

Vagina Dialogues: A sociocultural exploration of
veeple and their vulvas

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Abstract

Vaginas have, historically, been shrouded in taboo (Braun and Wilkinson, 2001) and remain a rare topic of academic literature beyond biomedical sciences (Bell and Apfel, 1995). Despite this, I argue we are in a 'cultural moment' when vulvas and vaginas are being addressed more openly than in previous decades. The aim of this research was to ask people with vaginas (whom I dub 'veeple') what life is like with one. I interviewed 25 veeple (aged 21-79) to discuss their experiences of their vulvas and vaginas through different phases of life (including menarche, childbirth and menopause), the relationship between their genitalia and their sense of self (including gendered embodiment, particularly for those participants that did not identify as women), and how these experiences are influenced by, and continue to contribute to, changing cultural meanings of 'womanhood'. I investigate this topic across three major themes, reflected in the three analysis chapters: The Talking Vagina, The Embodied Vagina and The Cultural Vagina. In examining 'vagina talk', I discuss the multiple layers of taboo that affect it and how veeple negotiate these in order to communicate effectively about their bodies and experiences. In discussing the physical embodiment of vaginas, two main issues arose from the interviews: understanding when it is considered acceptable to touch oneself, and managing the continual threat of another's unwanted touch. Finally, in relation to the cultural vagina, I introduce the notion of a 'womanhood clubhouse', in which veeple are forced to negotiate varying degrees of 'enoughness', which for the cisgendered women I interviewed manifested as 'woman enough'. Throughout this thesis I argue for the explicit inclusion of gender non-conforming people in gender and sexuality research, and conclude that vaginas still occupy hidden spaces, are talked about in hushed voices and are dismissed to the periphery.

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Author's Declaration

I declare that this thesis is a presentation of original work and I am the sole author. This work has not previously been presented for an award at this, or any other, University. All sources are acknowledged as References.

Chapter 1: Introduction

“The feminine sex organ is mysterious even to the woman herself”

(Simone de Beauvoir, 1949)

When I was 4 years old, I started school. My Mum took me to the front gates and on the way in she explained that this was somewhere safe I could meet other children and learn new things. At the end of the day, when she picked me up again, I was overwhelmed with enthusiasm. I had learned so much in just one day! I excitedly asked her, “can I go again tomorrow?”, and “what happens when I get too old for this school?” She explained there was another school to go to when I got older. This did not satisfy me – “what about after that?” I asked, again and again. The conversation continued with both my parents on arriving home. Together they looked at each other and told me about university, and finally, when they ran out of other qualifications, rested on a PhD. “A P. H. D.” I imitated. Even at that age, I could imagine myself ‘not stopping school’ until I could attain this ‘final’ grade. As I matured, the naivety waned but the enthusiasm endured. I collected interests just as I collected shiny trinkets for my keepsake box. I observed everyone around me, constantly making mental notes. I worked hard throughout all my exams, becoming an undergraduate but feeling the likelihood of a doctorate fading away like a childhood memory. As I moved through the higher education system, I found myself orienting towards ‘careerism’ and felt myself being pulled into various paths that were supposed to give me job security. The pipe dream I had at age 4 of ‘being an expert’ was being replaced by something far more pragmatic, and I just stopped believing it was achievable. Now, writing this thesis, it occurs to me just how proud that 4-year-old would be.

When I was 11 years old, a teacher at my primary school assigned all the ‘girls’ in my class some surprising homework: look at your genitals in the mirror. Nobody said a word more about it, until the next day when an unpopular girl proudly announced that she had completed her ‘homework’ using a mirror that she squatted over on the dining room table. Unusual circumstances aside, I didn’t think much of this announcement, but I did wince at the consequences I knew she was about to face. She was already unpopular, and constantly bullied for being considered different, fat, smelly and annoying: this sudden

admission of viewing her vulva did not go down well with our peers. She was branded 'disgusting', and met with shouts and screams of various swear words aimed to denigrate and disparage. I had winced because I had known this was coming, I knew the fact she had 'done the homework' was not really the issue, it was that she was *talking* about it. I wondered for years afterwards what might have led to her announcement, knowing she would be socially punished, as she was regularly. "Why give them more ammunition?", I thought to myself. And yet, not only did she not seem to care what anybody thought, she appeared to relish in their discomfort and outrage. For that, I now have come to consider her as quite revolutionary for her age.

At secondary school, when I was 15, a boy decided to elaborately open doors for 'girls' and shut them in the faces of 'boys'. On the way to our next lesson, he opened the door for me. Perhaps another 'girl' would have been flattered, or amused, or indifferent. Instead, I pushed past him and angrily shouted across the classroom, "don't discriminate against me just because I have a VAGINA!". Immediately the teacher reprimanded me and told me a report would be filed on my permanent record – for the use of "offensive language". Outraged, and petrified of the consequences, I told another teacher what had happened. She reassured me nothing would be filed against me, and agreed that I had simply used a scientific term. I can still recall the second teacher holding my hands trying to calm me down; I had felt like I had stood up for what was right, somehow, in a small way, but instead I was to be punished. I imagined myself having to explain the file against my otherwise spotless academic record. In reality, nothing came of the first teacher's threat, nothing was filed and it was never spoken about again.

One day, aged 16, I looked at my vulva in a hand mirror. Terrified something was horribly wrong, I panicked for a while and then ran to my Mum. My Mum was never squeamish, and rarely 'beat around the bush', she was straight to the point, 'right on the nose'...or any other phrase that indicates she was a plain-speaking woman. I explained my problem to her – I had seen something that worried me. She replied, "there's not much I can say without... looking at it". She paused and chose these words carefully, and her tone relayed to me that this was something I should consider before consenting – showing someone my vulva was private, and was I sure I wanted her to see it? I felt confused (as she was my

mother, she had seen me naked countless times, why was this event different?), but said nothing other than “okay”. I went into her bedroom and laid down on her bed, spreading my legs. She leaned in, looked for no more than three seconds and resumed her standing posture quickly, “it looks fine” she told me. I did not feel any better. I wanted her to look properly, to talk to me, to tell me what I was seeing and what it meant, but I didn’t know how to tell her that. For whatever reason, she didn’t do this. Looking back, I realise now it wasn’t just that she felt uncomfortable, she was worried I felt uncomfortable too and didn’t know how to navigate that. She tried to explain to me that all vulvas and vaginas look different, but she could not find the words. So, instead, she showed me a pornographic magazine that featured women with their legs spread for the camera. I was stunned – and more to the point, remained confused. These photographs were explicit but they did not show the detail I needed – how was this supposed to tell me if my vulva was normal? My confusion was misread by her as judgment, and she hurriedly put the magazine away and became defensive. I felt hurt, I was not passing judgment on her for having explicit material but was confused as to how to process the conversation. I wanted her to look at *my* vulva, and tell me what she saw and what it meant. Instead, the conversation ended abruptly and we never spoke of it again. Three years later, when I was 19, she passed away. I will never get to have another “vagina talk” with my Mum.

At the age of 23, during my MA with the Centre for Women’s Studies (2014-2015), I was tasked with writing an essay on the subject of ‘bodies’. Uninterested (at that time) in the swathes of research on women’s bodies, I happened upon an article by Virginia Braun and Sue Wilkinson (2001) that discussed the sociocultural taboos surrounding ‘vagina’¹. Reading the article, something ‘clicked’ in my brain. The authors were writing about exactly what I had observed my entire life, but that nobody was talking about. Excitedly, I took this as my inspiration and began writing my essay, only to find little other research in the field. I looked to address this gap later that year with my MA dissertation, which eventually became the pilot for my doctoral project².

¹ I elaborate on this within Chapter 2.

² More details of my MA dissertation are discussed in my Methodology.

Over the five years I have been working on this thesis, I have had several personal realisations. Three are pertinent to mention here, and I will do so chronologically. As a brand-new PhD student, I identified as a cis³ lesbian. Within two years, my then-partner changed to identify as non-binary, which led to our shared discussion of how we defined our relationship. I instantly ‘switched’ to calling myself *queer*, a term I had been feeling comfortable with for a while. Both of us realised we weren’t lesbians, and I reasoned that I ‘couldn’t’ be one, as my partner no longer identified as a ‘woman’, something I was starting to question in myself too. The conversations we had were open and safe – a testament to the strong respect and love we had for each other. Within the next year, I was diagnosed as autistic. This complicated (and simplified) various aspects of both mine and my then-partner’s lives – it explained so many things about how I communicated, how I expected others to communicate, the way I thought about things and the things I was finding difficult⁴. Sadly, our relationship ended (for other reasons) but happily, we remain friends. My next partner, during our relationship, also ‘transitioned’ to identifying as non-binary, and I began ‘taking action’ and doing real thinking-work about my own identity. As I finish this thesis, I identify as simply: queer. Queer in all aspects, ‘queer squared’, as I used to joke with my friends. I don’t always feel or identify as a woman, but sometimes I sit comfortably in femininity. I don’t really know who I’m attracted to, but I know I don’t care what their gender is. Love is love, as they say. As an autistic person, much of this was obvious to me at a young age – I understood implicitly that ‘gender’ was a performance, something that people just sort of ‘did’, rather than ‘were’. I recognised, even as a child, that these signifying behaviours were for the sake of others, and dictated how they might behave towards you. I knew that I was read as a girl, and then a woman. I still (usually) am. I am treated accordingly, which comes with significant privilege as well as discrimination. However, privately and as an adult, I recognise in myself that how I *feel* does not match what society deems me to be. I know many people ‘see’ me as a woman, and some don’t. As will become clear throughout this thesis, I argue that including non-

³ Cis is shorthand for cisgendered: to identify with the gender you were assigned at birth.

⁴ Indeed it was very difficult, for other mental health reasons also, and I took several leaves of absence as a result.

cisgendered experiences can only strengthen how we conceptualise gender. Binary understandings of gendered experience can only serve to limit us.

For clarity, I will comment on two linguistic choices I have made in this thesis: the use of the words 'vagina' and 'veeple'. I use the term 'vagina' in this context as a general term to refer to the external female genitalia including the whole pubic area, from clitoris and labia (i.e. the vulva) to the internal passage scientifically known as the vagina. Whilst I agree with the standpoint of several feminists in the importance of not confusing 'vulva' with 'vagina' (Boston Women's Health Book Collective, 2005), this thesis discusses issues involving the whole vulvovaginal region. Therefore, the use of 'vagina' is shorthand. Equally in this instance by coining a new word 'veeple' I refer more clearly to people with vaginas. As I will explain further in Chapter 3, all of my participants were born with a vulva/vagina but not all identified themselves as women (they are not all cisgendered). It is vital to recognise that whilst this work discusses vaginas, "some of us who identify as women do not have this anatomy. [...] Yet still others identify as men or as neither man nor woman but have female sex anatomy" (Boston Women's Health Book Collective, 2005, p.227). Nonetheless, as might be expected, the concept of 'woman' arises on numerous occasions in 'vagina' literature and this thesis is not an outlier in that regard. In my methodology chapter I expand upon my reasons for deliberately choosing to amplify the trans⁵ experiences reported within my research.

In discussing her experiences of researching social/cultural constructions of the vagina, Virginia Braun (1999a) relays her paradoxical stance of wanting to be able to tell people her research is about 'vaginas', and yet sometimes finds the word uncomfortable to use. She elaborates that it is "not simply done to 'save' myself, but rather to protect the person I am talking to from being in the possibly uncomfortable position of having to respond" (p.368). I fully sympathise with this analysis, including her admission of making judgments about whether people who ask her what she researches can 'handle' the response (with 'non-handlers' often those older and/or in authority), often leading to

⁵ In this context I use the word trans to encompass all non-cis gendered identities.

“‘parent-friendly’ accounts of [her] research” (p.368). However, after reflecting on my own discomfort initially when talking about my research outside feminist circles, I made a decision to be candid, and crucially, to use the words vulva and vagina when describing my research to *all* others. Not talking about the vagina forces it to remain conceptually ‘absent’, and as Virginia Braun writes, “my experiences reinforce for me that my research, and work like Eve Ensler’s (2001), is important – for feminists, for women” (p.370). Finding little to no literature actually *asking* veeple about their vaginas, I decided to conduct interview-based research into what experiences veeple have had and how these may have subsequently shaped their attitudes towards their genitalia.

With this in mind, Chapter 3 details how I set out to interview 25 veeple between the ages of 21 and 79, and discusses the rationale for and the process of choosing my research design and methods. I wanted to find out exactly how far we have come in terms of our attitudes towards vaginas, and to explore how veeple make sense of their bodies and experiences. The following three chapters serve as analyses of my empirical findings. In Chapter 4 I discuss how the veeple I interviewed talk about ‘vagina’⁶, and how those conversations are negotiated. Examining the vocabulary that is, often carefully, deployed in certain situations reveals much about the taboos surrounding the vagina. The chapter addresses areas of learning and ‘sex education’, as well as how ‘vagina talk’ exists in medical settings and in popular culture. Embodiment is the theme of Chapter 5, which addresses the physical ‘events’ that people described as happening ‘to’ or ‘with’ their genitals. I examine how my participants frame these narratives, discussing issues of ‘choice’ and consent. In Chapter 6, I explore what, and how, vagina ‘means’, and to what extent ‘womanhood’ overlaps and underlines those meanings, with particular attention to how my participants identified with more or less popular notions of gendered embodiment. Finally, I conclude the analysis of my findings in Chapter 7, where I draw together my discussions of the empirical data and argue that ‘vagina’ still carries a heavy cultural burden for veeple.

⁶ Note that throughout this work I sometimes refer to ‘vagina’ in the singular, to mean vagina conceptually.

Chapter 2: (C)lit Review: Clit-ical Context

As discussed in my Introduction, we are living in a particular moment where vulva representation is becoming more visible, and some specific sociocultural research into vulvas/vaginas has begun to surface in the last fifteen/twenty years. As Jackson and Scott (2010) write, “any adequate theorisation of sexuality must place it in historical and cultural context” (p.50) and so, for the purposes of this review, I have brought together literature from across different contexts, not necessarily always directly or explicitly on ‘vulva/vagina’ but concerning the surroundings, the overlaps and the peripheries. The vagina has been featured in some sexological research, particularly as central in debates on what constitutes ‘normal’ or ‘standard’ sexual behaviour in ‘females’. However, as Braun and Kitzinger (2001c) note, sexology has ignored “what the vagina means to women, how socio-cultural meanings are deeply implicated in women’s experiences of our bodies, and the effects this has on women’s sexuality” (2001c, p.5), thus there are major gaps in the literature. As Jackson and Scott (2010) continue, “since sexual relations and practices are embedded in the social, it follows that they are subject to change...and cannot be expected to remain constant over time and place” (p.50). Thus, I have arranged this literature review, this critical contextualisation of my work, as chronologically as practical.

As I write this chapter I remember Ting-Fang Chin’s words, “if knowledge is the sea, then the purpose of a literature review is not to investigate every drop of it but to discover where I am and, therefore, which direction I should be heading. As long as I have made proper preparations, I can travel in this ocean of knowledge. It will carry me rather than devour me.” (2016, p.19). In this way, I do not have the scope here to cover the entirety of the ‘vagina knowledge ocean’ but must simply present the relevant contextualisation for my analysis. As I argue in my Introduction (and throughout this thesis), sociocultural notions of the vagina are tied to, amongst others, sociocultural notions of queerness. As the vagina has a history of being considered a ‘lack of penis’ or the ‘non-sex’ (Irigaray,

1996b), the intersex, queer and/or trans*⁷ person is considered a non-person or, at the very least, socially and sexually deviant. In this chapter, however, the reader will notice a return to the use of the word 'woman' which is done to reflect the literature I am citing. The scholarship I draw upon here rarely defines what is meant by 'woman' but almost every example refers to cis women. It is assumed unproblematic and/or self-evident, although some more recent literature does make efforts to be inclusive of many genders⁸.

The Early Vagina (pre-1800)

Early⁹ understandings of the 'female' reproductive system considered it as an 'inside-out' version of the 'male' reproductive system; "the vagina is imagined as an interior penis, the labia as foreskin, the uterus as scrotum, and the ovaries as testicles" (Laqueur, 1992, p.4). In addition to this bizarre understanding of the 'female' anatomy, the conceptualisation of vulva/vaginas followed (and, as I argue later, continues to follow) closely, if not precisely, in the conceptualisation of 'woman'. Historically speaking, religion and science have promoted differences between sexes, genders, classes, races and ethnicities which perpetuate discrimination against the marginalised, the 'different'. Unsurprisingly, the normalcy marker against which all others are compared, is the cisgendered, white, (at least) middle class, heterosexual 'man'¹⁰. It has also been almost exclusively written about by cis men. Thus, much of the 'early' literature on vulva/vaginas is dubious; the clitoris in particular was entirely ignored before the alleged 'discovery' of the organ in 1559 (Charlier, Deo and Perciaccante, 2020).

By contrast, early understandings of the 'female' orgasm were more progressive (although still, in parts, questionable). For example, in the 2nd century medical text *Gynaecology* (as cited in Blackledge, 2003), Soranus "prescribe[d] appropriate foods and massage as the prerequisite preludes to ['female'] orgasm" (p.255). However, the importance of the

⁷ The use of an asterisk here is done to acknowledge broad(er) understandings of gender non-conformity, see Tompkins (2014).

⁸ Although those that identify as no-gender, or agender, remain invisibilised.

⁹ Laqueur refers to Galen (2nd century), Herophilus (3rd century) and Nemesius (4th century)

¹⁰ See Caroline Criado Perez (2019) for a further discussion on how modern science, especially medicine, misrepresents information to the disadvantage of (cis) women.

'female' orgasm was founded on the false idea that 'women' had to climax to become pregnant¹¹: that 'female' orgasm is essential for conception is "one of the most influential ideas in the history of the vagina...because it had particularly far-reaching consequences for how western women and their genitalia were treated...female sexual pleasure was deemed acceptable, moral even, by the most important authorities of the day – the church and science" (Blackledge, 2003, p.255). Moving beyond the earliest centuries, Blackledge makes reference to historical documents from the 17th century that instructed those wanting to elicit a 'female' orgasm to indulge in, "sweet embraces with lascivious words mixed with lascivious kisses" (p.255) and importantly, to "titillate" the vulva "before intercourse" (p.255). Whilst the scientific evidence for the necessity of climax for conception is lacking, the early effects of this idea were that 'women's' sexual pleasure was framed as important and necessary. As I will elaborate shortly, these early ideas were soon to meet their demise.

Sourcing and making sense of early literature on trans* people is difficult. As Vincent (2020) notes, "people who challenge a binary gender/sex system have always existed, yet have often been historically erased" (p.20), which poses a problem not only here for my own review, but in any work hoping to contextualise 'trans' historically. In addition, as Genny Beemyn (2013) writes, "any attempt to write "transgender history" is complicated by the contemporary nature of the term "transgender" and its cultural specificity. Do we include individuals in past centuries who might appear to be transgender from our vantage point...?" (p.113). Moreover, many of the earliest considerations of gender diversity were of cultures distant from the 'West' but were "framed in Western terminology, which resulted in the simplification of non-binary gender identities and the loss of nuance in cultural differences" (Vincent, 2020, p.28). Either way, most agree that at least *acknowledging* that these individuals *existed*, is important, even if we continue to struggle to 'place' them historically alongside (mostly Western) binarised ideas of gender.

The 19th Century Vagina (1800-1900)

¹¹ And also, slightly later, that simultaneous orgasm was necessary for conception.

By around the year 1800, as Laqueur discusses, the ‘inside-out’ view of the vagina had been widely purported to be “nonsense” (p.5), but was replaced by an idea just as (if not more) socio-culturally problematic: that ‘men’ and ‘women’ were *opposites*. The dimorphic, or “two-sex” (p.8), model replaced the “one-sex” idea and by the late 19th century the concept had trickled into literature across disciplines and genres, and into popular culture “justif[ying] the respective cultural roles of men and women” (p.6) (see Laqueur (1992) for a deeper analysis on how this change from “one-sex” to “two-sex” occurred). As Jackson and Scott write, the separation of work from home, with the addition of the ‘domestic ideology’ in which women were “deemed by nature to be unsuited to a life beyond domesticity” (Jackson and Scott, 2010, p.55), meant women were redefined as lacking sexual desire. “Women were expected to be pure in thought and deed as guardians of the domestic haven” (p.55) and thus women were no longer conceptualised as simply inferior to men, but as *oppositional* to men. Laqueur argues that this transition to the ‘two-sex’ model was also when we see the vanishing of the ‘female’ orgasm. Where it had once been considered necessary for ‘successful’ conception, there was suddenly a disappearance of ‘female’ orgasms in medical texts, which was not as a result of new scientific evidence (though Blackledge (2003) suggests there may have been some), but rather a shift in perspective aimed to establish fundamental differences between the ‘two sexes’.

The clitoris specifically has a difficult history (see Charlier et al., (2020) for *A Brief History of the Clitoris*), influenced strongly by Galen’s work and wider religious influences that vilified the organ during the Middle Ages, before Kobelt provided a detailed description of the clitoris in 1844. In spite of Kobelt’s work, clitoridectomies¹² continued to be practiced well into the 20th century as a surgical treatment for insanity, epilepsy, cataplexy and “hysteria in females” (Brown, 1866, as cited in Charlier et al., 2020). Paradoxically, as Blackledge notes, “manipulation to orgasm was [also] the standard medical treatment for these non-specific “women’s diseases” (2003 p.257)¹³. As Webber (2005) identifies, much

¹² The surgical removal, reduction or partial removal of the clitoris.

¹³ I discuss how these two ‘methods’ operated side by side later in this chapter.

of the literature on the history of 'female circumcision' focuses on the idea that these procedures were "imposed on women by patriarchal doctors" (p.5), when often the 'women' themselves who sought out the practice understood "the enforcement of heterosexual married sex...as the only culturally and medically normal sexual behaviour" (p.5). Webber also points out that the same literature also implies the procedures took place only in the 19th century, "ceas[ing] to exist after the early twentieth century" (p.5), when in fact it was simply renamed and remarketed¹⁴.

The underlying issue to note here is that, regardless of their view (inventing vibrators to give 'women' orgasms in their doctor's office, or by clitoridectomy to stop orgasm completely), medical practitioners of Victorian England all agreed on one thing: the dangers of 'female' masturbation. Despite this, by 1902, rival companies began marketing their 'medical wonder wands' that helped 'women' achieve 'paroxysms'¹⁵¹⁶, because while no longer seen as vital for conception, the 'female' orgasm was "perceived as necessary to maintain a woman's health" (Blackledge, 2003, p.257). And crucially, regardless of the proposed treatment, the consensus was that it was "men's responsibility to exert complete mastery over women's pleasure [...] [their] differences shouldn't obscure the reality that each made his reputation by proposing new techniques to help men control women's sexuality" (Schwyzer, 2012, n.p.). Indeed, one will notice that despite the invention of the vibrator, the perceived dangers of 'female' masturbation remained. Blackledge, somewhat amusingly, implies that one aspect to this apparent ignoring of 'women' being able to touch themselves with their own hands (framed at that time as going against both 'God' and 'Nature') is that many of the male physicians¹⁷ across the centuries reported that *they* found it a difficult and complex task. Blackledge (2003) refers to a 17th century manuscript that humorously compares the skills required to manually aid

¹⁴ See later in this chapter (specifically *The Millennial Vagina*) for a further discussion of this 'remarketing'.

¹⁵ Note that even the word *orgasm* is absent from texts of this time, instead they are referred to as 'hysterical paroxysms'.

¹⁶ See Rachel Maines' *The Technology of Orgasm* (2001), for a detailed history of the vibrator.

¹⁷ And men in general, many women would argue. Additionally, the men that do aid their women partners to orgasm through manual manipulation are heralded as 'gods' in astonishment by their peers (see Drenth, 2005).

a 'woman' to climax to those needed to rub your stomach and pat your head simultaneously, and a text from 1906 by Samuel Spencer Wallian, that "bemoan[s] not just the expertise called for, but the time taken up too. Manual massage, he complains, "consumes a painstaking hour to accomplish much less profound results than are easily effected by the *other* in a short five or ten minutes" (as cited in Blackledge, 2003 p.259) [italics in original]. As Blackledge explains, "the *other* in question was the latest tool of the medical profession – the vibrator" (p.259, italics in original). Blackledge continues, "Vibrators became available for home use...unfortunately, it's not known precisely how many late-nineteenth-century and early-twentieth-century home vibration kits were sold; however, they were certainly popular enough to feature in many mail-order magazines in the U.S. the U.K. and Canada up until the 1920s" (p.260-261).

With regards to trans* and queer history, acknowledgements of the existence of people who "possessed ambiguous genitalia or had both male and female sexual characteristics was well-established in [mid-19th century] folklore" (Califia, 2003, p.12). However, homosexuality, 'transvestism' and intersexuality (or 'hermaphroditism' as it was called in this era), were deemed practically analogous, and were not considered separate 'phenomena' until the work of Magnus Hirschfeld in the late 19th century. Victorian sexologists had several 'infamously ambiguous' patients¹⁸ who drew attention from the medical spheres as well as from lay people. One of the most well-known as a "celebrity transsexual" (Califia, 2003, p.12) was the Chevalier d'Eon de Beaumont¹⁹, whose name led to Havelock Ellis' term for 'transvestism'²⁰, *eonism* (Garber, 1993). Ellis, like Magnus Hirschfeld, established a new category of 'sexual deviation' alongside but, (crucially) distinct from homosexuality. Typical of the era, postulations about 'Eonists' were characterised by demonisation of trans and queer individuals and behaviours, and both Hirschfeld and Ellis were criticised for their "compassionate" (Califia, 2003, p.12) attitudes towards this 'deviance'. Indeed, because these trans* people were 'famously' deviant,

¹⁸ Califia (2003) references several in *Sex Changes*.

¹⁹ See Chapter 1 of *Sex Changes* (Califia, 2003) for a full description of d'Eon.

²⁰ Coined by Magnus Hirschfeld in 1910.

they were often effectively regarded as freaks of nature, which arguably did not really do much to progress views on normalised gender roles during this time.

In their analysis of *veeple*²¹ in gynaecology textbooks, Diana Scully and Pauline Bart (1978) noted that circa 1845, vaginas were spoken of in terms of being “merely a receptacle for the male seed” (p.212), with ‘women’ engaging in coitus purely to populate the earth and to nurture mankind. Similarly, the authors observed the 19th century view that “women of firm morals did not enjoy sex” (p.212) but rather performed it as a duty to their husbands and to the population. In this ‘old-fashioned’ framework, whilst ‘men’ were considered to be populating the earth with their ‘seed’, it was the woman that carried not only the physical burden of motherhood (in pregnancy, childbirth, miscarriage and menstruation), but also a cultural burden in that women were expected to marry and produce heirs to their husband’s name; childless women, whether voluntarily or not, were devalued.

As Weitz (2017) writes, the 1872 publication of Darwin’s *On the Origin of the Species* was influential at the time in creating and reinforcing ideas about ‘men’ being “more evolved than females” (Weitz, 2017, p.251) due to the need for continual evolving to be the ‘fittest’ to compete for sexual access to ‘women’. Without this ‘need to compete’, ‘women’ were consequently, apparently, less evolved and “remain[ed] subject to their emotions and passions: nurturing, altruistic, and child-like, but with little sense of either justice or morality” (Weitz, 2017, p.252). As Weitz goes on to describe, these gendered ideals, whilst deeply problematic, “meshed well with Victorian ideas about middle-class white women’s sexuality, which depicted women as the objects of male desire, emphasized romance and downplayed female sexual desire...reinforc[ing] a sexual double standard” (p.252).

Jackson and Scott (2010) provide a useful starting point for contextualising modern understandings of gender (and particularly sexuality, as is their focus). As they correctly point out, in understanding the modern (and late modern) period, we must remain “alert to continuities as well as discontinuities” (p.50). One excellent example in their chapter

²¹ Although the authors use the word ‘woman’.

'Modernity and Its Discontents' shows the radical shift in representations of 'women's' sexuality between the 15th (women's carnal lust is 'insatiable') and 19th ('women' are not interested or 'built' for sexual things) centuries. As the authors argue, whilst radically different from the earlier view, the 19th century view presents 'women' and 'men' as opposite, with 'women', as before, subordinate to 'men': something Weitz (2017) attributes to the legal status of 'women' as property (of men). The transition from the 18th to the 19th century saw a reordering of gender relations, a review of conceptualisations, of sorts, which placed "women [not only as] merely inferior to men, but as radically other" (Jackson and Scott, 2010, p.50). Nonetheless, both views were based on 'male experts' commenting on what made 'women' inferior.

The Modern Vagina (1900-1980)

The beginning of the twentieth century did not mark much change in terms of vaginas specifically, but there were 'women' at this time challenging 'male' dominance and patriarchy²²: the 'women's' suffrage movement is one well-known example. 1948 saw the publication of Ruth Hershberger's *Adam's Rib* which featured a short, witty chapter that discusses the clitoris alongside a critique of how 'women's' sexual pleasure is defined. However, following the two world wars there was a resurgence of the domestic ideology, with high (and early) rates of marriage across much of the West. Reproduction took on a special significance at this time, with 'women's issues' being pushed continually into the side lines.

In 1958, Harold Garfinkel met a nineteen-year-old Agnes, who presented herself to her doctors as needing her penis and scrotum to be removed in order to live a 'normal female life'. In *Studies of Ethnomethodology* (1967), Garfinkel describes meeting Agnes, who he and his colleagues were convinced had an intersex condition they called 'testicular feminisation syndrome' and who was subsequently 'allowed' to undergo castration and vaginoplasty surgery. Years later, she revealed she had been privately taking oestrogen supplements since age 12 and, in modern terms, was actually not intersex but a trans

²² Viola Kline, Marie Stopes and Simone de Beauvoir, for example.

woman. As Vincent (2012) writes, “Agnes’ genius manipulation of the system gives a great big middle finger to anyone who would try and question or prevent her legitimacy. For her, being transgender wasn’t an identity she felt any connection with.” (n.p.). The salience of Agnes for this thesis is that she felt having the ‘right’ genitals validated her claim to femininity. Her vagina authenticated her as a woman, which further highlights the cultural significance of her genitals. It also demonstrates an early example of something trans people still struggle with today: that the legitimacy of one’s gender identity relies on ‘approval’ by the medical establishment. Moreover, as Vincent (2020) comments, “this significantly illustrates how the medical establishment at this time, despite some interest in transsexualism as a medical condition, failed to provide recognition unless intersex arguments could be deployed to make claims of the ‘truth’ of a person’s sexed status.” (p.22).

Meanwhile, the constructions of knowledge of ‘female’ sexuality began to change. In 1953, Alfred C. Kinsey and colleagues, published a report that was hugely controversial at the time for discussing female sexuality²³, which had never before been covered in the medical field so definitively. In the ‘Pre-Kinsey’ era, female sexuality was contestable, with some arguing that women could not experience pleasure, that the basic biology of women was to be mothers, with “sexual pleasure...entirely secondary or even absent” (Cooke, 1943, as cited in Scully and Bart, 1978, p.216). The vagina itself was barely mentioned, with the most detail referring to childbirth, but still only the vaginal passage itself was indicated (Scully and Bart, 1978), there was no reference to the vulva, labia or crucially, the clitoris. Even in the cases where scholarship does argue for an extant sexuality in ‘women’, it was framed as something that must be ‘activated’ by a male lover; it was conceptualised as a *responsive* sexuality, not one that was innately *active*.

Kinsey (1953) is not often credited with exposing the vaginal orgasm as myth but it was in fact his report that originally stated that the vagina was not the epicentre of female sensory stimulation, but that the nerve endings instead reside within the clitoris. Despite

²³ The 1953 report on ‘female’ sexuality followed the 1948 publication of the ‘male’ version.

this, Scully and Bart (1978) report finding gynaecology textbooks published as late as 1965 stating that the vaginal passage is the main female erogenous zone, and remark on the apparent “frigidity” of women who were unable to climax in this “normal mature” way (Scully and Bart, 1978, p.218). Kinsey’s report noted that the slower ‘female’ orgasm response could be attributed to “the ineffectiveness of usual coital techniques” (Kinsey, 1953, p.164), i.e. the lack of attention to the clitoris in traditional sex positions, rather than that ‘women’ were not as sexually desiring or effective as their ‘male’ counterparts. Regardless of Kinsey’s efforts, it took until 1967 for most texts to include the clitoris as an important *aid* to orgasm at the very least, if not a main site of stimulation. Scully and Bart argue that whilst some Victorian prohibitions and rules had been demolished with the sexual revolution in the 1960s, other “equally repressive” (1978, p.214) rules had replaced them, with “the underlying imagery chang[ing] little in 125 years” (p.214). The early-1960s work of William Masters and Virginia Johnson which used scientific observations and controlled conditions created a wider impact than Kinsey’s work, but nonetheless their work mostly acted to reinforce Kinsey’s ideas.

Shortly after, Harry Benjamin published *The Transsexual Phenomenon* (1966, as cited in Califia, 2003, p.15), which, like Ellis and Hirschfeld before him, positioned him as “compassionate” towards those with “disturbed gender role orientation” (Califia, 2003, p.15). A classic in the field of transsexual ‘treatment’ (arguing for sex reassignment as the appropriate prescription, with psychoanalysis being ineffective), Benjamin supported trans individuals to access sex reassignment.

Sexuality research of the 1960’s was commonly informed by psychoanalysis, with a heavy influence of pre-Lacanian²⁴ readings of Freud (Jackson and Scott, 2010). Luce Irigaray²⁵ writes that Freud’s phallogocentric perspective values the vagina only for the “‘lodging’ it offers the male organ”, with the “penis being the only sexual organ of recognised value” (1996b, p.79). Freud reinforced the idea of vaginal orgasm as the more mature

²⁴ As Jackson and Scott (2010) note, post-Lacanian readings of Freud are now much more widely known. Lacan (1977) challenged the dominant, literal, interpretation of Freud’s work.

²⁵ Who also criticised Lacan as well as Freud.

'neighbour' to the clitoral orgasm: a 'transference' that a 'girl' or 'woman' is supposed to achieve when she comes out of her 'latency' period. Masturbation was framed as an exclusively masculine activity which 'girls' had to abandon to 'achieve true femininity' (Freud, 1927), which may have been a contributing factor to why vibrators "fell from medical and public grace and use during the first half of the twentieth century" (Blackledge, 2003, p.262). Blackledge also suggests that the "exposure [of vibrators] in the early erotic films of the 1920s may have changed medical and public opinion as to their "health" role, and highlighted their sexual one" (p.262). This constant framing of erotic content, particularly pornography, as exclusively masculine and 'not for women' is something I return to later in this chapter.

This attitude towards 'female' sexuality remained prominent through much of the early 20th century. One example of this can be seen demonstrated in Virginia Clower's (1980) article 'Masturbation in women' which problematically attempts to explain 'girls' lack of sexual interest' as due to their preoccupation with "the whole romantic complex of love, marriage and motherhood" (p.152-153). Referring often to Freud's theory of penis envy, Clower argues that the reason 'female' masturbation is more taboo than 'male' masturbation is a 'natural' one: that 'girls' need to masturbate in order to be aware of their own genitals, but that they "must not masturbate so much that sexual gratification is fixed on her own body ... at the expense of accepting the need for vaginal penetration in coitus" (p.153-154). Clower's reliance on Freud's position that clitoral pleasure is somehow 'less mature' than vaginal pleasure is explicit; she directly draws from Freud to argue her case that 'girls' masturbation needs to be placed firmly lower in the sexual hierarchy than vaginal penetration. This arguably dangerous rhetoric explicitly places 'female' sexual pleasure as only to be accessed through exclusively heterosexual vaginal penetration, although it does, at least, admit that masturbation is part of 'normal' sexual development in any gendered body. As Golden (1980, same volume) points out, Clower's positioning simply acts to reinforce the idea that 'women' need to feel guilty about their sexual desires and "repress them more completely" (p.169).

Anne Koedt ([1970] 1996) built on the research of Kinsey, Masters and Johnson in her politically-charged writing that debunked the myth of the vaginal orgasm, alongside Shere

Hite (1977) in her “revolutionary” report on ‘female’ sexuality that “smashed taboos and scandalised the world” (Smith, 2006), also stating the importance of the clitoris in sensory stimulation. As Wells (2008) comments, “anatomy becomes the armature supporting women’s autonomy (because of the clitoris, our sexuality is not oriented to male satisfaction in intercourse; because of the clitoris, we can express and explore our own sexuality)” (p.700). Thus, the 1970s was arguably the era of the clitoris, being almost non-existent in literature before these works.

Interestingly, as Germaine Greer points out in *The Female Eunuch* (1971), the vagina and the clitoris were considered quite differently in a pre-Freudian era. Prior to the popularisation of Freud’s work (which placed the clitoris within significance for psychosexual development), Greer quotes evidence in ballad literature and early gynaecology books circa 17th century that mention the clitoris as a site of pleasure, although “of course such books were not meant to be seen by women at all” (p.40). What is particularly striking about this revelation is the implication that later literature written inclusive of a ‘female’ audience was immediately more restrictive and misogynistic, with male sexual prowess prized over ‘female’ autonomy. This contributes to the idea of ‘female’ sexuality being constructed as accessible to men but not to women. The woman is constructed as a sexual object for men, with female sexuality misrepresented as passive and denying a woman’s sexuality. Greer notes that “the vagina is obliterated from the imagery of femininity in the same way that the signs of independence and vigour in the rest of her body are suppressed” (p.15). This makes the important point that even in the ‘compulsory femininity’ women are expected to uphold, the vulva is decidedly absent, a “non-sex [...], her lot is that of ‘lack’” (Irigaray, 1996b).

Indeed, the vagina as *hidden* was a common view of the 20th century. It is clear that the vagina is indeed physically hidden; it cannot be observed fully by oneself without the aid of a mirror. Thus, an effort has to be made to see the whole vulva, and certainly the vagina. Moreover, it is the conceptual invisibility of the vagina which remains; the mystery that surrounds the vagina by the lack of knowledge at this time and the lack of cultural power or autonomy awarded to it.

As Germaine Greer (1968; 1971) points out, the vagina has also remained relatively unseen in the expression of culture; Ardener (1987) writes of several artists of the early 1960s whose 'vagina art' was not considered worthy of viewing. Ardener notes how Hannah Wilkes was scared to show her work, "being an artist is...an unbelievable risk...[making] a female sexual statement is even riskier" (p.126). Similarly, Judy Chicago whose famous vagina artwork began in the 1960s, spoke of the reaction the thesis committee had to her 'controversial' work; they "became irate...threatened to withdraw their support...sputtered out something about not being able to show the paintings to [their families]" (Chicago, 1982, as cited in Ardener, 1987, p.127). Ardener stated that, "demystification [is] a prerequisite for sexual self-expression", (1974, as cited in Ardener, 1987) and triumphantly commented that "in New York in 1973 there were dozens of shows of women's erotic art", (1987, p.129). Not all analysis of 'vaginal art' refers to it as erotica; Rose (1974, as cited in Ardener, 1987) argues that whilst such art has been given the label of erotica, it is actually not at all intended to be, "it is designed to arouse women, but not sexually" (p.130). In this way, 'vagina art' is perhaps intended less to be sexually arousing, but a consciousness-raising, political and cultural arousal of the vagina.

Shirley Ardener (1987) makes the argument that in addition to the vagina being "relatively invisible in the expression of culture" (p.124) it is also "for many women...literally unseen". Ardener quotes the same words I use in my Introduction from Simone de Beauvoir, that "the feminine sex organ is mysterious even to the woman herself" (1949), and notes that the 1960s and 1970s saw some progress on this front, at least in the UK, USA and other parts of the West, particularly with women's magazines and 'vaginal art'. However, as Ardener writes, some feminist writers of the 1980s (Ardener cites Dworkin, 1981 and Griffin, 1981) worried about "the problem of inadvertently contributing to pornography" (p.134). This raises an interesting point that pornography was not considered 'women's domain' and in this era is still being conceptualised as anti-woman, or anti-feminist²⁶. Whilst I do not have the scope here to discuss pornography in more

²⁶ This arguably has not changed much in recent times. For more about 'women's' relationship to pornography (and feminism's relationship to porn also), see Smith and Attwood (2014).

detail, it is important to note that for many people, porn has contributed to conceptualisations of gender and is an arena where genitalia are freely available to view. For many people, pornography was/is the most accessible way to access this (albeit often distorted) information.

An important publication that emerged from second-wave feminism and cannot be excluded from this review is the widely-recognised and well-established success story that is *Our Bodies, Ourselves*, by the Boston Women's Health Collective. Originally written in 1971 following the 1969 Female Liberation Conference, the first edition sold over 270,000 copies (Wells, 2008) with 75,000 in just the first three weeks of publishing (Hobbs, 1973). Since then, there have been "ever-expanding editions, translations and adaptations" (Wells, 2008, p.697), with the most recent print edition published in 2011 (and digital edition, 2018). Originally created entirely by 12 women authors from the women's movement, the book strongly encourages 'women' to examine themselves, "touch yourself, smell yourself, even taste your own secretions. You are your body and you are not obscene" (Boston Women's Health Course Collective, 1971, p.8). The text also provided a detailed step-by-step guide on exactly how to go about doing this, which for many women at the time (and still today) was an entirely novel experience (Wells, 2008). The book is widely recognised as a progressive publication that helps women to regain power and control over their own bodies. As Susan Wells (2008) comments, "the central trope of consciousness-raising was synecdoche: what a woman had understood as private experience turned out to be emblematic of wider issues of gender politics" (p.705). It was not just personal knowledge that was gained by readers but also a process of understanding, a freedom and an excitement to learn and talk about themselves, and crucially a realisation that their experiences were part of a collective attitude towards women and their bodies.

Following the sexual 'revolution'²⁷ of the 1960s, and in the footsteps of *Our Bodies, Ourselves*, many magazines took to including sexual topics to accommodate changing

²⁷ The notion of this era being 'revolutionary' is debated, see Jeffrey Weeks' research on this.

attitudes and desires of the population. 1972 saw the launch of *Cosmopolitan*²⁸ in Britain which was considered a “radical [...] flagship” (Lavie-Ajayi and Joffe, 2009, p.100) which encouraged ‘women’ to discover their own genitals and find out what sort of pleasure they enjoyed on their own (rather than waiting to find out with a partner). Primarily a fashion and entertainment magazine, *Cosmopolitan* included sexual content where other publications did not yet dare to. Nonetheless, some²⁹ have argued that the magazine still portrayed the focus of sex as, first and foremost, to please ‘men’. Indeed, whilst the headline may be ‘find your clitoris’, the overall narrative was often ‘because your man will like that’.

Whilst many publications focused on the education of adult women, work was also focussed on addressing the education of young women and girls. In Stevi Jackson’s 1978 article, the point is raised that the external nature of the male genitalia makes boys immediately aware of their penises but girls instead “need to investigate their genitals more thoroughly to discover the existence of the clitoris” (Jackson, 1978a) and indeed to discover their entire vulvas. Such behaviour is so heavily shamed that few ‘girls’ do so (and if they do, are less likely to admit to doing so) which has implications for sexual health but also for sexual pleasure and relationships (Jackson, 1978a). Whilst Jackson’s research remains contextualised in the late 70s, not much has radically changed³⁰. The lack of acceptance for people to physically explore their body, either for awareness or pleasure, restricts a person’s³¹ control over their own body; they rely on outside knowledge about their sexual organs and are discouraged from exploring themselves but rather encouraged to wait until they have a sexual partner to explore them. As pointed out by Scully and Bart (1978), it seems not much has changed from the rhetoric used 100 years earlier, with a ‘woman’s’ sexuality off-limits to her, but not to her sexual partners.

Jackson (1978a, 1978b) theorises that part of the basis of this ‘lack-of-sexuality’ in women and girls is due to the sex education adolescents received at secondary school, and later

²⁸ An American monthly magazine ‘for women’, available in selected countries worldwide.

²⁹ See Krassas et al., 2001, for a discussion of this.

³⁰ Although there has been movement, which I will address in turn with the chronology of the chapter.

³¹ ‘Person’ is my invented singular of my word ‘people’.

during their adult lives. Sex, at that time for most of the West, was framed as primarily reproductive which, Jackson argues, is problematic on a number of levels. Teaching children firstly that sex is 'where babies come from' immediately creates a hierarchy of babies first, pleasure and discovery later, again mirroring the essentialist discourse found by Scully and Bart of the 19th century. Boys are permitted and more often than not, 'encouraged' to touch their genitals (although not always sexually³²); the behaviour commonly dismissed as 'boys will be boys' or as somehow (and falsely) biologically necessary to empty the 'build-up of sperm', whereas girls are not granted this access to their own genitals. As an extension of this, masturbation is very much seen as an exclusively male activity, partly due to the reproductive emphasis given to male ejaculation (Jackson, 1978b). Jackson's own research from interviews with 24 adolescent females highlighted the impact of this reproductive bias; "on the subject of their own sexual response girls had acquired very little information, with their ignorance of female sexual organs and orgasm being almost total" (p.135). As Roberts (1980) writes, school-based sex education (particularly of the time) is really just "reproductive education" (p.240), which is "not likely to guide the sexual learning of young children meaningfully and effectively" (p.240).

The same year of 1978 saw the publication of Suzanne Kessler and Wendy McKenna's *Gender: An ethnomethodological approach* which, in addition to their prioritisation of 'gender' over 'sex'³³, detailed their concept of 'gender attribution'. Drawing on Garfinkel's work on ethnomethodology, Kessler and McKenna argue that gender is socially constructed; "we all assign a gender to every person with whom we interact, based on rules and assumptions that are usually unacknowledged or unperceived" (Stryker and Whittle, 2006, p. 165). This work is essential in contextualising my research as it firmly positions physical genitals as unimportant (though not totally irrelevant) in attributing gender. What, they argue, is much more important, are the *assumed* genitals: the cultural genital. In this way, it is the imagined genitals that matter; we attribute gender to people

³² For example, for controlled urination.

³³ Which, they argue, is also gendered.

based on the genitals that they 'would' or 'should' have. Interestingly, they further reason that, in their eyes, "...since it is the penis which is either attributed or not attributed, we maintain that the only cultural genital is the penis" (in Stryker and Whittle, p.173). As Braun and Wilkinson (2001) would go on to comment (see later in this chapter), this further highlights the continued conceptualisation of the vagina as *absent* and *non-penis*. A non-entity, a *lack*, rather than something to be 'attributed'. Mildred Ash, in 'The Misnamed Female Sex Organ' (1980) presents a passionate argument for the use of the word vulva despite it causing what she refers to as "psychological discomfort" (p.171). She reiterates the idea of the vulva as a *lack*, as "distinguished only by its lack of penis" (p.177). This, she argues, negatively affects children's sexual, emotional and intellectual development (p.178) for 'both sexes'.

These binary understandings of gender (and 'sex') also underpinned much of the narrative on 'trans' at this time. Janice G Raymond's *The Transsexual Empire*, published in 1979, "poured gasoline on the flames of an already fierce debate about the presence of transsexual women in the lesbian community" (Califia, 2003, p. 86), but focused entirely on 'male-to-female' (MTF), particularly trans lesbians. "Raymond pays scant attention to female-to-male individuals, because she cannot easily fit them into her scheme" (Stryker and Whittle, 2006, pg. 131)³⁴. Whilst many publications focused on the MTF experience, 1977 saw the publication of Mario Martino's *Emergence* which detailed his 'female-to-male' (FTM) transition. Martino viewed those without genital surgery as not "true transsexuals" (Califia, 2003, p.46) and assumed all trans people were heterosexual and wanting a 'traditional' marriage with children. Conversely, Califia notes that whilst "Jorgenson and Morris had nothing bad to say about the doctors who made their sex changes possible ... Martino seems more able to notice sleazy or unethical behaviour", something Califia attributes to Martino's early socialisation and treatment as a 'female' for many years. Martino also argued for a sex-filled trans life (something Jorgenson and Morris ignore), as he felt it was an important part of being 'truly realised' in his identity.

³⁴ It is also worth noting here that in the 1994 republishing of Raymond's book (with a new introduction), she comments that she remains steadfast in her views despite critique.

Califia comments that Jorgenson and Morris' lack of engagement with sex as trans women implies that sex "ought not to be that important to a woman anyway" (2003, p.47). In this way, successfully presenting as a woman at that time assumed sexual passivity, "by displaying too much of an interest in things erotic, they would convince their readers that they were still trying to fulfil a male agenda" (p.48). This again highlights the sociocultural ideas *behind* the binary, that 'women' and 'men' are essentially different, opposites even. For trans* people, negotiating this binary divide remained crucial to their lived experience because they consistently have to monitor how others perceive them.

The Millennial Vagina (1980 -2000)

At this point in time, attitudes towards trans* people were beginning to change, but it would not be until much later that radical change would emerge. 1980 saw the inclusion of 'transsexualism' in the Diagnostic and Statistical Manual (DSM)³⁵, "illustrat[ing] how prior to this, for more than thirty years, there existed an uncomfortable tension between trans service users being treated by the medical establishment, yet lacking any formal recognition within healthcare manuals" (Vincent, 2020, p.26). Nonetheless, as Wentling (2009) writes, "the construction of gender variance as a pathology and a "disorder" is extremely problematic" (p. 265) and many trans* people spoke out (and continue to speak out) about how damaging this was for gender nonconforming people.

Whilst not directly research on the vagina, Emily Martin's (1991) analysis of the ways in which medicine portrays the reproductive process exposes the stereotypical gendered assumptions that remained present. Martin writes, "by extolling the female cycle as a productive enterprise, menstruation must necessarily be viewed as a failure" (p.487). This lies in direct contradiction to the 'wasting of sperm' from 'male' masturbation which is not conceptualised as a failure to reproduce or a 'waste of resource' in the same way. These essentialist assumptions about sex and gender remained prevalent in this era. In 1986, *The Journal of Sex Research* published an article (Cairns and Valentich, 1986) discussing vaginal reconstruction for gynaecologic cancer through a feminist lens. Though their focus

³⁵ See Piontek (2006) for a history of how trans people have been in (and out) of the DSM.

was on veeples with genital cancers, the arguments made are drawn from the wider conceptualisations of 'woman' and 'female sexuality' present at the time of publication. Cairns and Valentich comment that since its recent inception, research and programme development efforts in this field consistently rely on "sexually stereotyped beliefs about women's physical, emotional and sexual health" (p.334). Their writing followed several authors of the 1980s American women's health movement, which report how traditional Western medicine "continues to be dominated by men and to reflect traditional male values" (p.334). They criticise the research and clinical literature of the time for various reasons, but the most relevant ones here are the link between a "woman's sense of femininity" and the "ability to engage in sexual intercourse (p.341), and that the "removal of the vagina is defeminizing to a woman...reconstruction will provide the necessary reassurance that she is still attractive and desirable" (p.341). As Cairns and Valentich rightly identify, the authors in question assume all 'women' are (cis) heterosexual, and rely only on reports of 'successful' penile penetration of the vagina. Explicitly drawing on the work of *Our Bodies, Ourselves* (Boston Women's Health Course Collective, 1971), Cairns and Valentich argue that the issue is directly linked to the fact that "the medical profession has been noticeably reluctant to consider women as capable of decision-making in relation to their own bodies" (p.343). It is interesting that, whilst they acknowledge the assumed heterosexuality of the patients, they do not draw into question their gender identity. Despite the 'Transsexual Phenomenon' of the seventies the connection between genital reconstruction for trans people and cis people remains unlinked. I argue that this failure to include trans experiences directly delays our progression towards a gendering *without* such primary focus on the genitals. The eighties remained stuck in the othering of the trans reality, placing it as not relevant to cis people – this example might apply most clearly to the vaginal construction of a trans woman and that of a cis genital cancer patient. Both individuals are assumed to want a penetrable vagina and, importantly, an attractive and *feminine* vulva.

The 'need' for a vagina, particularly one that is considered 'socially acceptable' is reflected in much of the trans literature at this time. Kate Bornstein was one of the first to write about gender nonconformity in this way, arguing against the idea of being "born in the

wrong body” (1994, p.24). “I never did feel like a girl or a woman; rather, it was my unshakable conviction that I was not a boy or a man. It was the absence of a feeling...” (p.24). They also were among the first writers to acknowledge that not all trans* people “hate their unaltered bodies, including the genitals they were born with” (Califia, 2003, p.246). As Bornstein writes, “I never hated my penis; I hated that it made me a man – in my own eyes and in the eyes of others. For my comfort, I needed a vagina...” (1994, p.47). Bornstein’s own gender non-conformity informed their astute critical observations about gender; they argue strongly for a mythicisation of gender (Califia, 2003, p. 247), where we admit that gender is “something invented and enforced by the culture...as purely and entirely a social construct, with no significant biological or physiological content” (Bornstein, 1994, p.47), drawing upon Kessler and McKenna’s theorisation of gender. Bornstein also coined the term *gender terrorism*, which they apply to *Gender Defenders* – a term to describe those “supporters of the status quo, who [act] out their feelings of fear and loathing by directing violence and hostility towards transgender people” (Stryker and Whittle, 2006, p.236).

The attitude to genitals as defining sex persisted throughout the nineties (and arguably, has not diminished much since then). However, for the cisgendered population, a ‘new’ problem emerged into public consciousness: female genital mutilation. As Webber (2005) notes, the connection between ‘female’ circumcision (particularly clitoridectomies) and the 1990s Western media panic over ‘African female genital mutilation’ was not being identified. Webber writes, “as in Africa, the two procedures provided women and girls...a surgical method of becoming culturally acceptable”, arguing that “viewing clitoridectomy and female circumcision as existing solely within [Africa] is historically as well as culturally myopic”. The word ‘mutilation’ has also been used to refer to the gender-affirming surgeries that some trans people choose to undergo (see Sheila Jeffreys, 1997, for one example of this usage). Descriptions of these surgeries in this way are not framed ‘sympathetically’ but rather are used to form an anti-trans rhetoric and often specifically placing ‘feminism’ as in direct opposition to trans* issues.

Whilst her positioning on trans realities is greatly problematic, Germaine Greer (1999)³⁶ makes important points about the positioning of the vulva/vagina in relation to the penis. She argues that the apparent invisibility of the 'female' genitals cannot simply be explained away by the apparent outward visibility of the 'male' penis: "the heart is no less invisible and yet we refer to it constantly" (p.36). Indeed, Greer makes an interesting argument, and it is significant she draws upon the *heart* as a comparison: an organ also strongly associated with 'woman' and 'femaleness'. Discussions of matters of the heart, or references to hearts and love, are everywhere for 'girls and women', and yet (at this time), discussions about their sexual organs were marginalised, pushed to the periphery.

An iconic 'vagina moment' of the late 20th century that challenged this cultural invisibility of 'vagina' was the release of V's (previously known as Eve Ensler's)³⁷ *The Vagina Monologues* (2001) in 1996; a theatre piece focusing on what she describes as otherwise 'invisible' topics surrounding women and their vaginas; presenting a series of monologues based on interviews with over two hundred women, written in a popular, easy-to-read format which has become internationally renowned as both a book and as performed in theatres. Hammers (2006) acknowledges the importance of V's contribution to talking about the vagina "openly, respectfully and publicly" (p.221), stating, "how [else] can we ever change the attitudes that underlie the violent and oppressive practices that are visited upon women?" (p.221). Despite public criticisms for not being inclusive enough of transgender people, people of colour and non-western (particularly non-US) cultures (see Cheng, 2009; Cooper, 2007; Hall, 2005), the *Monologues* are updated every year to include a new monologue, and V tried to rebuff these criticisms by stating that "I would like to believe that the play is outdated and irrelevant but sadly it isn't," (Laughland, 2015), which does not address the inclusivity issue. Whilst the *Monologues* aimed to promote 'positive' attitudes towards vaginas, or at least to promote *talking* about shared lived experiences, it is vital to note the controversy that V has faced in producing her work, with just the *word* vagina alone in her title causing tension (Braun and Wilkinson,

³⁶ Note that Greer's views have not much changed over time, her views in the 90s, and today, echo her 70s ideas.

³⁷ Eve Ensler renounced her surname and asks to be referred to as 'V' in her 2019 book, *The Apology*.

2001). The global phenomenon of *The Vagina Monologues*, and V's subsequent founding of the V-Day Campaign³⁸ created proverbial waves across the world, but not without significant criticism and controversy. Indeed, as Cheng (2009) discusses, V herself placed rules and guidelines on performances of *The Vagina Monologues*, forbidding any edits or 'unauthorised' translations (all translated scripts are centrally provided by V-Day): "this prohibition of any alteration to the prescribed text forecloses the possibility of any discussion or dialogue" (Cheng, 2009, p.23). As Cheng writes, "read in the transnational context, it is ironic to have one and only one legitimate arbiter of women's experiences in a global movement, while local women's creative participation is actively discouraged" (p.23)³⁹.

Betty Dodson⁴⁰ (2001) also pointed out that her 'Women's Sexuality Workshops' were being misrepresented by V⁴¹ and importantly questioned why the word *clitoris* was completely absent from the early versions of V's play. Whilst V presented Dodson's workshops as trying to find "some elusive spot inside the vagina", Dodson describes confronting V directly in her dressing room after watching the performance, "I wanted women to find the clitoris, the best source of sexual stimulation for our orgasms" but also admits "her play had other merits- everyone left feeling happy and proud to be a woman" (2001, n.p.). However, as Dodson points out, the format for *The Vagina Monologues* "dramatically changed" with its growth in public attention, shifting focus to V-Day, i.e. violence against 'women and girls': "V no longer stood for vagina. It stood for violence. [...] talking about sexual pleasure when there is so much sexual violence against women would be inappropriate, insensitive and politically incorrect" (n.p.). As Dodson goes on to comment, "it's very difficult to criticise V Day without sounding anti-woman or pro-violence", but Dodson puts forward an interesting argument – one way in which the topic

³⁸ V-Day is a global activist movement to end violence against all 'women girls and the planet' (see vday.org).

³⁹ V also wrongly asserts that FGM is predominately only carried out in Africa, see Cheng (2009) for more details.

⁴⁰ A well-known 'sex-positive' feminist, famous for her masturbation workshops of the 1970s which resulted in the technique known as the Betty Dodson Method (still used at least as late as 2008 – See Struck and Ventegodt 2008).

⁴¹ For example, she writes, "viewing the female genitals with only one hand would be like pulling our mouth to one side and thinking that's how we look when we smiled" (n.p.).

of 'vagina' is considered palatable and less taboo is through the lens of 'solving' violence against women and girls (VAWG). We can talk about our genitals if we are discussing female genital mutilation (FGM), or sexual violence, but *pleasure* remains taboo.

On pleasure, Leonore Tiefer noted the distinct lack of feminist thought in sex therapy (1996) and outlined her ideas for attending to this oversight, which she splits into two areas. First, the "remedial and compensatory" (p.55) work required for 'women' to unpack their bodies and sexualities, focusing on the skills and attitudes of 'women', and second, the "visionary and transformative" (p.55) work required to reframe sexuality entirely. In her (oft-quoted) words, "women do not suffer from penis envy, but many of us suffer from vulva insecurity" (p.57). To tackle this insecurity, she details five components of the "remedial and compensatory" work needed, including reflective work (such as 'what does it mean to be a woman' and 'what is gender'), physiology education (including being able to draw a vulva and label it), assertiveness training, body image reclamation and finally, masturbation education. In Tiefer's words, "as a metaphor for empowerment, as a technique for teaching about orgasm, as a reframing of the purposes of sexuality, as an opportunity to learn about oneself from fantasy, and as a site of emotional sexual experience, masturbation remains the premier *in vivo* therapeutic opportunity for both bodywork and mind work.". This aligns with Tiefer's more general position on the importance of looking at and touching one's own body (particularly in sex therapy work, but also more widely), to run in parallel with therapy-talk.

The 21st Century Vagina (2000-present)

Finally, we reach the millennium. Perhaps the reader is not at all surprised to read a short review of how the vagina has been regarded in the (not-so-distant) past and see a lack of clitoris and pleasure and an abundance of shame, violence and taboos. In 2001, thirty years after the 'clitoris revolution' of the 1970s, and five years after the premiere of *The Vagina Monologues*, Braun and Wilkinson stated that the vagina *still* maintained a "seemingly 'taboo' position – a word that is hard to say and a topic that is difficult to talk about" (2001, p.17). Braun and Wilkinson (2001) identified seven negative representations of vaginas found in western societies, the vagina as: *inferior* to the penis, *absent*, a *passive*

receptacle for the penis, sexually *inadequate, disgusting, vulnerable* and *dangerous*. Braun and Wilkinson recognise two meanings of vaginas for women; firstly one based in the material which encompasses the physical representation of the genitalia; and secondly of the symbolic which “assumes that the meaning of the body is constructed by socio-cultural representations” (p.18). They postulate that the interpretation of women’s bodies must be considered within the wider context of cultural representations that construct the experiences of the biological body. In this way, negative representations of the vagina have a material impact on women’s lives, with very real limitations for sexual health, knowledge, pleasure and autonomy.

For trans* and queer people, the millennium was a significant turning point for representation in popular media as well as medical and legal rights progression. There was also some important academic thought emerging at this early moment for trans* emancipation, such as the work of trans man Patrick Califia (2003). In the second edition of his book, *Sex Changes*, he argues, “if we really want to be free, women must realise that at the end of that struggle, we will not be women anymore” (p.90). He continues, “Or at least we will not be women the way we understand that term today. Nor will men, as a paradigm, emerge unscathed”. This radical thought, informed heavily by both feminist and queer writings of the time, called for “genuine female rebellion” (p.92) and purported that non-cis men should work collectively together to finally dismantle global patriarchies.

In the International Vagina Dialogue Survey (IVDS) conducted in 2004 (Nappi, Liekens & Brandenburg, 2006), 9441 female respondents from 13 (mostly European)⁴² countries were surveyed, with 47% feeling that the vagina was the part of the body women know least about. In the same document it was reported that 52% falsely believe that when standing up, the vagina has a vertical orientation. What is interesting about these findings is that they are not personal to a woman’s own body. They refer to generic, medical knowledge that one might expect a person to have and yet this implies a wider lack of understanding within society. Specifically, this is not knowledge of one’s own body

⁴² Austria, Belgium, Brazil, Canada, Finland, France, Germany, Italy, the Netherlands, Portugal, Spain, Switzerland and UK.

(although that is also a factor) but a basic anatomical knowledge of the female sex organs.

There are several problematic consequences this lack of anatomical knowledge of vaginas has on women including sexual pleasure and autonomy as well as awareness of sexual health, childbirth realities and menstruation. 71% of IVDS respondents wrongly believed that tampons, once inserted, can get “lost” or “trapped” inside the vagina, and yet 73% reported using tampons at least “sometimes” (p.499). With 75% of women in the same survey admitting to having experienced some sort of vaginal health problem, it is of great concern that knowledge of the female anatomy is so relatively limited. In terms of sexual and reproductive health, this creates a barrier for women, a limiting factor in the medical control of their own bodies. Only 50% of survey respondents felt comfortable discussing their vagina with a healthcare professional which demonstrates the force of this taboo and its potentially damaging effects on female sexual health.

It was also not until 2005 that an account of clitoral anatomy was published, drawing upon Kobelt’s early 19th century work, which finally included all the component structures we now understand to be central to the ‘female’ sexual and reproductive system and especially for orgasm (O’Connell, Sanjeevan and Hutson, 2005). Following the first and only ‘International Vagina Dialogue Survey’ in 2006, the first ever ‘genital satisfaction scale for women’ was invented only 3 years later in England in 2009 (Bramwell & Morland, 2009). Despite numerous other ‘scales’ for women to have their bodies rated and indexed, the vagina had been entirely missed out until the rise in popularity of labiaplasty, a new cosmetic surgery (having previously only been performed as a surgery when ‘deemed medically necessary’, because of an underlying problem such as cancer) designed to reduce the size of the labia minora (and sometimes also the labia majora).

Blackledge’s *Story of V* (2003) was (predictably) controversial as it discussed ‘female’ sexuality and the vagina in detail, but it also drew criticism⁴³ for not being radical *enough*

⁴³ Blackledge has also been criticized by some for a general lack of academic integrity (she does not use footnotes, or referencing in general, only a ‘further reading’ list is available in the 2003 edition) and some ‘sloppy’ scholarship with a few inaccuracies in her statements of ‘fact’.

(Briscoe, 2003), including the publisher's choice to omit 'vagina' from the title, opting to use the letter V instead. Written in an easy-to-read, popular style, Blackledge attempted to bring the vulva/vagina into the light, although the extent to which this could be considered a success is debatable.

Similar to my own thinking about non-binary and trans* people being vital in the unpacking of the relationship between the body and identity (particularly gender and sexuality), Karen Yescavage and Jonathan Alexander (2009) argue that in order to "push beyond simplistic thinking about gender and sexuality" (p.21) we must begin to look "at the lives of bisexual and transgendered people". (p.21). They go on to point out that both of these categories of identity are popularly characterised in relation to an unmoving, inflexible binary which can be unhelpful. In particular, "transgenderism...has frequently been characterised as sustaining deeply entrenched notions of masculinity and femininity" (p.21) which highlights attempts to "confine and delimit gender and sexuality" (p.22). The authors also refer to non-western cultures to further expand on the conceptualisations of these ideas, drawing from Indonesia and Japan as Eastern examples of queering boundaries⁴⁴. In this way, this relatively recent work looks to expand thinking on sex, gender and sexuality by including those deemed to live in the margins, in the peripheries of these categories, in the 'in-between' or 'outside of' what are considered to be 'natural' or 'traditional' forms of masculinity and femininity.

In the same volume, Sharon E. Preves (2009) discusses how intersexed children are treated (with references to Kessler's earlier work (1998), and argues, with renewed data (the author uses data from the year 2000), that "interference with sex and gender norms is [still] cast as a major disturbance to social order", something that must be framed as a social, not medical problem (p.34). As Preves restates, the 'corrective' genital surgeries performed on intersexed children are not "for the sake of preventing stigmatisation and

⁴⁴ Although the extent to which they can be considered to be truly radical is unclear. One Indonesian culture recognises five genders (authors cite Sharyn Graham, 2003) and Japanese entertainers queer gender constructions to "gain appeal" (p.22) (authors cite Mark McClelland, 2003) whilst gender nonconformity remains taboo in Japan. See *Bisexuality and Transgenderism: InterSEXions of the Others* (Alexander and Yescavage, 2003) for more details.

trauma to the children” (p.34) but “rather...to maintain social order for the institutions and adults that surround these children” (p.34)⁴⁵. Thus, intersexuality remains another important area in which to unpack gender norms, as intersex individuals are existing in the liminal spaces between and around gender and sex.

Tre Wentling (2009) discusses how existing in these liminal gendered spaces impacts gender nonconforming people. Wentling writes, “society is literally making me obsessed” (p.263), “it is the pathological construction of sex and gender variation that pushes anyone who does not conform to become obsessed” (p.265). Wentling also makes reference to the ongoing violence against trans people⁴⁶, serving as yet another factor in one becoming ‘obsessed’. “If this fear and hatred continue, so will my obsession with how I appear to others” (p.265), “my obsessions and stress all have social, not psychological, foundations. They are a product of a social order that defines anyone who does not conform to our two-gender system as deviant and pathological. Because they are the result of social and cultural factors, they require social, not psychological, change.” (p.270). Butler (2004) questions “whether submitting to the diagnosis does not involve, more or less consciously, a certain subjection to the diagnosis such that one does end up internalising some aspect of the diagnosis, conceiving of oneself as mentally ill or ‘failing’ in normality, or both, even as one seeks to take a purely instrumental attitude toward these terms” (p.82). Wentling highlights the impact of a strict gender binary on those who do not ‘fit’ this model, and reframes the narrative of ‘obsession’ about gender: here it is clear that the “gender madness⁴⁷” (Klammer and Goetz, 2017, p. 85) stems from society itself, not the ‘deviants’ that find themselves deemed ‘nonconforming’. It is of note that in Wentling’s (2009) discussion of his (non)gendered identity experience, his section on ‘My Body’ is only approximately 250 words long, and whilst he mentions his decision to have top surgery⁴⁸ and have testosterone injections, he completely brushes over any mention of genitalia. This was likely intentional on the author’s part, for discussions on trans

⁴⁵ It is worth noting that intersex ‘corrective’ surgeries usually construct vaginas, not penises.

⁴⁶ See Lombardi et al. (2001) for data of that time, and Bernat (2022) for more recent data.

⁴⁷ This term has been translated from German (Gender Wahn) and refers to the (Austrian) right-wing criticism of non-binary and trans identities as well as what they describe as a ‘loss of traditional values’.

⁴⁸ Double mastectomy.

identity tend to over-focus on genitalia, and of course the ongoing discrimination and violence towards the trans community is often directed at their genitalia. By choosing to not mention his genitals, Wentling redirects the narrative on trans bodies and identity, however it does leave a noticeable gap in the scholarship of trans* bodies⁴⁹.

Cultural production in the field of 'vaginal art' has happily survived and sustained itself from its glorious birth in the 1960s (recent UK projects include *Raising the Skirt* (Canavan 2014), *The Great Wall of Vagina*, (McCartney, 2015) and *My Vulva and I*, (Reeves, 2021)⁵⁰. To use an earlier example, Nick Karras' book *Petals* (2003) features 48 printed photographs of vulvas to celebrate their diversity. Printed in black and white (with sepia tone) Karras notes, "the vulva is almost too powerful when shot in color", and observed that when women looked at the pictures they tended to "hurry through brightly lit, full color shots" but slowed down to study the black and white images. Karras states that an important part of his work was to distance itself from pornography, especially as the images feature only vulvas and no other part of a woman. Karras compares this to the *Vagina Monologues*, in that "[she] presents women's pussies (her term) as its sole subject – not women's educational accomplishments, maternal concerns or aesthetics of fashion" making the point that this apparent "stripping down" of women to only their genitals is not meant to limit our perception of women but rather to celebrate this "sacred area" that "too often gets overlooked", presenting a shift in attitudes towards vaginas (Karras, 2003, n.p.). Karras' work highlights the common theme of the vagina as *hidden*, a quality which is arguably exaggerated not only by the vagina's tricky physical position in relation to the vagina-owner, but also the relatively invisible appearance to an onlooker. One might compare the vagina to the more readily observed breasts, which despite being sexualised and a focus of erotica in their own right, are more readily spotted in the everyday, whether that be during breastfeeding, being topless at the beach or on page 3 of *The Sun*⁵¹. Whilst many art projects and educational programs focus on highlighting the

⁴⁹ Which some authors have contributed to, notably Claudine Griggs in *Journal of a Sex Change: Passage through Trinidad* (2004).

⁵⁰ Other notable examples include Hilde Atalanta's *The Vulva Gallery* (2016), Laura Dodsworth's *Womanhood* (2019) and Juliana Notari's installed vulva artwork, *Diva* in Brazil (2021).

⁵¹ *The Sun* is a UK tabloid newspaper.

differences between breasts and discarding unrealistic 'goals' for women, similar projects for vaginas exist in a more controversial space.

Vaginas generally remain controversial, although some may debate whether that controversy is as marked as to be called a taboo. More literature and media have appeared, in larger quantities than before. One distinct example to address is Naomi Wolf's *Vagina: A New Biography* (2012) which has been criticised for using terms such as 'tantric' inappropriately, for not contributing much new information, and for a "pretty shaky" (Heller, 2012, n.p.) understanding of science. However, it did put forward an argument for 'females' to reclaim the "magic" of the vagina (Wolf, 2012) which proved somewhat popular amongst some groups of (mostly white, cis) women. Wolf's book was highly publicised, which highlights a shift from even ten years prior, where books with such titles and on such topics were struggling to get published.

In her second 'attempt' at a 'vagina book' (the first 'attempt' title was muted to simply "V"), Blackledge manages to include the word 'vagina' in the title, *Raising the Skirt: The Unsung Power of the Vagina* (2020), although it was a different publisher and 16 years later. As Flood (2020) argues, the 'anasyrma⁵²' that Blackledge described in her first edition, has now "become widely adopted as a political gesture". Whilst I wouldn't describe the few examples Flood cites as 'widely' adopted, she does mention some notable examples in recent years, such as in anti-abortion demonstrations in Poland (2016) and gender discrimination/ VAWG protests in Italy (2017).

Jennifer Gunter's *The Vagina Bible* (2019, n.p.) looked to tackle the ongoing "myths and misinformation about the vagina and the vulva" and addressed "the questions and medical concerns that general gynaecologists and family practitioners and other medical professionals need help with". One important landmark to note is that Gunter's book includes trans men with vulvas, and trans women with vaginoplasties. This is, to my knowledge, the first medically-aligned book to do so.

⁵² The gesture of 'lifting the skirt' (usually to expose the vulva).

In her book, *My vulva and I*, Lydia Reeves (2021) opens by explaining that “for an area so emotionally charged, it is rarely spoken about in our lives” (p.3), and on reflecting on the process (in which she body-cast 200 vulvas and talking to the veeple about their genitals), she commented that she was surprised by how many anxieties people had about their vulvas (Williams, 2021), something noted by other vulva artists (Karras, 2003; Dodsworth 2019). All of these projects refer to the recent rise in labiaplasty surgeries in Europe and the US, with the UK a high case example. As Bramwell and Morland (2009) discuss, there is little sociocultural information given to people wanting to undergo genital cosmetic surgery, and little understanding of what processes were leading them to surgical action. These artistic projects (which can also be found on various online social media platforms such as *Instagram*, *Twitter* and *Tumblr*), aim to plug the gap they see for veeple wanting to learn and understand their bodies.

Politically we have seen a rise in discussions around sexual assault in public arenas, with movements such as “pussy hats” (Pussyhat Project, 2017), “#metoo” (Me Too, 2018) and “Time’s Up” (Time’s Up, 2018), as well as vulva/vaginas coming to the forefront in several forms of media; books (Wolf, 2012; Rees, 2013; Brochman and Støkken Dahl, 2018); magazines (Askham 2015, for *Glamour*; Hine, 2019 for *Boots* health and beauty); music videos (Pussy Riot, 2016; Janelle Monáe, 2018), TV series (*Grace and Frankie*, 2016; *Big Mouth*, 2017; *Sex Education*, 2019), documentary series (*Vagina Dispatches*, *The Guardian*, 2016), radio (*Woman’s Hour*, BBC Radio 4, 2019, 2020, 2021), websites/apps (Happy Play Time, 2013; OMGYES.com, 2016) as well as a rise in vulva representation on social media (particularly *Twitter* and *Instagram*). 2015 saw the introduction of a ‘vagina selfie stick’⁵³, which functions as a vibrator with an illuminated camera to deliver internal footage of the vaginal canal. 2019 also saw the opening of the world’s first ‘Vagina Museum’ in London⁵⁴, which received popular media attention at the time (Williams, 2019 for *The Guardian*). Menstruation habits and media representation has also noticeably

⁵³ The Svakom Gaga Camera Vibrator sold by Lovehoney (currently out of stock at time of writing), who refer to the “sexual pioneers Masters and Johnson” (Lovehoney, 2015) – although the specifics of this reference are absent.

⁵⁴ The museum existed as a pop-up in 2017 but moved to premises for the first time in 2019. The world’s first Phallogical Museum was established in Reykjavik, Iceland in 1997.

shifted (over many years, but particularly in the last five), today discussions on ‘period poverty’ and ‘tampon tax’ as well as adverts for reusable sanitary products are more commonplace (Røstvik, 2018).

Transgender issues are now in popular media more regularly which has further complicated ‘genital talk’. In 2018, Britain saw the beginning of ‘Women Fest’, “billed as an event of radical participation that aims to explore the ‘power and magic’ that happens when women⁵⁵ gather together...[...] there will be vaginal steaming, feminist debate, and a chance for contemplation in the sacred womb tent” (Moorhead, 2018, n.p.) The founder of the festival, Tiana Jacout, stated that “all women are welcome at the festival... we’re also happy to have non-binary people provided they have a vagina; but not non-binary people with a penis because we have to draw the line somewhere” (Moorhead, 2018, n.p). This further demonstrates the ongoing significance of genitals, even when gender nonconformity is taken into consideration.

In my exploration of the ‘vagina histories’, I suggest that there have clearly been some fundamental changes from the essentialist viewpoints of the 19th and 20th centuries. Nonetheless, despite iconic consciousness-raising vagina books, art and pieces being created, the constructions of the vagina as *hidden*, *dysfunctional*, *inadequate*, and *uninteresting* remain today. Whilst I have not gone into much detail here, there is also a wide literature on the practices of FGM, historically and presently⁵⁶, and the research I have discussed here does directly link with FGM practices and its continued prevalence. With my own work, my intention is not to produce a grand new construction of the vulva/vagina, but rather to centralise people’s own experiences to widen these conceptualisations and deepen our understanding of how people experience their genitalia today.

⁵⁵ And young ‘girls’, as the age limit opened at 13 years old.

⁵⁶ See Momoh (2017) for a detailed discussion of the historical and social context of FGM and a brief analysis of current (international) movements.

Chapter 3: Methodology

As discussed in my introductory chapters, we are in a ‘cultural moment’ where vagina is arguably being addressed more openly (by veeple) than in previous decades. The aim of this research is to explore *how* vulva/vagina means in a society where the cultural significances of gender are changing, challenging and often contradictory, and therefore the notion of ‘woman’ is in flux. I am primarily interested in how veeple discuss their experiences of their genitalia through different phases of life (including menarche, childbirth and menopause), the relationship of the vagina to their sense of self (including ‘girlhood’, ‘womanhood’, and trans*/nonbinary identities) and how these experiences are both mediated by, and contribute to, changing cultural meanings of womanhood. In order to do this, my core research method is to interview veeple to hear their stories and to pay close attention to *how* they talk about their experiences of different stages of their lives. Through engaging with their stories, I aim to explore how life experiences impact the ‘vagina-owner’, and how having a vagina in turn influences how one experiences life.

Specifically, my research aims to explore the following questions:

- How do veeple experience life with a vulva/vagina (including but not limited to ‘vagina-specific events’ (VSEs) such as menstruation, penetrative sex, childbirth etc), and the meanings they make of these experiences?
- What are the cultural meanings that impact how veeple describe their lived experiences?
- How do veeple relate to public discourses about the vagina (or not)?

Research Story

When considering my research process (and situating myself within it) I imagine myself getting in my car to drive to other people’s houses to discover more about them. This analogy is increasingly useful for me to make sense of my experience of doctoral fieldwork, and thus I have decided to share it here. I will begin with a short introduction to it, which becomes the basis of my method and one I will expand upon throughout this chapter:

We begin with a wide-shot of a detached property with a modest garden to the front. A small car enters from the right-hand-side and comes to a stop in front of the house. Inside the car is me, a PhD candidate with a dictaphone and a notebook, pushing my glasses up my nose, creasing my hair behind my ears as I exit the car, lock it, and look up at the house before me. The owner of the house has permitted me to visit to talk about what lies inside...

My academic journey began during my MA Women's Studies (also at CWS) with my dissertation piece on a similar topic. However, moving from a masters to doctorate level research has brought with it a shift in my own thoughtfulness and intention. As an MA student the scope of my research was much smaller, I interviewed only 10 people. Moreover, I did not have to do much active recruiting for my topic - many people were thrilled to be part of my research, starting with my MA colleagues who wanted to take part in a 'tit for tat' to mutually aid participant recruitment. In this way, I was not so much in my car driving to houses as someone with a makeshift table on the side of the road where people queued up to regale me with their vagina stories until I eventually had to turn people away. I was known affectionately as 'vagina-lady' and felt not dissimilar to how V described her experiences post-Vagina Monologues (2001) in which she would finish a show and open the backstage door to find swathes of people desperate to tell her about their vaginas. Doctoral research demanded higher standards for my recruitment methods and thus I became more 'active' in this process; I needed to explore my own experiences and how they would be perceived. As a young, educated, white, queer and (invisibly) disabled woman, I had to consider, in particular, how older, less educated, people of colour, heterosexual and (visibly) disabled people might respond to my calls for participants. Ultimately, I had to ask myself, am I the right person to conduct this research? My conclusion was yes, but not entirely. I wanted to be thoughtful in my approach without feigning ignorance of [my] privilege and how it would affect the process as the research is, of course, a fragment of wider sociocultural operations. For example, a decision I made early on in my research was not to use the term 'women' to refer to my participants, particularly during recruitment. Some people have vaginas but do not identify themselves as women, and I wanted to include these experiences with the

understanding that in interrogating what it means to have a vagina, excluding ‘non-women with vaginas’ was illogical. This resulted in several trans* people coming forward to be part of my research who would not have done if the recruitment had exclusively used the word ‘woman’. Nonetheless, there were trans* people who were not comfortable speaking to me, for some due to the salience of genitalia in the discriminatory and hateful rhetoric that trans* communities endure, making an already-taboo topic even more painful to bear.

Whilst vulva/vaginas are notably absent from much social science literature, I also noticed that what research there was lacked individual narratives. Because my MA interviews ‘trialed’ interviews as a specific method of accessing individual narratives of veeples, I suspected I would want to conduct interviews again, but wanted to explore in depth the idea of why they would be useful and, crucially, how I would approach analysing the transcripts. I initially found inspiration in a Japanese graphic memoir depicting the true story of a woman’s arrest for making 3D prints of her vulva into keychains and artistic dioramas and, eventually, a full-sized working kayak (Igarashi, 2015). The book, entitled *What is Obscenity? The Story of a Good For Nothing Artist and Her Pussy* is vibrant and humorous as well as informative and insightful. I began reflecting on why her story, and her method of storytelling, was so compelling for me and why my intuition was that it was important. This is where my journey into narrative theory began.

In preparing for the interviews as sites of storytelling I explored the use of narratives within research interviews. As Hardy states, “culture itself has been defined as ‘an ensemble of stories we tell about ourselves’” (1975, as cited in Plummer, 1995); thus, if I am exploring cultural meanings of vagina, stories seemed an intuitive place to begin. Anecdotally, I reflected upon my own experience of ‘vagina’ (in the abstract and as an embodied experience) and felt it was one that I had, in part, experienced through others’ storytelling: what are your periods like; what was it like to lose your virginity; how are you getting on using that new menstrual cup; what is the sex like with your new partner; how do I treat this thrush? From the MA interviews there had been a sense between myself and my participants of ‘shared knowledge’ even with people relating different experiences from mine. Whilst I had only spoken to 10 cis women and I was able to find several

threads that connected their shared experiences together, I also discerned fascinating ideas growing from individual interviews, with each interview entirely different from another. In this way it was clear to me that stories, and the people behind them, would be critical to my understanding and, specifically in this research, I should use interviewing to understand people's social worlds without taking them out of "the contexts of time and space of which they are always part" (Plummer, 2001, p.262).

Thus, to investigate my research questions I decided to rely on these qualitative methods, predominantly due to the richness of data that would be of significant advantage when addressing the complex nature of my research questions (Bryman, 2008; Bozzoli, 2006). I wanted my research to delve deeper than the existing statistics that surround many of the social 'ringfencing' of vagina topics. A short survey to determine that most people found their school sex education to be insufficient; a number to show those who found childbirth overwhelming and harrowing versus those who found it to be easier than they anticipated; a graph of which menstrual products have been popular over time... these sorts of quantitative data I felt to be completely inadequate to answer my primary research questions. Simply put, what is it like to have a vagina? Allow me to ask someone who has one.

The decision to rely primarily on interview data was one that arose from my reading around narrative, particularly Ken Plummer's work. Plummer argues that the role of a researcher, when working within narrative-focused methodology, is to be a "coaxer" (Plummer, 2001). To 'coax' is to encourage participants to engage in "qualitative talk" which acts more as dialogue than simply extracting data. I wanted the research to be a conversation, a *dialogue*, to be able to dynamically engage in the process in real-time with a person rather than to delve into static artefacts of narrative such as cultural texts, autobiographies or even blogs.

In this way, I found interviews to be one of the most valid ways to gather the data I wanted to gain access to. I needed to know what experiences people have had, and how they feel about them. What better way than to ask them? This gives me an insight into

their perspective, rather than attempting to theorise something I have not been introduced to... in my imagination I return to the house analogy:

The house belongs to a person. The house represents them, their history, their imaginations, their memories and lived experiences. I set my sat-nav to take me to their neighbourhood, I park my car on the road outside and I stand just before the driveway, looking up at the house before me. I have my assumptions (not left unchecked or uninterrogated) from what I can see from the roadside. Have they had an easy life? Do they have an extension? Do they own several cars? Is there washing out on the line outside? I can continue to observe the house, even its inhabitant (with or without their knowledge) from the outside, writing down my observations and ideas in my notebook that I tuck inside my jacket pocket. I could even wait until dark and break into the house, see what lies in each room, make more furtive scribbles in my tightly-clenched notebook. I could flick through photographs the house-owner has posted on social media, or read their description of what lies inside. But if I want to gain a deeper understanding as to what goes on in the house, how the person feels about certain aspects, why things are arranged in the way that they are, even get access to secret tunnels and vaults, there is surely no better way than to gain the trust of the owner and ask them to invite you into their house. The process of them explaining their house to you is a unique process in itself, not to mention learning the layout of the house. Is there a significance in someone choosing to show me the kitchen first? Do they tell me this is where the heart of their family lies? Perhaps I see from the window the back garden, and I have the person with me to ask politely how they tend to the property. We learn what different aspects of different rooms mean to that person, how they have grown in that space, how they have changed the space, how the space has perhaps changed them. I, the researcher, the intruder, also get the opportunity to ask follow-up questions, to follow their thread live rather than attempt to decipher a static artefact. Crucially, I suspected there may be hidden areas in the house that may only be available to honoured guests...

Coming from a feminist standpoint, the method of *asking* people about their vaginas seemed even more clear to me. As Patricia Baker (1998) writes, “an issue recognized early in the development of feminist methodology was that the voices of women must be heard in feminist research”. Within qualitative research, I quickly determined that semi-structured interviews would be the most effective choice for me; I wanted to ask people about their bodies, including what might be considered quite private and intimate experiences. I chose interviews as a means to produce this data because of the opportunity to build a rapport with individual participants and to have the opportunity to ask follow-up questions directly within the interviews rather than using a questionnaire or written method. As Bozzoli states, “often what is spontaneous about the interviews is [the] most revealing” (2006, p.161) As part of my MA research I found that using a semi-structured interview guide was very effective, allowing enough direction to guide participants through particular topics of interest whilst also encouraging them to do their own sense-making and exploring through tangential storytelling in their own ways. It was also a moving experience for me personally, to sit with the participants as they told me about their lives and shared their (often difficult) experiences with me. I did not want to feel distanced from the people taking part in my research, or their stories. I did not want to be able to ‘put the book down’, but rather to experience it in person, to be faced with them directly and to engage with them actively. All the interviews had the same general questions, but there is value in being able to flexibly adapt each interview based on ‘intuitively’ sensing areas that sparked interest in different participants.

The interviews also gave me a good opportunity to begin ‘sense-making’ right from the outset, something I used a research journal to foster. The importance of using a research journal was one I encountered in my MA research when reading Chambers et al.’s (2004) book *The Practice of Cultural Studies*. Chambers et al. set out what they refer to as “The Four Dialogues of Analysis” (p.234): recalling, listening around, close reading, and representing self and others. The importance of employing a research journal begins in their first ‘dialogue’, recalling, where “impressions were accumulated, hunches were crystallised into theories or rethought. There were moments of insight, epiphanies” (p.234). Thus, the use of the research journal is to make use of my own analytical thought

throughout the research process and not just after the fieldwork had taken place. In particular I found I would note in my journal moments that stayed with me after the interview and the embodied experience I felt in my own response to the interview, what Chambers et al. refer to as “salient episodes” and “headnotes”, both useful to continually construct, deconstruct and reconstruct stories as each interview unfolded. Another important reason I wanted to make use of a research journal was that I wanted to be mindful of the impact interviewing might have on me as a person. I prepared myself both mentally and emotionally, knowing that “the [interview] process is a significant experience” (Gluck, 1977, p.5) not only for the interviewee, but also for the interviewer. This research fascinates me academically but also resonates with me as a queer person with a vagina and as a feminist. The research journal, while useful in itself, was also an ‘excuse’ to debrief myself after each interview, taking time to sit quietly by myself and ‘check-in’ with what might have affected me during that process.

Deciding to use semi-structured interviews to engage in the stories of the veeples I spoke to was only the first step; I wanted to stay immersed in the narratives throughout my fieldwork, analysis and beyond. Although storytelling is common in everyday conversation (Gee, 1986; Polanyi, 1985, as cited in Elliot, 2005), Mishler (1986) argues that many forms of research interview suppress stories either by ‘training’ the interviewee to limit answers to short statements, by interrupting narratives when they do occur, or by treating them as problematic in the analysis phase of research. Holstein and Gubrium (1995) suggest that the aim of an interview should be to stimulate the interviewee’s interpretive capacities and that the role of the interviewer should be to ‘activate narrative production’ by ‘indicating - even suggesting - narrative positions, resources, orientations, and precedents’ (Holstein and Gubrium 1995, p.39). The interview therefore becomes a site for the generation of data and an opportunity to explore the meaning of the research topic with the respondent.

The conduct of my interviews was informed by methods such as oral histories (Gluck, 1977; Armitage and Gluck, 2006). In addition to practical advice about effective questioning styles and avoiding disruptive note-taking, I considered the following statement quite closely, “since we are asking [interviewees] to be self-revealing, we, in

turn, must be willing to divulge information about ourselves” (Gluck, 1977, p.8). I explored this concept, reflecting on the previous literature such as *Our Bodies Ourselves* (Boston Women’s Health Collective, 1984) part of whose success was evidently in the combination of scientific knowledge and collective lived experiences, told together for the first time. I did not want the interviews to feel imbalanced; by asking my participants to tell me private experiences I wanted to listen carefully to what was said but also to provide some interaction and create an atmosphere of shared experience where appropriate, taking care not to overshadow or ‘eat the other’ (bell hooks, 1992). In choosing the title *Vagina Dialogues* I wanted to highlight the importance of communicating together about a societal taboo, but also to recognise that “dialogue is not leaving the self aside” (Chambers et al 2004, p.238). Chambers et al. (2004) argue that in remaining mostly silent, the researcher can actually thereby assume a strategic position that presupposes that they occupy a position of power over the participants, which is “not always the case” (p.238) and certainly not a research ethic I wanted to embrace.

When planning the interview process, I had hoped to be able to rely solely on face-to-face interviews as I felt that a video connection (using a tool such as Skype) would not give me enough opportunity to create and maintain a rapport with the other person. I wanted, to an extent, to be able to control the environment or at least feel more able to read nonverbal cues to help me detect and sense-make. However, in wanting to reach out to a wider demographic I found that remote video calling was my only option in some cases. I reflect upon this process later in the chapter as it was not something I planned for in the rationale or design of my fieldwork.

It will be clear that I am committed to the strategic value of interviews as a method of accessing individual and cultural stories and avoiding impersonal information. Yet I began to realize that I needed another method to try to understand in more depth how people engage with ‘public’ discourses around vaginas, such as sanitary product advertisements, legislation and school sex education. So, I decided to try focus groups: I was trying to bring people together to see how they reacted to different videos about vagina related topics. I wanted to see what they found interesting, informative and amusing, maybe “positive” and what they found patronising, hurtful, silly, possibly “negative”. The benefit of this

method to my research was two-fold; firstly, to allow space to discuss more public ideas about vaginas (whereas the interviews would be on issues surrounding personal life stories relating to their body); and secondly to examine how a small group of people would discuss vaginas amongst themselves. With attention to the latter, it was vital to include the focus groups to gain a better understanding of how vaginas were discussed in a group setting, and not just in a one-to-one interview with me privately.

Despite these aims and ideas, the focus groups were a challenge for me. Having experienced interviews in my MA research, I felt much more comfortable re-designing and considering those, and did not have any previous focus group facilitator experience. In truth, I found myself avoiding thinking about focus groups as I felt quite anxious at the idea of them. I therefore did not devote enough attention to planning them, and I will discuss the implications of this later in this chapter.

Design

The specific topic foci for the interviews and focus groups differed. In developing my interview guide I referred to my MA research which in this context acted as a pilot; I decided to keep three key topics: language use, 'education' and the physical senses. I began by asking what words the person uses to describe their vulva/vagina. The importance of asking this question first was to establish what vocabulary the participant would be comfortable using during the interview but also to discuss if participants use different words in different settings with different audiences and if those linguistic choices changed as they grew older, from words given to them as children through to words they are comfortable with as adults. Whilst some research has indicated 'women' prefer to use euphemistic terms for their vulva/vaginas (Braun and Kitinger, 2001a), I found that the majority of my MA participants were most comfortable with the word vagina, although the title of my study may have influenced that outcome. In addition, whilst I had always intended to ask about menstruation within my interviews, I knew it would be a 'safe' area for most participants to talk about their first period as research shows this is easily remembered amongst most 'women' (Lee 2008; Lee and Sasser-Coen 1996) and I found this to be true within my MA sample, where every person not only could recall their first

period but also was able to talk about the experience in great detail. Next, I focused on 'learning' primarily through the lens of formal education, but also through family, what had their parent/guardians taught them and how had they gained an understanding of that part of their body as they matured. This section of the interviews was also a valuable way to ascertain the childhood 'set-up' that surrounded them, what family lived at home (any other PWV parents/siblings or not?) what sort of school they attended and what the quality of sex education there was, if any. The third section I migrated from my MA was to explore the vagina through the human senses, to ask participants about experiences with their vaginas through sight (looking at their vulva, using a mirror, possibly a speculum), touch (linking to masturbation, cleaning/hair care), smell and taste (from both their perspective and possibly that of a sexual/intimate partner). In addition to the pilot topics, I decided to add two new, more abstract questions, "when do you feel most aware of having a vagina?", and "what does it mean to you to have a vagina?". My decision to include these questions came from, yet again, reflecting on my MA research. They were the questions I now felt I had the confidence to ask.

Whilst the interviews focused on personal narratives, the focus groups aimed to explore more public discourses, and thus I decided that I would provide audio-visual stimuli for focus group participants to discuss. Similar to the interviews, I decided to begin with menstruation for its notoriety as an 'easy' topic to stimulate conversation amongst people. I chose two advertisements to show the group; firstly *Manpons* (Water Aid, 2015) a parody advertisement depicting the concept of 'what if the target audience of tampon advertisements were men', focusing on 'technical aspects' such as a "reinforced Kevlar skeleton" and "heated therma-core" and passing the NASA wind test. Secondly, I chose *Blood Normal* (Bodyform, 2017) which was the first ever advertisement to feature red liquid to represent menstrual blood. *Blood Normal* is also different from traditional sanitary advertisements in that the creators, Bodyform, produced both a standard-length advertisement (20 seconds) and a longer, feature length version (2 minutes, 23 seconds). I opted for the longer version to allow the focus group participants a chance to be immersed in the concepts being shown in what is a wider Bodyform campaign, "to call time on period taboos [...] we show true-to-life situations; we show blood [...] shouldn't

period-talk be as normal as periods themselves?” (Bodyform, 2017). Next I used two product advertisements; *Hail to the V* (Summer’s Eve, YolieOnline, 2011) an advertisement for ‘feminine hygiene wash’ which depicts women as leaders/royalty, that men battle for; and *The Intimate Shaving Collection* (Femfresh, Tony Aitken, 2017) a shaving cream advertisement portraying three women in a ‘music video’ style with exercise-like movements (squatting, lunging) which was banned by the UK Advertising Standards Authority following complaints that it was over-sexualised as it used a number of close up shots of women’s crotches. Next, I wanted to include campaigns encouraging the uptake of cervical screening, following the announcement by Public Health England (gov.uk, 2018) that they planned to launch a national cervical screening campaign in March 2019 following the NHS Digital statistics that showed coverage was at a 20-year low in 2018. I chose firstly a BBC video of a nurse speaking to a group of ‘bikini waxers’, none of whom had ever attended a cervical screening, in a ‘mythbusting’ question and answer format (BBC Stories, 2018), and secondly a rap music video by comedian Nadia Kamil (*Pap Rap*, Kamil, 2014) in which she raps about the importance of ‘pap smears’ in an attempt to provide advice and information in a witty and ‘trendy’ way. Lastly, on the topic of pleasure, I chose two final clips. Firstly, *Le Clitoris* (Malépart-Traversy, 2016), a French animated short film (3 minutes), portraying the ‘history’ of the clitoris (within medical thought) and anthropomorphising the clitoris as a character with thoughts and emotions of its own. Secondly, an advertisement for *OMGYes* (OMGYes, 2016), a new pay-to-access website featuring ‘touchable’ videos to explain and demonstrate techniques to obtain ‘female’ pleasure through manual touch of the vulva, obtained by the “first-ever large-scale, nationally representative study on the specifics of women’s sexual pleasure, in partnership with [...] Indiana University and The Kinsey Institute” (OMGYes, 2016).

The organization of focus groups was something that was novel to me at the beginning of my doctoral fieldwork, having never had to conduct or analyse one previously. I was apprehensive about the audio-recording and transcription of the focus groups as I had not considered the possibility of using video-recording before I submitted my research plan to the University’s ethics committee. In practice I found that a video-recording was not necessary, but it was vital to have a written record of the participant layout to be able to

keep track and identify individual voices within the group discussions. I felt very self-conscious about myself (what should I wear, what food/drink should I bring) and about my video choices (are they too white, am I not radical enough, are the clips too long, have I chosen interesting enough examples?).

Sample Rationale

With a rationale that prioritised my participants' voices, I needed to undertake sampling in a careful way. I wanted to have a broad spectrum of experiences (not all people experience the same VSEs, for example not everyone becomes pregnant, not everyone that gives birth does so vaginally, etc.). Furthermore, even within shared VSEs, I knew from personal and anecdotal evidence gained throughout my life that these experiences could differ greatly. For example, amongst those who menstruate, some experience more pain, some have shorter 'on' times, some are brought up in areas with little to no availability or education on menstrual products. Thus, in planning my research, it was important to have no upper age-limit on my participants (for ethical purposes I did have to have a lower age limit of 18 to ensure I was including 'adults only'), and to include a wide range of genders, sexualities, dis/abilities and non/parents. On reflection after my MA research, not only was my sample (necessarily) small, it missed out on some key demographic areas that relate to specific VSEs. For example, I noted that whilst not all my participants identified as heterosexual, none of my participants had had sexual relationships with other people, and crucially, all of the people I had interviewed identified as cis women. In order to interrogate both the concepts of 'vagina' and 'woman', I actively wanted to recruit a 'queerer' (in both sexuality and gender) sample to be able to explore how those concepts interplay, or not. Similarly, I had few participants who had given birth and so within this research I wanted to include child-bearers as an important demographic to examine how 'motherhood' or 'parenthood' would relate to the embodiment of vagina-owners. All the MA interviewees were physically able to access their vulva/vagina (no physical disabilities) and nobody was older than 50 (crucially, nobody was post-menopausal). Thus, my sample rationale focused on wanting as broad a range as possible.

One demographic I may have inadvertently excluded are transphobic cis women. In wanting to utilise trans* 'friendly' language and remove the word "woman" from my recruitment adverts, I situated myself as queer (or, at least, a 'queer-sympathiser') in the eyes of those who would not agree with this standpoint. In the same way that I cannot help 'excluding' anyone that chooses not to take part, transphobic women are a key missed demographic mostly due to their views on 'womanhood' which could have been interesting to unpack. Nonetheless, I decided that I could justify my employment of my own political stance by considering the added value of gender nonconforming voices as part of the *Vagina Dialogue* narrative. Ultimately, I did not feel that experiences that transphobic women might draw upon would differ greatly from others in terms of VSEs (i.e., transphobic women do not experience anything particular to them, unlike pregnancy etc), whereas including those who do not identify as women would provide access to important data that could help me to interrogate how vagina means.

Ethical approval

Before embarking on any of my fieldwork I first had to obtain ethical approval from the university ethics committee. This initially felt like a somewhat 'administrative' task; a document to be filled out that would have no meaningful impact upon how I would conduct my research. Coming from a standpoint that prioritised building rapport with my participants and protecting their confidentiality, I did not anticipate the process to be a challenging one. I did prepare for the 'inevitable' rejection of my first proposal, from speaking with advisors and colleagues within the CWS it was clear that researching an area related to sexuality would be enough to be put it under more scrutiny, or so I was led to believe. Interestingly, whilst my research did fail the first round of approval, it was not for the reasons I was expecting. The panel were convinced my rationale was sufficient to warrant my methodology, they agreed my topic was important and were not concerned about the 'taboo' status of the issue in terms of 'protecting the public'. Instead, they felt I had not considered enough how to protect *myself* from public backlash as a researcher of a sensitive issue, particularly in online spaces when recruiting participants. I had considered how others might be affected by my calls for participants but I had not considered how I could be affected by any comments generated by the nature of the

topic. My thoughts immediately leapt to my trans*/nonbinary peers; in publicly referring to “people with vaginas” would that generate transphobic backlash? In practice I found this to be a non-issue due to placing the information in a picture format (a ‘closed’ posting) that could be ‘pasted’ in lots of different online spaces, rather than using a text-based format that would enable discussions in the comment sections of those postings. I was prepared to disable commenting where necessary but found that most people chose not to engage publicly with my posts at all (other than ‘liking’ or ‘upvoting’) but simply opted to contact me privately if they were interested or had further questions. Nonetheless, the concern of the ethics committee for my wellbeing was one that I found to be useful, perhaps not one that materialised in the recruitment phase but certainly one I would come to face in the depths of my fieldwork.

A crucial part of the feedback from the first round of the ethical approval application process was about my intention to conduct focus groups. The committee felt I had not given enough thought to exactly what the purpose was and how I would facilitate the groups successfully. I was not surprised by these comments as I knew my anxiety about the focus groups had forced me to dissociate from them. Thus, I re-thought and revised my application with a more thoughtful approach to the focus groups and was successful on the second attempt.

Recruitment

Having secured ethics approval from the University, I began the recruitment process first by advertising my study online via feminist/LGBTQ+ email and social media groups as I hoped my pre-existing membership in those groups would encourage potential participants to feel comfortable responding to me. This assumption proved to be correct as I received considerable interest from these groups and also generally positive feedback to the ‘advertising’ of my research through those groups. This helped not only to obtain participants in a key demographic (queer identities) but also helped my self-confidence as a researcher by interviewing people similar to myself early in the research before going on to interview people with different life experiences from me (such as older, heterosexual, mothers or post-menopausal people).

Although numbers of people interested in my research were initially high, I quickly noticed that these were predominantly from those aged 30 or under. To try and reach an older audience I next began paper advertising, placing my poster in the local community library as well as with local women's groups in several cities in the north of England.

Unfortunately, these were almost entirely unsuccessful - however an older female relative of mine reached out to her peers and sourced post-menopausal participants easily. Whilst the majority of my participants came from York and other surrounding northern cities (Leeds, Manchester, Hull, Newcastle), the group from my relative's connections were based in Dorset, in the south of England. Most of the group knew each other previously as a social knitting collective which posed an interesting ethical question during the research process – did it matter that they knew each other? I interviewed the Dorset group across two different days and discovered upon arriving to the area that whilst I had communicated privately with each participant individually, most of them had shared with each other when they were meeting with me. On reflection I decided that for this particular segment of the sample, the lack of anonymity served as an advantage; the knowledge that friends were also taking part in the research spurred them on (including a last-minute recruitment of another person, two days prior to meeting them) and also provided a 'safe-space' to conduct the research at one of the participant's houses, a place they were all familiar with and comfortable being in (the house being one of the many locations they meet as a group to 'knit and natter'). Whilst I staggered the interview times throughout the day, several of the participants came early and chatted to each other in a separate room before speaking to me confidentially in the interview room. In this way whilst they were aware of who was taking part in the research, the actual content of the interviews remained confidential on my part (regardless of what they may have decided to share with each other). The link to my relative and her friends was absolutely vital to my research in that they recruited people in an older age bracket than I had previously been able to access, including my oldest participant at age 79 who specifically commented to me that she would not have responded to my advert had she not had a connection to me personally as the relative of her friend. Whilst some of the older participants had a

vague interest in my research, they mostly attributed their volunteerism to “wanting to help a friend of x’s” and this link also, in their eyes, made me a ‘safer’ person to speak to.

Indeed, in general on speaking to each of my participants, I found that the common thread for wanting to take part in my research was not just a shared interest in vagina research “I thought it was a really interesting idea!” (Hamia) but also in a shared group or mutual friend “my friend sent me your email” (Millie) or “I’m always happy to help a sister” (Natalie). In addition to the strategy of ‘asking for help’ I also found there were those who felt their experiences were rarer than the average (such as an FGM survivor or a transman) and wanted to share them with me, although interestingly one participant felt she was so average that she would be invaluable to “balance” the more extreme cases she presumed I would attract (‘she’ being a cisgendered, heterosexual, young, white British female).

Whilst I had not wanted to restrict my sample too much, I quickly found that young, white, able-bodied people were the most enthusiastic at responding to my call for participants. In addition to using the paper advertising/family connections to attract older participants detailed before, I decided to employ purposive sampling to reach non-white and/or disabled participants through friends and colleagues, a method commonly used within qualitative research to include cases with particular characteristics of interest to the researcher (Silverman, 2010). Despite the efforts to recruit people of colour I found that I had to resort to video-calling (via Skype) to be able to fit in with the participants who were interested. Whilst some were based within the UK (but preferred video contact), some were based abroad and so without the video-calling would not have been able to take part in the research. This was also the case for a few disabled participants who could not meet me in person, thus the Skype interviewing was also beneficial for them.

My final interview sample consisted of 25 participants ranging in age from 21 to 79, including cis women as well as those across the LGBTQ+ spectrum from gay, lesbian and bisexual identities to trans and nonbinary/genderfluid people (see Appendix I). In total, 5 participants who took part in the interviews did not self-identify as women. My sample consists of predominantly white participants (mostly white British with some white

USA/European) with 6 participants with East Asian, Black, Arab or Latinx heritage.

Approximately half my participants came from a Higher Education background, but I did not want to assume people would be familiar with higher education research, therefore I made sure to fully explain the use of an audio recorder, and to reiterate the confidentiality of the recording and subsequent transcript.

Whilst interest in the focus groups was smaller than that of the interviews, the real problem became that of logistics; finding a time and place for all interested parties to meet at the same time proved to be near impossible. Having had some experience in interviewing previously, I approached the interviews with a confidence that I think was lacking in my focus group design. I was unsure how different stimulus media might work (using pictures and video in projection screen formatting), and how to present them (which software? which order?). My original plan for sampling was to group participants based on their preferences and experiences. When signing up to my research, participants could indicate if they were interested in a focus group, and if so then who might they prefer to be grouped with. Some indicated they preferred “women only”, some asked for queer-friendly/exclusive spaces. One indicated age was an issue for them, stating that they would “feel out of place amongst youngsters”. In practice, only 3 participants were able to meet at the same time and, whilst these preferences were not violated, the method of sampling I had intended to use was futile.

Data Generation

I began my fieldwork in March 2018 and carried it out over a period of 5 months. The interviews took place in a variety of locations at the convenience and comfort of each participant, from my office within CWS and other University of York rooms, to my house and the houses of my participants. Interviews lasted, on average, just over an hour (the shortest was 40 minutes, the longest was 2 hours). As I mentioned within my sample recruitment, despite not planning to conduct Skype interviews, I found that it was the only way to widen the pool of participants (particularly in reference to ethnicity and disability).

My main concern initially about using video-chat (in all examples, Skype was used) was that I would be less able to control the environment (for rapport-building purposes) and

that I would be less able to interpret nonverbal social cues via webcam/audio feeds. Some (Sullivan, 2012; Stewart and Williams, 2005) argue that the introduction of the webcam to the more well-known 'telephone interview' helps to create an interaction that could be comparable to face-to-face interviewing in terms of nonverbal and social cues. However, I found it could have its limitations, particularly that a participant would be partially hidden, if not a headshot, it would not be more than a waist-up view of the person. Cater (2011) discusses this in depth, considering that whilst it is a cost-effective method to conduct research, it can present obstacles in terms of the physicality of the interview. Socially, I found myself 'twiddling my thumbs' trying to work up rapport with the participants prior to 'beginning' the interviews. In the face-to-face interviews I could show them around (if they were unfamiliar with our location), offer them a beverage or snack, or in the cases where I visited their homes/spaces, I would comment on our shared environment. One interviewee owned a house cat, which proved to be good social 'lubricant' in moments of awkwardness or uncertainty during the beginning part of our interactions. In contrast, the Skype interviews began by checking we could hear each other but once that was agreed, there was little small talk that did not feel contrived, or even intrusive. It was much harder to comment on someone's home when seeing it through a literal 'lens'. It was also unusual to be presented, relentlessly, with visual feedback of my own face. Skype, as with most video-chat software, forces you to have a small mini-video in one corner of your screen to reassure you that the video you are sending to the other person is visible. As an autistic person, I found it extremely unsettling to be constantly distracted by my own face, particularly in concerning myself with "have I reacted enough?". The time-lag of the audio had a similar effect; in-person interviews meant I could react with responsive sounds "mmm" or "yes" throughout, but the Skype software was prone to lag, which meant my responses came across delayed or interruptive rather than communicating my continued comprehension.

Nonetheless, the disadvantages of Skype were outweighed, in my experience, by the quality of interviews I was able to access. I could speak to participants around the world in different time zones, to participants whose physical disabilities or personal circumstances limited the possibilities of us meeting in person. All the Skype participants were relaxed by

the prospect of being in their own environments with arguably more control than a face-to-face interview. Not wanting to continue with the interview could have resulted in a quick termination of the video-link (thankfully this was avoided), rather than having to negotiate away from the face-to-face interview. Additionally, whilst there were weaknesses in not being able to see each other's full bodies, this did mean that the recording devices used could be hidden out of eyesight, which may have helped the interview to feel more informal, more relaxed, and thus helped participants to open up more quickly. It was certainly true of my Skype participants, in that they did not need long to 'warm up' before beginning the 'proper' interview, whereas my in-person participants often needed a little social 'chitchat' to relax before beginning the 'official blurb' (recounting ethics, consent, right to withdraw etc). Given that my sample were self-selecting, it was not surprising that most of my participants were willing to share many of their personal stories without much guidance or probing from me as an interviewer. This was something I was keen to foster as it was vital for me to see what people felt was most important to them and use those topics as areas to explore in more depth throughout the interview.

I think I was initially cautious to use the term "data generation" as my science (BSc) background led me to think that anything not removed, anything 'tainting' the site of data would invalidate it. I think I was separating the idea of Plummer's (2001) "evoker" from "creator". I.e., I did not mind prodding something to see what was inside but did not like the idea that what was inside only existed because I prodded it. I now see my initial understanding of "data generation" was very limited, and in fact this evocation of data, of stories, can be considered part of data production without denying its veracity or validity. Of course, we can debate "what is truth", "what is real" but what I wanted to avoid was *fabrication* of information. I wanted to be a good enough interviewer to build rapport with my participants, to make sure they felt at ease to *disclose*, but not to pressure them into consciously *changing* their stories to fit my own narrative. Something I will need to think about is acceptance of the fact that my presence in itself changes the story. Just the process of verbalising something can change it...let alone verbalising it to a new listener, a stranger, one who is wanting to harvest your information for their own use.

In a few cases, participants were slightly less forthcoming about providing detailed answers, which I found challenging as I did not want to pressure them into opening up. Returning to my 'house' analogy, I had a basic structure for those less immediately talkative. Perhaps we could chat about an 'easy' space first (the living room becomes menstruation), which might prompt them to show me the bathroom (which has now become a childhood memory of talking periods with a mother/sister figure). From here they remember the bathroom from a previous house (they compare their experiences now to how they felt at a younger age) and even predict how a future event might impact them (how will menopause change their relationship with their genitalia). Learning from my MA experience, I focused on trying to use open questions to let participants navigate to topics they felt were both relevant and comfortable for them to talk about. In every interview I asked "what made you want to take part in my research?" but in the 'drier' interviews I used this question earlier on to try and locate their areas of interest more quickly if I found they were 'drying up' in their responses. This was not always successful as those who were more reserved or less talkative tended to be just as reserved in their response to that question, often simply indicating that they wanted to help or that they thought it would be interesting. In some 'dry' interviews I found that once the interview had 'ended' (with the recorder still going, with their consent) they opened up more - I tended to end interviews by asking if participants had any questions for me which allowed them to take the role of 'interviewer' or 'listener' with the 'question spotlight' swivelling to focus on me for a short time. In the more reserved participants, this acted as a good buffer between the main interview and the follow up chat as they appeared relaxed by my willingness to open up and were able to elaborate further on previous ideas or experiences they expressed earlier in the interview. Reinharz and Davidman (1992) suggest that self-disclosure on the researcher's part is good feminist practice, something Oakley and Cracknell (1981) also posited. Oakley criticized the traditional ways of interviewing, which focused on objectivity and a clear differentiation between the researcher and the researched, and argued for a new model of feminist interviewing requiring flexibility and responsiveness to the answering style of the respondent, as well as openness, intimacy and sharing of the researcher's own experiences. Elliot (2005)

writes that interviews are “not just [means] for collecting data, but itself a site for the production of data and can become a focus for enquiry in its own right”, an idea that has “become central to epistemological and methodological discussions about interviewing over the past twenty years”. My interview style mirrored this ethos with a warm, welcoming manner and a readiness to respond openly to participant questions in a way that was fitting for the sensitive nature of the interviews and to encourage the interview setting as a site of dynamic data production.

Letherby (2003) argues that viewing the relationship between researchers and respondents as equal can be problematic by ignoring power imbalances during both the interviewing and during the interpretation of data. A process of reflexivity, that is a critical reflection on the power relations as they develop in the research process, is therefore a necessary practice in feminist research (Ramazanoglu and Holland, 2002). One of my largest concerns both prior to and during my fieldwork was how my participants (or even potential participants, i.e those that would see my calls for participation) would view me. I tried to take into consideration an appreciation for both my insider and outsider status, knowing that I could have both operating simultaneously even within a single interview. A decision has to be made within doctoral research in particular as to whether to identify yourself as a PhD researcher when speaking to participants. Some researchers decide to deliberately withhold this information so as to lessen the perception of the researcher as ‘expert’ and to downplay their status (in this case, educational status) in order to develop trust between the researcher and participants of a lower social status (Reinharz and Davidman, 1992). However, I decided that the ethically responsible choice for me was to ensure my participants understood the purposes of my research (Ramazanoglu and Holland, 2002), a decision that on reflection I think was useful. Whilst some researchers have found their educational status to be a hindrance, I used it as a tool to demonstrate the authenticity of my research, to reassure my participants that they were taking part in something that was protected by university ethics regulations and part of a project with significant personal investment to me (i.e. “help Lauren get her PhD”).

To begin both the interviews and focus groups, I first explained the ethical framework of my research and asked each participant to read and sign the consent form (see

Appendices III and IV) reiterating the confidentiality of the research the entirely voluntary basis of participation. I also reminded the participants of the need to audio-record and the guarantee of anonymity, with audio recordings being deleted once transcription had taken place, and transcriptions being deleted once the research was complete. For the focus group I also took the opportunity to remind participants of the need for group-confidentiality; in addition to my dedication to maintaining their anonymity, they also needed to take responsibility for confidentiality within the group, which was included on their consent forms.

Returning to the house analogy, some people had houses that were very familiar to me, they decorated in ways I could identify with and described their stories in ways I could interpret straight away. But for others, there were stories I needed time to understand, to hear again on my recording, to reflect on. This is where my research diary became crucial.

With the interview (or house-tour) still swimming in my eyes and ringing in my ears, I step outside the house and thank the owner once more for their generosity. They smile and wave and close the door as I walk back to my car and sit inside to open my notebook. I hold it in my hands, take two deep breaths and close my eyes. I feel myself travel within as I gently allow myself to decompress. Answers to questions are flashing across my mind's eye and echoing as if still vibrating my inner ear. I hold my pen in my hand and free-write, feeling the energy of the interview flow through my veins, seeping out of my skin, leaking onto the page. I am relieved for the solace, the quiet space for my mind to be loud. As the surge subsides, I feel my heart rate return to a steady pace and I am able to feel the ache in my arms as I realise I have furiously scribbled pages of notes...

Reflecting on the experience of the two-hour focus group is a difficult task, as I have outlined above with the logistical 'stickiness' of arranging a group that did not feel decontextualised or contrived in nature, and with my own self-consciousness about conducting the small group. While Wilkinson (1998; 2006) has argued that a value of the focus group is one that adds an element of the naturalistic, my experience chimed more with Morrison's (1998) argument that the very act of forcing a group (even if they are

previously known to each other or may interact together in a similar group setting) together to discuss a certain topic is, in itself, significantly contrived. In addition, whilst I aligned myself ethically with the feminist stance that a focus group shifts 'ownership' and control of the discussion from the researcher to the participants (Kamberelis and Dimitriadis, 2005), I found that I was not able to foster enough of a discussion between the participants to fully address the aim of the focus group. Whilst I did have the opportunity to record their responses, the group never 'evolved' much into discussing amongst themselves; while this may have been partly due to the small number of participants, it must also have been due to my inability to influence the conduct of the group (Bryman, 2008).

Data analysis

Analysis is a complex process and involves more than simply reporting on participants' stories: "getting the story can be fun, but making sense of it takes much longer and requires a lot of work" (Plummer, 2001, p.152). The process of analysing data is often not a separate phase but rather one that begins alongside data generation and continues alongside it (Bryman and Burgess, 1994; Silverman, 2010). As I have alluded to earlier in this chapter, my research diary acted as a tool not only for self-debriefing but also for capturing early moments of reflection. I began by writing immediately after the conclusion of an interview, but also revisited the diary continuously as more interviews were booked and carried out. Connections formed and ideas flowed, right from the beginning of the fieldwork and continued beyond its conclusion.

Following each interview, I originally planned to transcribe each audio recording soon after the interviews were each conducted. I was able to do this for most of the interviews, which helped me to note down important non-verbal data as well as the situational context of each meeting. Unfortunately, I did have to undertake a leave of absence from my research which meant some transcription took place much later than I would have liked. Whilst the situation was not ideal, it was not possible to do it differently, and I did find there were some interesting insights when returning to the data set after a short break. I transcribed every interview in full, making notes on any particularly poignant

points or important anecdotes, contradictions as well as my reflections on myself as a researcher voice. I took care to transcribe not only the words uttered by participants but also pauses, silences, laughter and so on, in order to provide a fuller, more detailed representation of their voices. As Anderson and Jack (2006) write, I wanted to “listen in stereo to both the facts and the feelings” (p.129). As I undertook the long process of transcribing over 2000 minutes of audio recording, I also made sure to transcribe my own voice in full. This impacted on the way in which I could reflect upon my practice and thus “continually appraise [my] methods and sharpen [my] skills” (p.129). Additionally, had I not noted my own voice in full, contextualising a response would have been considerably more difficult and potentially problematic in places. My research diary came in handy again here; I constantly scribbled or typed notes alongside transcribing that came to me as I listened and re-listened to the audio files. Once I had finished transcribing, I next undertook what Chambers et al. (2004) refer to as a cultural first reading of the written text. My aim was to be as immersed within my data as I could, which resulted in the emergence of what felt like a very ‘organic’ coding process.

To begin with, I was not entirely sure how to rationalise my coding framework. Having never handled a data set this large, I felt slightly overwhelmed by the amount of information I needed to juggle. To help me map, visualise and organise my interview data, I imported the written transcripts into NVivo, a qualitative data analysis computer software package. I found the entire process completely frustrating as I did not find the software to be intuitive. Nonetheless, as my supervisors pointed out to me, the real work cannot be delegated to a machine. Regardless of how I had organised my data, software or not, I needed to uncover the insights myself and draw the connections manually. This is where I identified some preliminary themes for analysis, followed by a second coding of the data - this time more systematically. I looked not only for themes with high amounts of ‘references’ (extracts from interviews) but also from a wide variety of sources. This was to ensure I didn’t just have themes that were specific to one or two interviewees, but also themes that could be mapped across participants.

Immediately I could draw comparisons to my pilot data from the MA. I recognised several similarities, particularly in how the veeples I interviewed identified ‘vagina-words’, recalled

their upbringing and reported on their formal sex education (if present). Reflecting on the addition of the 'abstract' questions, "what does it mean to you to have a vagina?" and "when do you feel most aware of having a vagina?", the reaction from participants was always a pause for thought; I found that often the most insightful responses came from these questions. Specifically in the 'awareness' question I found almost all participants made reference to a feeling of vulnerability (to abuse/harm) both in public and in private spaces, something which I felt was implied in the MA interviews but not explicitly discussed. Similarly, the "meaning" question brought gender to the fore, with many cis women immediately relating their experiences to 'womanhood', whilst trans*/non-binary people referenced their identity as not fitting (unproblematically) into 'womanhood'. The question of 'womanhood' in relation to the vagina is one that is often considered 'obvious' or implicit in discussions around the embodiment of gender and relies heavily on a heteronormative, reproductive-focused understanding of what it means to have a vulva/vagina. By bringing this question out into the open the interview became a site of exploration with the participant and not just a 'data-gathering' exercise without a critical lens.

The next step in my data analysis process was to springboard from my key themes and sub-themes and begin to identify patterns and connections between them. In this way, I progressed from themes to ideas and then to arguments which formed the basis of the following three analysis chapters: The Talking Vagina, The Embodied Vagina, and The Cultural Vagina.

Chapter 4: The Talking Vagina

The ways in which we communicate and exchange ideas with one another can greatly impact our social relations as well as our perceptions of ourselves. In thinking about 'vagina' we can consider a series of taboos, or ringfences, boundaries that interact with vagina to enable and restrict different forms of communication in different places amongst different people. In this chapter I examine ways in which information about the vagina is passed on and exchanged.

Looking first at vocabulary, I examine the ways in which certain words are deployed, at which times and with whom they are deemed most in/appropriate. Each interview began with the question "what words do you use to refer to vagina?" as a way to establish how participants would feel comfortable during the interview process. This section of the chapter considers the words we use both formally and colloquially, including in swearing, as well as the words we are 'given' as children. This approach highlights the role of the parent, especially the mother in relation to the young vagina-owner. Almost every participant mentioned their mother at some point during the interview, with most of those being references to a first point of learning. The first role of the mother (in this sphere) seems to be to provide the child with a name for their genitalia, and quickly the mother becomes responsible for much of the child's social learning and for the 'daughter's' bodily awareness. Several of my participants are themselves mothers, and thus are able to reflect both on their experience as a child and as a mother, something which serves as an interesting reflective exercise for them.

Continuing to formal institutions, I discuss school life in both formal classes and informal 'corridor/playground talk', and vaginas as they are discussed with medical professionals. Menarche is a pivotal moment for young people to learn about their vaginas, or at least part of the functions associated with them and school takes on a primary role to serve this purpose. Perhaps surprisingly, not all participants refer to sex education. Older participants lament their lack of formal sex education and younger participants complain about the content of the sex education they do receive. All participants mentioned information sharing amongst peers, with sex and relationships becoming part of the

common narrative shared during their teens and early-twenties, if not throughout life. Next, the 'doctor's office' or indeed general medical intervention in a person's life becomes another place of learning or sharing information about the vagina. Whilst this can be a problematized issue (is there something wrong with me?), this also occurs in 'normative' scenarios, particularly during pregnancy and childbirth (including fertility intervention and antenatal classes).

Lastly, while popular culture is not necessarily always intended to be a site of information distribution, television and the internet can become learning tools, raising awareness of issues that are otherwise ringfenced and/or ignored entirely. Participants were split, mostly by age, in the types of media they engaged with and found 'useful'.

Vocabulary

When asked about words they use to mean 'vagina', every participant (and just about every person I meet) has 'the word my mum gave me'. In almost all cases, this word is a euphemism with "bits" or "privates" being popular English examples. Gartrell and Mosbacher's (1984) analysis of words given to young children for genitalia found that the anatomically correct words for "female" genitalia were much less used than those of "males" and where they were used, appeared later in the "girls"⁵⁷ lives than their 'boy' counterparts.

When I was very very small, I think my parents kind of taught me to use the word like "minnie" for vagina which they used until I was like 6 or 7, I don't really know when I stopped using it but that was just like when I was very small.

Megan (24, white British (WB))

Megan's words echo the findings from Gartrell and Mosbacher (1984) in that vulva and vagina are not seen as 'child friendly' terms for young children. Megan could not

⁵⁷ Note that all of the children (referred to as "girls" and "boys") were assumed to be, and treated as, cisgendered.

remember the word she was given after that time but noted it was not vulva or vagina.

Jane also comments on words not deemed suitable for children:

Oh....my mum definitely didn't use any words like fairy or anythin' like that, I never [laughing] she definitely didn't...child it up if you know what I mean, like she didn't make it suitable for child's ears...it was fanny or [laughs] front bum!

Jane (26, WB)

She draws a comparison between 'acceptable' words given to a child (euphemistic but viewed as 'sensible' such as "fanny" and "front bum") and 'childish' versions (such as "fairy"). There was a general agreement amongst my participants that 'make-believe' words (such as 'foo-foo' or other non-words) were a result of an old-fashioned upbringing. As Jane goes on to explain, at least "front bum is descriptive". 'Fanny' seemed to be the only 'non-word' that was so widely used it had become a word in its own right, possibly derived from its use as a girl's name in Britain (Rodriguez and Schonfeld, 2012). The non-English 'childhood' versions of vagina (and penis) often contained the word 'little' such as 'little bird' (Spanish, Portuguese and Hokkien) and there was a general consensus that the adult vernacular was not perceived as appropriate for small children and thus they were given 'child friendly' alternatives.

Karen Milles (2011) describes how feminist 'language planning' (a conscious effort to reform language) in Sweden successfully established a neutral word for female genitals that could be used with young children – 'snippa'. Milles comments that Sweden shows an almost uniquely broad acceptance of gender issues which contributed to the success of implementing new language in a linguistic public debate forum. Milles also notes that part of the success could be due to the use of pre-school as the beginning of the implementation; "if children adopt the word, chances are that they will spread the word to their family and friends [...] making children new ambassadors for the subsequent and ongoing spread of the word" (p.101/102). Genital labelling for children is a contentious

topic as it exists partially within the wider issue of children and sexuality which remains controversial⁵⁸.

Children of all genders are more likely to have labels for ‘male’ than ‘female’ genitalia (Bem, 1989; Fraley et al, 1991, both as cited in Martin et al., 2011) which reflects adult genital labelling (Braun and Kitzinger, 2001a). However, Martin et al. (2011) argue that most research in this area uses a “uni-directional model of socialisation in which parents ‘give’ children words and children absorb them” (p. 421) which does not take into account how the children then make use of the words and to what extent those words are adopted, rejected, altered or built upon. Indeed, within their study, several mothers reported that their children picked up vocabulary from other children or made up their own references to their genitals. In their survey of US mothers, Martin et al. (2011) found that some mothers reported not only teaching their children genital words but also providing instruction on *how* those words could be used with social context. A concern that I noted was discretion, with some mothers telling me they wait for a child to be older (eg.7) to give them ‘proper’ language for genitals as they felt embarrassed by their children blurting out words in public with no regard for the social context in which they did so.

The experience of being given a euphemistic word as a child was common amongst my participants but in the older (than 50) demographic the most common word, “bits”, was not viewed as slang or euphemistic.

[I just] refer to ‘em as your bits and you refer to them, cos that’s what they are, they’re your bits, I don’t have nicknames for ‘em. Definitely don’t have nicknames for them.

Maureen (70, WB)

Maureen was not alone in considering “bits” to be an accurate and appropriate word to use as an adult, particularly amongst ‘female’ peer groups. We can see Maureen’s

⁵⁸ Indeed, there are many transnational parent movements against the progression of school sex education beyond reproduction.

acceptance when she asserts “that’s what they are”, and her disdain for the use of “nicknames” for genitalia. Thus, the word “bits” takes a status similar to “fanny” in the sense that it is viewed as an appropriate word in its own right rather than considered to be slang or euphemistic. Similar to “fanny”, this is possibly due to the fact that “bits” is, in itself, a ‘real’ English word in usual vocabulary. Interestingly, “bits” could well be thought of as a gender-neutral word, although this wasn’t raised in the interviews.

Alex and Avery, both identifying outside of a cisgendered perspective, discussed how their gender identities affected the words they used to refer to themselves.

So because of [how I identify] and also being in a relationship with another trans man, I would never really use the word vagina or vulva. Um, I think...I would tend to use very general terms due to kind of how I see my own body.

Alex (21, genderfluid)

Generally I just use genitals because...like I try and...make it neutral for, cos, non-binary stuff like, I don’t really like, when referring to myself I wouldn’t necessarily say vagina just cos [genitals] is the most comfortable word for me.

Avery (23, nonbinary agenderflux)

This is parallel to the ‘feminising’ aspects of vulva/vaginas as shared concepts, and attests to the loaded meanings within the words we ascribe to our bodies, an idea supported by Lal Zimman’s work that suggests gender-neutral language is commonplace amongst trans men and nonbinary people (Zimman, 2014). Alex adds that being in a relationship with a trans man also affects how they communicate about their bodies together and which words make them feel most comfortable with their bodies and with each other. None of the non-cisgendered participants referred to using ‘masculinised’ words for their genitals which could be because none identified fully as masculine, in the same way they did not fully identify as feminine. The key aspect of their language was its neutrality, particularly

with regards to sex and intimacy. This attests to how even words for genitals are seen to be gendered in themselves and that even those challenging (or attempting to challenge) the gender binary are seemingly 'trapped' by genitals' intrinsic signifying of gender.

Finding a lack of appropriate 'vagina words' to use in a sexual setting was mentioned by many participants including the cis women. Those in heterosexual pairings noted that words for vaginas differed from words for penises, with one participant stating that she felt there were more available words for penis than there were for vagina. Previous researchers have found that although there are more slang terms for penis than vagina, 'female' genitalia are more likely to be described euphemistically, particularly with words using a connotation of space or absence (Braun and Kitzinger, 2001). Similarly, Greer (1971) notes that "the names for the penis are all tool names" (p.40), with "all the vulgar linguistic emphasis [...] placed upon the poking element; fucking, screwing, rooting, shagging are all acts performed upon the passive female". Indeed, the most common equivalent colloquial words for vulva/vaginas are derogatory, and as Richardson writes, "in many ways language is either silent about women's bodies and sexuality or, where it does exist, ridicules and insults them" (1992, p.190).

Writing about vocabulary in a thesis about vaginas would surely not be complete without discussing cunt. Cunt has regularly been awarded the status of most offensive swear word in the (British or American) English language (Dewaele, 2015), with a wealth of academic research on the word itself. As Muscio writes, despite being a word to describe the 'female' genitalia, it is frequently used to insult women as "the ultimate one-syllable covert verbal weapon any streetwise six-year-old or passing motorist can use against a woman" (Muscio, 2009, p. xxiii). Indeed, 'female' speakers are more likely to avoid the word cunt than 'males' (Jay, 2000) although there have been concerted feminist efforts to reclaim the word for 'women' to use, from the feminist movement (Braun, 1999b) to theatre (Enslar, 2001) and even embroidery (Golick, 2019). Pussy is also a word with which we have a complicated relationship, and also one which has (more recently than cunt) been subject to attempts to reclaim it. Whilst cunt was to be reclaimed in a more general sense, the movement to reclaim pussy came from a very specific target, as a protest against the derogatory words of one man (Pussyhat Project, 2017). The 'pussy grabs back'

movement, the largest protest in American History, was criticised for the presence of trans-exclusionary feminism as well as other “intersectional failures” (Wrenn, 2019, p. 813). Thus, it appears there is no ‘easy access’ genital word for people to use to adopt or reclaim.

With regards to the words that my participants use regularly, most cis women reported feeling comfortable with the word “vagina” but almost all of my participants had euphemisms that they preferred to use. The tendency for people to refer to vaginas in this euphemistic way is one which has been heavily criticised in existing literature on the basis that “naming the vagina gives the organ legitimacy” (Rodriguez and Schonfeld, 2012, p. 21) and not naming the vagina “implies a corresponding lack of interest in, or attention to, the details of those genitalia, their functions and sensations” (Braun and Kitzinger, 2001, p. 157). A distinction needs to be made here between words used with the intention of being euphemistic and a preference for slang vocabulary. The use of slang does not necessarily denote a discomfort with ‘proper’ words; indeed, it could be argued that the use of slang vagina-words implies a certain degree of ease in discussing that part of the body. Indeed, my participants described feeling more comfortable using slang in certain situations, finding the ‘proper’ word vagina to be too inflexible in its meaning to be used in many different settings. For example, all my participants felt the word vagina was appropriate to use in a doctor’s office as they identify the word as medical and thus matching that setting. My participants said that a different word ought to be used when taking part in sexual intimacy and yet another word was needed for a casual chat with friends.

The non-native English speakers stated that whilst they use “vagina” in English, in their native tongues there are other euphemisms or slang words they prefer to use. However, a few commented that the use of these euphemisms helped to ease their communications with others, and especially when employing the use of humour. With regards to the non-native/multilingual participants I interviewed, I am cautious not to extrapolate too far beyond the individual in these cases for two reasons: firstly as a monolingual English speaker myself I want to avoid taking a position which may “exoticise the cultural other” (Arnold, 2003, p.1), and secondly I did not want to put my participants in a position which

implies they alone represent their linguistic and cultural background. Not only did I interview more native English participants than non-native, but our shared cultural experiences meant I felt more confident in making sense of their reported experiences.

During the interviews I explained early on that my use of the word vagina covers the entire vulvovaginal region and asked all participants what word/s, if any, they felt comfortable using to refer to that part of their body. For the purposes of the interview, all participants said they were content for us to use the word 'vagina' but nonetheless as the interviews progressed it became clear to me that some were, in practice, more comfortable than others. The implication was that they were fine with me using the word vagina (although I opted not to do so in some cases) and were happy to use the word 'if needed' but it was not the natural word to use in most cases. From my own reflections of the interview process I think there may have been some element of embarrassment for some participants in hearing and saying the word vagina, which I did freely (as well as other more specific terms such as vulva, labia, clitoris). Nobody openly discussed their possible embarrassment with me, but the use of avoidant phrases or alternative words was noted. Examining nonverbal cues from my participants can also be informative, and I did find that some interviewees gave me the sense they were more comfortable during some parts of our discussions than others. For some this could be via a lack of eye contact or shifting or fidgeting in their seat (in comparison with other points in the interview).

My Mum was like...

Beyond providing a first set of vagina vocabulary, when coding my interview data I realised an overlapping topic that appeared across all participants was a reference to 'what my mum was like'. Rastogi and Wampler (1999) state that the mother-daughter relationship is "highly significant in many cultures" (p.327), and stories relating to their mothers were one of the most frequent that I found in my interviews. In most cases, mother-daughter relationships were open enough to permit some form of menstruation education, with the younger (than 40) women in my study knowing about periods before they experienced menarche, but with more detailed or different types of information often seen as being 'activated' by reaching certain ages or milestones. The education all

participants had acquired from their mothers contained either a strong reproductive bias or a 'need-to-know' basis in referring to period management (i.e. the use of sanitary pads and in some cases, tampons). For some, information was minimal to non-existent.

When I was growing up she was very very...strict...and quite uptight...so [laughs] maybe there were no words, I don't know. I don't know, I don't remember anything being talked about.

Kim (57, WB)

It's not something that my mother...definitely father...would have ever spoken about. I'm not gonna say...it's dirty...but it's a bit like...it's for behind closed doors and it's not a thing that you discuss, you know.

Maureen (70, WB)

Here Kim explicitly refers to her mother being a certain way with her during her childhood. Kim uses this to explain a possible reason why she wasn't given a word for her genitalia and why issues surrounding her genitalia (including menarche) were avoided altogether. Kim's phrase "there were no words" attests to the importance of a usable vernacular to enable open communication; without it there remained only silence. Maureen's experience is similar in that vagina was a topic considered taboo or at least layered in enough secrecy that Maureen did not witness a discussion in front of her as a child and was not spoken to about menarche until its arrival, when she was given sanitary items but no information. For many of the older (than 50) participants there was a general sense of acceptance that their parents' generation were more 'tight-lipped' about topics around genitalia. For some this was linked to a religious upbringing but, in all cases, there was a cultural understanding that sex in particular was not something to be discussed with one's parents.

Maureen's comment that these discussions were "for behind closed doors" makes the point that information labelled as 'necessary' in cultures can also be accompanied by a sense of taboo; while young girls may learn about their vaginas, they also learn the 'air of secrecy' around them. They learn when, where and with whom these types of discussions

can be had and with which restrictions and sensitivities. Ho and Tsang, (2005) refer to an “unspoken code of silence” around vaginas (p.523), particularly that topics including the vagina are “spoken rarely and in a hushed voice” (Steinem, in Ensler 2001, p.5). This idea of ‘learned taboos’ or ‘learned silences’ is important to consider alongside available vocabulary because it constructs and maintains social norms. In this context, a social norm established is that normal bodily functions are to be portrayed in a negative light, with consequences for transgressors and as a value system which is transferred from one generation to another. This cultural reproduction is perpetuated not only by an active intention to reproduce social or cultural norms but also by a lack of awareness of the process itself (Bourdieu & Passeron, 1990). In this way, parenting becomes an almost automatic reinforcer of constructed norms from one generation to the next.

Maureen’s comment “definitely [not] father” indicates that the gender of the parent is important. Despite the issue being a cultural taboo for all, a mother can more easily navigate the discussion with a ‘daughter’ as her genitalia and gender identity mark her as a more appropriate and knowledgeable person. The assumption is that the father, without a vagina, lacks the information needed to pass on in addition to the perceived social unacceptability of an adult cis man talking to a young ‘girl’ about her genitalia. Whilst the (perceived) gender of the child is important, research suggests fathers are less likely to engage in communication on sexual topics with a child of any gender (Wilson and Koo, 2010). Some of this ‘lack in communication’ is attributed to a traditional (and generalised) lack of communication of any meaningful form from fathers, which Wilson and Koo argue is in part due to mothers being more involved in their children’s lives and having a higher level of self-efficacy⁵⁹ in their relationship with their children. Kirkman, Rosenthal and Feldman (2002) suggest that fathers find the topic of sexuality difficult generally and that “there is an implicit inference that mothers can deal more *safely* than fathers with communication about sexuality” (p.59, emphasis added). Bridget, a mother of boys only, recalled that her husband took on the responsibility of talking to their sons about their

⁵⁹ ‘Self-efficacy’ in this context refers to the positive psychology model: a high level of self-efficacy is to have a high level of self-belief that you will enable a successful outcome from your actions.

genitalia and sex because “it just seemed more appropriate” but this could also be partly due to Bridget’s self-confessed “prudishness” about sexuality.

Periods were also discussed as something not to be brought up in front of one’s father, particularly with older participants but commonly among younger participants too. Tyler (age 27) recalled that her mother was away when her first period came and lamented that her father “could not cope” and simply “pointed at the cupboard” where the mother’s sanitary products were kept. It is likely that a lack of shared experience is part of the issues with the (cisgendered) fathers in these contexts, and a lack of knowledge is also likely to be a communicative barrier to open period talk; thus, the role again falls to the mother.

Many of the older women reported that their mothers had not informed them about menstruation prior to menarche which for some resulted in becoming distressed at the surprising onset of bleeding. All the post-menopausal women were also mothers themselves and some reflected on the experience of explaining to their (presumed cis) daughters about menstruation and in some cases, basic reproductive education. Parenthood in this sense can be viewed as a reflexive project, with the mothers reflecting on their own upbringing to shape their child-rearing and account for their parental practices (Jackson and Ho, 2020). Where criticisms had been made of their own mother’s approach to vagina education, the participants looked to amend that in their own teachings to their daughters. For example, many had not been ‘warned’ that menstruation could occur and found their first period (and sight of their own blood) to be a worrying and sometimes distressing experience; this was then something they wanted to avoid with their own daughters, so while some topics remained taboo (such as sex, particularly sex for pleasure and masturbation), informing a daughter of pre-menarche age to not be concerned about the onset of periods was seen as very important. Younger (than 35) participants reported experiences mirrored those of the older mothers, and they reported that their mothers had, at the very least, informed them that periods happen and not to be worried.

The younger participants, like the women in Janet Lee's (2008) research, recounted much more informative and "emotionally connected" experiences than their older counterparts (p.1333). Marván and Molina-Abolnik (2012) found that despite being given more information, the 'pre-menarchists' still scored highly on feelings of secrecy and shame. In this way, as children we not only have an opportunity to learn about the vagina but also are introduced to the shared taboos and limitations of vagina-talk. Even amongst current friendship groups (which were discussed as being generally very open, particularly for the younger participants), most interviewees had a similar, almost instinctual understanding of what areas or topics relating to vaginas were permitted, with known boundaries appearing to define and protect what was 'necessary' (asking for a pad or a tampon), what was 'funny' (sexual mishaps a common example) and what was 'inconvenient' (particularly menstruation, such as not feeling able to go swimming).

After menarche, the amount of information passed on varied greatly. Most of the mothers provided some advice on contraception to keep them safe from unwanted pregnancy and sexually transmitted infections. Some expressed concerns about their daughters avoiding abusive and/or coercive sexual relationships and had discussed these issues with them. Participants' ethnicities and subsequent differences in family structure and upbringing affected the reported experiences of parenting. Natalie reflected on how her Chinese parents, particularly her mother, had strict views on femininity and sexuality. For example, Natalie would be 'told off' for sitting in an "un-ladylike manner with legs open or above head". Bianca reported similar experiences from her Catholic upbringing in Brazil. Hamia discussed the intersection between her religion (Islam) and her national culture (Arab) creating what she felt was a strong sense of taboo around issues to do with the body, especially sex. In many cultures, sexual modesty has a history of being viewed as traditionally feminine and thus often encouraged and reinforced (Barnhill, 2012). Cultural views on, and subsequently parental handling of, teenage sexuality varies from society to society. Clare spoke of her liberal minded Danish parents, something she felt could be attributed to a wider social acceptability of discussing sex and sexuality in Denmark. Clare's comparison of Denmark and the UK is similar to Schalet's (2011) analysis of the difference between Dutch and American parents' views and management of young

people's sexual lives, with teenage sexual activity markedly less normalised (rather found to be unacceptable) among the American parents.

Some mother-participants and daughter-participants reflected on the reliance on formal school education to take the burden of talking to the 'children' about their bodies, sex and reproduction. Maureen (70, WB) said she felt the education "the kids get these days is more than we ever did" and that she felt it less of a burden to talk to her children about sex as it was covered more comprehensively at school than in her own school life. Peggy also commented on the consequences of this change since her own school days:

I think the education that [my daughter] was going through at school...made them question more and I think because she questioned more, I talked to her. But whereas [...]it didn't seem to happen when I was at school, we didn't have that sort of relationship of having questions you know and...talking to parents

Peggy (79, WB)

Peggy highlights her daughter's inquisitiveness, acquired through school sex education, which opened up a channel of communication that Peggy felt she herself had missed from her own mother. Peggy, Maureen, Kim, Shirley and Bridget all reported feeling that they could not talk openly to their mothers, despite wanting to have the benefit of both the knowledge and shared intimacy with their mother that this could have provided. It is interesting that Peggy attributes greater openness to her daughter's school education and does not afford herself any 'credit' for creating an environment for her daughter in which she felt able to ask questions at home after school. Indeed, some of the younger (than 35) participants felt the lack of openness at home was not due to their lack of questions but rather, like the older participants, to the manner of parenting and the demeanour of their mothers in particular.

In and amongst the ringfences that operate around vagina (including taboos and stigma on sex and menstruation) is that of age, and a wider issue of 'protecting' children from sexuality. We can see this illustrated with the mothers when they choose to divulge

different information to their children at different ages. Joanne Faulkner (2010) suggests that whilst wanting to protect one's children is "eminently reasonable" (p.2), there is also room to evaluate what it is that adults wish to protect. Is it the children themselves or is it, as Faulkner posits, more about the concept of childhood as a whole; something that reflects more on the adults' vulnerabilities than that of the children they aim to shield. Whilst parents may not feel able to speak to their children about sex (Levine, 2002), Davis (2003) argues that often parents do not have a (successful) example of this behavior from which to draw experience. This, Davis argues, paired with a lack of clear and concise knowledge to pass onto children only serves to fuel the culture of censorship that seeks to 'protect' children from sexuality (Heins, 2007).

School life and peers

Whether or not they were already equipped with some basic information, formal school education was the next setting in which some participants learned both anatomical terms and reproductive science. The oldest participants (over 65) recalled a lack of any sexual or reproductive education at school, whilst the rest of the participants lamented the quality (and quantity) of their sex education as incomplete, irregular and uninformative.

[Sex education] was non-existent, I think. I don't think I remember...like an hour once every 2 weeks covering very little information maybe

Roxanne (27, WB)

I mean I guess it's useful information, but there wasn't anything about if you had a vagina or anything... Well, apart from the assumption that all sex is between a penis and a vagina, and the main focus is putting a condom on the penis, and thus is safe for use with vagina [both laugh]

Kit (24, non-binary masculine-of-centre)

The older participants, all of whom reported no 'proper' sex education, felt that the state of sex education had, to their knowledge, improved greatly since they were of school age.

This perception of school sex education as improving on a linear trajectory is, of course, flawed. As Jane Pilcher (2005) discusses, the state of UK sex education alone has changed in many ways, with the 1980s and 1990s being “countervailing decades” (p.153) in how sex education was governed and taught. The mother-participants also commented that they felt the culture of talking about one’s body and experiences was more open than they remembered from their own school days. This varied from person to person, with individual preference and personality playing a role; some described friendship groups as an older school-goer (16-18) that encouraged vagina-talk (usually in the framework of heterosexual relations), whereas others reported much shyer groups or individual friends who limited free talk. Not one participant, of any age, reported what they felt was sufficiency in sex education. Among my younger participants there was a remembered focus on sexually transmitted infections (STIs), likely lead by national health campaigns. Millie, age 24, recalled a focus of her sex education on “crabs” known medically as ‘pubic lice’, something I could recall from my own school education, due to the high prevalence of pubic lice reported in the UK in the mid 1990’s (Armstrong and Wilson, 2006).

The shortcomings of formal sex and sexuality education in schools have been widely documented (Roberts, 1980; Fine, 1988; Jackson, 1978a; Lamb, 1997; Tepper, 2000; Ingham, 2005). As Fine (1988) and Ingham (2005) discuss, one common absence from modern sex education globally is sexual pleasure, and particularly ‘female’ sexual desire. Where sex education at school was present, participants reported that it was mostly focused on reproductive (or *avoiding* reproductive consequences of) heterosexual coitus, as indicated by Kit’s comment above. This approach to sex education “does little to enhance the development [of] adolescents” (Tepper, 2000, p. 283). It can be argued that including desire and pleasure in sex education could empower young females as sexual agents that are entitled to pleasure and responsible for their own sexuality (Fine, 1988; Tepper, 2000).

Since Michelle Fine’s writing on the missing discourse of desire (1988), the last thirty years have seen some pleasure narratives making their way into the classrooms of western schools but the narrowed choices for girls’ desire has left a need for what Fine and colleagues call a ‘thick desire’ (Fine and McClelland, 2006) entitling young people to a

wide array of different desires to relate to and experience. Thick desire “situates sexual well being within structural contexts that enable economic, educational, social and psychological health” (Fine and McClelland, 2006, p. 301) and requires a nuanced exploration of distinct groups of young people. This was reflected in my interviews with non-heterosexual participants, all of whom felt their sex education curriculum represented them insufficiently in comparison with their heterosexual counterparts, and overall failed to challenge heteronormativity and homophobia in the wider school context.

The school ‘playground’ must also be taken into consideration when discussing where information is exchanged. Whilst the classroom remains subject to educational policy, outside the classroom context different interactions occur; this might be in a physical social space, or a virtual one. Allen (2012) argues that whilst ‘unofficial’, ‘female’ (heterosexual) desire can be found every day at school, an increasingly ‘sexualised culture’ in the western world has only served to provide unhealthy expressions of ‘female’ desire such as when “representations of self as sexually confident, experienced and knowing draw on ‘playboy’ or ‘pornified’ discourses” (p.295). Thus, Allen argues, young ‘female’ desire remains elusive.

The cultural background of participants was important in relation to both formal sex education at school and peer-to-peer interaction. Natalie (31, Chinese) reported there was absolutely no formal sex education at school and that all her learning came from school friends instead. Peer-to-peer learning was spoken about by all my participants as an important site of information sharing. Similar to the mother-child relationship, menarche served as a turning point for peer conversations around vagina topics. Several participants mentioned that discussing sanitary products was common amongst ‘girls’ at school, as well as a shared concern with being ‘normal’, i.e. developing into puberty at an ‘appropriate’ rate. For example, some participants were either the first or last in their friendship group to have their first period and both of these situations brought some angst; it was undesirable to be an outlier, to have lighter or heavier periods than another child or be the last person to have started menstruating.

Hamia (25, Arab Muslim) also reported no formal sex education at school and discussed how peer discussions were limited to those of the same gender⁶⁰. Whilst sex was considered a taboo topic even amongst “just girls”, periods were a topic that enabled some vagina talk even amongst what Hamia reported as “a more restricted culture than in the UK”. There was some considerable misinformation that Hamia reported to me⁶¹, for example she remembered conversations between friends about whether or not using a tampon would disrupt their ‘virginity’, apparently unaware of the cultural nuances of the concept of ‘virginity’ as well as naïve to the physical realities of how a tampon is used.

Fingerson (2006) discusses how period talk for girls at school becomes interwoven with social power in that by bringing menstruation (which carries cultural shame) into public discussion without embarrassment, “girls can wield power in their social interactions with others” (p.2). In my interviews I found that whilst there was little reported embarrassment, there was a sense of ‘necessity’ being exercised, i.e. to ask the question “is it necessary?” when considering discussing periods and vagina talk more widely. A common thread throughout the interviews was that *medical* information or information relevant to health such as STI awareness and hygiene were necessary conversations that needed to be had with adolescents to protect them, to educate them in ‘important’ matters. As Fingerson (2006) points out, it is the medical, ‘sanitary’, the ‘*hygienic*’ aspects of vagina (particularly menstruation) that are considered vital, rather than any other issues. In recalling conversations as adolescents, participants reported ‘necessity’ as meaning practical help such as needing a sanitary pad or tampon (and thus needing to create an environment where such discussions can take place).

A vital part of understanding ‘girls’ perceptions of their own menstruation is the inclusion (or exclusion) of ‘boys’ in discussions of periods. Burrows and Johnson (2005) identify three main issues in this area; firstly that ‘boys’ lack of understanding about ‘girl’-specific puberty helps to perpetuate negative stereotypes, an issue not aided by the separation of

⁶⁰ Hamia used binary terms when discussing her friendship groups and assumes all her friends are cisgendered.

⁶¹ Hamia was not the only participant who told me misinformation, many of the interviewees had inaccurate knowledge or understandings of various vagina topics.

'girls and boys' in sex and health education at schools; secondly that 'boys' subsequent negative reactions to menstruation encourages self-shaming in the minds of the 'girls'; and finally that the greater freedom for 'boys' to discuss their own puberty and particularly their own genitals creates an imbalance in power. This construction of 'boys' puberty as something to be proud of stands in stark contrast to the demeaning socialisation into shame received by 'girls' in puberty and is a notion that some theorists argue is helping to reinforce the global problem of 'female' inferiority (Ussher, Hunter and Browne, 2000).

Beyond school, friendships with women remained important to all participants (regardless of their gender identities) and a key area where vagina could be and was discussed.

I feel like I grew up in a way that probably there is a lack of shame about my body... in that particular part. Which was, which became a problem when I encountered other people who does find this bit sensitive. So I could be viewed as somebody who is a bit...talk too much or has no boundary, that sort of person...within my Chinese friendship circle.

Natalie (31, Chinese)

Natalie's observations highlight a cultural comparison that arose in most of the interviews with participants from outside the UK; that western friendship groups *based in the UK* were considered to be more open to topics that would be considered salacious or taboo in their home cultural contexts. Elle (Malaysian Chinese) discussed a friendship group formed through attending a UK university, none of whom are native UK inhabitants but who all found (at least) a temporary home in the UK. Elle felt this group of friends were more open to discussing all things vagina. In fact, almost all the non-native UK participants felt UK based groups were more open than those from their countries of origin. A clear outlier of this trend was Clare (Danish) who felt frustrated at what she described as close-mindedness from her UK friends which limited vagina-talk considerably in comparison to her Danish friends.

With regards to menopause, I noted that no pre-menopausal participants included menopause in their topics of discussion amongst any groups including friends. Conversely, post-menopausal participants reported that peer discussions on the subject of menopause were relatively frequent and relaxed.

Only...only since...I've been through it [have I talked about menopause]. I've been helping other people through it and saying "look, it doesn't last long" or "try this, try that" so I have spoken about it, don't feel embarrassed about talking about it at all. So I have tried to help others and share information really...yeah, yeah just share my experience really

Bridget (59, WB)

Bridget talked about how she did not feel comfortable discussing the menopause with her friends until she had been through it herself and then found herself taking on an 'educator' role where she passed on information from her experiences and research into alternative therapies and herbal medicine. Returning to the notion of 'necessity', Kim and Shirley commented that they did not 'feel the need' to discuss their menopause with anyone as they had not experienced any adverse symptoms or suffered any difficulties during that time of their lives.

Medical fields

All my participants reported feeling 'able' to discuss their genitals with a doctor, reasoning that a visit to the doctor would be a setting considered necessary, safe and appropriate. Despite this, few participants described what they felt were positive interactions with medical professionals regarding their genitals.

One common procedure mentioned amongst participants was cervical screening, described as an event to "get over quickly" (Bridget). All participants described the procedure as unpleasant, with a few reporting painful or distressing experiences. In the focus group, Rosa and Colette (from Mexico and Spain respectively) discussed the differences between cervical screenings in the UK versus in their home countries. One important difference that also appeared in some of the interviews with non-UK nationals

was the ease of access to a professional gynaecologist. In the UK a cervical screening is commonly performed by a trained nurse and takes place in a GP surgery room. Both Rosa and Colette felt the UK setting was “too clinical” (Colette) and “felt super weird” (Rosa) in comparison to visiting their regular gynaecologist where the clinical room was “warmer, and somehow less intimidating” (Colette). Almost all participants (of UK screening age and above) attended their cervical screenings, the exceptions being Lydia whose vaginismus prevents the insertion of the equipment and Bridget who felt the procedure was too intimate that she no longer wished to attend the appointments. There is a distinction to be drawn here between the physical discomfort of the cervical screening and a discomfort in the interaction, the social setting in which it takes place. Whilst Colette and Rosa referred to ‘practical’ things that they would prefer the UK screenings provided (such as giving them a proper medical robe to be comfortable in rather than just a piece of ‘couch roll’ for privacy), they found it difficult to describe many of the issues; it was in the manner in which the screening was conducted, the way in which words were spoken and information was shared during the procedure. Rosa did comment positively on the pre-screening leaflet that is sent prior to booking an appointment as she found it useful and informative.

Alex, who identifies as genderqueer and undergoes hormone therapy, discussed the difficulty of navigating smear tests as a non-ciswoman. Under UK regulations, only patients marked as ‘female’ receive automatic invitations to cervical screenings, and so Alex was informed that they would no longer receive these invitations once their gender recognition certificate was registered by the GP practice. Gender identity was discussed in the interview as an area clearly omitted from the UK cervical screening process, with all documents, leaflets and communication-in-surgery referring to the patient as a ‘woman’. Transgender patients with a cervix are still considerably much less likely to achieve screening rates equivalent to non-transgender women, even at clinics where providers have expertise caring for LGBT populations (Peitzmeier et al., 2014). The reasons for this remain relatively unexplored but it is likely that the social and institutional stigma of being transgender continues to be an issue (Johnson et al., 2016), particularly as training in transgender health is scarce if recognised at all (Reisner et al., 2013; Poteat, German and

Kerrigan, 2013). The institutional practices and procedures that assume binary gender cannot cope with a 'mis-match' between gender and reproductive organs; 'male with cervix' is thus rendered unintelligible.

When discussing cervical screening campaigns in the UK during the focus group, I showed the participants a video from the BBC aimed at young 'women'⁶² who are not taking up the opportunity to attend their screenings (BBC Stories, 2018). The video focuses on a group of young cis women who work in intimate waxing services, with a trained nurse talking to them about the myths surrounding the test and arguing that it is likely not to be as uncomfortable as a bikini wax. One of the focus group participants, Juliet, felt this type of campaign was "dishonest" as her experiences of having smear tests were all very painful and upsetting for her. She comments,

If I had seen this before I went to a screening I would have been in for a massive shock. They make it seem like it's going to be all fine but for a lot of people it's really hard, I mean it is for me

Juliet (31)

In her view, framing the screening experience as positive or relatively pain/discomfort-free was not only inaccurate but possibly making the situation worse due to the "shock" that could occur during your first screening experience. Juliet's worry lay with what she felt was a "dishonesty" surrounding the information encouraging people to take up the opportunity for cervical screenings, particularly surrounding the possibility of pain during the procedure.

Menopause was something that also featured as a heavily medicalized process for the participants I interviewed. Some had experienced significant distress during the perimenopausal stage, with symptoms causing them to seek medical advice and information early on. Those who did not seek advice reported they did not feel they needed information because the process was "straightforward" (Jean). Kim discussed how

⁶² Whilst the video did not explicitly exclude non-ciswomen, it used the words "women", "girls" and "female" which imply some demographic exclusions.

she viewed the symptoms of the menopause as “not worth” discussing with a doctor as they pertained, for the most part, to her intimate relationship with her husband; a topic she felt ought to remain private between the two of them. This experience contrasted with Shirley’s description of her vaginal atrophy and dryness. Shirley felt her issues with not wanting to have sex ought to be solved with a visit to her GP and was reluctant to discuss the deeper issue of libido and desire with her husband. “Lack of information on, comfort with, and biases about the topic of sexuality after menopause are significant hurdles” that the medical field face (Simon et al., 2018). Recent literature on the menopause in medical fields suggests that doctors should be led by their patients in terms of how “bothersome” their symptoms are (Roberts and Hickey, 2016) and it is unsurprising that different people’s symptoms would present varied experiences. It was clear in my interviews that the majority of information surrounding the menopausal transition was shared at the onset of symptoms rather than pre-emptively. Information was only sought once symptoms were experienced and, as Robert and Hickey (2016) note, crucially only for those symptoms to be troubling or inconvenient enough to seek medical guidance in managing them.

At the other end of the menstruation spectrum, menarche-aged children are expected to glean information from their mothers and from school education, and none are expected to attend a doctor’s appointment to discuss any of the significant bodily changes they experience. I find it of interest that the menopausal transition works in the opposite way; there is no formal education and you are encouraged to seek advice from your GP (as well as possible treatments if necessary). Of the postmenopausal women I interviewed, only one recalled her own mother’s menopause and her mother discussing it with her. Arguably the lack of any formal education for menopausal-age adults and the possibility of one’s parents not being alive later in life could influence the social opportunities for menopausal information sharing.

Participants who had undergone pregnancy discussed both the formal information they received through medical intervention as well as the informal information sharing with other parents. With regards to the medical context in particular, it is well documented that medical practitioners take an authoritative role within social interactions whether

they intend to or not, and that pregnancy and childbirth have become increasingly medicalised over the last fifty years (Lothian, 2008). Of my participants who had been pregnant, all of them reported positive communication with their medical practitioners, with midwives being especially well placed to pass on helpful and empathetic advice that was remembered by my participants even decades after the births of their children.

Pregnancy was presented as a situation where ringfences protecting certain 'vagina talk' were lifted. Jean discussed how the shared experience of having been pregnant and having had children meant topics that might be deemed taboo were suddenly found to be acceptable and even encouraged in certain friendship groups. Lydia commented similarly on her relationship with her sister,

My sister never talks to me about her personal life, certainly never about her body and absolutely not about her genitals. But after she gave birth to her first child she joked with me about how her stitches meant she kept having to hop and wiggle when she walked... and even asked me to pick up incontinence pads for her

Lydia (26)

Lydia's comment highlights the transformation of an inappropriate conversational topic, here about one's body particularly the genitals is suddenly deemed acceptable within a particular social group. Lydia went on to say she suspected her sister would not have been so open with a brother if they had one, which supports the idea that one ringfence operating here is that of presented gender, which is closely linked to assumed cultural genitals (or in the case of sibling relationships, probably known genitals). It is important to note that Lydia mentions that her sister was speaking humorously about her stitches; several participants I spoke to mentioned humour led the way in discussions around pregnancy which is similar to vagina talk more generally, something which can (but not always is) be used as a distancing device or to cover potential embarrassment.

Whilst some 'medical-led' vagina topics were able to flourish in conversations, others remained shrouded in stigma. For example, while visiting a clinic for a pregnancy check-up

was considered acceptable (even celebratory), visits to a clinic for sexual health testing were not viewed positively. This comes from the social perception of the issue in question; it is acceptable (again, even cause for congratulation) to be pregnant, but it remains shameful to have (or possibly have) a sexually transmitted infection or disease. Maddie (29, USA/Indian) discussed how living with genital herpes created conversational vacuums with people she would otherwise be emotionally intimate with, such as her sisters and friends. Nonetheless, the concept of 'what is necessary' is raised again here as Maddie did find she "had to" talk to her mother about the issue in order to gain access to medicine whilst she was abroad. As her father is a doctor, he has easier access to resources and medicine and Maddie discussed how in their family many medical issues could be raised with their father due to his expertise creating a practical 'need-to-know' atmosphere. Despite this, Maddie used her mother as a conversational go-between to 'reach' her father and his medical resources; she felt more comfortable disclosing the issue to her mother who she knew would pass the information onto the father for medicine to be obtained. This highlights how 'necessity' can function alongside embarrassment or discomfort within vagina-talk, with medical need taking form as a 'necessity' to be discussed.

Popular culture

Popular culture was mentioned as a source of information and as facilitating information sharing by many participants but particularly those younger than 40. Whilst the older participants recalled items from traditional media (such as newspapers and television advertisements), the younger group referred more to internet videos and streamed content (such as *Youtube* or *Netflix*). One area of shared experience across the participants was menstrual product advertisements. Television advertisements are among the most influential of all media products in the world (Del Saz-Rubio and Pennock-Speck, 2009) and research findings indicate that themes of secrecy are commonplace in advertisements for menstrual products with menstruation often portrayed as a hygiene crisis that needs to be managed through the use of the featured products (Erchull, 2013). With a focus on sanitation and hygiene, television advertisements illustrate a solution to the negative aspects of menstruation through purchase and utilisation of their products

(Barak-Brandes, 2011). Within menstruation research there has been a focus on the messages about menstruation conveyed by menstrual product advertisements, with less attention to how they are interpreted by the target audience (Barak-Brandes, 2011).

Within the focus group we discussed menstrual product advertisements and watched *Blood Normal* (Body Form, 2017) the campaign film from Bodyform that broke global taboos by depicting realistic red menstrual blood.

I found the graphics quite moving. I don't think I've ever been able to communicate to someone who doesn't menstruate what it feels like [...] it's just not like anything I've ever seen before to describe it and it felt...true

Juliet (31)

Juliet's comment that she has never been "able to communicate" about menstruation to a non-menstruator illustrates the assumption that only those who menstruate can understand the experience, but also that representations of menstruation have previously felt insufficient. Given the social significance assigned to menstruation (Delaney, Lupton and Toth, 1988; Fingerson, 2006) there is a disconnect between that significance and the ways in which popular culture media depicts it. As a group we discussed if the value the participants had ascribed to the campaign video was in any way negatively affected by the knowledge that it was created by a commercial company whose aims overall are to sell you a product. None of the participants felt this impacted the importance of the message that they felt *Blood Normal* was purporting, although this could be because they felt the film was not trying to sell them anything other than a hope for "a world that doesn't exist yet, where periods are 100% normal" (Kiefer, 2017). All three focus group participants shared the view that the best feature of *Blood Normal* was, in fact, how normal menstruating was for the narrative of the film. Periods were shown as part of a normal, everyday life rather than something special or out of the ordinary. Despite this pragmatic view of menstruation, the focus group were clear in their reporting of how the film "touched them" (Colette) on an emotional level for being so strikingly different from the advertisements they were used to, advertisements that commonly "function to heighten

insecurities [...] to perpetuate and maintain the silence and shame which surrounds menstruation in our society” (Simes and Berg, 2001).

Magazines aimed at teenage girls and young women were popular with some of my participants, with references to publications such as *Jackie*, *Sugar* and *Cosmo*. Information on puberty and changing bodies were important issues mentioned in interviews, as well as ‘sex confessions’ and other sex-themed content (non-pornographic). The dawn of the internet age has meant a wider range of materials are more freely available than ever before. Younger participants made reference to using online learning tools to supplement their sex education, particularly on video-sharing sites such as *YouTube* and *Vimeo*. The appeal of online content includes the wide range of resources readily available in hand (literally), that are easily shared with friends or kept private on one’s own device. Johnston (2017) raises the point that online sexuality media has also created virtual communities from people ‘following’ well-known online sex educators and interacting with them and each other on social media platforms. Online forums were popular with those undergoing fertility treatment or pregnancy and those wanting to self-educate on childbirth (and childrearing).

Within the focus group I conducted, we watched an informative (and comedic) animated video about the clitoris (Malépart-Traversy, 2016) from which all participants said they learned something new. The video was described as “cute” (Colette) and “relatable” (Rosa) and none of the participants had seen it before. We discussed how content on vulva/vagina topics is often framed as ‘awareness-raising’ or educative and can take on a political, usually feminist, stance in addressing topics that remain under the umbrella of cultural taboos.

Pornographic content was not something discussed by most of my participants, in fact only two interviewees raised porn within the interviews at all. Avery discussed how they prefer to watch independently-funded queer porn both for its higher quality queer representation and for the reassurance that the actors in the videos were well protected, consenting, non-exploited adults. It could be objected that I did not directly ask my participants about pornography, but I did not ask them directly about any media content

and yet some were mentioned spontaneously. For example, in one question I asked my participants when they had “encountered other vaginas, in real life or in media content” (see Appendix II) and still porn was not brought up as a place to have seen other vaginas.

Conclusion

Throughout this chapter it has remained clear that many of the historical ‘taboos’ encircling vagina remain operational, at least for my participants. In particular, age and gender were described as important gatekeepers: both having a vagina and being ‘of the right age’ were important in opening up vagina talk. People (assumed to be) *without* a vagina were excluded from much of the vagina talk my participants described, but even having a vagina was not enough, by itself, to open up all topics for conversation. With sexuality ringfenced as ‘sensitive’ or a taboo topic for children, it is perhaps unsurprising that these aspects of vagina talk were reserved for post-puberty discussions (for the most part). However, my participants described this lack of openness as an obstacle that they wished had been better negotiated – had they been given more specific information at an earlier age, they might have felt differently about their bodies.

Whilst medical settings were described by all my participants as appropriate places to discuss the vagina, this was not without discomfort and hesitation. Vagina talk in a doctor’s office fell into the category of ‘necessity’ for all my participants, which highlights an important issue reflected across conversations – is it *necessary*, and is it *appropriate*? At times it is easier to determine these parameters than others, for example *having* a vagina immediately determines a need to discuss the genitals. Equally, having a ‘need’ to talk to a medical professional about your ‘privates’, is deemed both necessary and appropriate. Cultural differences must be taken into account, as always but in particular with linguistic choices and determining levels of ‘appropriateness’. Whilst most of my white British participants could agree that menstruation was an acceptable topic to discuss more openly than, say, sex, not all cultures have the same boundaries.

Overall, what I found intriguing about the ways in which my participants described talking about vaginas was how intuitive it was to all of them. It was clear that they appeared to have learned these social rules implicitly as they had matured. Nobody described an event

where they had spoken out of turn, or had attempted to bring up vaginas only to have been met with stigma or shame. Instead, all had seemingly avoided this, but not without effort (acknowledged or not). All my participants reported to me that they enjoyed our interview, if just for the opportunity to speak freely about vaginas in a space where I had deemed it both necessary (for me) and appropriate (for them).

Chapter 5: The Embodied Vagina

Veeple's relationship to 'vagina' is both physical and cultural. In this chapter I will focus on the embodiment of vaginas, and how my participants framed these experiences. My participants had much to say about 'sensory and sensate embodiment', defined by Jackson and Scott (2010) as the physical senses of sight, hearing, touch and taste (sensory) and "the means through which we feel pleasure and pain, and more broadly experience our bodies as a part of being" (sensate) (p.147). Whilst seeing one's own vagina is difficult without use of a mirror/camera, touch, smell and taste remained important senses involved in their experiences of their genitalia, and feelings of pleasure, pain, comfort and discomfort remain entangled within those. Arguably, one's relationship to one's genitalia could well be indifferent to the rest of the body. However, I argue that there remain significant issues that affect genitalia in less generic terms, based on the experiences reported by my participants.

Much of what my participants reported about their bodies was related to an event or events they discussed as 'happening to them', such as having sex, being pregnant, giving birth, experiencing sexual assault or having an infection. I explore how my participants framed these experiences as outside of their control and yet close to their bodily sense of self. For example, sexual practices⁶³ may inform and/or reinforce one's sexual identity; or having children may shape one's sense of self through the lens of parenthood. In parallel to things happening to them, were the events they described as 'my choice', such as when and how to masturbate or touch oneself exploratorily, or the decision to not/remove pubic hair. That is not to say that the analysis of such 'events' relating to the body fit neatly into this binary of control and no-control, and I continue to explore the nuance of these positions throughout the chapter. For all my participants, their relationship to their vaginas was complex and evolving alongside their self-identity and how they made sense of their experiences.

⁶³ In this context, meaning those sexual actions directly involving the vulva/vagina.

Exploratory Touch

Sensorily, much of one's relationship to one's vulva is through touch, in part due to the difficulty in seeing it without the use of mirrors or cameras. Unlike the rest of the body, the genitalia and specifically *touching* your own genitalia, is not something which is introduced to a child (Hogarth and Ingham, 2009). Some parents or guardians might briefly explain how to clean oneself but as my participants reported, the reference to the genitalia for this purpose was unspecific and usually just a nudged reminder to "clean all your bits" (Lydia). Natalie discussed how her mother had "drilled into" her to wash her vulva every evening, but again this instruction was not followed by detailed information or use of specific vocabulary (see Chapter 4). Lydia mentioned that at her secondary school, sex educators encouraged "boys to peel back their foreskin and clean...like they specifically said that and used the word foreskin" (Lydia) whereas 'girls' were not awarded such specificity or direct part-labelling. Thus, exploratory touch (which may or may not be exclusively sexual in nature) takes on a personal significance for veeples, with "understandings of their own intimate anatomy....identified as critical to... reproductive health and sexual wellbeing" (Almeida et al., 2016). As discussed in Chapter 4, this learning opportunity presents itself much later on for 'girls' than for 'boys'. As a result, many veeples have not touched and/or do not touch their vulvas at all, particularly outside a sexual context. Scholars have, at times, noted that 'boys' may be introduced to touching their penis through holding it for urination (Arnstein, 1976; Roiphe and Galenson, 2018), something veeples do not need to do to effectively pass urine.

Within media and popular culture, not much has been done to encourage veeples' self-exploratory touch, and even that which has attempted this often remains outside the mainstream. As discussed in Chapter 2, Canavan's (2014) *Raising the Skirt* is one such initiative, as is the design of the exploratory app *Labella* by Almeida et al. (2016). Almeida et al.'s app encourages veeples to digitally interact with a virtual vulva, but the app only works when the smartphone device is placed in between the legs scanning a makeshift 'QR code' on a branded pair of underwear. Once the phone's front camera detects the scannable image, a sketch drawing of the view appears as if from a mirror. Not

unsurprisingly, the app has not been publicised well and is no longer available to download.

The use of exploratory touch for sexual purposes remains taboo for many veeples, and yet paradoxically there also exists a notion of 'knowing yourself' and being sexually confident as something to strive for. Veeples, particularly women, are expected to know how to reach orgasm but are not encouraged to touch their genitals to find out how to do that. My participants' responses reinforced this paradox; there was a sheepishness (amongst some) about masturbation and yet also an earnestness to ensure I perceived them as 'not naïve'.

Sexual Touch

Within sex, touch plays an important role. Regardless of sexuality, almost all participants referred to sexual touch and pleasure as an important part of their relationship to their genitalia; most raised it as the primary function for their genitalia. In some cases, 'discovering' masturbation or climax was something described as an achievement or something that had to be worked towards, either on their own figuring out their body or with a partner who "just isn't very good at reading my body" (Juliet). A prevailing answer to the question 'when do you feel most aware of having a vagina' was during sex or masturbation, i.e. during arousal and climax which was not affected by the sexuality of the participant.

When I masturbate, that's when I realise, 'OK, it works' [laughs] that's the best time.

Bhaarati (Lesbian)

Bhaarati's use of the word 'works' pertains to the vulva/vaginas primary function being of pleasure which, at least for the clitoris, is true. Most participants referred to their genitalia as being a part of the body that primarily brings them pleasure. In masturbation, the sensory and sensate meet, where physical touch brings sexual pleasure. Feminist thinking has been concerned with the lack of a pleasure narrative for women in sex for some time (Scott and Jackson, 1996), with pleasure and relationship to orgasm issues raised by a few

participants in the interviews. Dyke mentioned her purchase of a new vibrator to help her 'discover' her climax, something she previously found to be elusive, which was of concern to her. In contrast, Elle discussed what she felt could be an 'over-use' of sex toys that she worried might have "broken my clit". Knowing *how* to touch oneself or have another person touch you was discussed by my participants as something important to work towards (and 'achieve'), something understood to come with time, experience and trust (in both yourself and the other/s touching you). Participants who had sexual experience with other people discussed how learning to pleasure another vulva helped them to learn more about their own genitalia too, as well as their own body knowledge offering insight into another's body. In this way, this body-to-body mapping and integration becomes a method for 'sexual success'.

A clear distinction in penis and vagina sexual self-touch comes from the use of objects. Penis gratification is depicted and experienced as usually just with the use of one's hand, without the use of an object; although such objects do exist and are fairly lucrative, such as the *Fleshlight* (Ann Summers, 2020) which appears as a 'flashlight' (or handheld torch in British English) but is in fact a hollow gel tube with a silicone 'vagina lid' to place the penis inside. The use of dildos or other insertable objects is a considerably more varied and societally accepted field and often central in some lesbian and queer sexual scripts. This is not to say all sexual touch is object-driven for people, quite the opposite. However, it is important to note the employment of devices, both penetrative and non-penetrative. For Bianca, touching her vagina could only be with an object until quite recently,

For a while, I was only comfortable touching it with sex toys, whereas like, more recently, I've like, been able to like, actually be OK with just touching it with...my hands⁶⁴ um...but that's definitely been like a learning curve.

Bianca

⁶⁴ I use ^ to denote a rise in the participant's intonation, such as when asking a question in British English.

The use of an object to touch oneself can create a degree of separation between the self and the body, however contemporary research into the use of sex toys suggests they can be used to better understand one's body and contribute to overall 'sexual wellness' (Eaglin and Bardzell, 2011). In Bianca's case, she was squeamish about touching herself and needed to learn to be more comfortable with herself first. Even in communicating with me, we can see her hesitation, shown by her pauses in speech and rise in her intonation, demonstrating her wrestling with her discomfort. Lydia mentioned her first experiences with masturbation and orgasm did not come from using her hands but instead by using pillows or other objects to create friction. Whilst she did not explicitly say that she was uncomfortable touching herself with her own hands, as with Bianca's 'learning curve', Lydia also went through a process of becoming more comfortable with herself.

Historically there has been much written on penile masturbation but little on vulvic/vaginal. What has been written about veeples' masturbation has sometimes simply reinforced traditional ideals of binary gender. For example, Clower (1980) writes that "women" must not promote masturbation "at the expense of accepting the need for vaginal penetration in coitus" (p.153-154). Such misinformation is commonly found, particularly at the time of Clower's publication. More recent writing acknowledges masturbation's role in developing mature intimate relations and formulating positive sexual wellbeing (Hogarth and Ingham, 2009) as well as increasing the ease of reaching arousal and climax within partnered sex (Carvalho and Leal, 2013). Much cultural anti-masturbatory material (especially against veeples) either explicitly or implicitly uses conservative religious doctrine to perpetuate negative attitudes towards masturbation (Das, 2007; Baćak and Štulhofer, 2011) and those participants who referred to religious influences on their lives did correlate masturbatory shame with the religious ideals to which they were exposed.

Within the little vulvic masturbatory material that exists, a large portion is claimed by Shere Hite in her "revolutionary" report on female sexuality that "smashed taboos and scandalised the world" (Smith, 2006); she also emphasized the importance of the clitoris in sensory stimulation and sensate experience for women (Hite, 1977). In 2004, Hite

published a new edition of her original report in which she comments on the continued lack of research and attention to 'female' masturbation, "sharing our hidden sexuality by telling how we masturbate is a first step toward bringing our sexuality out into the world and toward redefining sex and physical relations as we know them" (Hite, 2004, p.52).

Sex and sexual pleasure for people does also have a history of being ignored, particularly in favour of penile gratification. In their analysis of women in gynaecology textbooks, Diana Scully and Pauline Bart (1978) observed the 19th century view that women of 'good morals' did not enjoy sex but rather performed it as a duty to their husbands and to the population, a notion unlikely to promote a progressive understanding of one's own vagina. In addition, the absence of the clitoris in medical textbooks and teaching materials has been well documented even within what would be considered a modern context (as discussed in Chapter 2).

Many of my participants discussed masturbation with me, and several chatted in detail about preferred methods and how they first began touching themselves. All who raised the issue of beginning to masturbate mentioned "feeling the urge" (Bhaarati) or just feeling curious to explore their body in an intimate setting with themselves. The younger (than 40) participants in particular discussed masturbation as something which they felt contributed to a sense of self-empowerment, which has been discussed previously in sexual research literature such as that of Christin Bowman. Bowman (2014) notes that when "women" can focus on their own sexual pleasure without the pressure of pleasing another partner or worrying about the possibility of pregnancy, they are more likely to achieve a sense of empowerment. She continues, "women were more likely to feel sexually empowered by the fact that they masturbate if they reported being more sexually efficacious, having higher genital self-image, and masturbating for sexual pleasure or to learn more about their bodies" (p. 363). I will discuss genital self-image later on in this chapter, but it is evident that there remains a clear link between one's sense of self, be that empowered or esteemed, is affected by the employment of sexual touch onto oneself.

There was less masturbation-talk from the older participants in my interviews, something I partly attribute to it not being directly raised by me. Whilst I also did not directly raise masturbation as a specific question to younger participants, it is likely that they felt more comfortable discussing it with me due to being of a different generation and crucially, a similar generation to myself. The older women were also all heterosexual and had all been married (two had remarried, one was widowed), and when talking about sex referred to their husbands rather than to solo experiences. Two of the older women did mention that touching themselves was often a part of a joint sexual experience with their husbands. As I discussed in Chapter 3, I think more could have been gleaned from these women about both sex and masturbation but the social dynamic of the interview, particularly the age gap between myself and the women, limited the scope of enquiry. Even if a solo experience was considered more taboo to discuss with me as an interviewer, it was notable that most of the older, married, participants didn't mention masturbation as a sex act to be enjoyed with their husbands either. They did not mention masturbation directly at all, but rather focussed on oral sex and vagino-penile penetration.

A key narrative in reports of my participants' masturbatory touch was that of discovery, particularly discovering sexual pleasure and a discovery of the existence of the clitoris. Waskul, Vannini and Wiesen (2007) note that most people discover their clitoris before they are provided with a symbolic understanding of it. This was certainly an issue among my interview demographic as many described early experiences of touching themselves sexually well before any sex education was introduced to them.

In parallel, the inability to have sex was also mentioned among my interviewees. For example, Shirley confided her concern to me that her post-menopausal vagina is painful and dry which is restricting pleasurable intercourse with her husband, despite attempts to lubricate appropriately. After a short discussion about this issue with Shirley, it became clear the issue was that she did not want to have sex and was assuming this was a 'normal' part of being a woman; and that having your husband "obviously" want sex more than 'the woman' was "to be expected". The idea that women are more passive with less erotic desire than men is found in early to mid- 20th century sex manuals (Gordon and Shankweiler, 1971). However, more recent analysis challenges this expectation of

gendered sexuality, with individual differences in libido and sexual desire not always reliably influenced by one's gender (Buss, 2016; McHugh, 2006) which challenges the stereotype of the ageing woman 'becoming' asexual (Hess, 2019). Despite implying that this was an expected part of her reality, Shirley did take the opportunity at the end of the interview to ask me if that assertion was correct:

Yeah so that sort of worries me and I think, is it just me or is it older women, you know, do a lot of older women just go off sex?

Shirley (65)

After posing this question, Shirley paused and looked at me, quizzically and expectantly, for the 'right' answer. I took this opportunity to talk to Shirley about consent, and the importance of not having sex with her husband if she didn't want to, something she admitted she had been doing. Shirley's concern highlights the issue of age and sex. Annie Potts, in her writing on the use of Viagra in older men and its effect on their ('female') partners, writes of a societal expectation for older people to continue "'youthful' (energetic) sex lives focused on penetrative intercourse" (Potts et al., 2003), something which may not always be realistic or 'achievable' by older people.

It was fascinating to me that Shirley had initially very confidently stated her perception, only to then question it all at the end of the interview when I enquired if she had any questions for me. It highlights the importance of perception in how we conceptualise ourselves in relation to others, and for Shirley the idea she was a 'normal' woman (and had a 'normal' vagina) was important to her. There is, of course, a difference between vagina and libido here but Shirley's concern was not that she wanted to increase her libido but that she wanted to effectively lubricate her vagina *as if* she were aroused, so she could have the sex her husband wanted but with less pain on her part. Again, I took this opportunity to reiterate that she does not need to be having sex that she doesn't want and is causing her pain. I found it intriguing that Shirley's concern lay with being a typical woman; she wanted to know if her experience was common or even universal, but she did not ask me if/how she could increase her libido.

Katz and Marshall (2004) discuss the notions of 'functional' and 'dysfunctional' in relation to ageing and sex and argue that sexual 'function' and 'dysfunction' have "become all-encompassing markers of heterosexual competence" (p.53), noting that this extends beyond reproductive imperatives but continuing a pressure on older people to remain sexual. However, the social stigma of older sex contradicts this expectation to remain sexual. This relates to a wider culture (particularly in the west) of a pressure to be sexual as a form of 'normalcy'. For example, the narratives surrounding disability and sexuality demonstrate that many disabled individuals are assumed to be non-sexual as part of their stigmatisation (Kim, 2011), i.e. that they are permitted not be sexual simply because their disability places them outside what is considered 'normal'. However, Kim discusses how disabled people who do identify as asexual are often pressured into being sexual to demonstrate they have 'recovered' or been rehabilitated from their disability, rather than being accepted as asexual. In this way, there is a contradiction between the expectation for older and disabled bodies to be sexual and the parallel issue of the stigma that remains. Jane (a disabled wheelchair user) discussed with me the importance of sex to her relationship to her body. She talked to me about preparing for her first sexual encounter where she practiced sex positions that worked with her disability. In fact, Jane spent most of her interview talking to me about sex, and at the end she commented on how much she enjoyed focussing on talking about her body for pleasure rather than discussing her disability as a barrier to a healthy sexual life.

Two of my participants identified as asexual (or "ace" for short) and a third, Kit, was exploring the possibility of identifying in that way too. Interestingly, all three of them identified outside of a cis-gendered perspective. Kit discussed this directly with me,

So, because I feel ambivalent about my gender, it gives me this sense of disconnect from my vagina and thus I think that affects sex because I...don't feel like I fit...a definite masculine or a definite feminine role [...] and that puts me off sex because I'm not confident in what I'm doing with my body during sex

Kit

Kit was not sure how they identified on the ace spectrum, if at all, but it was interesting to hear Kit discuss the effects of their gender on their relationship with sex. Kit made explicit reference to the 'roles' expected of them during a sexual act, and discussed being somewhat affected by specifically heterosexual scripts, despite not identifying with those from a sexuality perspective. Many scholars, including Stevi Jackson (1999) and Pepper Schwartz (2007) have written extensively on the heterosexual imperative within sexual scripts and roles, and some have continued to explore how this compulsory heterosexuality affects those under the queer umbrella (Dreyer, 2007). For non-cisgendered people there is also the importance of body image on both libido and pleasure (Sammons, 2010), i.e. that not only would 'gender roles' during sex be an issue but also that body dysphoria might affect desire to engage with sexual acts.

Whilst I am not at all wanting to devalue or invalidate asexuality as a sexual identity, it is important to note that many people that identify on the ace-spectrum experience aversions to the cis-focused, binary-powered and heterosexually-fuelled sexual encounters. Identifying as both non-cis and non-hetero may in turn impact one's libido and be easily interpreted as a lack of sexual desire in general. These concepts are complicated and entangled and in no way take away from ace identities. For example, Cerankowski and Milks (2010) suggest that asexuality can be an expression of feminist agency if it serves as a rejection of phallogentric sex, while Cohen-Kettenis and Pfäfflin (2010) note that historically, many "transsexual" patients were also described as asexual.

One intriguing point to note here, on asexualism, is Hamia's assertion that she believes she "could have" identified as asexual if she had not been brought up in a predominately Muslim country. She explained how "other" identities (which, in this context, meant anything outside of a cishet marriage) "just don't exist in our culture". This is, as many Muslim LGBTQ+ activists and scholars would argue, untrue. Momin Rahman has written extensively on this topic (Rahman, 2014, 2015; Rahman and Valliani, 2016) and argues that "queer Muslims draw upon a range of western and eastern identity resources in negotiating their sexualities and thus testify to the intersection of apparently exclusive cultures" (2015, unpaginated). Nonetheless this apparent restriction on identity was real for Hamia, and shaped how she made sense of her desires and her body.

In addition to those identifying themselves as ace were those participants who discussed not having sex for a variety of reasons.

...for years after [giving birth], you know, won't have sex, not interested, I just kind of thought, 'I don't, you know, my body is for making babies and not for anything else'

Kim

Here, Kim discusses the impact of pregnancy and childbirth on both her libido and general attitude towards her vagina. It is worth noting here that none of the other mothers reported this phenomenon, although it is not unheard of within medical research fields (Barret and Victor, 1994; Hughes, 2008). Something I could have enquired further about was when Kim's loss of libido was 'restored' and whether she had any insight as to how and why her interest in sex returned later in life.

When I asked Jean when she felt most aware of having a vagina, she immediately related that to her sex life with her late husband.

Not [so aware of it] since Keith's gone [laughs]. Um...Keith and I had a very good sex life

Jean

As she went on to explain, Keith was her first and only sexual partner throughout her life. As her sex life 'ended' when he passed away, so has her awareness and attention to her vagina. Not much literature focuses on the widow's libido, although some representations do exist in popular culture (Weiss, 2016; Anonymous, 2019) with Cecilia Ahern's novel *P.S. I Love You* (2004; and film of the same name, LaGravenese, 2007) perhaps the most well-known western contemporary narrative. As is well-documented, the lasting effects of losing a partner may continue for decades after their passing, and so it follows that one's relationship to sex and intimacy would be deeply affected by this loss.

Bharaati, who spoke openly about her depression and mental health difficulties, discussed the impact of low mood and libido,

Mental health does impact sexual practices and there could be bad patches where you're just going through too much shit and you do not...you cannot feel it and you can't do it, and I just couldn't go through with it [...] some people just have way more sexual desire even in times of stress and I don't... I can't... I can't do it.

Bhaarati (Indian, Hindu)

Bhaarati went on to discuss how her lowered libido as a result of her mental health state caused friction within a relationship where her partner told her that she didn't feel Bhaarati was "sexual enough". Katz and Marshall's (2003) work on sex with older people who feel the pressure to be sexually doing *enough* relates to the similar issue of sex and mental health. Sufficiency of sex is part of a wider necessity culture surrounding sexual practices; to have regular (and 'successful') sex remains a part of most Western cultures as well as in other contexts.

Non-consensual/intrusive touch

As I discussed in my methodology chapter, I prepared myself prior to the interviews, knowing that I would hear stories of assault and violence. Nonetheless I was shocked at not only the sheer amount of intrusive touch towards people but the *normalisation* of that touch as well; the idea of "of course I've been groped" (Bhaarati), "of course I've been molested" (Rosa), and "yes I've been raped several times" (Lydia). There was shared understanding that *of course*, as a woman, as a person with a vagina, you will have experienced some kind of sexual violence against you. In Rosa's words,

No of course [it is] women. Women are the ones that are targeted. Like...even...even when there are lesbians, and we enjoy like...other women's bodies...we don't...invade their sexuality and their privacy... we just express in a different way.

Rosa (Lesbian)

Rosa here makes the point that lesbians (including herself) do not engage in this widely accepted cultural practice of intruding upon women's personal space and making them

uncomfortable. Indeed, it is estimated that female sexual offenders comprise only 5% of the entire adult sexual offender population (Pflugradt and Cortoni, 2015). Rose, Zand and Cimi (1993) note in addition that “[lesbian] women often signify sexual interest by avoiding all contact with those very women they are most attracted to”, an idea corroborated in their more contemporary research (Rose and Zand, 2002). In addition to her comment that “women are the ones that are targeted”, Rosa’s comment also implies that is men doing the targeting, i.e. that cis men are intruding upon women’s personal spaces.

Some of my participants described situations of sexual assault explicitly,

There was this one time that I went to like a club in Bradford and... I remember... this guy just like...grabbed, literally grabbed like, my vagina. He grabbed my vagina, like from the back, and did like this [gestures grab].

Bianca

I was abused, sexually abused when I was young... and that’s how I had my first born.

Peggy

My teacher for most things was a man called Mr Smith [laughs] who had wandering hands and I was one of his...favourites. It wasn’t um...there was no rape or anything like that....I mean to use that horrible expression ‘kiddyfiddling’...

Kim

Dyke discussed the sexual violence she experienced as a child by her uncle as a trauma that she still carries to this day, which is common in child sexual abuse survivors. Hamia and Tyler also reported child sexual abuse, and Millie reported child-on-child sexual violence. Despite the generational gaps between Dyke (22), Tyler (27), Kim (57) and Peggy (70), the ways in which they discussed their childhood sexual abuse was in many ways

similar. For example, all discussed having what they felt was a “fear” (Peggy) or “nervousness” (Dyke) around cis men, and a sense of wanting to protect their bodies from non-consensual touch, especially from cis men. Tyler and Kim both talked about the lasting impact on the ways they view privacy and their own bodies; whether it was choosing to wear loose fitting clothing to avoid the physicality of the crotch being viewed (Kim) or carefully (un)dressing in public areas so as not to show any flesh (Tyler). Vera-Gray (2016) notes that it is not just about the actuality of an ‘intrusion’ but also where the intrusion is *anticipated*, and that often people are unaware of how much they restrict their own freedom in response to possibility/actuality of public intrusions from ‘stranger men’. This ongoing sense of embodied vulnerability disproportionately affects veeples, and notably that “it is also not only the threat of rape which plays this role, but the culmination of messages received as part of growing up that men’s intrusion is inevitable and women’s bodies are the source” (Vera-Gray, 2016, p.6). Thus, choosing to wear loose fitting clothing, choosing to avoid certain places at certain times (and other actions that might be taken by veeples) is a lived embodiment of vulnerability and a demonstration of the limited ‘choice’ veeples have.

Merleau-Ponty's (2002) conceptualisation of the habit body helps to explore the ways in which cis men’s intrusions become ‘women’s’ embodiment. These general principles of ‘wear looser clothing’ or ‘don’t walk via the river at night’ become “a form of bodily knowledge, a way of living female embodiment” (Vera-Gray, 2016, p.5). As previously mentioned, something that particularly struck me about the responses from my participants was the *normalisation* of such embodiment, these intrusions. This idea of particular forms of embodiments becoming habitual as a result of this ‘possibility’ or ‘threat’ of intrusion could act as a protective defence mechanism for veeples in that they do not need to react adversely to these anticipated moments (because they are so frequent). Vera-Gray (2016) notes that the limitation of this however is that it “constructs women’s ‘safety work’ as an act of *choice*, minimising or hiding the impact of men’s practices” (p.6, emphasis added). In this way it is important to note that whilst my participants described these ‘acts of choice’ in limiting their own bodily freedom, these

are in fact forms of embodiment that are forced upon them and hidden through a process of habituation.

In addition to the explicit violence, 'softer' i.e. more 'accepted' forms of harassment were discussed, such as catcalling (Bianca, Rosa, Bhaاراتi). Despite being described as 'less serious' than "proper assault" (Maureen), the physical, bodily reactions to these occasions were still very prominent. Several veeples mentioned a 'tightening' or 'clenching' of the vagina when feeling threatened by these aggressions towards them, even micro-aggressions or instances with physical distance between them and the perpetrator. Again, we see the habituation of these instances, whether anticipated or actual intrusions, that cause a physical embodiment of vulnerability in the veeples affected. Elle summed up her worry about a threat to her vagina,

I feel very conscious about having a vagina [when] I'm feeling threatened. Um...like, I don't know why but from a very young age when I heard about what rape was...it, it just absolutely terrified me, like...I kind of feel like I live a lot of my fear, like live a lot of my life in fear of rape. Even if it's quite an imaginary thing like, 'oh my god they're coming after me, they're gonna rape me' um, like, and I'm not saying this in a jokey way, like it really just like, terrifies me. And I just feel like, such, that's when I feel most, acutely aware of the fact that, like, I have this vagina and it is...it could be...um intruded upon or...violated. I think it's that sense that...this is a part of me that would feel most violated.

Elle

The end of Elle's remark highlights an important issue regarding the significance accorded to this kind of violation. It is unwanted 'stranger' touch (or the threat of unwanted touch), but specifically the site of vulnerability in question is the vulva/vagina, which adds to the significance of the touch.

From stranger touch to partner touch, there remained a threat of the touch being unwanted. However, there was a strong sense from some participants that sexual violence

perpetrated by a partner could not 'count' as 'proper violence' and is diluted by the relationship to the perpetrator.

There are those situations where you are just, being, you are just being penetrated and like, it's not exactly like you feel you're being like, sexually assaulted, it's more like, I don't feel anything. This is, like, it's uncomfortable and you don't feel anything

Bianca

[Sexual assault has] never happened to me. I've had, I've had a few encounters where...like...it's not been pleasant or...um...[...] er...I've wanted it to stop before it had or...but it's never been extreme

Juliet

I mean I was not, I was not assaulted in the sense that it was not rape like...you know the sex was consensual but... ..I don't think I realised it, I never called it like assault, but I do think it was rough and I do think it was not about me at all. And it was not...you know it was something that I did because I just...it made being with him more bearable, it made living there in that like...more bearable but it was not something that I liked doing. But I don't know if I could call it rape or assault because it was a relationship that I chose to be in.

Maddie

Maddie continued to detail the sexual abuse from her husband for over 800 words, including vaginal cuts and bruises, coercion and psychological manipulation. Despite going over multiple incidents in close detail for so long, Maddie finished her description with the words, "but yeah, no sexual assault necessarily" to explain she had never experienced assault. I was left momentarily speechless.

Balos and Fellows (1991) discuss the issue of "nonstranger rape" in detail, referring to what they call the "legal oxymoron" (p.604) of the term in two ways. Firstly, that by a

“woman” consenting to any form of relationship with a man (anything from remote colleague to husband), she unknowingly also consents to sex with that man. Secondly, it is presumed she is responsible for “plac[ing] herself in a situation that might result in sexual contact, and, therefore, she must accept the consequences of her own conduct” (p.605). Here we see a direct contradiction to the idea that veeples’ ‘safety work’ is unnecessary or overreactive; in this example the verson is reprimanded for not being careful enough. In addition, it serves to perpetuate the harmful notion that veeples are the property of their related men, they are not people in their own right. As Balos and Fellows (1991) point out, you don’t just have to be the wife, you could also be the niece or even the colleague from work. Any pre-existing relationship with a man therefore becomes a pretext for sex.

It is important to note that some of my participants would have entered marriage before the UK law on marital rape changed⁶⁵. With marriage a contractual partnership, women consented to the nature of the contract which assumed consent to sexual availability. In my interview with Maureen we had a brief discussion on this issue, including what it means to have consented to a sexual act,

Maureen: Do you mean properly...how do you mean by sexual assault?

Lauren: Anything at all, anything that’s...

M: That’s somebody’s done to you that you didn’t want doing?

L: Yep

M: ...No

L: ...what is it that you were thinking of in your mind?

M: Well I don’t know, I, I I...did you mean...[sigh] see I didn’t know if you meant sexual assault on my body by somebody who I was a partner with and things that we did...

⁶⁵ In the UK, marital rape was defined as illegal in 1991, and legislatively reinforced by the Sexual Offences Act 2003.

L: Would you have consented to it?

M: Yes, so that's not sexual assault is it?

What was unclear in Maureen's response was to what exactly she had consented to; the relationship, the sexual encounter as a whole, or to the specific 'assault' she was not sure had happened. The pivotal issue across all of these examples is that the very definition of rape and abuse are not accepted in concrete social terms, at least not in practice. With people constantly asking themselves 'was that really abuse?' we can only make limited progress in dismantling a system designed to oppress them. Crucially, the legal definition of rape has only recently shifted to include 'marital rape' under the umbrella of rape; without the legal recourse to even discuss a case of rape within marriage, this kind of violence could be more easily hidden away within the domesticity of the partnership. With several of my interviewees, there was a sense of taking for granted a certain level of coercion in partnerships, which was disrupted by me calling it into question during the interview.

Similar to Maddie and Maureen in terms of how they described their abuse, some participants also discussed issues they brought up in response to me asking about sexual abuse but did not label them as such. They would add "not that it is really abuse" (Bridget) but would describe an event where they either explicitly declined consent or were not in a position to give consent. For example, when asked if she had experienced sexual assault, Bridget initially replied "no" but then added,

No... um... the only thing that I thought 'mm'⁶⁶ was when...I was expecting my first baby and...and I was overdue but I do...believe it was genuine...the GP...did a very very high internal examination so... I think perhaps he was being completely genuine but it didn't feel very pleasant and I didn't actually like that but I do think it was genuine um...but that

⁶⁶ 'Mm' was paired with a facial wince from Bridget.

it is locked there, you know, it's in my...mind or my.body is feeling as a not nice experience but... you can't say it was abuse or anything^.

Bridget

Something that concerned me during this part of my interview with Bridget was that she seemed unclear as to whether I would define her experience as assault. What made me feel uncomfortable was that there was a sense that somehow my 'expert positioning' or some sort of 'authority' on the subject was where she wanted to gain some validation, some agreement that she was right to consider it 'not abuse'. The very fact that Bridget retained that doubt, that need for external validation of her certainty, left me feeling burdened in how to respond adequately to her. In the moment I simply kept my face neutral and said "OK". Reflecting on this, I do not feel this was necessarily the best response I could have had. Still, I felt as though I ought not to take a position on Bridget's experience and, rightly or wrongly, I felt simply moving onto the next question was the easiest course of action. As mentioned in my Methodology chapter, these reflections are an opportunity for my research practice to grow and are an important part of practising ethical interviewing.

Reproduction

Another way in which intrusions on the vagina were described was in reference to pregnancy and childbirth. One aspect in particular that stood out was the perceived shift in openness about their body once they became pregnant.

But I think when you become pregnant and once you start going to the clinics for all the check-ups... everything else goes out the window and it sounds crudely to say it, but you'd open your legs to the world and 'off you go' sort of thing because this is how it is, people have to look at you, check you and that...so it's no good being shy and timid about it

Maureen

Maureen explains that for her, attending regular clinic appointments where vaginal exams were commonplace and to be expected, any shyness she might have had around having

someone look at or touch her genitalia seemed to disappear. Whilst not directly linked to the vagina, Roxanne also noted that as a pregnant woman you are also likely to often receive a stranger's touch on the expanded belly, a phenomenon widely seen across many forms of popular culture (Being the Parent, 2017; Hsieh, 2018). In her work on pregnant bodies, Longhurst (2000) discusses the 'complex corporeographies' of pregnant bodies, discussing how certain corporeal practices become normative during pregnancy. Maureen and Bridget (below) both discuss this change in how they saw themselves and held themselves during pregnancy and childbirth.

Everything goes out the window when you're in labour. It takes over basically. So you...you don't have...the opportunity to worry about anything other than...than what's going on, it just takes over your body so you are out of control completely [...][and afterwards when] you've got your legs up in the air and you're being stitched up but...in the euphoria of having had a baby...you're on...I think it must be to do with the chemicals that are released...you are on a different plane somehow so...you know, that...I remember being stitched up I didn't bat an eyelid...didn't bat an eyelid

Bridget

Bridget's description of her mind and body as being "on a different plane" is significant because it highlights a time in which the vagina is at the forefront of the event and yet the mind remains disconnected from it. In a sense, the body acts independently of the self which raises questions about embodied selfhood. Dissociation from the body during or after childbirth has been explored for its negative effects and even as an early indicator of postpartum post-traumatic stress disorder (Ayers, 2017). In terms of physicality, the participants who had given birth all discussed being more comfortable with their legs open, as we see above in Bridget ("legs up in the air") and Maureen ("open your legs to the world") than when they had previously been not-pregnant. Indeed, some of the never-been-pregnant participants mentioned their mental discomfort at the idea of having to spread your legs for a vaginal exam. The notion of it not being 'ladylike' to open your legs

remains a strong one in western cultures, and within parts of Asia too. Natalie, who had never been pregnant, discussed how her mother would chide her for sitting with her legs up in the air or with her knees spread apart. Megan, who had also never been pregnant, talked to me about how people would call her “mannish” for “sitting like a guy” with her knees spread open. In this way, it is understandable that both Bridget and Maureen would describe some sort of disconnect with themselves to ‘allow’ themselves to sit with their legs open despite it being heavily culturally entrenched not to.

In parallel to this idea of being dissociated from one’s body is the notion of the body as autonomous from the self. Kim explained how this lack of control and autonomy over her own body was an issue for her during pregnancy, but particularly during childbirth because she was induced.

I went from [laughing] 0 to 60 in kind of, you know, really really quickly, which I found quite shocking cos you expect, you know, you have certain expectations and you expect it to gradually build up or whatever and one minute I was nowhere near giving birth and the next minute it was ‘aaaahhhh!!’ down the delivery room

Kim

Her description here highlights the expectations she had about the childbirth experience, and those expectations not coming to fruition as she had hoped. Kim goes on to discuss in more depth how this affected her,

So I found it really traumatic this whole kind of thing, everything was, I dunno, my body was doing its own thing, I had no control over it, and the thing it was doing was producing this child and um...and I felt completely traumatised and such...so much that I... had...birth trauma counselling, cos I just was completely...I felt like I’d done it all wrong

Kim

Kim’s comment “I felt like I’d done it all wrong” is a common thread among those who attend birth trauma counselling (Priddis, Keedle and Dahlen, 2018), resulting from “a

chasm between idealised motherhood and reality” (p.17). Verdult (2009) noted that emergency c-sections had similar effects, with patients more likely to view the birth as traumatic if they had prepared for a “natural birth” and instead felt they lost “control over the birth process” and “ruined something precious like natural birth” (p.20). This sense of losing control, or put in Kim’s words, the body “doing its own thing” can be terrifying for pregnant people and can also have a lasting impact on the ways in which they view their body afterwards. In Maureen’s case, she felt vaginal exams were easier now that she’d experienced pregnancy and childbirth. However, despite her nursing background, Bridget refused to attend cervical screenings due to her discomfort with the process, even after giving birth to four children.

For Roxanne, the disconnect between her and her body (and what her body “did”) does not impact her negatively. Instead she revels in it as an achievement, saying,

I feel quite like, ‘yes! I did that!’ And I’ve got these two boys and they’re amazing yeah, and it’s just like, my body did that and it’s amazing.

Roxanne

We see in the same sentence she exclaims “I did that” and “my body did that”. She is unbothered by the distinction between these two phrases, and views her body and self as both independent parts and one whole. Iris Marion Young (1984) discusses this separation of self in pregnant embodiment in terms of the integration of the body experience, “by rendering fluid the boundary between what is within, myself, and what is outside, separate. I experience my insides as the space of another, yet my own body”. She goes on to suggest that the pregnant self is “split, or doubled in ways” which further highlights the significance of Roxanne’s comment as feeling that *she* has done something, *and her body* has done something. There is both a separation and a unity to the embodiment which is unlike any other bodily experience my participants described.

Bianca discussed looking forward to the possibility of pregnant embodiment but feels different from some of her peers in that she is not sure she wants to keep the child she bears.

I have this like weird thing where like I really wanna experience pregnancy but I'm not sure I want children. I think the idea of carrying a child in my uterus is really interesting to me and I think I would like to experience all the weird stuff that happens to my body

Bianca

Most literature focused on surrogate motherhood is legal or political in nature (arguing for/against the support of commercial surrogacy), although some research does place importance on the individual experiences of surrogates in the childbearing, birth and 'giving away' process (Van den Akker, 2007). The key idea raised by Bianca here is the desire to *experience* pregnancy as a process separate to that of having a child and subsequently raising it. This conceptualisation of pregnancy as a stand-alone event or experience was not discussed by any other participants although some of the never-been-pregnant veeples did mention their feelings at the prospect or possibility of pregnancy. For example, Rosa stated that she feels her body "wants babies" now that she is nearing 30; similarly Maddie was feeling the time-pressure of her fertility in conflict with her not feeling ready to be pregnant and the idea of childbirth leaving her "totally freaked out".

There was a general understanding amongst my participants that the experience of pregnancy would be individual to each person; with some comparing their experiences/potential experiences to those of the other 'women' in their family, such as their own mothers, sisters and grandmothers. Lydia mentioned that her mother had "warned [her] how fertile the women in our family are...a boy just has to wink at you", but that she also anticipated an easy pregnancy as her mother also mentioned how healthy and well she felt with pregnancy. Jean seconded this comment in her interview, "I loved every minute of [my pregnancy]. I was never as healthy. Same as Mum".

Menstruation

Whilst reproduction was framed as an optional bodily experience, menstruation was discussed by all as a mostly inescapable inevitability. Most participants viewed menstruation as an unfortunate necessity or something they deliberately avoided (with use of 'The Pill' or other medical means). One of the issues raised was that managing

menstruation was not just about physically managing the flow but also abdominal pain, mood swings, and for some veeples, navigating sexual activity. Two participants of menstrual age (i.e. not post/menopausal) had chosen to completely halt their periods, one via testosterone injections (as part of gender transition) and one via the contraceptive implant. It is crucial to remind ourselves here that all the veeples I interviewed were had menstruated at some point in their lives even if that had been stopped (by reaching menopause or by medical intervention to cease the periods).

In terms of the embodiment of menstruation, the management of menstrual blood was a common topic. Several participants made reference to 'leaking' menstrual blood to be a situation to avoid, with one admitting to being "that girl" who stained her clothes with menstrual blood at school and how embarrassing that was, an issue discussed in numerous previous studies (Kissling, 1996; Roberts, 2004; Lee and Sasser-Coen, 1994, all cited in Schooler et al., 2005). Greer argues that "the success of the tampon is partly due to the fact that it is hidden" (1971, p.50) and an important issue that was raised by the veeples I spoke to was keeping menstruation unseen. The ideal scenario was seen as one in which nobody would be able to tell that one had their period, there was no leaking blood or 'unsightly' period products on view; a successfully 'managed' vagina was one that showed no signs of menstruation. Fingerson (2006) explores the idea of concealing menstruation as a masculine-based concept of the body "because for women, menstruation is ordinary" (p. 15) and that the cultural messages sent to girls and women via media representations, female hygiene product placement and advertisement and social handlings of menstruation are that "menstruation is a dirty, unsanitary secret" (p. 16).

Menstrual shaming is a widespread issue; a news article comments on photo-sharing platform *Instagram's* removal of artist Rupri Kaur's photograph of a woman with menstrual blood on her trousers and bed sheet in 2015, "it speaks volumes that the sight of period blood makes people uncomfortable in a world where we are consistently exposed to images that are actually explicitly sexual, violent and gory" (Gray, 2015). In an article for news website *Al Jazeera*, Erika Sánchez argues that menstruation taboos are a "deeply ingrained form of misogyny" (Sánchez, 2015), an issue further demonstrated by the media

controversy surrounding Kiran Gandhi's decision to run the London Marathon without any 'menstrual management', or as she called it, "going with the flow" (Gandhi, 2015). The idea that an ideal vagina is one that is not bleeding was reflected in the interviews I undertook, and a variety of methods were employed to ensure management was achieved that was comfortable, hygienic and crucially, socially acceptable. Ultimately, a 'successful' vagina was not a bleeding vagina.

Several of my younger (than 40) participants referenced reusable sanitary products such as cloth pads and the menstrual cup as eco-friendly, more economical alternatives to the traditional pad and tampon binary. Those who used the menstrual cup commented that they had become much more comfortable with being intimate with themselves as the nature of the cup demands an intimate physical knowledge of your vaginal canal in order to correctly place the cup, perhaps similar to the use of a 'diaphragm' as an internal vaginal contraceptive. Users of the cup also noted more familiarity and a sort of 'forced comfort' in holding the cup of blood in their hands, maybe smelling or tasting it before discarding the contents. This was similar to those who used re-usable pads as it involves rinsing out the pad and so provides a clear visual picture of the amount of blood leaving the pad. This is in comparison to a disposable pad or tampon which may be more quickly discarded without such close care, attention and inspection. It was interesting that my participants viewed reusable products as a 'modern' invention when in fact they predate the disposable sanitary napkin.

Kit (24, nonbinary) talked about the benefits of hiding menstruation as someone who does not identify as a woman; whilst they had to be physically internally aware of their vagina, the fact that the successful placing of the cup meant not noticing menstruation for several hours or even a full day meant that the cup was a helpful part of managing Kit's ongoing body dysphoria. Alex (21, genderfluid) discussed how since beginning testosterone injections, menstruation had ceased for them which, similar to Kit, was a relief from the often-present body dysphoria. Bianca (27, ciswoman) commented humorously that since she now has the contraceptive implant and her periods have ceased, she actually forgot they exist and was surprised I raised the issue of menstruation in our interview:

When I think of vaginas right now I don't think of periods because I have the implant in my arm so I [laughs] don't get periods, so it's really interesting that you brought up periods and I was just like, 'Of course! Of course she'd talk to me about periods!' [laughs]

Bianca

The 'changing body' narrative of the pre-menstrual to menstrual child was heavily linked to sociocultural ideas of womanhood and femininity, the cultural aspect of which I discuss further in Chapter 6. From an embodied perspective, my participants did not discuss much about their own physicality and understandings of such physicality. Instead, there was descriptive talk about the circumstances, including which other players were present (usually mother and/or sister) and what information sharing occurred prior to and during this time (see Chapter 4).

Intriguingly, whilst the pregnancy and childbirth aspects of reproduction brought forth ideas around productivity (making, growing, bearing), menstruation was not talked about in these terms at all by participants. Martin (1991, p.486) notes that "by extolling the female cycle as a productive enterprise, menstruation must necessarily be viewed as a failure". Whilst my participants did not explicitly discuss feeling that their periods were 'monthly failures of being' there were implicit tones of a general unhappiness about menstruation. For many, severe pre/menstrual pain and discomfort were big influencers into how negatively they viewed 'that time of the month'. The overall agreement was that the ideal vagina is one which does not bleed.

Ideal state

This concept of an 'ideal vagina' crops up in several more intriguing ways. From health and infections to pubic hair and cleanliness, another important part of the narrative surrounding the physicality of the vagina was the idea of an ideal state for the genitals to be in. Many participants discussed an 'unhealthy' vagina as bringing them discomfort both physically and emotionally. The variety of issues discussed ranged from thrush and cystitis to prolapse and herpes. Several women had experienced thrush; three women in particular had experienced thrush to an extensive and repeated degree. The

uncomfortable sensation of an itchy vagina was agreed by most as one of the worst 'states' a vagina could be in. My participants spoke openly about being able to touch and look at themselves to assess their genital health, checking for lumps or cysts, ingrown hairs or abnormal discharge. The general consensus was that any usual shyness about one's body ought to be put to the side if you are needing to look or touch yourself for health reasons. This was extended to allowing touch from a health professional, including attending cervical smears, although a few participants admitted they do not attend screening appointments due to being uncomfortable with the insertion process. Nonetheless there was an overall sense that the presence of a medicalised or health-centred narrative would override most inhibitions about the body.

In terms of physical discomfort, the idea of a healthy vagina was referred to by participants as the ideal state for the genitals to be in, but the social stigma of health was also an issue. Maddie, who has herpes, discussed the taboo of having what she felt was described as a "dirty" problem, mostly due to the lack of education around sexual health. The predominant issue discussed with health was the physical discomfort disrupting the normal 'functioning' of the vagina. As Maddie puts it,

*The sign of knowing that your vagina is fine is like, not feeling it, right?
Like...if you don't notice it's there*

Maddie

Maddie's phrase 'not feeling' links to a sociocultural meaning of vagina as an absence (Braun and Wilkinson, 2001). Psychoanalytic formulations based around a physical absence (especially as a 'lack of penis') are reflected in a conceptual absence in which people are discouraged from speaking about the vagina⁶⁷, touching the vagina or from noticing it at all. Rees (2013) argues that this conceptual absence has a touch of irony to it; that the vulva/vagina holds so much cultural weight and significance that it has been pushed into the shadows by a jealous patriarchy designed to oppress people. Whilst my data does not directly corroborate this position, I share her sentiment that there is

⁶⁷ This is explored in more depth in Chapter 4.

certainly a clear link between the denigration of the genitalia and that of the people who have them.

Cleanliness and hygiene talk was scattered in and among explorations of sexual health. An important facet of the 'ideal vagina' was the 'sanitised vagina', i.e. to hide much of what occurs naturally such as hair, smells, and menstruation in order to 'feel right' and often in order to appease a sexual (even prospective) partner. Capitalist consumerism of course feeds this insecurity, reinforcing that in order to be 'sex ready' you must first purchase a set of appropriate management tools, washes, ointments, creams etc. to be on the path to a good sex life. This brings up two pertinent issues; firstly the use of (entirely unnecessary) cosmetic products; and secondly the need to be socially accepted by others. This highlights the ways in which selfhood is constructed through interaction with others. Very few participants admitted to using so-called 'feminine hygiene' products, but several mentioned their dislike of such things, claiming a 'natural' vagina was the ideal. With regards to being acceptable to others, particularly current/prospective partners, the need for the vulva/vagina to be perceived as positive was implied throughout my interviews.

In reality and in a day to day basis, how I feel about my vulva, my vagina, has been dependant on like, what sexual partners will say about it. So, you know, if I have, like a sexual encounter and a guy says like, 'oh that's a really beautiful pussy' ... I'm like happy to hear that, and I'm almost kind of relieved, where I think like, 'oh, [sighs] ok it's an acceptable, or it's a nice enough vulva' and there's nothing to have been worrying about all these years

Elle

Elle goes on to say that she "hate[s] that validation needs to come from... a heterosexual male partner...but that is how it is right now". Schick et al., (2010) found that "greater dissatisfaction with genital appearance was associated with higher genital image self-consciousness during physical intimacy, which, in turn, was associated with lower sexual esteem [and] sexual satisfaction" (p.394). Elle demonstrates self-awareness of what she refers to as her physical reality versus her mental idealism. In her mind, she would very

much like to not need external validation, but she accepts that this is a part of how she builds her self-esteem which in turn impacts her sexual satisfaction. She can relax and enjoy sexual intimacy, knowing that her partner/s appreciate her body.

Lydia reported that she felt her high self-esteem about her vulva (it's size, shape and sensitivity) also primarily came from having been extensively complimented on it by sexual partners, "I know it's a good-looking cunt, you know? And I always get told it smells good and tastes good too". Lydia's comment brings in an important facet to the ideal vagina, that of both smell and taste, not just visual aesthetics. Vaginal smell and taste were discussed explicitly by some participants, particularly in relation to cunnilingus. Recent research shows a sharp increase in reported engagement in oral sex for all genders over the last 50 years (Backstrom, Armstrong and Puentes, 2012) with concerns over the acceptability of one's genitalia a more frequent concern in parallel (Bay-Cheng and Fava, 2011).

Other facets of the 'ideal vagina' in relation to sex include tightness (a 'tight' vagina is a 'good' vagina, (Braun and Kitzinger, 2001b) which, for many cultures, links to a status of virginity, much like the ideas around a 'broken hymen' and hymenoplasty to 'reinstate virginity' (Kaivanara, 2016). For example, Hamia (who identifies herself as an Arab Muslim) mentioned she would be worried to use tampons as she had heard from her friends that they take away your 'virginity', something of cultural and personal importance to her. Whilst hymenoplasty was not something that surfaced in my interviews, labiaplasty was. Two participants admitted they had considered surgery to 'correct' their prominent labia, something they felt was an aesthetic issue, rather than one that caused them physical discomfort (i.e. would be considered as not medical but cosmetic surgery). Labiaplasties and 'cosmetic cutting' have been steadily on the rise in the West for the past 20 years (Braun, 2019) with 'designer vaginas' also receiving much more media attention (Braun and Kitzinger, 2001b; Braun, 2005, 2009).

As briefly mentioned in discussing attraction to a current/prospective sexual partner, pubic hair was an important part of the embodied understanding of one's vulva. Removing body hair, especially shaving, was an activity all western women I spoke to

agreed was assumed even from an early age, not necessarily for the pubic region, perhaps the underarms and legs; getting rid of hair was an issue they were aware of and usually encouraged to participate in, “[endorsing] the assumption that a woman’s body is unacceptable if unaltered” (Toerien and Wilkinson, 2003, p.333). A few people said they didn’t consider pubic hair removal until they were faced with the prospect of wearing swimwear that displayed their hairs, or engaged in sexual activity, although most who discussed hair removal for sex were more concerned with the effects on cunnilingus rather than (heterosexual) penetrative sex.

The removal of body hair, especially pubic hair, is a relatively recent cultural phenomenon. The effects of this can be seen even beyond the physical body in the clothes available to buy; swimwear that reveals the high upper leg crease or even parts of the labia is marketed specifically to those wishing to ‘show-off’ their hairless pubic areas. Bikini waxing salons have appeared on high streets and the sight of a ‘full bush’ on television or film is now much rarer. With my younger (than 40) participants, there was an implication that choosing not to remove pubic hair (or to remove little of it) was a deliberate act of rebellion against societal pressures. Those individuals also often sat outside the norm in other ways such as identifying as not-heterosexual, and/or not-cisgendered, and thus are considered socially ‘unacceptable’ or ‘deviant’ for other reasons.

The vagina needing to be ‘tidy’ and ‘acceptable’ relates to what Norbert Elias referred to as “the civilising process and formalisation of manners [which] involves the management and concealment of body functions and processes” (Jackson and Scott, 2014, p.570). This “emotional barrier...grows continuously” (Elias, 1939, p.138) with bodily functions still guarded by taboos governing what is acceptable. As I discussed earlier when exploring menstruation, there has long been a degree of taboo around bodily functions, especially ‘female’ bodily functions, and especially ‘female’ reproductive functions. Menstruation in this way has been kept hidden under a banner of ‘unacceptable’ and thus efforts to conceal any trace of it were important.

Lastly, to address a point made by Natalie, that the colour of one’s labia can be a significant marker against which an ideal vagina is perceived. Natalie commented that

darker coloured labias were, in her culture, seen as having had more sex, which was stigmatised.

Yeah, if the colour of that part is pink, let's say..which is actually the white woman's vagina I think is more likely to be in that colour...and that is regarded as more pure or more cute or sexy. And if you have a darker skin tone...down there...and that is like, oh my gosh, probably had lots of sex...it's not good.

Natalie

Natalie points out the clear racism in this point of view; that the shade of your skin tone would indicate on any level your 'purity' or that the darkness of one's skin would contribute to them being 'tainted' is fundamentally racist in principle. Natalie's comments also raise the issue of being highly sexually active (or considered to have been, true or not) being perceived in negative terms, something which I discuss further in Chapter 6.

Conclusion

In this chapter I have explored my participants' reported experiences with their vulvas as embodied narratives, focusing on the areas of sexual touch (including non-consensual touch), reproduction, menstruation and the idea of the vagina having an idealised state. Issues that were raised varied throughout the different aspects of embodiment, but strong themes included a separation of self and body in parallel to a feeling of 'wholeness' with oneself. In addition, the relationship between the self and 'others' (whether specific to particular people, such as sexual partners, or more generally to cultural 'others'), was evidently important to my participants in how they discussed their experiences.

The sense of touch has been pivotal in this chapter, with touch operating as the central sense for interacting with one's vulva. There is a clear distinction to be made between one's own touch, and the touch of another; furthermore, the touch of another can be interpreted differently according to differing contexts. What is stimulating or arousing in one context can be frightening or traumatic in another; indeed, in some contexts there could be no strong feelings either way, or a sense of neutrality to the touch (such as

gynaecological examinations which were described as neither arousing nor frightening, and depending on the individual could be described as either 'not unpleasant' or 'unpleasant'). Thus, it is not simply the physicality of the experience, but how it is interpreted by an embodied self. As Jackson and Scott (2010) write, "we do not perceive by physical sense alone: the work of perception is accomplished by an embodied *self*, someone who not only has 'sense organs' but is capable of active, reflexive *sense-making* by virtue of her social being, social location and personal biography" (p.147, emphasis in original). In this way, it is not simply the *touch* that is significant, but how it is interpreted by an embodied self.

A running theme throughout this chapter has been one of choice, and a complex unravelling of what sorts of choices are available to people and in which contexts. For example, the older married women I spoke to accepted having to be sexually available to their husbands as part of their expectations of heteronormative married life. Similarly, all my participants understood acts they undertook to avoid sexual assault or the threat of sexual assault, as normal and part of everyday life.

In both of these themes we see an overarching idea of the vagina as dynamically relational to the self. The sense of one's closeness to their body, especially the vagina, can 'zoom in' and 'zoom out' in relation to the experience. In order to undergo gynaecological procedures, several people noted they 'checked out' of themselves and of reality in order to cope with the discomfort and/or pain of the examination. For those that had experienced childbirth, again there was a strong sense of separation from body and self as well as a simultaneous entanglement of these concepts within the self.

As part of this notion of closeness to body and self, there was a strong undercurrent of wanting the vagina to remain 'under their control'. The people I interviewed wanted to have agency over their bodies, from choosing the right menstrual product (if any) to contraception choices and pubic hair arrangements. Nonetheless, there remained a narrative of the vagina remaining 'uncontrollable', such as the regular monthly bleeds (for some), hair continuing to grow or not (e.g. in ageing).

Ultimately, the vagina is conceptualised here as powerful, changeable and sometimes even dangerous. This may, on the surface, seem to perpetuate negative stereotypes of the vagina as 'dangerous' and certainly there is evidence to support that position. However, there were also strong forces amongst the veeple to reunite with their genitalia, to accept themselves and their bodies, and to live 'in harmony' with their vaginas. Much of the continued discontent with the vagina related to how veeple were treated, especially in relation to gender ideals and cis-heteronormativity. I discuss the role of the concept of 'woman' in relation to the vagina in the next chapter.

Chapter 6: The Cultural Vagina

After discussing how vaginas are talked and embodied, I now turn to the wider sociocultural meanings surrounding the vulva/vagina and *how* it means. As discussed in my Methodology chapter, one of the ‘new’ questions I added to the interview schedule following the pilot MA research was ‘what does it mean to you to have a vagina?’ (see Appendix II), but ideas on the meanings associated with having a vagina surfaced both in answer to this question and elsewhere in the interviews.

Commonly shared meanings derive from cultural scenarios and discourses, but are also modified through interaction, individual biographies, and reflexive processes of the self (Gagnon and Simon, 1974; Jackson and Scott, 2010). Whilst some of the meanings discussed by my participants were widely shared, they were not expressed or interpreted in the same manner by all. Concepts of womanhood cloak much of the understandings of vaginas, with ideas of womanhood eclipsing veeples in places. Indeed, my participants discussed not just being *labelled* women but being *treated as* women. I introduce the term ‘womanhood clubhouse’ to describe the complex labyrinth of thresholds that must be negotiated and continually monitored, in/validating one’s place within it. Importantly, the threshold first encountered is that of being *assigned female at birth* (AFAB), where the vagina acts as a passkey. Much of what my participants described as what it meant to be veeples, overlapped with their conceptualisations of what it means, to them, to be a woman – whether or not they identified as one. In this chapter, I trace these issues through the ‘life cycle’ of the vulva/vagina: from birth to *birthing*, from *sexing* to *sex*, and from menarche to menopause. Finally, I discuss how other people’s conceptualisations of vagina impact on the vagina-owners themselves, in what I refer to as the ‘shared vagina’.

The birthed vagina

In the cases of some cis women, the idea of ‘having a vagina means you’re a woman’ was referred to positively or in a more neutral, matter-of-fact, ‘this is how it is’ way.

[Having a vagina] marks me as a woman, like it...it's kind of the defining feature of womanhood [...] it is the defining feature of what it means to be a woman

Maddie (29, cis)

Maddie's use of the word "marks" is interesting because it links to the labelling, the 'identifying' use of genitalia. It has been well documented that "women and men are very basically distinguished by their genitals" (Strong and DeVault, 1994, p.148) and that even before birth a child is assigned a sex based on an inspection of their genitalia (Braun and Wilkinson, 2005). This arguably becomes the first 'function' of vagina: to be socially defined as 'female'. Whilst Maddie refers to the vagina as identifying her as "a woman", I will first explore the link between vagina and being marked as a 'girl'.

With regards to unborn or newly-born veeples, there are some medical reasons for assigning sex, such as monitoring sex-dependent hereditary disorders (Colmant et al., 2013). However, much medical literature refers predominately to the 'social need' of the parents and family to 'know' the sex of the unborn child, particularly in discussions addressing any genital ambiguity. For example, one article states, "any uncertainty or doubt about a baby's sex is *extremely worrying and unsettling* for its parents and family" (Verwoerd-Dikkeboom et al., 2008, p. 510, emphasis added), while others refer to needing to alleviate 'parental anxiety' around the possible sex of their baby (Igbinedion and Akhigbe, 2012), or the need to adjust parental 'counselling' if the genitalia are considered to be ambiguous (Pinhas-Hamiel et al., 2002). It is of note that foetal sexing first looks to identify a penis, thus it is the *absence of penis* rather than the *presence of vagina* that determines being assigned 'female'. Whilst medical literature reports this as a practical issue (it is easier to see an appendage such as a penis on a sonogram than to identify the labia or clitoris),⁶⁸ Braun and Wilkinson (2001) argue that this conceptualisation of the

⁶⁸ If a penis cannot be identified, it is often the uterus that is next searched for.

vagina as an *absence* leaks into the sociocultural meanings ascribed to the vulva/vagina in a wider context.⁶⁹

The idea that both sex and gender are dichotomous has been linked to the flawed assumption that genitals themselves are naturally dimorphic (Kessler, 1998) with genitals perceived to be anomalous (intersexed) posing a threat to social order; “a symbolic insult to a deeply held system of beliefs” (Perper, 2000, p.294). As in the medical literature, the predominant issue with genital ambiguity is a social one. It is rooted in the expectations of parents, family and wider society that all children must belong to one of two boxes: girls or boys. This initial boxed categorisation of ‘girl’ or ‘boy’ is expected to remain with the child for the rest of their life, albeit ‘graduating’ to the adult version ‘woman’ or ‘man’. As West and Zimmerman (1987) argue, the category of gender assigned to a child becomes as “static” (p.126) as our social understandings of categories of sex. As I will discuss later in the chapter, this systemic binary categorisation of children can be extremely damaging, especially to those who later realise they do not identify with the sex or gender they have been assigned (and continually monitored for).

The social expectation to find out the (assumed dimorphic) sex of an unborn child has kept its significance since the technology arrived in the 1950s (Stainton, 1985; Taylor, 2000) to the extent of ‘gender reveal’ parties becoming a North American ritual in the last decade, where the sex of the unborn child is announced to the parents and their families and friends (Pasche Guignard, 2015). Pasche Guignard (2015) notes that the ‘gender-reveal’ almost always involves a display of the colour blue or pink to be able to rapidly and visually ‘announce’ the sex of the unborn child, “a well-established and unmistakable symbolic code in North America” (p.486). Thus, while it is a medical professional (using “socially agreed biological criteria” (West and Zimmerman, 1987, p.127) who *assigns* a sex to the child, for most other than the immediate family of the child it is then the *assumed genitalia* that becomes the identifier (except for occasions where the child’s genitals are visible to others). Indeed, it could be argued that the genitals of the child themselves are

⁶⁹ See Chapter 2 for more from Braun and Wilkinson; see Chapter 4 for how a conceptual absence or ‘lack’ relates to the vocabulary assigned to vulva/vaginas.

not significant, it is the wider meaning of what society deems 'girls' and 'boys' to be; from stereotypes such as wanting to 'dress up a girl' to endless debates on 'which sex is easier to bring up'. In this way, the 'gender reveal' (regardless of whether it is announced in the form of a ritual or in a less elaborate, but nonetheless meaningful, declaration of 'it's a girl/boy',) is not just about saying to the world 'my un/born child has a vagina!', it is about informing the world of which of the two static boxes the child will inhabit, dictating how others will interact with them⁷⁰.

Maddie's view that having a vagina marks her as a woman was shared by several cis women I interviewed; they too felt their vaginas identified them as women. Far fewer, however, spoke of how the vagina first marked them as a *girl*. For my participants, 'girlhood' was not referred to in the same way as, or even alongside, 'womanhood'. Girlhood was referred to as the state of being prior to menarche, which is indicative of menarche being perceived as the "entrance to...womanhood" (Lee and Sasser-Coen, 2015, p.10). Germaine Greer comments that once a baby is marked 'girl', the vulva/vagina (and particularly the internal reproductive organs) are distinctly ignored and *not* discussed until menarche (1999). This seems to reflect the reported experiences of my participants in which few experiences of *having* a vagina were linked to childhood⁷¹ but rather to elements found in perceived 'adulthood': menstruation, sexual pleasure and reproduction. Nonetheless, the assumed gender of the child, based on genitals largely ignored in girlhood,⁷² continues to be significant. Girls and boys are universally raised and treated differently. Whilst what it means to be a *girl* is beyond the scope of this thesis (particularly as my participants reflected mostly on their adulthood), one lens through which to explore this would be to conceptualise *girl* as 'woman-to-be'. Thus, the differential treatment of 'girls'⁷³ reflects the differential treatment of adult women.

⁷⁰ Indeed, much has been written on the perceived differences between 'girls' and boys' including writings surrounding female feticide in India (Ahmad, 2010), China (Cheng, 2006); in both (Eklund and Purewal, 2017), and discussions of intercultural feminist stances (Moazam, 2004).

⁷¹ The exceptions to this were those that had experienced sexual abuse as a child, and those which reported 'early' masturbatory practices, which is discussed in Chapter 5.

⁷² It is important to note that boys' genitalia are not ignored in the same way.

⁷³ See Emma Renold's work for some post-millennium discussions on this (Renold, 2002, 2004, 2006, 2007).

[Having a vagina] is part of being a woman, I think that's what it means to me.

Maureen (70, cis)

It is of note that whilst Maureen felt the vagina equalled woman, she did not suggest that woman equalled *only* vagina; we see this in her phrasing “part of being”. Similarly, although Maddie sees vagina as the “defining feature” of womanhood, she does not imply it is the *only* feature of ‘being a woman’. This raises an important issue: the vagina may be integral to the perception of womanhood but, as crucial a threshold as it is, only one threshold does it remain. As discussed above, once marked as ‘female’, the next threshold of womanhood is menarche, but this does not take away the significance of the vagina ‘marking’ the person as woman, something that must be continually re-asserted. Whilst this might not be overt (showing what genitalia one possesses), it can be done in subtler but no less socially gendered ways. As I will discuss later, much of this is what we might consider to be ‘passing as a woman’.

Whilst this wasn’t necessarily Maureen or Maddie’s position, it strikes me that some consider the vagina the passkey to the club of womanhood. They will tell you the club is far richer than simply the entry passkey but will still consider club membership exclusive to vagina ‘key holders’. As Muscio (1998) puts it in her first edition of *Cunt*, the idea is that one can agree that “womanhood is varied and vast. But we all have cunts” (pg.6). While Muscio went on to append that “I never thought my cunt was what made me a woman, but I knew that many of my experiences as a woman were (and continue to be) centered around my cunt” (Muscio, n.d., n.p.), some still interpret her original words as weaponry to exclude trans women and gender non-conformists from ‘women-only’ spaces.

The pivotal tenet of the self-named ‘gender critical feminists’ - or ‘trans-exclusionary radical feminists’ (TERFs) as they are also commonly known - is that only those assigned ‘female’ at birth count as ‘real women’ because they maintain a strict division between what they refer to as ‘gender’ and ‘sex’; thus, from their viewpoint, one may be permitted to ‘change their gender’ but they are unable to ‘change their sex’. Those with penises, ambiguous genitalia or even those with ‘man-made’ (rather than ‘woman-made’, or ‘born

with') vaginas as a result of vaginoplasties, are excluded from the clubhouse. For gender critical feminists, TERFs and transphobes alike, the vagina takes on an exclusive 'pass-key' role, with 'counterfeit' keys not accepted into their clubhouse at all; only those AFAB are considered 'women'. In this way, the clubhouse is both metaphorical and literal, as it can refer to the actual, material physical spaces from which trans women are excluded. This also extends to considering AFAB people as 'women' even if they choose not to identify as such. Thus, the anti-trans approach is to label people as male or female based on their assignment at birth, with no other criteria taken into account. In this way, trans women are excluded from the 'woman clubhouse' for not 'being real women', and yet AFAB non-binary people and men are consistently sent reminders that they are part of the 'woman clubhouse' even if they asked to have their membership revoked. Being misgendered and continually forced in to or out of these 'member's only' areas has highly devastating, lasting effects on the gender non-conforming and trans community.

When considering the trans-exclusionary position, it is worth noting that whilst it affects all gender non-conforming people, the excluding process focusses much more on people with penises than those with vaginas. Furthermore, much of the issue revolves around what is discussed as 'women's safety' and areas considered to be traditionally 'women's spaces'. As Halberstam (2018) writes, AFAB gender non-conformists, particularly trans men, tend to be ignored and invisibilised, where trans women are vilified, attacked and murdered. Ergo, with the clubhouse, there are stricter rules for who is allowed *in* rather than worrying so much about those that want *out*.

The bleeding vagina

Whilst my participants did not report much from their childhoods in terms of their genitalia, puberty marked a time when genitals took on significance again as their bodies changed to becoming adult. For veeples, one important landmark is menarche, and how this is culturally understood as 'becoming a woman', not for the hormonal or bodily changes but for the social practices it entails. As Thorne (1993) notes, this transition is "not dictated by the degree of one's physical maturity or the state of one's hormones;

social practices shape the transition” (p.147). However, for my participants, the social significances of menarche differed from person to person.

My mum had been prepping me for it and, um, she very much associated it with it, you know, like womanhood, like ‘you’re a woman now’ and I’m like...no, really not.

Millie (24, non-binary)

The idea that menstruation meant becoming a woman, was echoed by many of my participants. Menarche is, of course, just one example of how a child with a vagina is prepared for adult life with a vagina, but it remains a prominent one. Culturally speaking, much has been written about the ‘celebration’ of menarche as a symbol of ‘becoming a woman’ (Delaney, Lupton and Toth, 1988; Britton, 1996; Fingerson, 2006) although as I will explore later, once menstruation begins, the next thresholds of ‘womanhood’ appear and some, arguably, remain unachievable.

For Millie, menarche was different because as a nonbinary person she did not identify with her mother’s perspective on her periods, rather seeing the event instead in purely practical terms - that her body’s reproductive organs were maturing into adulthood. By openly not identifying as a woman – something her mother finds difficult to grasp – Millie continually wrestles with her mother’s views on womanhood. It is possibly worth mentioning here that Millie is autistic which, as an autistic person myself, I feel contributes to her ability to conceptualise her menarche in such concrete, practical terms. With concepts of gender not making any personal sense to her, it remained ‘obvious’ to Millie that it was simply a bodily function and not something that needed to be tangled up with slippery notions of gender, all of which carry heavy social burdens. Nonetheless Millie described a long, difficult, and ongoing process of trying to explain her nonbinary identity to her mother⁷⁴.

⁷⁴ Readers may be interested to research autism and gender identity (as well as sexuality) – with some autistic people identifying themselves as ‘anti-gender’, i.e. that they feel their autism means they ‘see through’ the illogicality of sociocultural conceptualizations of gender and sexuality. For example, there have been reports of higher likelihoods of non-heterosexuality among autistic populations (Gilmour, Schalomon and Smith, 2012; George and Stokes, 2018).

Kit and Avery, who also identify themselves on the nonbinary/genderfluid spectrum similarly discussed puberty, and particularly menarche as slightly disorienting for them since they did not find the concept of womanhood appealing, or relevant to their identities. Whilst they did identify as 'girls' at the time, they have since reflected on this and retrospectively understand their past feelings as partially due to discomfort in their social role of 'girl'. Indeed, all my trans* participants mentioned discomfort during puberty in comparison to their cis peers (even if they did not have a means of making sense of that discomfort at the time).

For the cis women I interviewed the idea that the beginning of menstruation meant they were 'becoming women' did not bother them. They did not struggle in the same way in accepting the societal expectation of womanhood when becoming menstruators, even if they did describe some irritation at having to 'deal with' the blood. Megan, for example, found the onset of periods particularly inconvenient considering that she often wore white because of her regular cricket playing. She describes how she was upset to 'become a woman' but not because of the wider social implications, only for the practical inconvenience of having to wear something extra to participate in her usual activities: which she noticed immediately was different to 'boys'.

Megan, however, had "managed to avoid" periods for longer than her peers, with a relatively late menarche. Interestingly she mentioned that this was brought up in the public sphere of a classroom when the class learned about people who had Y chromosomes. She and her friends laughed that it "could legit be me". Megan's humour did not appear defensive, rather she said she had been unperturbed by not having her periods begin, which makes sense considering that she framed it as an inconvenience rather than something exciting or fulfilling. By contrast Hamia, an Arab Muslim woman, described being very pleased to start her period so that she might "be like the cool women in my family". She looked up to the women in her family and saw menarche as her gateway to that life for herself, saying that she finds the ritual of menstrual management brings her together with her women-friends and women-relatives. It is worth noting that overall, Hamia's perception of herself differed from Megan's; whilst Hamia embraced

strict notions of femininity, Megan rejected them. Nonetheless, they both steadfastly identify as women, which attests to the broadness of what 'woman' can encapsulate.

The vagina and sex

Braun and Wilkinson (2005) found that the cis women they interviewed in their research on gendered identity "affirmed a link between having a vagina and being a woman" and explored this link "through associated functions (heterosex and reproduction)" (p.511). Here we see that once the initial identification process has taken place, the key to the clubhouse has been accepted, the task is to find a place within the womanhood club, which involves negotiating social expectations of what it means to 'be a woman'. It is of interest that Megan, a heterosexual cis woman, associates her vagina with her womanhood "only ...during sex", because "that is what is for, job done". In Megan's case, having heterosex affirms a link between her vagina and her identity as a woman.

However, Megan also expressed an internal contradiction in that she "usually" (outside of sex) "feels more like a male" despite still identifying as a woman.

But I don't really picture that to do with...the particular sexual organs that I have to be honest, I think of [being woman] more as like a social construct [...] Everything about me is actually more like a boy, [not] biologically who I was, more sort of like, why are my opinions and attitudes and stuff more in line with like the male perspective on life than the female?

Megan (cis)

Megan's contradiction lies in the expression of feeling she associates her vagina with her womanhood "during sex" and yet states she does not associate her womanliness with the "particular sexual organs that I have". This suggests that heterosex affirms her womanhood in ways which are not necessarily 'biological' or indeed physical, but rather linked to the sexual scripts at work during heterosexual intimacy. As Riley (1988) notes, "it's not possible to live twenty-four hours a day soaked in the immediate awareness of

one's sex," (p. 96). Megan's gendered self-consciousness emerges during heterosexual but also when it comes to be considered 'woman enough'.

The penetrated vagina

Lydia, who was diagnosed with vaginismus at age 18, said her vagina refusing penetration contributed to feeling "less of a woman", particularly in how she was treated by cis men partners near the time of diagnosis. Whilst Lydia described this feeling of 'less than', Megan discussed only feeling like a woman during heterosexual: the penetrated is placed on the position of women, to the extent of male on male rape being culturally considered to 'feminise' the victim (Javaid, 2016). This pertains to the penetration imperative; that penetration is the pinnacle of sexual encounters -which is not limited to heterosexual pairings. Elle reflected on her sexual encounters and what she called the "heterosexism" of her sexual life; she discussed how she likes to take on a "submissive role" and links this to feeling "traditionally feminine" in the bedroom: being dominated by a (cis)man. Interestingly, Elle did go on to discuss with me that she has felt attraction to masculine lesbian women, and suggesting that it is the masculine/feminine binary that she finds erotic in a sexual setting, rather than the physicality of the body as "male/female". Whilst this idea was not confined to heterosexual participants, those who identified as straight did all express a desire to be 'woman enough' in a heterosexual pairing, i.e. that they needed to 'play the role of the woman', however they interpreted that. This wasn't necessarily a traditional or stereotypical 'wife' role, but a gendered script that was being played out between the couple.

Lydia's discussion of how her vaginismus was handled by her GP and by her previous partners builds on the harmful idea of the 'coital imperative', i.e. that sex cannot be considered 'real' or 'proper' without penile-vaginal penetration (Jackson, 1984; Potts, 1998; McPhillips, Braun and Gavey, 2001; Potts et al., 2003). Lydia talked candidly with me about this, as she found that realising she preferred to have relationships with veeples came "hand in hand with realising I just didn't want or need to be penetrated". Whilst she didn't explain it as the 'reason' why she preferred sex with veeples, she saw it as complementary. It made her life easier – removing penises from the equation meant sex

could be negotiated differently. Lydia found that her veeples-partners were less bothered about the fact she could not (and did not want to) be vaginally penetrated. However, she was aware this was not always the case in same-sex couplings or in queer relationships, as despite research finding veeples experience more and better orgasms during queer sex than heterosexual intercourse (Willis et al., 2018), heteronormative sexual scripts can nonetheless be applied and reinforced within queer sex.

The birthing vagina

The crucial aspect of the coital imperative is that it is derived from prioritizing a reproductive view of sex. Thus, as with menarche, another important ‘womanhood threshold’ that comes into play is motherhood. Maureen conceptualized her vagina as serving the purpose of enabling her to have sex as well as to “give her” her child, a sentiment shared with all the mothers I interviewed. Maureen also later reflected that many women feel they are not “whole women” unless they have children and referenced her daughter-in-law who is paraplegic and unable to have children. Maureen discussed the greater acceptance “these days” of parents having non-biological children, perhaps by adoption, and recognised that some people may choose to not have children. Whilst this may not seem directly linked to the vagina, when we consider the connection Maureen makes from womanhood to motherhood (and in our western understanding of the word vagina to represent a wider sociocultural meaning of all female reproductive organs), we can see that the decision to not have children and thus ‘reject’ motherhood could have implications on one’s perception of one’s own selfhood, particularly womanhood.

Natalie reflected on her own thoughts around possibly (not) wanting to have children in the future,

I think this is...something probably has changed in my head... Because [previously] ...I problematise the idea of what does it mean to be a woman? And that was...giving birth is just part of the package you don't even question it and now I do. So, I don't know.

Natalie (31, cis, Chinese)

Her perspective has changed. She has realised she conceptualised woman to include giving birth but now that she is deconstructing those ideas in her own mind, even questioning what 'woman' means, she no longer is sure she wants to have children. Is she implying that she felt she wanted children but now realises she felt it was just expected, something she of course must do, because she identified as a woman?

In discussing the *decision* not to have children, we must also consider the navigation of motherhood space by those not *able* to have biological offspring. For example, the impact of infertility on a woman's sense of self, and the desire to follow a 'biological' route to have offspring of 'your own' such as by assisted reproduction rather than to opt for fostering or adoption of offspring from another set of parents. This issue has been discussed widely as a 'biological imperative' for prospective parents to prefer having children that are genetically linked to them rather than the "unwanted" or "leftover" children put up for foster care and/or adoption (Matějček, Dytrych and Schüller, 1978; Brinich, 1995; Bitler and Zavodny, 2002). In their book *Relative Strangers*, Nordqvist and Smart (2014) address how, among those relying on assisted conception, even a simulated resemblance becomes important to some in their journey to have children who are not biologically linked to them, thus choosing the biological parents of your child can also be an important factor in 'finding a match' (Verdult, 2009).

Furthermore, according to reports by De Jong and Kemmler (2003, as cited in Verdult, 2009), women who prepared for a natural birth and were not expecting a c-section but end up having one often say they feel they are (or will be perceived as) not being a complete woman having failed to give birth vaginally. Priddis, Keedle and Dahlen (2018) reported that comments such as "I felt like I'd done it all wrong" (Kim) were a common thread among those who attend birth trauma counselling. They argue that this results from "a chasm between idealised motherhood and reality" (p.17). This sense of lost control can be terrifying for pregnant people and can also have a lasting impact on the ways in which they view their body afterwards.

This brings me back to the idea of the womanhood 'clubhouse'. Once you are in the door (you are assumed to have 'the key') you need to negotiate interacting zones and

hierarchies, one of which involves sexuality and pleasure, and another is motherhood. Ussher et al., (2012) discuss what they refer to as the reproductive imperative, where coital sex and motherhood are positioned as mandatory within marriage. Given the reproductive possibilities of the vagina and associated organs (the ovaries, the uterus, the fallopian tubes...etc) it is perhaps not surprising that parenthood would feature as part of the clubhouse.

The next event following reproduction for my older participants was menopause. Bridget said the dryness of her post-menopausal vagina resulted in her life feeling less “geared towards sex”. She noted that using assistive lubrication was something which “takes the spontaneity out of it” and thus found that overall, she was wanting less sex. This was not universal across all the post-menopausal women, but Bridget was not alone. For those of whom the idea of wanting less sex resonated, there was evidence of yet another re-negotiation of ‘womanness’ and ‘enoughness’. For some, they reframed their womanhood as one not in need of as much sex as their younger selves. For others, they utilised their relational self to help understand that what they experienced was common amongst post-menopausal people. Importantly, all those who told me they desired less sex also had anecdotes to share that proved others had experienced the same lack of feeling, that this feeling was *normal*, and that this contributed to the reality of womanhood (or being considered ‘enough’ of a woman).

Treated as a woman

One prevailing idea that arose in every interview was that as people they had all, at some point, been treated as ‘women’: a shared ‘vagina experience’. As discussed in my methodology, the fact that I was approaching this thesis from a feminist standpoint was something that many of my participants mentioned they appreciated. Indeed, something that all my participants could agree upon was that researching the vagina was worthwhile. Whilst they did not all identify as women, they could all draw upon experiences where they had been, or continued to be, treated as women socioculturally. When asking why they wanted to take part in my research, almost all my participants referenced that they felt ‘feminism’, ‘women’s rights’ or ‘women’s things’ were important to defend and

uphold. Here we find the 'reclaiming narrative' is still of great importance. The shared vagina becomes part of another shared space: feminism.

I think that the vagina is an incredibly strong muscle in the body and I think it empowers us and it makes us...the female sex...one that can endure such...I mean, [...]I think that's just such an incredible thing but I think in today's world, women are somehow perceived as weak or the vagina is perceived as something weak

Maddie (cis)

Here, Maddie refers to another facet of the 'shared vagina', that having been labelled 'girl' or 'woman' on the basis of one's genitalia also means you are treated as a girl or woman. Maddie refers to the issue of women being perceived (and treated) as inferior to men. For her, her womanhood has been denigrated by men, she looks to shape her selfhood by finding strength in what has been used to diminish her. Thus, her vagina and the concept of woman become central in her identity. Maddie did not elaborate on how she felt about people with vaginas that are not women.

Megan, a heterosexual cis woman, raised a similar point in her interview. Although she did not link her genitalia to her womanhood in the same way as Maddie, she also sought to assert women's strength.

I like to associate myself with being a woman as, kind of like, being strong and being, like, independent and things like that

Megan (cis)

Maddie explicitly talked about reclaiming the vagina as strong, and not just symbolically. Megan's use of the word "strong" mirrors Maddie's idea of women being perceived as weak; something both women wanted to 'fight back' against.

I think I'm glad I have a vagina I'm just less happy about the way people treat me because I have one and/or...yeah, give me the necessary tools or education to appropriately care [for it].

Here, Dyke's words again focus on the idea that vaginas mean you are treated a certain way, and this is a big part of the experience of having one. By being labelled by others as 'woman' for the genitals you are assumed to have, veeples are linked together and treated in the way others believe 'women' should be treated. Importantly, intersections such as age, sexuality, disability, race and gender identity create overlapping boundaries or 'types of person'. Thus, we can appreciate that the experiences of, for example, a white cis lesbian will differ from those of a Black heterosexual trans man.

Megan discussed at length the challenges she has felt with regards to being considered 'woman enough'. She describes being regularly mistaken as trans* despite identifying as a cis woman, and also as being wrongly assumed to be non-heterosexual. Whilst Megan stated she did not take these assumptions as contrary to her status as a woman (i.e. in her opinion, being trans* or non-heterosexual would not negate her womanhood) she was aware that others were making those connections. In chatting around this issue, Megan suggested she felt her "masculine appearance" was part of the reason she was misidentified, but also that her "attitude" was often assumed to be on the male side of the binary. The issue here is that others were not able to accept Megan's performance of womanhood as *acceptable* (cisnormative) womanhood, and thus challenged her status in the hierarchy. By asking her if she's "actually gay" or "actually a trans woman", others are attempting to make sense of traits they find difficult to understand in terms of binary gender. This highlights an important part of the womanhood clubhouse hierarchy: you must be able to judge the book by its cover. Importantly, Megan's childhood, adolescent and adult status as a "tomboy" was something that others anticipated would lead to a 'realisation' of her coming out as either gay, trans* or both. As Halberstam writes, this is actually a "part of a struggle with the narrow scope of conventional womanhood" (2018, p.70) and demonstrates the fine lines of acceptable womanhood within the clubhouse.

For trans* people, being considered ‘enough’ can be about passing⁷⁵ which can be directly linked to their safety as well as simply ‘fitting in’ (Wong and Lawrence, 2015). Gender attribution (Kessler and McKenna 1978), works through “rapidly scanning bodies and making assumptions about their morphologies and orientations” (Halberstam, 2018, p.58). My trans* participants described attempts at passing, but precisely *what* they were passing *as* was subject to change, and this was not just due to the lack of fixity of some of their identities (such as genderfluid, for example). Kit spoke about how they bind their chest (and are awaiting top surgery) for their own comfort but also to avoid being feminised – however when presented with binary public toilets they try to “pass as female enough” as that is the bathroom that they felt safest using. Kit told me they felt “lucky” that the “worst that’s happened is a funny look”. Here Kit refers to the social punishment one faces for not being successfully ‘read as’ one of the two binary genders, which can be anything from a discriminatory ‘double take’ glance to assault and murder (Lee and Kwan, 2014). This negotiation of gender performance that Kit describes highlights the differing intersectional interpretations of the need to be ‘enough’. In addition to gender identity, much has been written on the varying pressure faced socially to look and behave in ways ascribed to strict binary gender coding. For example, women of colour have a long history of being described (even legally, e.g. in the early US Constitution) as ‘less-than’ a woman (Thomas, 2007), and butch and/or lesbian women are still not considered ‘real women’ in many parts of the world (Ochse, 2011).

The idea of not being ‘woman enough’ extends to the physical vulva/vagina in several ways. For some it might be prominent labia: two participants made explicit reference to feeling embarrassed that their prominent labia could appear not dissimilar enough to that of a penis bulge. For others it could be about managing their pubic hair or feeling that their natural scent is not ‘feminine enough’. Elle, for example, considered that the way her vulva looked was of particular importance to her femininity because she felt her small breasts did not “count for much” (Elle). Elle’s use of the word “count” again pertains to

⁷⁵ Passing, or ‘being read as’ is the idea that a stranger/onlooker would observe you and assume your correct gender (which may not align with that which you were assigned at birth).

this concept of the 'womanhood clubhouse'. Despite being allowed entry due to having a vagina, Elle finds she is battling an internal hierarchy of 'counting' womanhood points. Whilst Elle felt her small breasts left her with a lower womanhood 'currency', others I interviewed felt it might be their choice to not engage with other stereotypical gendered ideals for 'women', such as not shaving their body hair, "[endorsing] the assumption that a woman's body is unacceptable if unaltered" (Toerien and Wilkinson, 2003, p.333).

The impression I got is that they have got it from their parents that you do not shave your vagina. A decent woman does not shave her vagina, only porn star shave it.

Natalie (31, cis, Chinese)

An issue Natalie raises is that "porn stars" are not considered to be "decent", whatever that means. This is reflected within the womanhood clubhouse in the hierarchical nature of the comparison: to be decent is to be superior, thus 'porn stars' – and other sex workers - are inferior. In this case, the treatment of your pubic hair is a signifier for your decency. Natalie also mentioned the issue of labial skin colour: that a darker skin tone is associated with having had lots of sex - which is seen as negative. She discussed the colourist implications of these ideas of "purity", referring to both racism and classism in how darker skin tones are perceived as inferior. There is also the implication that, for people, there is an expectation that your 'purity' is directly controlled by your sexual experiences: the fewer you have, the more 'pure' you are, the more superior you are.

For the trans* people I interviewed, linking vagina to womanhood was complicated in a different way from that demonstrated by the cis women I interviewed. Kit, age 24, identifies as nonbinary masculine-of-centre.

I mean...like typically, old fashioned thinking would be, you have a vagina therefore you're a woman. And in this kind of new... age, anyone can have a vagina. Male, female, nonbinary. But even in this quote unquote "new" way of thinking, I still don't feel empowered by that. So

like I still don't feel connected to my vagina because I'm a nonbinary person.

Kit (24, nonbinary)

Kit refers to the idea of 'vagina equals woman' as "old-fashioned", and comments that in this "new age", gender identity does not have to be restricted by genitals, the sex assigned at birth or by the traditional gender binary. This brings up a pertinent issue – perceived cultural shift. How new is 'queer' thinking about vagina? It could be argued that, whilst the spectrum of gender and sexuality is not a 'new' idea, public awareness of these identities has increased in the last decade (Halberstam, 2018). Trans* issues are being discussed in public sectors such as health (Lombardi, 2001), education (Gegenfurtner and Gebhardt, 2017) and in law (Köhler, Recher and Ehrt, 2013). We are seeing forms that no longer restrict your gender to "male" or "female", and there is much more visibility in the media of different gender identities (see Chapter 2).

I was interested to hear that despite asserting that having a vagina did not mean one is a woman, Kit still felt disconnected from their vagina, which they reasoned was *because* they are nonbinary. Kit did explain that their understanding of their gender identity was evolving, and they had only recently 'come out' as nonbinary to their friends and family. Nonetheless, the concept of being 'outside' the gender binary is a difficult one to grasp, not just for cisgendered people but for those under the trans umbrella too. As Kit discussed in their interview, despite *being* nonbinary, and despite *recognizing* that "anyone can have a vagina", they were still affected by the prevailing idea that their vagina may be 'feminising' them. Avery, who is genderqueer, commented similarly on this issue, noting that their body dysphoria was directed towards the parts of their body that others would label as 'female', and that this was particularly hard on days they felt more masculine-of-centre. So, for example, both Avery and Kit bind their chests, and both discussed 'packing'⁷⁶ to ease their dysphoria. In both cases, binding their chests gave

⁷⁶ 'Packing' in this context refers to putting something on your crotch (usually inside underwear) to give or enhance a bulge or 'package', often to resemble a penis or testicles, but not always. Packers can be homemade (rolled up ball of socks, anything you can find) as well as shop bought with various functionalities

visible results that could be perceived by an onlooker (as well as to themselves) but packing was not something done for the benefit of an onlooker (or to avoid being misgendered). In Avery and Kit's cases, packing was a private act, done to ease their own dysphoria rather than to be noticed by others. In Avery's words, "I hope people aren't looking at my genitals in general to be honest!". It is important to acknowledge that the purpose of using vagina to identify oneself as a particular sex or gender may not be one that is embraced or indeed in harmony with the rest of one's gender identity.

The protected vagina

One negative aspect of having a vagina discussed by everyone I interviewed was as a site of vulnerability to violence, and violence against women. As I discuss in my Methodology, whilst I was prepared for this, I was nonetheless overwhelmed by the volume of incidents participants referred to as well as, in some cases, the severity. Every single participant could draw on personal experience in this area. Also as discussed in my methodology chapter, it is important to note that none of my participants had experience of female genital mutilation (FGM) and as such it was not explored within the interviews. Nevertheless, with over 200 million people alive having undergone FGM in 31 countries (UNICEF, 2020), it is crucial to remember FGM as a leading issue in the fight on violence against women. With violence or the *threat* of violence in mind, a recurring theme within my interview data was that of *protecting* the vagina, particularly from men and especially from unwanted penetration.

The idea of protecting the vagina was discussed by my participants as part of an unavoidable reality for people. It was difficult for my participants to explain exactly the nature of the 'need to protect' that they all acknowledged was present.

I can't...I can't really...pinpoint to you...like, one thing...I think it's a lot of things. I think it's...like the social messaging of...you know, like I can't remember a time where my Mom told me, like "you should protect your

(may come with harnesses to attach securely, may give the wearer the option to urinate out of them, or penetrate a partner) and can be worn 'soft' (unerect) or 'hard' (erect).

vagina” [laughs] type thing, but I think it was definitely implied that I am, like, a girl and my parts are special

Bianca

Here Bianca highlights an important reason for the need to protect the vagina: the vagina is special. This ‘specialness’ was something described to me by all my participants, something that resulted in reported feelings of both vulnerability and power, often simultaneously. One aspect of protecting the vagina that my participants acknowledged was penetration. Whether by fingers, tampons, penises or medical instruments, all my participants described either avoiding or safeguarding against penetration in some way. Hamia (who is an Arab Muslim) told me that tampons are controversial within her culture due to the religious understandings of ‘virginity’. Bridget (who is white British) also did not like the idea of tampons, not linked to virginity but instead linked to what she described as ‘being natural’. She spoke about feeling that inserting man-made objects into the vagina was not natural, which extended to the speculum used for cervical screenings (something Bridget opts out of). Natalie (who is Chinese) used the same phrasing as Bridget of what she considered to be ‘natural’, but applied it to masturbation. She said she felt that using her fingers to penetrate her vagina felt “unnatural” but realised as she was talking to me that she was not applying the same criteria to her partner’s penis, or to his fingers. The issue of protecting the vagina from penetration was not only linked to consent but was magnified by it. For example, in considering sexual assault, the risk one’s vagina might be penetrated was at the forefront of concern. Whilst any sexual assault was considered to be unmistakably awful, there was a cultural importance assigned to the act of penetrating the vagina. This view has also been reported within scholarly work on sexual abuse (Kempe 1984; Summit and Kryso 1978; both as cited in Ronai, 1995), wherein the act of penetrating the vagina is seen as the ‘worst case scenario’ presented along a spectrum of assault. Despite the damaging consequences of this viewpoint, it does serve to illustrate the cultural understandings of how ‘bad’ unconsensual vaginal penetration is perceived to be.

One way in which my participants considered the need to protect the vagina was through comparison to the penis. Megan described how she viewed that comparison.

I have to admit it does...like...your vagina does feel like a huge area of responsibility compared to like what men have with the penis, in the sense of you're expected to like protect it in some ways but...and like others not...in the sense of 'oh you have to make sure it's with the right person', [whereas] guys can literally stick their penises in fucking hoovers and no-one cares.

Megan

Megan said she felt that in comparison to people with penises, veeple were held much more to account for their actions towards and with their genitalia, referencing the act of putting one's penis into the narrow tubing of a vacuum cleaner (usually out of curiosity or for masturbatory practices). The use of the word "stick" here is particularly useful in aiding our understanding of the comparison; whilst there is a carefulness designated to handling vulvas, Megan's use of the word "stick" to describe the manner in which the penis is placed inside the vacuum cleaner suggests a lack of care, and a lack of consequences, "no-one cares". This highlights not only the differences in expected behaviours between veeple and penis-owners, but also the difference in consequences for those actions.

In considering the differences in how vulva/vaginas and penises/scrotums are perceived by society, this idea of the vagina being "special" or needing particular attention was reflected in another one of my participants' stories. When recalling a visit to a nudist beach, Kim described the difference in how she felt between looking at men's and women's bodies.

It would've been, to me it just felt wrong to be looking at, you know, I mean... blokes' willies bouncing up and down you can hardly kind of miss them really [laughs] quite comical but I don't think I would've...looked at women cos I would've felt that I was intruding, that it's not right, you shouldn't be doing that.

Here Kim refers to seeing penises as something silly or humorous, whereas she described feeling unable to look at the “women” due to feeling it was “not right”. This again pertains to the need to protect the vagina, that even looking at the vulva would be inappropriate or would be intrusive in a way that looking at penises would not be.

Imagined audience

A large part of how one perceives their own ‘enoughness’ is an implicit orientation to an imagined audience – others who might judge or misrecognise one; the self is always constituted in relation to others. This locating process often takes the form of comparison.

I asked all my participants about their experiences encountering another vulva (in ‘real life’ and in the media). Looking first to ‘real life’ encounters, all the heterosexual participants initially denied any memory of ever encountering another ‘real life’ vulva, before slowly realising they all had experiences to draw upon. The mothers of daughters expressed surprise (and often laughter) when I pointed out they had previously told me they had daughters (and thus must have seen their child’s genitals). Almost all heterosexual participants agreed they had, at some point, ‘spotted’ their own mother’s vulva whilst changing or bathing. One particularly amusing (for both me and the participant) example was with Roxanne, who, like other heterosexual participants, initially denied ever seeing another vulva. She later explained in her interview that she had trained as a bikini waxer, which meant she had been exceptionally close to several vulvas. It seemed that all my heterosexual participants assumed I had meant encountering another vulva in a sexual sense; it is interesting that they all made the same assumption, particularly as they could easily recall experiences of seeing penises in non-sexual settings. When considering penises, all participants immediately had non-sexual experiences to draw upon (including seeing drawings or graffiti); penises (and testicles) were conceptualised as more present. This highlights the cultural taboo of *seeing* the ‘female genitals’ (the vagina as *hidden*), something which was also reflected in my participants’ responses to the question relating to encountering vulva/vaginas within media settings

(books, TV, film, etc: see Chapter 2 for more discussion on the lack of vulva/vagina representation in media).

Fascinatingly, none of the non-heterosexual participants made the same assumption as their heterosexual counterparts; in fact, all of them immediately drew upon non-sexual examples in the first instance and a few times I actually had to remind some of them that earlier in the interview they had already told me they encountered vulvas during sex. However, when discussing encountering vulva/vaginas in a sexual way, many of the non-heterosexual participants made reference to how important those experiences had been for them, both in how they understood their own bodies and in how they conceptualised desire. Lydia discussed finding her first lesbian sexual encounter “life-changing”.

Utterly life-changing. To see another vulva in front of me and just feel like, cool. It helped me understand my own body, and helped me be okay with how my body is too.

Lydia

For Lydia, her first sexual experience with another vagina came after several heterosexual encounters with cisgender men, where she described a pressure for her body to look a certain way rather than “being okay” with how her body “is”. Millie also reported that she felt a shift in her perception of vaginas after beginning to have sex with other people.

I always had that idea that the vagina is something ugly I guess, or undesirable and...having sex with other vagina-owners...um..kind of normalised that and...it, it kind of gives you the space to think, actually, this is desirable, like it can be part of...being desired and desiring others, as much as, like, a penis can...it's a relieving feeling.

Millie

Millie’s words refer to the sociocultural notion of the vagina as “undesirable”, something which all my participants mentioned in their interviews; not that they necessarily agreed or aligned themselves with that position but that the narrative of vagina as ugly genitals

had been present in their experiences.⁷⁷ Both Lydia and Millie referred to this normalisation of the vagina within sex in terms of framing their own desire but also in their relationship to their own bodies. Importantly, these reconceptualisations occur both within sexual acts and beyond them. For example, Lydia talked to me about how having two menstruators in her relationship helped to normalise the presence of blood in their household and even though she hadn't considered herself as "conservative or embarrassed about periods" during her heterosexual pairings, she noticed that the level of openness between her and her queer partners, both physically and emotionally was markedly higher.

The cultural taboo of seeing vulvas contributes to the harmful conceptualisation of vaginas as hidden (Braun and Wilkinson, 2001) and impacts on people's genital self-image. Genital self-image for people has been found to be associated with low self-esteem as well as being related to engagement in certain sexual acts (such as cunnilingus) and a withdrawal from gynaecological screenings (Laan et al., 2017).

The Shared Vagina

Whilst the self-other relation can be used to question/judge one's own body, it can also be used to negatively distance self from the 'other', to bolster a sense of one's normality in relation to others. Having examined the womanhood clubhouse closely, it continues to strike me how markedly important the identity and lives of others are in how we shape our own ideas of (particularly gendered) selfhood. As I have regularly stated throughout this thesis, the decision to deliberately, actively include trans* voices in my work was personal, political, and methodological. I knew that I would be potentially losing the interest of those who disagreed with my choice not to recruit "women", but instead "people with vaginas". As I have been theorising and writing this chapter, a question has emerged and entangled itself throughout my explorations: why do other people's identities (or 'lifestyle choices') matter so much to some? When reflecting on my interviews it struck me that none of my participants commented on or asked me to

⁷⁷ And a long cultural history of negative imagery of the vagina, see Rees (2013).

comment on my decision to recruit “people with vaginas” and not simply “women”, which could be because they didn’t feel (strongly enough) about it to consider questioning me about it directly. Nonetheless, there were plenty of examples within the interview and focus group data where it could be clearly seen that the identities of others were shaping how my participants made sense of their own gendered selfhoods.

Speaking to participants who did not identify as cis women brought up several issues regarding shared selfhoods. Kit and Avery referred to the idea that others attempt to ‘gender’ (or misgender) them, usually just by visual, physical information which is then used to assume what genitalia they have and thus what sex or gender they ‘must’ be. These ‘cultural genitals’ are assumed to be synonymous with biological genitals (Garfinkel 1967; Kessler and McKenna 1978; Lundgren 2000) – and the “revelation that this assumption is false can result in brutal consequences” (Braun and Wilkinson, 2005, pg 2). Wilton (1996) used the term “genital identities” to refer to the “heavy burden of signification borne by the human genitals” (p. 104). This was spoken about by Kit and Avery in terms of the distress and discomfort it causes them, and they both spoke about a continual ‘monitoring’ of their surroundings to avoid both their own discomfort and a possible incident of discrimination and/or violence. Positively or negatively, having a vagina still ‘matters’, something which I argue attests to the ongoing symbolic significance of vagina.

The backlash against trans* people suggests that their existence ‘threatens’ the gender binary in a way that makes some people feel uncomfortable. As discussed earlier, ambiguous genitalia in intersex children are also considered to be a threat to social order and thus ‘must be’ surgically ‘corrected’ (Kessler, 1998). Overall, not fitting into the arbitrary dichotomy of cis man and cis woman is considered a problem to be discussed rather than understood to be part of the reality of selfhood. What interests me about this is why other people’s identities carry so much significance to others and how they make sense of their own identities. If you feel your vagina makes you feel like a woman, why is it that someone else’s vagina that means something else to them impacts you or can threaten your own womanhood? Why is it that genitalia carries so much significance that we must monitor other people’s identities through it? Is it about some sort of desire to

find an 'absolute truth'? If we are given the assumption that vagina equals woman, and one's own experiences with one's own vagina results in feeling more of a woman, then that assumption has been reinforced and thus becomes central in one's belief system. However, if other people's experiences or feelings towards their vaginas are contrary to 'vagina' meaning 'woman', then that is seen as disrupting the 'overall truth' of 'what does it mean to have a vagina' and then, by proxy, filters through to dilute someone else's womanhood. The gender divide is so fundamental to how social order works that any disruption of that normalcy, where the socially accepted boundaries of gender are blurred or transgressed, immediately threatens the foundations of some people's senses of self.

Writing on the topic of resistance to same-sex marriage rights in Taiwan, Chin uses Mead's lens of the self to argue that these type of "anti" narratives, "inform us ...[of] their [narrators] self-reflexivity, which is embedded in the network of kinship interwoven with the institution of heterosexual marriage", (Chin, 2021, p.532). Using Mead's lens in the context of my own research, the process of developing the self is shaped by interacting with others, is defined by one's relationship to others. Thus, the self is always social in that it exists only in relation to an 'other'. In this way, the gendered selfhood that appears apparently 'threatened' by the existence of gender non-conforming people is at risk or is, in Chin's words, "a vulnerable self".

Returning to the idea of the 'clubhouse', the question is, if having a vagina gives you access to a club you don't identify with, how does that affect the club if it claims to represent all veeples? This brings us on to the issue of 'protecting the clubhouse'. We can see two initial threats to the clubhouse: one is non-key holders (women that are not veeples) trying to gain entry, the second is a key holder who will not conform to the club rules or who sets up an alternative clubhouse (veeples that are not women).

Thinking first of 'women that are not veeples', this is arguably where the most *visible* backlash occurs. It is here that trans women have their identities scrutinised, and their bodily morphologies are brought to the surface for assessment by cis women. This is where we see a fierce defending of 'women only spaces' which often results in 'genitalia talk', and one must prove their womanhood by demonstrating the presence of a

vulva/vagina (or, at least, an absence of the 'dangerous' penis). Within *S/he*, Minnie Bruce Pratt discusses this gender essentialism and writes "I don't want *woman* to be a fortress that has to be defended. I want it to be a life we constantly braid together from the threads of our existence" (Pratt, 1995, p.184). Thus, the initial defence of 'woman' or the womanhood clubhouse is reduced to the presence of the 'correct' genitalia, in which the rejection (and fear) of penis emerges alongside the fear of 'men' usurping 'women only spaces'.

Bianca, a cis woman, reflects on how she feels about the issue of genitalia and gender identity, and discusses with me the issue of 'veeple that are not women'.

I do tie [my vagina] to my womanhood, like to my own womanhood [...] it's really difficult because like, [sighs] it just, it really sucks because I...I...I never want to say...to someone who has a vagina that like...they are a woman if they don't identify as that because I think that's really vile. But I can't really deny that like, a lot of my womanhood and my like, experiences with womanhood are tied to my vagina

Bianca (27, Latina, cis)

Two things about this quote interest me in particular; firstly, the idea that she links her own womanhood to her genitalia; but secondly, how hard she must grapple with what she feels are conflicting issues. Her own womanhood, as she calls it, is connected to her own vagina. And yet, she is aware that other people's selfhoods may or may not be connected to their genitalia. Whilst those that argue against the existence of identities outside of the traditional gender roles suggest any 'anomalies' or 'outsiders' threaten the status quo, or the 'shared vagina' - as Bianca's dilemma indicates, the issue can also be found among 'sympathetic' cis feminist women, but in the sense that their own 'normative' identities may undermine a desire to queer the vagina. Bianca does not want her identity to threaten the identity of someone else, "I never want to say...to someone who has a vagina that...they are a woman [...] but I can't really deny [that that is the case for me]". Her internal conflict comes from wanting to be inclusive to non-cis identities and experiences without having to diminish her own. Returning to Mead's lens of selfhood, Bianca is

referring to almost the opposite process. Rather than the 'other' influencing her 'self', she is proactively concerned about her status as the 'other' for another person's selfhood. Bianca is able to use her reflexive thinking to centre the lens of self onto another person, rather than holding onto her own selfhood tightly to protect it. Using Chin's analogy of the 'vulnerable self', we see here that Bianca is identifying a vulnerability in the 'other', recognising that for those individuals they are, in their eyes, also a 'self'.

Thus, there are different levels of objection to trans* people's existence, and varying levels of monitoring the womanhood thresholds – particularly the initial 'vagina' threshold. Whilst there are some who simply falter under an interactional confusion (how do I interact with this human if not through the standard gendered lens?), there is also the moral argument, often fuelled by a religious or faith-based standpoint. There is a political divide here – between those supporting trans rights and those who see themselves as defending women's rights through excluding trans women.

Conclusion

In this chapter I have explored the meanings that my participants associated with their vulva/vaginas. One overarching idea that affected all my participants was the idea that 'vagina equals woman', although this was significantly problematized by both the trans* and cis people I interviewed. Given the overlap to the concepts of 'woman' with 'vagina', issues surrounding 'femininity' and 'being (woman) enough' were prevalent.

Aside from the assigning of a sex to the un/newly born child, the earliest shared point of significance for my participants was menarche, where again issues of 'becoming' a woman were highlighted and scrutinized. A recurring theme within this chapter has been that of considering oneself 'enough', specifically in a gendered way, for example feeling or *feeling perceived as* 'woman enough' or as a 'real woman'. I have described what I refer to as the womanhood clubhouse in which the vagina acts as the passkey to an internal labyrinth of further thresholds such as menarche, penetration, pregnancy and childbirth.

Furthermore, it is not enough to consider the vagina as simply the key to the clubhouse, for it also acts as a *marker* outside the clubhouse – a label to let society know which club you belong to (for we 'must' all belong to one) in order for you to be addressed and

treated accordingly. In this way, I have discussed in this chapter how being *assumed* to have a vagina also means, societally, you are *assumed* to be a woman, and thus are subject to the inferior treatment that women bear. It is also important to note that for those whose gender non-conformity is obvious to an onlooker, there is also the treatment of that person as deviant from the norm, which can result in specific forms of stigmatisation and discrimination in combination with misogyny. Feelings about one's vagina are related to recognition and misrecognition and are sustained by these gendered interpretations of the body.

Chapter 7: Discussion and Conclusion

I embarked upon this research journey with an aim to explore how life experiences impact the vagina-owner, and how having a vagina in turn influences how one experiences life. To address this aim, I employed the use of interviews to hear veeples' stories and to engage with *how* veeples talk about their experiences with their vaginas across different stages of their lives. When I began there was little literature addressing the issues I was interested in, and therefore I was able to identify gaps in the scholarship and situated my research within a broader sphere not specifically about vulvas and vaginas but about a wider literature on gendered embodiment and sexuality. Within Chapters 1 and 2, I outlined the gaps in the existing scholarship and positioned my research as well-placed to begin to fill those spaces and to contribute to a wider understanding of how we relate to our bodies and negotiate gendered selfhoods. Having "travel[led] in this ocean of knowledge", (Chin, 2016, p.19), I detailed the relevant contextualisation for my analysis, focusing specifically on discourses of 'women', 'vaginas' and trans* identities. As I have argued throughout this thesis, sociocultural notions of the vulva/vagina are tied to sociocultural notions of queerness, as well as 'womanhood' and 'womanliness'. Thus, where pertinent, I included aspects of trans, queer history alongside the 'vagina histories'.

Chapter 3 focused on my methodological approach to the research, and I reflected upon the process of preparing and undertaking the empirical work. I discussed at length my reasoning for using qualitative methods, in particular semi-structured interviews, and my desire to articulate my work as feminist research. Something I notice now, towards the end of my doctoral project and two years into the global COVID-19 pandemic, is that my issues with conducting virtual interviews on Skype may have unfolded differently had my empirical work been undertaken during the pandemic. Indeed, it is unlikely that I would have used Skype at all, given how quickly other platforms became popularized, such as Zoom, Google Meet and Microsoft Teams. This could also have changed how I approached my focus groups, as I could have considered a virtual option which may have eased some of the logistical concerns (although may have presented other issues). At the time I

completed my empirical work, using online platforms to meet strangers was quite unusual: now it has become somewhat of a norm in and of itself.

I am aware that my data works as somewhat of a 'snapshot' of how those particular people felt at a specific moment in time: their experiences, and their reflections, will have continued to expand beyond (and arguably, because of) our encounters. Several of the participants that I knew prior to the interviews continued to discuss 'vagina issues' with me long after the interviews had been completed.

I discuss the empirical data in three major themes: talk, embodiment and meaning. Firstly, I focused on the ways in which vagina talk occurs, and explored the different ringfences that people navigate in order to communicate effectively about their bodies and experiences. Euphemisms for use with 'children' are common, and with the native English speakers there was a distinction between 'real' words considered appropriate for children (such as 'bits' or 'privates') and 'nonsense' words (such as 'foo foo' or 'fairy') which some participants found patronising. Nonetheless, across all languages discussed in the interviews, there was a general consensus that 'adult' language for genitalia was not considered appropriate for (small) children, with everyone reporting euphemisms that they were provided with at a young age. For those that did not identify as cis women, word choices for one's body took on a special significance. The cultural, gendered, weight of words such as 'vagina' or 'vulva' were described by these participants as problematic for them. Not only does it create issues when discussing genitalia in general, but especially in and around the topic of sex and intimacy. A lack of 'vagina' words was lamented by all participants, regardless of gender identity, but for those outside of the cis woman umbrella it was particularly painful. The quest for finding a 'neutral' word, particularly a gender-neutral word, proved difficult. One of my participants reported using 'genitals' but no other participant reported feeling comfortable with this 'medicalised' term. The comparison to 'penis' words was raised by several people I interviewed, some with a 'tongue in cheek' humour, but most with somewhat of a bitterness at the unfairness of the situation. They resented that 'men' had such a large repository of vocabulary available to them, suited to different situations with differing levels of slang. As Greer (1971) notes, "the names for the penis are all tool names" (p.40) which adds another layer of

significance: not only are there more available words, they are also framed differently to their 'female' counterparts. All my participants confirmed with me at the start of their interviews that they were comfortable using the word 'vagina', at least for the purposes of the interview. And yet, few actually did so. I noted that whilst nobody admitted any embarrassment or apprehension towards using 'vagina' or 'vulva', various nonverbal cues gave me the impression these feelings were still present. Arguably, I pushed them to their 'vagina' limit: I was not just asking them to use the word once, but repeatedly as they divulged personal details about their own bodies. This no doubt had an effect on my participants, but not one that was sufficient to stop the interview or cause any issues during the dialogue.

In terms of discussing 'vagina', mothers played an important role for all my interviewees. Not only were mothers providing the language for their child(ren), but were considered the most appropriate parent (all reported cis-heterosexual parents) to discuss 'vagina' with their 'daughters'. How a mother handled these early interactions with their child seemed to shape their ideas about their bodies – whether strictly 'need-to-know' or whether more open in nature. There was a generational difference to be found here, with the older veeples reporting their mothers were less open about talking about 'vagina topics' than younger participants' mothers. There were also individual differences, unable to be explored much further here, where some mothers were more 'tight-lipped' than others, depending on their own attitudes towards the topics in question. For some mothers, talking about vaginas with regards to menstruation was much easier than approaching the topic of sex, for example. Nonetheless, some mothers opted not to address any topic with their child(ren), which was reported by my participants as 'unhelpful'. All my participants demonstrated an almost instinctual understanding of what 'vagina topics' were allowable in which contexts, from things considered 'necessary' (menstruation featured heavily here), 'funny' (menstruation also featured, but so did sexual 'mishaps'), and what was 'inconvenient' (shared 'grumbles' about having a vagina, with menstruation featuring heavily again). These three categories are important because they outline the silent rules in place, the silent learning that negotiating taboo topics require. This firmly places 'vagina' as still a taboo, at least for the majority.

All my participants lamented the state of sex education, with older participants reporting that they felt 'things had changed' since they were at school. Whilst this is probably true (for the most part, at least), younger participants reported that their sex education was still, "pretty shit" (Lydia). A reproductive focus on sex education was considered by all to be insufficient. As several have argued (Fine 1988; Tepper 2000, Allen 2012, Mark et al. 2021), the missing discourses of pleasure and desire (especially for 'girls') remains an issue in modern 'sex education' programs within schools. There is an expectation that children will somehow 'pick up' the missing knowledge through personal experience or by conversations with others – which completely ignores the reality of the continuing social taboo around these topics even in those permissible spaces.

Vaginas may be difficult to talk about, but they are unavoidably embodied. The vagina exists at a large intersection of negotiable issues for veeples: just *talking* about it requires careful consideration as to where you are, who you are with, what topic is being raised. For gender non-conforming people, another main artery disrupts the intersection and becomes prioritised. Negotiating how one presents oneself, whilst common to all, is experienced differently by trans* people and adds another layer of complexity to these negotiations. There is a disruption between their experiential embodiment and how they are perceived by others; even being critical of gender and identifying themselves as outside of the traditional gender binary is not enough to counteract significant issues such as gender dysphoria and, more specifically, genital dysphoria. Whilst one might want their genitals to 'not matter', it is hard to distance oneself from the social meanings of them.

In discussing the physical embodiment of having a vagina, touch took on a special significance for the veeples I interviewed. There appears to be two main issues here, one is understanding if and when it is considered acceptable to touch oneself, and the other is effectively managing the continual threat of another's unwanted touch. The vagina was conceptualized by all as something special, something important to be protected, cared for, looked after. Importantly, many of my participants directly raised the comparison to 'men' and 'penises', lamenting that these issues are not present for them: they can seemingly touch themselves and anyone else any time and place that they like. Not only do they not have to worry if it is 'okay' to touch their own genitalia, they are not spending

anywhere near as much time as veeples worrying about non-consensual touch as a threat to their safety.

The veeples I interviewed discussed the vagina as being dynamically relational to the self. There were descriptions of being able to 'zoom in and out' of (self) consciousness about the vagina, something close to what might be described as dissociation. This was usually deployed at moments where discomfort and/or pain were seen to be 'unavoidable'. Despite this regular 'tuning out', the veeples I interviewed all wanted to have agency over their bodies, which did not exclude their genitals. From choosing the 'right' menstrual product for them (if any) to contraceptive choices, veeples want to feel in control. Unfortunately, there was an overall agreement that education to this end was not sufficient, or even present at all for some. Capitalist ventures aimed at taking veeples' money (particularly those such as 'sanitary' or 'hygiene' product placements) were deemed unhelpful and often misleading.

Vagina is not just part of one's anatomy, but is also imbued with all manner of significance: it carries a heavy cultural weight. Whilst some cis women felt comfortable with the cultural idea of 'having a vagina means you are a woman', not all aligned themselves with this view. The gender non-conforming participants I interviewed all raised this directly with me and discussed how difficult this continual navigation of gendered constructs is for them. The inclusion of non-cisgendered people in my research is something I consider vital to the critical examination of gendered selfhood. The issues raised by the gender non-conforming participants only serve to strengthen this argument: their perspective is a unique one and raises important questions about how we identify ourselves and others around us. Whilst not all my participants identified as 'women', they all had experience of being 'read as a woman', and treated accordingly. In almost all examples, this treatment was described as discriminatory: being 'read as' as woman meant being treated as inferior. Indeed, almost all my participants referred to 'women's rights' (or words to that effect) as one of the reasons they responded to my call for participants. I introduced the idea of the 'womanhood clubhouse' to examine the overlapping hierarchies that my participants described, with particular attention to feeling 'enough' (which, for some cis women, was framed as being 'woman enough'). The

assumed presence of a vagina is not simply a passkey to the clubhouse, but acts as a label, a marker outside the clubhouse that reinforces membership.

As with all research, this thesis comes with its limitations, which mostly focus on the demographics of my participants. Unfortunately, I did not manage to conduct interviews with any people that had experience of FGM, and no trans women responded to my call for participants. This could have been due to how the call was framed – possibly even using “people with vaginas” was not sufficient as they could have assumed I intended ‘people *born* with a vagina’ which would exclude any trans women even with surgically constructed vaginas. It could, however, simply have been the ‘luck of the draw’, but regardless I would argue that future research would be well placed to actively recruit from these demographics. Despite not being able to include trans women, my research did feature five voices of gender non-conforming people which is, to my knowledge, the first ‘vagina’ research to do so. It is also worth noting that whilst my participants were mostly white (with eight exceptions), the age range represented by those I interviewed was broad and captured people from their early twenties to their late seventies. In this way, whilst I acknowledge the limitations of this study in terms of representativeness, I argue that the accounts shared by my participants describe not only their experiences with having a vagina but also their reflections on *what* and *how* vagina means in a broader sociocultural sense.

My research did not have the scope to include data from people without vaginas, particularly people with penises. In a larger study it may be of interest to include experiences of people without vaginas to gain a different perspective on how vaginas are constructed within sociocultural meanings, but for the purposes of my research questions I wanted to focus on vaginas due to their link to femininity and/or womanhood particularly as a site of violence and oppression. It was also important to my research ethos to focus on “women’s” narratives as part of a wider feminist research methodology: by including gender non-conforming people I do not intend to group them under the umbrella of “women’s voices” as they do not fit that category. Nonetheless I have prioritised voices that are not cisgendered men, which remains a feminist standpoint. Having conducted the research it became clear that much of the ‘male gaze’ and ‘penis

perspective' is commented on by veeple themselves, referencing men/penis-owners in their lives that have impacted on their embodiment of vagina– the only perspective that is truly lacking is that of penis meanings for those with one, i.e. how penis means, which is not possible to include within the scope of this study.

At the beginning of this thesis, I recalled a few childhood memories that, I envisage, act as landmarks on my personal journey towards this doctoral project. Now as I near the conclusion of my thesis, I reflect on my journey through and beyond this research. The conversations about vulva/vaginas that I have detailed here, in the vagina dialogues, are just one segment of my journey. My research life *and* my personal life have been full to the brim with vulvas and vaginas: from daily conversations with friends and partners to regular emails in my inbox entitled 'saw this vagina thing and thought of you'. In my Introduction, I included a story about my own mother, where we 'talked vagina' together. In what may seem a little *too* poetic, I feel it might be poignant to conclude this chapter with a discussion about 'vagina talk' with my Dad, who has lived through it all with me. The pains, the joys, the complicated feelings that have come with this thesis and my life more generally, have all sparked fresh conversations with my Dad who, as always, has been keen to 'get on board' with my research interests. As an avid learner himself, Dad has always encouraged my curiosity with the world around me, and nourished the inquisitiveness he saw sprouting within me. I was lucky, and privileged, enough to have two parents who told both me and my sister, repeatedly, that we could do anything we set our minds to, that anything was in reach for us. But it was my Dad who could see the observer in me, who never stopped answering my insistent questions, and who reached for books to give me when he felt he had run out of answers. This is what fuelled my love for research: although my research position may have shifted from my childhood-self's view of wanting to 'find things out', my passion for 'knowledge' endured. Over the past five years as I have been writing this thesis, my Dad has been enthusiastic to hear me read a chapter, or hear my opinion on something 'vagina related' on the news. Looking back, we didn't really ever talk about vaginas before I began my MA dissertation. In many ways I think this was partly due to practicality – I knew he didn't have one, but Mum did so I would ask her about mine. But pragmatics aside, there was also a cultural boundary in

play, a stigma against 'fathers and daughters' talking about what could be deemed an intimate, sensitive topic with taboo status. Arguably we have not disrupted this paradigm much, by ringfencing our 'vagina talk' to when discussing my academic work. Regardless, it has opened up new channels of communication between us that were not there before. And it has not just been 'all about vagina' but about gender non-conformity, about gender performance and about how we identify ourselves.

In as much as I have challenged my father to 'keep up' with my (arguably) progressive research, I myself have not gone unchallenged through the doctoral project. As I alluded to in my Introduction, even my own gender identity has been subject to questioning throughout this exploration of vulva/vaginas. On an academic level, I have also had to negotiate my own evolving ideas on my research position, my analysis of the empirical data and my subsequent conclusions. I set out with the intention to *ask* veeple, "what is it like to have a vagina?", and my analysis revealed multiple varied and shared experiences, many of which challenge us to question what we might take for granted about bodies, and about gender. As all of my interviewees attested, having the space to talk openly about vulvas and vaginas is not only important, but necessary, and feminist research that speaks on veeple's experiences and interpretations must be considered valuable.

Appendix I – Participant Details

Here I list the interviewee details alphabetically by their pseudonym and include: age, gender, ethnicity, and sexuality. Note that I have maintained the exact wording that my participants gave me in all cases (but clarified where necessary).

Alex: 21, genderfluid, white Irish, bi/questioning

Avery: 23, non-binary agenderflux, white British, ace

Bhaarati: 26, female, Indian (Hindu), lesbian

Bianca: 27, woman, Latina, bi

Bridget: 59, female, white British, heterosexual

Clare: 20, female, white Scandinavian, lesbian/pan-curious

Dyke: 22, non-binary woman/girl thing/girlvoid, white British, queer/lesbian/ace-spectrum

Elle: 36, woman, Malaysian Chinese, straight

Hamia: 25, female, Arab, straight

Jane: 25, female, white British, straight

Jean: 66, female, white British, straight

Juliet: 31, female, mixed-mostly white British with some euro/Asian, queer/bi/pan

Kim: 57, female, white British, straight

Kit: 24, non-binary masculine-of-centre, white British, queer

Lydia: 26, woman, white British, queer

Maddie: 29, female, Indian/USA, straight

Maureen: 70, female, white British, “normal” (later clarified: heterosexual)

Megan: 24, female, white British, straight

Millie: 24, non-binary, mixed-British/Caribbean, ace/poly

Natalie: 31, woman, Chinese, “straightish”

Peggy: 79, female, white British, “private” (later clarified: heterosexual)

Rosa: 29, woman, Mexican, lesbian

Roxanne: 27, female, white British, straight

Shirley: 65, female, white British, straight

Tyler: 27, female, white USA, straight

Appendix II – Interview Guide

Hello and thanks for taking part in my study! I really appreciate it.

First things first I just want to double check that you're OK for me to audio record this interview?

All data gets immediately transcribed and everything is confidential and anonymised, deleted at the end of my research, is that OK?

Some of the topics we might discuss are quite sensitive and I appreciate they might be difficult to talk about, different things trigger different people so if at any point there's a question you'd rather not respond to or a topic you'd like to avoid then just let me know and we'll move on.

Equally, if you need to stop or want to withdraw then again just let me know, that's no problem.

Talking about the Vagina

Explain my use of 'vagina', check what word they are comfortable using for the interview.

What sort of words do you use regularly to mean "vagina/vulva"? Do you use different words with different audiences?

When/with whom, do you feel most comfortable talking about your vagina (if at all?)

Learning about the Vagina

Where did you learn the basic facts about your vagina?

How was your school on teaching in this area?

...your parents/family?

...your friends/peers?

...through other media?

Relationship to own vagina

In general, how would you describe your feelings towards that part of your body?

When do you feel most aware of having a vagina?

What does it mean to you, to have a vagina?

Senses: What is your relationship with the sight/taste/smell/touch of your vagina?

Other Vaginas and You

What are your thoughts on vagina 'diversity'? Is it something you're familiar with?

Popular 'vagina' topics.... Hair? Discharge/Cleanliness? Labia size/shape?

When, if ever, have you encountered other people's vaginas (in media or in real life), and what was that like for you?

Other People and Your Vagina

Thinking about experiences with other people and your vagina...can you tell me a story about...

...intimate and/or sexual encounters?

...doctors/GP/specialist appointments, smears, check ups etc?

...if you've experienced pregnancy/childbirth?

Was there anything else that we haven't covered, that you would like to talk about?

Do you have any questions for me?

Appendix III – Information and Consent Form (Interviews)

Who am I?

My name is Lauren Cowling and I'm a PhD student in the Centre for Women's Studies here at the University of York

I'm exploring what people think and feel about their vulvovaginal region, experiences they have had with that part of themselves (periods, sexual/intimate encounters, doctor's appointments etc) and the effect of these on their relationship with their bodies. I'm also looking at public narratives in this area, exploring the social meanings of vagina.

Who am I looking for?

I'm looking for a range of people to talk about their attitudes and perceptions of their vaginas, no matter what those views and experiences are, (positive or otherwise). The study is open to those of any or no gender.

What does it involve?

A one-to-one interview with me (lasting approximately 1 hour) to talk about your body and your experiences. The interview will be audio-recorded and will cover issues you are comfortable to discuss - this may include what words you use in different contexts to refer to your genitalia, where/from whom you learned about your body and your ongoing experiences involving that part of your body. The interview will be partly guided by myself but the content we discuss is completely up to you so there's no need to divulge information you don't want to and we can stop the interview and recording at any time.

More information

All data will be entirely confidential and all identities will be anonymised in the final submission.

Everyone has the right to withdraw from the study up until the date of thesis submission.

Any concerns?

If you have any questions or concerns you can contact either myself or my supervisors,

Ann Kaloski-Naylor: ann.kaloski-naylor@york.ac.uk

Stevi Jackson: stevi.jackson@york.ac.uk

If you'd like to learn more about the Centre for Women's Studies, you can find us online at www.york.ac.uk/inst/cws

For information regarding ethics, please contact: University of York Ethics Committee Chair (ELMPS): Professor Tony Royle - tony.royle@york.ac.uk

Consent Form (Interviews)

Project Title: Vagina Dialogues: Exploring social meanings of vaginas

Researcher: Lauren Cowling lfc503@york.ac.uk

Please read the information sheet, tick and sign the form below and return to the researcher.

- I have read the information sheet and understood the purpose of the study
- I have had the opportunity to ask questions
- I understand that my participation is voluntary and that I have a right to withdraw from the study up until the date of thesis submission
- I agree to the audio recording of the interview
- I agree to the use of this material in the researcher's work
- I agree to the use of this material in any resulting publications
- I agree to the use of this material to be submitted to the National Archive
- I understand that all data will be stored securely on the university mainframe - all data will be confidential and anonymous.

Contact: University of York Ethics Committee Chair (ELMPS): Professor Tony Royle - tony.royle@york.ac.uk

Signed by participant, Print Name, Date

Signed by researcher, Print Name, Date

Appendix IV – Information and Consent Form (Focus Groups)

Who am I?

My name is Lauren Cowling and I'm a PhD student in the Centre for Women's Studies here at the University of York

I'm exploring what people think and feel about public narratives within the social meanings of vagina.

Who am I looking for?

I'm looking for a range of people to talk about their attitudes and perceptions, no matter what those views and experiences are, (positive or otherwise). The study is open to those of any or no gender.

What does it involve?

A small focus group (lasting approximately 1 hour) where we will discuss public narratives that involve vaginas, for example 'sanitary' product advertisements, cervical screenings etc. The focus group will be audio-recorded and will cover issues you are comfortable to discuss - but will not require any divulging of and personal stories from participants and of course there is no obligation to join any discussion you are not comfortable with. We can stop the focus group and recording at any time.

More information

All data will be entirely confidential and all identities will be anonymised in the final submission. As you will be part of a group, everyone will be required to sign a confidentiality agreement to ensure no identities or information from within the focus group is shared. Everyone has the right to withdraw from the study up until the date of thesis submission.

Any concerns?

If you have any questions or concerns you can contact either myself or my supervisors:

Ann Kaloski-Naylor: ann.kaloski-naylor@york.ac.uk

Stevi Jackson: stevi.jackson@york.ac.uk

If you'd like to learn more about the Centre for Women's Studies, you can find us online at www.york.ac.uk/inst/cws

For information regarding ethics, please contact: University of York Ethics Committee Chair (ELMPS): Professor Tony Royle - tony.royle@york.ac.uk

Consent Form (Focus Groups)

Project Title: Vagina Dialogues: Exploring social meanings of vaginas

Researcher: Lauren Cowling lfc503@york.ac.uk

Please read the information sheet, tick and sign the form below and return to the researcher.

- I have read the information sheet and understood the purpose of the study
- I have had the opportunity to ask questions
- I understand that my participation is voluntary and that I have a right to withdraw from the study up until the date of thesis submission
- I agree to the audio recording of the interview
- I agree to the use of this material in the researcher's work
- I agree to the use of this material in any resulting publications
- I agree to the use of this material to be submitted to the National Archive
- I understand that all data will be stored securely on the university mainframe - all data will be confidential and anonymous.
- I agree to total confidentiality of the identity of other participants within the group
- I agree to total confidentiality of the discussions that occur within the focus group

Contact: University of York Ethics Committee Chair (ELMPS): Professor Tony Royle - tony.royle@york.ac.uk

Signed by participant, Print Name, Date

Signed by researcher, Print Name, Date

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