

Expressive Surfaces: The Case of the Designer Vagina

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ABSTRACT

In this paper I set out an argument that skins and screens, once distinctly different types of surface, are merging. I show how in contemporary highly mediated worlds skins are required to be visually expressive whilst also noting a parallel movement whereby screens are becoming more affective. Using the 'designer vagina'—specifically labiaplasty—as a case study I show how ideal bodies exist simultaneously as screen and as skin, as image and as affect. In turn, I argue that two-dimensional images and three-dimensional 'real life' bodies are blending in ways that parallel skin-screen mergers.

INTRODUCTION

This paper is part of a project I call 'media-bodies' that works to interrogate how contemporary bodies and media are conceptually, visually, and physically intertwined. One of the effects of such entanglements between media and bodies is a profound cultural and feminist uneasiness, especially in relation to women and objectificationⁱ. This uneasiness is complemented by related, parallel tensions and concerns about how bodies are able to—or are made to—appear in

reality (real life) versus in virtuality (representations). In the age of the digital and the 'surgical-aesthetic'—which is 'the theory and practice that deals with the surgical transformation of women's bodies from a "natural" state of inadequacy and ugliness into a potentially "ideal" state of beauty and perfect functioning' (Adams, 1997: 60)—these tensions and anxieties are even more apparent. Boundaries between representations, realities, and virtualities become even more porous in context of ultra-mediatised contemporary landscapes wherein bodies, images, and technologies like aesthetic surgery co-mingle to the degree that, for example, alterations made using Photoshop compared to those using scalpels are indistinguishable to most viewers.

Following from these observations I argue that while in an earlier mediatized culture we might have validly dystopically mourned that images had replaced 'the real', we are now in a profoundly different media context in which individuals self-curate content (for example via social media) and simultaneously compose and produce their own body-images (for example via cosmetic surgery). Contemporary citizens inhabit worlds *made up of images* such that images, bodies, and senses are intertwined; thus, to mourn the death of 'the real' (or more specifically the boundaries around 'the real') is inadequate. Instead we should interrogate the paradigm in which bodies and media are formed *together* and continually re-form each other in an ongoing and under-examined tension between two- and three-dimensional ways of being. This tension lives, necessarily, between flat representations of bodies (images) and the shapes, sizes, and dimensions that bodies have in their living forms, as and when they're being experienced within and having capacity through three-

dimensions. In our highly visualised culture—where each one of us sees more images per day than people living a century ago would have seen in an entire year—the living, fleshy body and its flat image are conflated and culturally intertwined.

Further, I argue here that in our ubiquitous mediascape, in which so much is communicated via projection through screens—and indeed where so many skins are projected onto screens—skins are behaving and becoming more screen-like and vice-versa.

WHAT IS SKIN?

Skin separates: most of us see it as an enveloping barrier that creates discrete boundaries between self and other (this separation is literal, and imperative to life itself—if the skin barrier is significantly broken or breached through disease or severe injury then death from blood loss or infection becomes a real risk).

However, there are well-established feminist critiques of the notion of skin as merely a container which situate this notion as profoundly patriarchal: deeply connected to understandings of men's bodies as sovereign, objective, controlled and therefore unproblematic while women's bodies are understood in contrast as less formed, more subjective, and 'leaky', most significantly via the vulva and vagina because of menstruation (Longhurst, 2001; Shildrick, 1997; Grosz, 1994). (Margrit Shildrick notes, 'the excessive and leaky female body threatens self-certainty' (1994: 104). In other words, the vulva and the vagina are sites of high anxiety in hetero-dominant patriarchies.) In addition to asserting that *all* skins

and borders are porous feminists and others have demonstrated how skin is much more than a protective barrier: on the contrary, it connects subjects through touch (Weiss, 1999: 55-58; Cranny-Francis, 2013; Paterson, 2007) and indeed through all its surface capacities:

...bodily surfaces (face, skin, retina, ear drum, vocal chords, taste buds) may be taken to be the key interfaces and means through which we encounter, engage with, and experience the world, and through which we express and present ourselves' (Forsyth et al, 2013).

Similarly, Michel Serres notes skin's centrality as a mediator between self and other:

...through the skin, the world and the body touch, defining their common border. Contingency means mutual touching: world and body meet and caress in the skin (1998: 97).

So healthy skin protects us against intruders such as dangerous bacteria whilst also augmenting our relations with others. In these seemingly opposite ways skin is central to our interactions with each other and with the world.

WHAT IS SCREEN?

The noun screen has always had multiple meanings but once referred primarily to a piece of furniture whose purpose was to divide a space into two. The *Oxford English Dictionary* describes it as:

A contrivance for warding off the heat of a fire or a draught of air... A piece of furniture consisting usually of an upright board or of a frame hung with leather, canvas, cloth, tapestry, or paper, or of two or more such boards or frames hinged together (1989).

Thus we might say that 'screen' once paralleled 'skin' as protective barrier. But screen in contemporary culture means something different. Screens are usually thought of as those electronic or projected-upon smooth surfaces used to mediate images and texts. Lev Manovich notes that '...the cinema screen, the TV screen, and the computer monitor' have taken on different meanings in contemporary urban landscapes: 'in the last two decades of the 20th century [the screen] has turned into a shallow surface on which 3-D images co-exist with 2-D design and typography' (2006, online). Significantly, the verb in the older sense of screen means *to hide*, while 'to screen' in its newer context means the opposite: *to show*. It is common sense to note that the primary connotation of screen as a verb has switched: no longer signifying disguise or cover it now means to express or to reveal and is specifically connected to electronic visual media.

SKIN-SCREEN-SKIN

Skins and screens are surfaces that hide and contain even as they also show and communicate. Visually, skins communicate through the often-fraught indicators around colour and pigmentation that might denote 'race' or ethnicity but also through signs that indicate (correctly or not) age, disease, health, emotion, and individual and socio-cultural histories (Ahmed and Stacey, 2001; Longhurst, 2001; Connor, 2004; Marks, 2008). Sunburn, scars, freckles, stretch marks, warts, wrinkles, acne and also unblemished skin all tell their own stories. Skins, like screens, are surfaces upon which we might actively *project* signs. It is upon skins that chosen signifiers, deployed through various body modification techniquesⁱⁱ, may work to indicate personal qualities and characteristics such as cosmopolitanism, beauty, or belief. Skins are even sometimes marketed (by cosmetic surgeons for example) as ways to exhibit or reveal one's 'true self', as Cressida Heyes has demonstrated in her exceptional feminist analysis of elective body transformations (2007). In this demonstrative sense skin *is* screen *is* skin—both are surfaces that can be used to *express* whilst simultaneously containing and concealing.

While we can show that skins are beginning to share more characteristics with screens—as surfaces upon which meaning can be projected—there is a corresponding growing corpus that situates screens as affective surfaces. This fascinating and disparate collection of theory (much of it is sociological) broadly investigates how images and the surfaces on which they appear such as screens and mirrors are affective, intense, and interactive as well as being representational (Sobchack, 2004; Coleman, 2013; Manovich, 2002; Jones, 2008;

Wegenstein, 2006; Misha, 2008; Wood, 2007). Rebecca Coleman explains how this emerging body of work seeks to develop

... an understanding of images not (only) as representations but as performing or bringing the world into being; images are not (only) texts that can be read and deciphered but are felt, experienced, lived out... (2013: 4).

These theories posit that screens and images are more than mere tools and representations and insist on examining ways that visual media are felt and lived as well as seen: ways that involve intertwining with everyday embodiment not by merely reflecting it back but by *conjoining* with the living body to create its own lived realities.

Recent media theory has similarly worked at problematising distinctions between the real and the virtual, with many scholars agreeing it is no longer useful to theorise any medium as separate from the subjects who interact with and are represented by it. Mark Poster, for example, writes that 'the screen is... a liminal object, an interface between the human and the machine that invites penetration of each by the other' (2006: 175). In other words the contention—to which I adhere here—is that images have power not only because they depict but also because they intertwine with and involve the sensorium: they are never separate from the bodies that make and experience them. Thus, the screen operates as both separating membrane and connecting facilitator between

sensing body and image and so confounds the real and the represented, the seen and the felt.

I propose that there is a theoretical and an everyday *movement towards each other, a coming together*, of skins and screens. Coleman's description of how the screen 'works between and troubles—rather than establishes and bounds—the material and immaterial, the actual and the virtual...' (2013: 12-13) can be equally applied to skin. Francisco Varela, for example, writes of lying in a hospital bed recovering from his liver transplant and watching a screen:

Increasingly we communicate with images of people, with virtual persons existing as bytes in optical fibre ready for multiple displays. The radiologist looks at his echography machine, not at me. The image becomes the inevitable mediator between my lived intimacy and the dispersed network of the expert medical team for which the images are destined, the larger medical world (2001).

His writing helps us understand how skin and screen are membranes that separate and simultaneously connect—how both are interfaces, both are media, and how body and image are mutually constitutive. Once we move beyond thinking about images and bodies—and thus skins and screens—as separate objects, exciting possibilities arise. In conjoining or conflating images with affective bodies we allow ourselves to bring into being otherwise unknown entities and modes of existence. In previous work I have explored this in terms of

various cosmetic surgery bodies and makeover culture (2008) but here I focus on a particular type of cosmetic surgery: labiaplasty.

VULVAS AND LABIAPLASTY

Labiaplasty is a cosmetic surgery operation that constitutes labia minora reduction and/or labia majora augmentation. In this section I firstly explain why vulvas are considered problematic, and secondly I discuss labiaplasty in more detail, especially in relation to its cultural history.

While all cosmetic surgery is partly about reconciling two-dimensional and three-dimensional modes of being (see Jones, 2012) labiaplasty is particularly important because of the vulva's complex and fraught history, its powerful metaphoric and physical capacities, and its distinction as womens bodies' quintessential liminal part.

The vulva, along with the mouth, anus, ears and nose, problematizes inside and outside and confounds two-dimensional surface and three-dimensional depth. Is it skin or orifice? Is it an opening, a closing, or something more labyrinthine? Does it invite in (phalluses, fingers, tongues) or push out (mucous, urine, vaginal fluid, menstrual blood)? Some of its surfaces are clearly outside (the labia majora) and some are inside (the vagina, the urethra) but most—the labia minora, the clitoral hood, the clitoris, the opening of the vagina—are both outside and inside, or are somewhere in between.

The planes of vulval surfaces are multi, touching, unclear, folded and overlapping—a state that is the antithesis of traditional dualistic modes of being (left/right; man/woman). Patricia McCormack notes that unlike the phallus ‘the vulva privileges fluidity, connectivity, aspectual apprehension, tactility and other senses’ (2009:94). Excitingly, she argues for a ‘verbing’ of vulva, and for embrace of a vulval *mode of being* that is about enfoldings, multiples and touching—a movement she terms ‘becoming-vulva’—in order to challenge phallogocentricism. In a state where all subjects would be ‘becoming vulva’ McCormack argues that ‘participation rather than position in the structure [would determine] where reification and revolution is enacted’ (2009:96).

In tension with McCormack’s vision, labiaplasty aims to de-problematise the vulva as a folded, pleated, frilly, in-between area by ‘cleaning it up’, making it less ambiguous, and thus clearly delineating inside and outside, separating three-dimensional and two-dimensional surfaces. I suggest that this form of cosmetic surgery is intricately connected with a growing conflation of skin and screen, as explained above, where the surface of the skin becomes more expressive and visual and the screen shows ever-more intimate anatomies. Following McCormack’s line of thinking, if noun is position and verb is participation, then a post-labiaplasty vulva is one that has been *positioned*, visually and viscerally while its *participation* has been minimalized because its multiple folds have been whittled away leaving a single, accessible plane that simplifies its mode of being and diminishes its capacities. I wish to problematize this mode of thinking by situating the post-labiaplasty vulva in context of an environment where skins and screens are merging.

All visible body parts are subject to different fashions and cultural interpretations according to time and place—the vulva is no different. Modifications to it are many and varied. Relatively simple practices like removal or shaping and trimming of pubic hair have a long history and have been taken up in various forms at different times (Boccalatte & Jones, 2009). Other practices include bleaching or colouring the labia, vagazzlingⁱⁱⁱ, as well as piercing, implanting, and tattooing. The term ‘designer vagina’, otherwise known as female genital cosmetic surgery (FGCS), covers a range of procedures including vaginal tightening, hymen repair or reconstruction (the hymen is yet another important bodily surface to consider in future work in this area), labia minora reshaping or minimising, labia majora augmentation or reduction, clitoral hood removal, reduction, or rebuilding, and ‘G-spot’ enhancement. These are some of the most recent developments in cosmetic surgery, and happen mainly in countries where cosmetic surgery has been on the rise for the last thirty years or so^{iv}. Here I focus on the most common operation within ‘designer vagina’—labiaplasty. While some of the procedures listed above focus on increasing women’s sexual pleasure, labiaplasty is mainly about appearance^v. One interviewee in a documentary about the practice said of her pre-surgery vulva:

See, I don’t think it’s attractive at all. I don’t like these bits, basically. I look at it and I think, ugh, it looks like a cauliflower, and I don’t want to have a cauliflower, I want something prettier (Reagan, in Leach & Rogers, 2008).

Advertising for labiaplasty commonly includes text like:

Labiaplasty is for women who have a problem with large labia, asymmetric labia or related female genital issues. Labiaplasty permits the reduction of large labia... to reduce their outward appearance and correct misshapeness or irregularities (<http://www.labiaplastysurgeon.com/>).

This quote is typical of its kind: note the manipulative words like problem, issues, correction, misshapen, irregularities (and see an analysis of the ways they encourage heteronormative homogeneity in Braun, 2010). This sort of discourse is often accompanied by before/after images such as figure 1 so we are already primed to see the un-operated upon labia as messy and irregular. A different sort of accompanying text could have described them as blossoming, frilled, pretty or even simply as normal^{vi}. But in our time and place the idea that vulvas need to be neat, even, and small is dominant. This has developed from several converging cultural factors, three of which are outlined below (there are likely many more that must go unexamined here).

Surgical Entrepreneurs

The most important contributor to the rise of labiaplasty is the cosmetic surgery industry itself. While they will often argue that they are only meeting a pre-existing public need, cosmetic surgeons are business people and entrepreneurs as well as medics. Many run their own businesses separate to hospital systems so are directly subject to capitalist and consumerist imperatives. Like all entrepreneurs they are continually searching for and creating new markets, and

genitals are the latest in a long stream of body parts co-opted to meet this need (Davis, 2002).

Photoshop with a Scalpel

In the analogue age it was called airbrushing; now it's Photoshop, one of the world's most ubiquitous digital software programs. Most commercial images have been subject to adjustment in Photoshop or similar software. One way for producers of soft porn and nude images to publish or broadcast images of nude women and avoid an 'R' rating is to simply edit visible labia minora away, thus making the images less 'obscene'. Using Photoshop, protrusions are removed leaving just the labia majora and a vertical crease. As a result, an idea of 'normal' is produced and disseminated that is different to the reality of many women's non-surgical vulvas^{vii}.

This does not mean that women immediately become disenchanted with their own vulvas and all run out seeking surgery, despite the commonly accepted cultural belief that we see people who have been 'perfected' in Photoshop, note that our own bodies and faces are poor in comparison, and become unhappy. I have challenged this notion in previous work, arguing that consumers of popular culture know that images in mass media bear little relation to 'reality' and that many are acutely aware of how Photoshop works (Jones, 2012a). However, it is undeniable that many ideas of what beauty is are gained through image consumption. Most women I have interviewed as part of various cosmetic surgery research projects in the last decade (2008, 2011-2013), while insisting

that they seek surgery to look ‘refreshed’ or ‘more feminine’, or like their ‘old selves’, still told me that their ideas of beauty came mainly from images in popular media. One interviewee told me she was dreading the cosmetic surgery she was scheduled for the following week. She said, ‘I wish we could just do Photoshop to me now.’ I had asked Marina^{viii} whether she would rather look like an image of a person in a magazine than like someone she had actually met. Her response—a resounding yes: ‘I wish we could just do Photoshop to me now’—was fascinating partly because Marina was fully aware that images in mass-media have been touched up or Photoshopped. Her desire to look like a two-dimensional image that she *knew* to be photoshopped led her to book her three-dimensional body in for cosmetic surgery. Her predicament expresses some of the complex relationships between bodies, images, skins and screens under discussion here.

In an image-saturated world where people wish they could be Photoshopped in real life and where scalpels can be aligned with digital tools, there is an under-examined tension between two and three dimensions. This tension lies, I contend, between necessarily flat representations of bodies and the shapes, sizes, and dimensions that those bodies have when they’re actually lived with and experienced. A woman’s actual vulva is held up to scrutiny alongside those that have been adjusted with digital tools. Marina’s words show how the living, fleshy body and its flat image are frequently conflated.

Thus, a practice like genital cosmetic surgery comes about and is situated at a nexus between two-dimensional and three-dimensional realities. It works to

make three-dimensional bodies more like their two-dimensional counterparts, hinging between them, perhaps allowing people to 'surf' between the two. Bodies become representations and screens as well as being breathing, moving, wrinkled, holey and shadowed matter. The folds, holes, bumps, textures and shadows of the three-dimensional body become smooth, closed and two-dimensional—this is something we see expressed in all cosmetic surgery. In this paradigm surface is all-important, with the body and particularly its skin becoming central as they are reconstructed to be more image-like. I have showed that two recent cultural configurations—Photoshop and the cosmetic surgery industry—have played large roles in the creation of the current notion of what a beautiful vulva is. But underlying them is something older, much more insidious, hidden, and important:

The Colonial Vulva

European colonisers, explorers, invaders, and travellers observed and reported on what they saw as the extraordinary physicality of African women. In 1686 Wilhelm ten Rhyne of the East India Company wrote:

They have to themselves this peculiarity from other races... that most of them possess finger-shaped appendages, always double, hanging down from the private parts; these are evidently nymphae.

And Captain James Cook recorded in 1771:

A local physician declared that he had examined many hundreds of Hottentot women, and never saw one without two fleshy, or rather skinny appendages, proceeding from the upper part of the Labia, in appearance somewhat resembling the teats of a cow, but flat; they hung down, he said, before the *Pudendum*, and were in different subjects of different lengths, in some not more than half an inch, in others three or four inches.

Labia minora elongation, sometimes called *puxa-puxa*, is a centuries-old practice achieved via simple and slow manual stretching. It is common in parts of Mozambique, Tanzania, Rwanda (Imyeya, 2014) and Zimbabwe, where the ideal length for labia minora is three to four centimetres. It is usually explained in positive terms by women:

When the girls or women do *puxa-puxa*, they feel sexual pleasure (...) when she's grown up. Also as an element to amuse oneself and masturbate when she doesn't have a man beside her (...) When she reaches around fifteen years of age she starts to do it, to feel pleasure. (CHI3, Potter, around 45 years old, Chipembere, Tete Province, Mozambique, August 2005, quoted in Bagnol and Mariano, 2008: 276).

Maybe Cook and Rhyne were describing women who had manually elongated their labia minora—who practiced *puxa-puxa*. These white men assumed long inner labia to be a racial 'peculiarity', a biological essential that could be used to differentiate African women from their own white wives and lovers. This in turn served a larger colonial purpose. Anne Fausto-Sterling notes that

Identifying foreign lands as female helped to naturalise their rape and exploitation, but the appearance on the scene of 'wild women' raised troubling questions about the status of European women. Hence, it also became important to differentiate the 'savage' land/women from the civilized female of Europe (Fausto-Sterling, 1995: 22).

The life of Saartjie Baartman (c. 1789-1815), one of at least two women kidnapped from South-West Africa and exhibited as freak show attractions in 19th-century Britain and France under the name Hottentot Venus, also attests to the problem that Fausto-Sterling notes (Davie, 2012). Baartman was of both exotic and sexual interest in London and Paris, especially for her 'oversized' buttocks and elongated labia. The latter she always refused to show, appearing to audiences nude except for a small modesty apron that covered her pubis (Fausto-Sterling, 1995: 32). In 1815 she was subjected to a three-day examination in Paris by a team of zoologists and physiologists (Fausto-Sterling, 1995: 29). After she died she was dissected, and a wax mould of her vulva, along with her actual skeleton and preserved brain, were exhibited from 1817 to 1974 in Paris' *Musée de l'Homme* (Qureshi, 2004). There is no possibility of properly addressing the many complex issues around Saartjie Baartman here. However, the treatment she was subject to points to a colonialist cultural legacy that aligns longer labia with primitivism and blackness, and thus, conversely, small labia with civilisation and whiteness. Aligned with this is a nature/culture divide, where African women's bodies were utterly corporeal, able to bear physical labour and punishment, while white women's bodies were unmoving, smooth,

and pale as paper (or smooth as a screen). As Camille Nurka and Bethany Jones note in their very fine article on this topic: 'The clean and proper body is one which does not show the signs of obscenity (the labia)' (2013:436, see also Gilman, 1985, and Holliday and Sanchez Taylor, 2006).

So image manipulation and surgical entrepreneurship entwine with this more shadowy, inherited racist notion about large labia being primitive and therefore not appropriate or 'natural' in the so-called civilised white world. Such historical and contemporary entanglements help foster a powerful urge to modify, a cultural imperative that is both conscious and subconscious, to smooth and diminish and reduce to a single surface. Surgical techniques now allow 'real' bodies to bear the responsibility that was once the domain of the metaphoric eye or the screen or the glossy magazine. Thus, we live ourselves as images.

IDEAL VULVAL SURFACES

*When I came back from the hospital the first thing I did was go and look at my vagina in the mirror. It looks better looking than before (Kim Kardashian-West, *Keeping up with the Kardashians*, 2013).*

Kim Kardashian-West arguably embodies and promotes the most fashionable body and face of our moment^{ix}. The quote above is taken from the reality television show in which she stars with other members of her family. Perhaps surprisingly, Kardashian-West had not had labiaplasty in hospital but had given birth. In giving birth her vulva's capacity as a productive, powerful, movable,

expandable, three-dimensional, living object had been utterly proven. And yet she was most keen to let her viewers know that her vulva still *looked good* in the mirror: that it still satisfied notions of beauty in context of a two-dimensional surface.

Whether she has ever had labiaplasty is unknown, but Kardashian-West's vulva is of the kind that is currently lauded as perfect—it is the object that labiaplasty aims to create. We know this because not long after giving birth Kardashian-West posed nude for a Prada advertising campaign (*Love Magazine*, 2015). The most notable in the series is a photograph shot from below, emphasising her hairless, oiled vulva rather than her face—it is her vulva that one notices first, before the eye is drawn to sunglasses, shoes, and fur coat (figure 2). Her vulva is acceptably mainstream: a hairless, shiny slit with no protuberances. The emphasis on the vulva—in Kardashian-West's own words and in the images of her—in relation to giving birth *and* to being fashionable and beautiful, shows us how important the appearance of this body part has become in a highly visualised set of cultures even while it retains its power as an organ that is active and productive. Kardashian-West's vulva discursively and corporally exemplifies a cultural compulsion wherein skin must 'speak' its owner's beauty, and where the appearance of skin on screen is equally if not more important than its capacity as a collection of feeling, touching, moving surfaces. Coleman writes that the contemporary screen is not

... a solid, static line that demarcates between one space and another (the 3D 'real' world and the 2D representation) or between one time and

another (the present, the past and the future). Rather, the screen is a mediator of movement, process, becoming, a surface at once material and immaterial, a surface through which images are lived out (2013: 17).

Similarly, through labiaplasty (or Photoshop), the vulva becomes 'a surface through which images are lived out.' By flattening the lips, by taking away all textures except satiny skin it becomes more like a two-dimensional image than a complex three-dimensional and partly hidden body part. Thus it aligns as closely with screens and with what appears on them as it does with sensation and production (of other humans no less). In these ways way labiaplasty and its results reconcile two-dimensional imagery and three-dimensional affect, bringing together skin and screen, the felt and the seen, the productive (verb) and the static (noun).

DECENTRED SKINS, EMBODIED SCREENS

Humans see through an organic screen: images are 'cast on the light sensitive tissue at the back of the eyes' (Hoffman, quoted in Andrews, 2014: 3). This 'screen' is more sophisticated than any we can yet manufacture. As Susan Stewart has observed, it can apprehend tactilities such as:

...roughness and smoothness; sticky things that remain in contact with the skin and slippery things that move readily across it; qualities of wetness and dampness and dryness in relation to each other; heaviness and lightness,

hardness and softness; clues as to position and states of motion... (2003: 163-164).

Our manufactured screens can also, although to a lesser degree, convey tactility.

Vivian Sobchack notes that:

[Cinema] is a vision that knows what it is to touch things in the world, that understands materiality. The film's vision thus perceives and expresses the 'sense' of fabrics like velvet or the roughness of tree bark or the yielding softness of human flesh (1991: 133).

While innovative filmmakers attempt to make the two-dimensional palpable, people like Marina and Kim Kardashian-West—who work diligently on the surfaces of their three-dimensional bodies—often seek to make them more legible in two-dimensions. Bodies become displays: screens for the self. Thus there is a coming-together, of two-dimensional media on one side striving to convey three-dimensional experiences, and of three-dimensional bodies on the other side striving to become perfectly two-dimensional surfaces. Traversing boundaries between reality and representation and between skin and screen, these 'media-bodies' disturb borders. It is Varela who comes closest to the point I am trying to make, particularly because he does not see the 'collapse' of the body into the screen as deleterious:

In the background, the brokenness of my body beckons me with an infinite fatigue, and a primordial desire to close my eyes and rest for

eternity. Yet the screen is a few centimeters away and a simultaneous curiosity perks up unflinchingly. I can see my new liver, inside me' (2001: 259).

Remarkably, he oscillates between calling himself 'the patient' and 'I', semantically showing how he simultaneously watches his image as an impersonalised other and is yet also always 'himself'. From the depths of post-surgical pain and despair it is the screen, and especially being able to see his new liver on the monitor, that tugs him back into life—so here the screen is a life-force, enacting a pulling-into-being. The screen mediates the boundary between the known (his hurting, pain-filled, drugged self) and the unknown, unseen (his new liver). Perhaps most importantly Varela does not merely *see* his liver through the screen but *experiences* it: 'I travel within, gliding inside and out of the liver capsule, like an animation' (2001: 260). As a cartoon of himself, as a being represented yet also still moving and feeling, as an image that is living—Varela is a media-body. He goes on to describe 'the feeling of existence' being two-sided, having 'two simultaneous dimensions'. For him these dimensions are *embodied* and *decentred* (2001: 261). *Embodied* is similar to my framing of a three-dimensional lived-experience in the body, and includes the body's intimate and immanent sense of itself. *Decentred* is similar to my articulation of two-dimensional screens and skins; it addresses the body's connections to other bodies, acknowledging that it is part of a mediated sociality and that it comes into being via connections with other bodies. Whatever the terminology, it is clear that connections between bodies require media (which in their most 'embodied' sense are skins), and that bodies themselves *become* media in these

interchanges. Thus, being mediated is as important as being embodied, for the two are inseparable.

BEYOND A POLITICS OF REPRESENTATION

Lynne Huffer, quoting from Irigaray's 'When Our Lips Speak Together', points out that

Irigaray's lips are not a noun... but rather a series of verbs, where the lips open and close, become red '...pinks, browns, blonds, greens, blues... luminous...' then red again: 'They're stirring, moving, they want to speak' (2013: 124).

For Irigaray, vulval lips are multiple and relational: they are visual but are also *doing* and *becoming*, and are thus able to express in ways that destabilize 'truth' and grand narratives. The earliest example of the use of the word labia in a vernacular context defined it as 'lyppes' (Elyot, 1970)—so it was plural, and strongly linked to speaking, doing, communicating. Labiaplasty is surely an attempt to concretely set lips as nouns, changing them from movements into objects, into still lifes rather than feeling things, rendering vulvas static and uniform rather than 'stirring' and diverse.

Our surgical culture literally shaves labia down to be even, immobile and small—and there's no doubt that this is a profound way of silencing women. There is a strong feminist body of work that frames FGCS (and indeed all cosmetic surgery)

in this way (Berer, 2010; Braun, 2005 & 2010; Tiefer, 2008), supported by journalism (for example Leach & Rogers, 2008) and activism (Alina & Ryan, 2012). We can certainly read the surgical vulva as being robbed of its identity as a complex visual and tactile structure to become a simple aperture to the vagina. McCormack notes that for Irigaray

...women are oppressed because they must accede to larger structures—as wife, as mother but never as for-herself. Only when woman can be a for-herself can she enter into productive relations (2009: 102).

Here I must add ‘as image’ to ‘as wife’ and ‘as mother’. In this way we can theorise labiaplasty as an accession, as a self-censoring and a tool of oppression, because with it woman is becoming-image rather than being ‘for-herself’.

But what of the common and continuing refrain from women who have chosen labiaplasty (and other cosmetic surgeries) that ‘I did it for myself’?

This surgery, which so many scorn and misunderstand, has finally brought me to a place where I like my body, and there’s absolutely nothing wrong with that (Anonymous, 2012, online).

I’m mega confident because I now have a designer vagina. I paid £2,000 and my vagina is perfect now. It looks like something you would see in a movie’ (Gemma Collins, quoted in Karney, 2015)

How can feminists reconcile notions of labiaplasty as oppression, as forcibly moulding woman 'as image', with women's own stories that insist it is, rather, an act of 'for-herselfness' (as in the Anonymous quote above), or indeed an act of active becoming-image, as reality television star Gemma Collins insists?

Labiaplasty fossilises an indefinable set of surfaces into a simple noun, simplifying and minimising. But it also occurs in an environment in which screens and skin—both of which is it intimately linked to—are morphing and oscillating between noun and verb and are blurring together. In line with the new body of work on surface studies, listening to women's accounts of their own labiaplasties, and following art theorist Jorella Andrews in particular, I suggest another way to make sense of labiaplasty.

For Andrews '...the tension... between image, expression and subjectivity is a defining and contemporary phenomenon' (2014: 3). She describes image and existence as 'primordially intertwined' (2014: 5) and argues for 'an ethics that is grounded in our capacity to inhabit both the risks and the possibilities of our own visible being' (2014: 13). Andrews' ethics doesn't consider popular culture but rather artistic ways of showing one's self. Nevertheless I take up her invitation here in order to consider a feminist ethics of labiaplasty, of a cosmetic surgery that is understood to be profoundly anti-feminist. Andrews asserts that there is a fundamental human desire 'to be acknowledged—for better or worse—not only on the basis of our own claims about ourselves but also above all for who, what, and how we *show ourselves* to be' (2014: 3, italics in original). The desire to *show oneself* is different from a wish *to be seen* because showing indicates choosing: determining when, how, and in what circumstances one will be seen. Labiaplasty,

along with all cosmetic surgery, is an attempt to manage and control the way one is seen. Cosmetic surgery is taken up by people who are often sophisticated managers of self-showing. Many have deep knowledge—gained from ongoing immersion in popular culture imagery—of the ever-changing boundaries between abnormal and normal, of the flexible meanings around what is ‘beautiful’ and of how ideal bodies are, above all, in constant change in relation to these boundaries and borders (Gimlin, 2012). This is not to say that women who choose labiaplasty gain total control over how they are seen, or that they are able to completely manage the reception of their appearances either in person or through images. Andrews notes that our bodies, while being available to us for self-showing, are also surfaces upon which visual phenomena that are ‘external’ to ourselves appear:

...human self-showing never operates solely within the parameters of the individual human will. Rather, a whole host of visual and cultural phenomena are also always showing themselves through us (2014: 3).

If skin parallels a screen then it is a screen that can be lit from both sides. We may project onto it from within—consciously as with cosmetic surgery or tattoos, or unconsciously as with blushes or sweat or pigmentation—but others also project onto it, from outside, bringing seers’ interpretations to it. Gail Weiss, in her enduring and important work on embodiment, notes that

...seeing is never neutral; interpretation is always going on from one moment to the next in one’s everyday existence, and this interpretation

takes place not in a vacuum but rather in a culturally saturated context that schematically structures how and what is seen (2008 :116).

So while the skin can express something of the individual it will also, always, express where and when she is and who observes her and through which media. Even if she actively moulds her body, trying to design it in order to be acknowledged according to her wishes, her environment will project onto it meanings that change according to place and time. Nick Crossley calls the mix of being-in-body and understanding one's body via others 'reflexive embodiment', arguing that

...reflexive embodiment is, in every case, negotiated, both with real others and with our internalized representations of them... we are dealing with a complex and ideological being... whose relation to him or herself is mediated with multiple others in the context of networks of relations which constitute the fabric of social life (2006: 143).^x

Building on this articulation I suggest that when considering complex cultural objects like labiaplasty we need to abandon narrowly reductive politics of representation such as 'the media made me do it' narratives, where media and media images supposedly create women's poor body images, thus making dupes or victims of us all. Instead, while remaining rigorously critical of all media, we should take as our starting points ideas such as reflexive embodiment, self-showing, and media-bodies. All of these modes of inquiry can be developed to examine how relations between skins and screens are affective, expressive, and

intertwined. In these theoretical schemas images can be living while bodies can be static, and each can 'mirror' the other. Through theorising such as this we can see how skins and screens work as parallel and converging surfaces on which both bodies and images are projected.

Practices like FGCS create bodies that self-show, that position themselves at a nexus between two-dimensional representations and three-dimensional realities, between surface and depth. Labiaplasty can be theorised as a culturally sensible response to tensions between the visual and the visceral: even as an attempt to reconcile them. If we accept that viewing subjects and represented subjects are entwined, then the link between three-dimensional and two-dimensional that I posit becomes easier to grasp. The imperative to manage the layers of reality that we live in, to move between them, is one of the challenges of living in an environment that has strongly mediated, virtual, and screened elements. For dystopic theorists such as Baudrillardians this is highly fraught, and lends itself to entrapment in a neverending clinical hyperreal, in which the nightmare is the inability to distinguish between reality and simulations of reality. Instead I argue that so-called simulations of reality are merely different kinds of reality and that acknowledging, even embracing them, allow us to experience potential new forms of subjectivity. The newly emerging modes of being come about through mingling the real and the simulated, or blending the three-dimensional and the two-dimensional, and stand in opposition to Cartesian depth/surface binaries. We can read Marina's desire to be Photoshopped as more than just a longing to be visually improved; it can be interpreted as a wish to exist in two- *and* in three-dimensions, to gain capacity and become able to operate on more than one plane.

This desire is beginning to be recognised and analysed by scholars, especially those researching selfie cultures, in which the self is played out in particular mediated and 'shallow' or on-the-surface ways (Murray, 2015). We should also note that not all cultures have inherited what Daniel Miller calls a 'depth ontology.' He points out that the Cartesian belief that the real or true self lies deep within does not necessarily exist outside of the global West. Miller focuses on Trinidadian cultures in which the real self is understood to be on the surface, expressed via things such as clothes. In these cultures a 'depth ontology' is senseless (2010).

CONCLUSION

Bodies surgically altered are image-based and reality-based, they are *on* paper and *on* screens but also *in* flesh. Further, modified flesh becomes a screen for active *showing* rather than passive *being seen*. This creative strain, between being *on* and being *in*, demonstrates a profound contemporary capability through which we are able to demonstrate depth on our surface, through which we can meaningfully perform identities outwardly, making them concrete through the seen surfaces of the body.

There are profound tensions and ambivalences as well as synergies and intertwinings between two-dimensional and three-dimensional modes of being. As present-day citizens we operate through and negotiate between two- and three-dimensions continually. Perhaps showing oneself as possessing a willingness to exist truly across different fleshy and surface dimensions is what

constitutes being a successful citizen of the contemporary world—and for some, that means choosing to have cosmetic genital surgery. In this light labiaplasty—a practice quintessentially linked to image creation—is part of a contemporary mode of being that understands media and bodies to be mutually constitutive.

In other work I have suggested that bodies, as matter, are in some sense brought about through media: that bodies and media configure and re-configure each other via processes and objects like fashion images, makeover television, Photoshop and Facebook (2012a; 2012b; 2014). I introduced the term media-bodies to problematise the distinction between media and bodies, suggesting that the body itself is a medium while media, in turn, have affect. The concept of media-bodies allows us to flip our thinking and understand of how breathing, fleshy bodies are part of ‘the virtual’ while images and representations are part of ‘the real’. It frees us to theorise all manner of mediatized bodies and body modifications as performances, as plays-between that suture *and* rupture textual and embodied realities.

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ⁱ The feminist work on this is wide-ranging and comprehensive with notable works by Laura Mulvey (1989), Angela McRobbie (1999) and Rosalind Gill (2007).

ⁱⁱ By body modification here I mean all manner of purposeful change to the body including everything from taking hormones, having cosmetic surgery, being tattooed, and even being treated with antibiotics.

ⁱⁱⁱ Vagazzling is the practice of gluing crystals or other jewels to the mons pubis. It became famous in Britain via the scripted reality television programme *The Only Way is Essex* (online at <https://www.youtube.com/watch?v=4um6af5JfM0>)

^{iv} For a comprehensive survey of available statistics as well as increased attention in popular discourse and clinical literature, see Camille Nurka (2015).

^v Of course gaining sexual pleasure from one's own appearance and from the gaze of others is also relevant but can't be included here.

^{vi} I'm yet to find a cosmetic surgeon advertising enlargement or augmentation of the labia minora, but cosmetic surgery fashions (like all fashions) develop and turn back on themselves, so perhaps labias will one day be like hemlines, going up and down by the decade (this is already apparent—the removal of volume from the buttocks was de rigeur a decade ago; now buttock implants are the fastest-growing new procedure. I've argued elsewhere—only somewhat tongue-in-cheek—that if cosmetic surgery is to become a mainstream industry it needs to embrace fashion and become less static, more able to change its effects and aesthetics from year to year, even from season to season (Author, 2012).

^{vii} Liao & Creighton note in their work on genital cosmetic surgery that ‘... some women brought along images to illustrate the desired appearance, usually from adverts or pornography that may have been digitally altered’ (2007).

^{viii} All names have been changed.

^{ix} This is most beautifully put by Tina Fey, who writes that: ‘Now every girl is expected to have Caucasian blue eyes, full Spanish lips, a classic button nose, hairless Asian skin with a California tan, a Jamaican dance hall ass, long Swedish legs, small Japanese feet, the abs of a lesbian gym owner, the hips of a nine-year-old boy, the arms of Michelle Obama, and doll tits. The person closest to actually achieving this look is Kim Kardashian, who, as we know, was made by Russian scientists to sabotage our athletes’ (2011: 23).

^x In an environment saturated with two-dimensional images, and in which women are arguably more financially powerful and more educated than ever before, is it ethical to decide that choosing a body technique like cosmetic surgery is the act of a victim? Could it instead be a sophisticated and embodied way of showing oneself, a way of acknowledging that two-dimensional and three-dimensional bodies can’t be separated? Following Crossley, could labiaplasty be understood as a complex form of reflexive embodiment, one that balances the inevitability of being seen with the importance of showing oneself? There is no room to delve into this argument in-depth in this paper, but I flag the notion for myself and other researchers as an important aspect of labiaplasty to consider.