cervix or uterus.
manufactured — body takes on a reciprocal effect as a morphological and affective bodily experience (Fig. 13).

Enhancement and Surgical Interventions on the Female Body

The majority of studies on the manufacturing of the vulva or vagina focus on the increasing medicalization and mediatization of (postpartum) women’s gendered bodies that occur under the conditions of medical technology and surgical intervention possibilities and thus enhancement on (postpartum) women’s bodies. Cosmetic surgery has been studied from feminist perspectives [5], for instance, in relation to questions of the aesthetic management of female reproductive health and sexuality [6] and to questions of agency and consequently social constraint and individual self-determination [7], as well as in investigations of body modifications as expressions of ways to change inter-subjective relationships [8]. Feminist studies on the sociology of the body point to the normalization (mediated by the media) of cosmetic surgery [9] and numerous social science studies discuss bodily makeover trends, including intimate surgery, discussing staged transformation processes of female bodies [10–14].

Body presentations and body practices have developed a momentum of their own through image production, their dissemination, their discoverability through hashtags and their availability on social media, which have generated praxeological approaches and micro-sociological studies [15, 16]. Autenrieth [15] conducts an online ethnography to examine the extent to which the increasing social pressures of body enhancement on young mothers are dynamized via visual practices of prominent mothers on social networks. She states an increasing “dynamization and normalization of self-disciplining among young (and becoming) mothers” (p. 53).

A comprehensive anthropological study focusing on the trend of aesthetic surgery among women in
Istanbul presents body modification and the makeo-
ver paradigm as a form of aesthetic surveillance [17].
Liebelt [17] uses media analyses, including analyses
of makeover shows on Turkish private television, to
illustrate that aesthetic surgery increasingly serves as
a form of investment for physical capital and is linked
to modernity in TV makeover shows and other social
media.
According to Edmonds [18] (p. 482), 69% of cos-
metic surgery procedures were performed on women
in 2004 with most surgeries related to puberty, preg-
nancy, and menopause. For Edmonds, who points to

Fig. 10 Merve Şahinol, Clay vulva 10, detail, 2020
the enhancement nature of cosmetic surgery, these procedures are not merely consumption-related nor should they be understood as an expression of the intersection of gender and class dynamics in medical practice. Many cosmetic surgeries undergone by Brazilian women would serve to increase sexual attractiveness. However, these enhancement technologies would create a split between the woman as a mother and the woman as a sexually desirable being. In doing so, the woman would be caught between her reproductive body and her sexual body enhancement: “Such a dual logic in plástica between healing
and esthetics — between managing the reproductive body and enhancing the sexual body — suggests a symbolic split between woman as mother and sexual being. Some patients view their reproductive bodies as objects of technologized medicine, while work on sexuality can become an exercise of agency that enhances the self.” [18] (p. 483). Edmonds’ ethnographic anthropological study shows how cosmetic procedures, and thus women’s bodies, are made available in the Brazilian health care system. Visions of mental and sexual well-being would be internalized and based on enhancement technologies. The
Brazilian example shows that ethical issues raised by enhancement technologies are not only about overcoming “human nature” but also about “how sexual and class dynamics invest medical practices with a compelling therapeutic logic” (ibid. p. 483).

Vulva Diversity

Cosmetic intimate surgery does have a unique status as the intimate area is part of the pubic area, which is mostly not discussed or displayed in public. Schick et al. point out that there is limited imagery of genital beauty ideals in mainstream media [19] (p. 74). This makes questions about the conditions under which the manufacturing and remodeling of the vulva, as well as the vagina, all the more important. McDougall [20] states that “a specific ideal has emerged for female genitalia” (p. 774) that would also be medially conveyed, with the media relying on medical expertise regarding the “normal look” of the female genitalia (e.g., “clean slit,” “removal of pubic hair”). These media-mediated messages would influence women to such an extent that they would use surgery to achieve the desired femininity through the corrected vulva that corresponds to the norm. Messner also addresses the question “which subject conceptions of ‘correct’ femininity are formed in the context of the medicalization of aesthetics” [21], mediated by the media. Braun and Wilkinson [22] write that “numerous socio-cultural representations of the vagina can be found throughout Western societies” and already identify “persistent negative representations of the vagina: the vagina as inferior to the penis; the vagina as absent; 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.” (p.17) The authors call out for the importance of providing education on these negative representations in order to “promote women’s sexual and reproductive health.”

![Image of a clay vulva by Merve Şahinol](https://example.com/image.png)
then, several educational, artistic, and women’s health related [23] projects in particular have helped to highlight the diversity of the vulva and thus show women that there is not one desirable, correct, or normal vulva or “perfect vagina” but that there exists diversity in size, shape and color. Meanwhile, a very well-known Instagram page by Hilde Atalanta, “The Vulva Gallery” (https://www.instagram.com/the.vulva.gallery/), posted more than 550 vulva illustrations. There are numerous projects not only on the anatomy [24] but also on the function and health of female genitalia, such as the “beautiful cervix” (https://www.beautifulcervix.com/) project, celebrating “the beauty and intricacies” of women’s bodies by encouraging “people with cervices to learn cervical self-exam and fertility awareness” (https://www.beautifulcervix.com/).

An analysis of similar “vulva-positive websites” has shown that there are mainly three thematic focuses of such sites: “(1) a pedagogical tool addressing a knowledge gap, (2) a provider of support and solidarity, and (3) an enabler of challenge to female genital normativity “ [25]. They suggest that within highly contested post-feminist digital cultures, vulva-positive sites could serve as important sources of solidarity and support for women. However, in light of increased gendered requests for self-actualization through self-exposure they maintain a critical position of “ambivalence” towards such websites. They conclude that somehow the call to “exposure” comes from an increasingly complicated range of voices and under various pretexts for women in post-feminist media cultures, which are frequently inconsistent in their messages to women and girls (ibid.). Nevertheless, feminist activism was also considered as challenging the industry of intimate surgery [26].

Manufacturing the Vulva

It is remarkable that this increase in awareness basically parallels the trend of upgrade culture and intimate surgery. Female genital cosmetic surgery (FGCS) “refers to lawful procedures to alter the structure and appearance of female external and internal genitalia in the absence of biomedical concerns. This definition refers to a large and growing number of operations including labiaplasty, clitoroplasty, introitoplasty, hymenoplasty and vaginal rejuvenation, tightening and reconstruction.” [27] (p.1) Labiaplasty is the cosmetic intimate surgery procedure to reduce, modify, reconstruct or remove the labia. The most common form of labiaplasty is labia minora reduction. Clitoroplasty, commonly referred to as clitoral reduction, is a surgical intervention that alters the size and position of the clitoris. Introitoplasty is the movement of the vaginal walls to produce a sufficient aperture for the vaginal entrance. The rectum is put within the core of the sphincter,2 and the perineal body (skin between the rectum and the vagina) is reconstructed. A medical treatment in which a hymen is shortened to the point that it is injured and bleeds during sexual intercourse is known as hymenoplasty or hymenal reconstruction. As the hymen has no biological function, hymenal reconstruction is done mainly for social, psychological, cultural or religious reasons [28]. Vaginal rejuvenation refers to a variety of vaginal correction procedures. These treatments can be done for cosmetic reasons or to address age-related issues like incontinence and lack of vaginal tightness. “Most procedures are operations to alter the external genital appearance (…). Labiaplasty is the most frequently performed operation on the external genitalia and has become synonymous with cosmetic surgery of the female genitalia.” [29] (p. 40).

The perception of the vulva appearance depends on socio-cultural factors as well as on the factors of engaging with it. These factors can, for example, be those circulated by the media. However, Braun attributes the emerging ideal of the female genital to the fact that the first narratives about intimate surgery emerged in the context of negative associations with vulvas by surgeons. She analyzed websites of surgeons providing FGCS and found that, “[l]arger/visible labia minora were regularly discussed with language which suggested at best, redundancy, and at worst, pathology. The opposite — a vulva that is ‘small’ or ‘neat’, a vagina that is ‘tight’ — was explicitly and implicitly positioned as ideal. (…) Certain morphologies are pathologized, implicitly and explicitly; certain morphologies are valorized. Women are invited into a medicalized regime of self-assessment and intervention to achieve the perfect vulva” [30] (p. 27). Accordingly, we can assume that this “marketing strategy” and pathologization of female genital morphology initiated a process that medicalized the

2 The sphincter is a set of muscles that surrounds the anus at the end of the rectum.
vulva and vagina and created a desire to conform to the propagated ideal image and norm. And still, various websites of surgeons all over the world providing and advertising FGCS mainly promise rejuvenation, sexual satisfaction, socio-cultural acceptance and aesthetics by narratives and visuals of norms and ideals of vulva and vagina. However, reliable numbers and statistics on these procedures are not available. In narrations by women on the ideal of the vulva, Braun notices that the vulva should be small in size for women to feel normal. Therefore, the possibility of modifying the vulva would give an empowering

Fig. 14 Merve Şahinol, Clay vulva 14, detail, 2020
opportunity to achieve the ideal norm and, thus, self-confidence: “In line with neoliberal self-improvement mandates, labiaplasty was constructed as a way to increase selfconfidence — even, dramatically, to change your life.” [30] (p. 25).

Manufacturing the Vulva: To Be Discussed

However, there are hardly any “studies, on the bodily experience of sexuality of adults” [31] — including studies on how women experience their vulva and vagina and, in this context, their sexuality before and after these procedures as the consequences are still unexplored: “Sensitive flesh without disease is subjected to invasive cutting and manipulating with unknown long-term effects.” [27] (p. 8) In the case of the above-mentioned studies, there exists a lack of concrete analyses on body experiences during (if non-invasive or minimal invasive) and after surgical interventions that further imply the “new” bodily experience of sexuality along with the follow-up care of the modified body regions. This is a result of technomedically modified bodies having a fragility [32] that requires special socio-bio-technical care [33]. Without taking into consideration the materialization of female genitalia going hand in hand with the medicalization of the vulva, normalization and standardization effects of the size and the shape of the vulva are trapped within this process. On the one hand, we feel the (pseudo-medical and medial) pressure to conform to a certain ideal or norm of the vulva, yet on the other hand, we have body-positive websites and visuals underlining the diversity of the vulva and contributing to the enlightenment and health of women. Therefore, it can be assumed that the appropriate appearance of the vulva will remain contested. When we talk about manufacturing the vulva (or life), we should also talk about the manufacturing of gender regimes, of desired morphological appearance intertwined with bodily functions and perceptions that are influenced by or change with events of life (such as giving birth, sex change or aging) and morphological, socio-cultural, or religious circumstances, maybe not allowing diversity but in the case of FGCS further strengthening the gender/sex binary. How should we deal with all the techno-medical possibilities to modify and manufacture the once lost or never having existed morphological appearance/function in such a way that we do not harm ourselves or others and that we are not constricted in the maelstrom of seemingly endless possibilities of manufacturing the perfect body/body part or a function of the body, such as the vulva, to be enhanced via technologies in order to achieve a specific shape or function? The appropriate life itself is a process of the very rhizomatic nature-culture [34, 35] of beings (Fig. 14).

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