

UNIVERSITY OF WISCONSIN-SUPERIOR

Social Construction of Vaginal Surgeries

Body Modification for Male-to-Female Transgender People in the United States

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ABSTRACT

Body modification can be as simple as putting on makeup and as complex as vaginal surgery. This research covers vaginal surgeries performed in the United States. Background on types of surgeries are included, with a look at medically necessary surgeries versus elective surgeries for people and children with intersex conditions, cosmetic surgery, those receiving treatment for medical conditions, and people who are transgender. Specific coverage in regards to male-to-female transsexuals is discussed, including rationale for surgery, ethical concerns, and what life is like post-surgery. Finally, discussion leads to the future of transgendered and transsexual people.

Introduction

Across the United States, people of all ages are modifying their bodies. Body modification can take many forms. Some people wear makeup, and others have plastic surgery to change how their face looks. Some have surgery to remove fat deposits or change the size of their stomach to lose weight; some people go on diets and practice an exercise regimen to change the shape or weight of their bodies. People of all shapes and sizes color their hair, get tattoos and piercings, wear body shaping clothes, and do many things to appear different from their natural selves. Several decades ago, women began having surgeries to modify their breasts, to make them larger, smaller, change their shape, or reconstruct after cancer had taken its toll. This phenomenon has grown to epic proportion. According to American Society for Aesthetic Plastic Surgery, in 2012 there were 330,631 women in the United States who had breast augmentation (Statistics, Surveys and Trends 2012).

A new kind of plastic surgery has hit the market and is gaining momentum among people in the United States: vaginal surgeries. There are several kinds of vaginal surgeries, and they are sought out for a variety of reasons. This paper will provide readers with an introduction to the kinds of surgeries that are available, who receives them, what the procedures involve, and the social reasons they are in such demand in the United States. The researcher chose to focus attention to the United States because the social reasons for invasive genital surgery are different in every culture. Further research will be able to take a closer look at some of the reasons people in other cultures perform these surgeries.

Background

The majority of vaginal construction and reconstruction surgeries are performed on persons (especially children) with intersex conditions, women who elect cosmetic surgery to change the appearance of their genitals, and people who are transgender and looking to change their genitals; these are mostly unnecessary, from a medical standpoint. Rarely vaginal surgeries are medically necessary (Intersex Society of North America 2008, Goodman 2011, von 1997, Gehi and Arkles 2007). There are a large variety of types of surgeries for each category of people.

Not everyone who has an intersex condition requires surgery or is even a candidate; there are, in fact, multiple forms of intersex conditions which are not visible externally. According to the Intersex Society of North America (2008), one in one hundred babies born in the United States have some form of intersex condition; when only conditions which are visible are considered, the number jumps to one in 1,500 or 2,000 births. Children or people with intersex conditions with ambiguous genitalia or visible abnormalities can have multiple kinds of surgeries to create a vaginal area that resembles that of a typical female. Many times these surgeries take place while the person is still an infant because medical professionals recommend gender assignment to the parents of the infant. Rationale for surgeries on infants and children can vary significantly from that of an adult with an intersex condition.

Rarely, vaginal surgeries are medically necessary for some individuals who have certain categories of intersex conditions, following pelvic organ prolapse, and for women who have or

are recovering from cancer. Some of the procedures are similar: for example, the Pratt Method and the Split-Thickness Skin Graft that are completed on intersex people are also performed on women following some forms of cancer (Cairns and Valentich 1986).

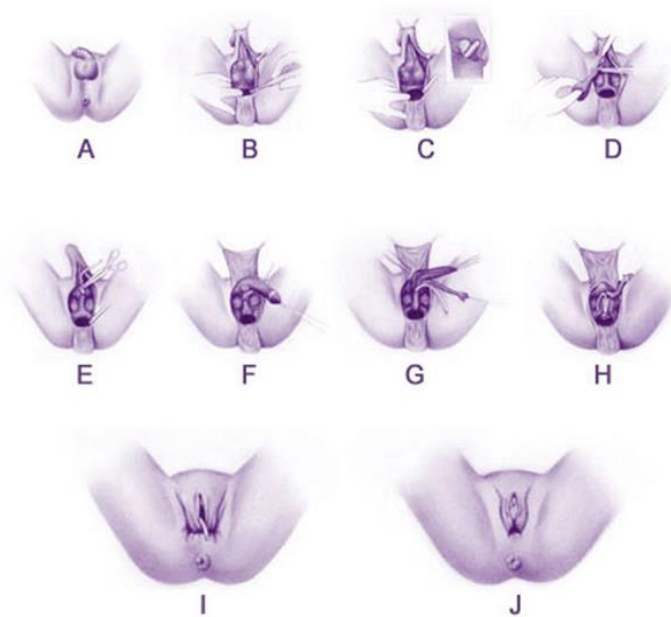
Medically necessary surgery on people with intersex conditions is extremely rare (Intersex Society of North America 2008). Pelvic organ prolapse is a bit more common; surgeries are needed to replace organs such as the uterus or bladder that is in a stage of falling out through the vaginal canal. Usually an ailment for older women, in the United States more than 338,000 procedures are completed annually for prolapse (Hendrix, Clark, Nygaard, Aragai, Barnabei and McTiernan 2002). According to the American Cancer Society, the instance of vaginal cancers (including squamous cell carcinoma, adenocarcinoma, melanoma, sarcoma and others) are rising in the United States, and many women require surgery on their vaginal area to eradicate the cancer. It was estimated that in 2013, around 2,890 new cases of vaginal cancer will be diagnosed (Vaginal Cancer 2013).

While this research did not go into detail about medically necessary genital surgeries, it is important to recognize the rarity with which it occurs, in comparison to elective surgeries. This research paper concentrated on the procedures used during male-to-female sex reassignment surgeries, which are elective surgeries. The remainder of the paper explained the procedures used during sex reassignment, the rationale and social construction of beliefs behind these intensive surgeries, bioethical concerns surrounding informed consent, and the risks involved.

Following extensive psychological therapy, transgender people may enter into a regimen of hormone therapy to begin transitioning from one sex to another. Transgender people may also elect to undergo sex reassignment surgeries. Options for male-to-female transgender individuals is “top” surgery in which breasts are enlarged following hormone therapy which usually gives breasts to people who are transitioning; another, facial feminization surgery which provides more feminine features (Ainsworth and Spiegel 2010). This research, however, will focus on the vaginal area and the construction of a vagina during sex reassignment surgeries (vaginoplasty or penile inversion surgery) for people transitioning from male to female (MTF).

Procedures for Sex Reassignment: Male-to-Female Transgender

Male genitalia that are present must be removed (complete castration) before a vagina and vaginal canal can be constructed and placed. The Philadelphia Center for Transgender Surgery explains this procedure in their article “Vaginoplasty Methodology.” The penis and scrotum are removed and the skin is grafted from them to form a vaginal canal; the length can vary from 4”-8” depending on the person’s height (steps B-D on the diagram below). A neo-clitoris and labia are formed from the skin that is pulled back from the major incision. The urethra is constructed similarly (steps E-G below). The last step is to place the neo-vaginal canal into the area between the urethra and the anus (steps H-I below) (Vaginoplasty Methodology N.d.).



Step-by-Step SRS Male to Female Penile Skin Inversion Procedure

Diagram from SP Cosmetic Surgery <http://www.sp-cosmeticsurgery.com/?p=183>

When surgery is complete, the genitals appear as a typical female. This includes an operational bladder opening (step J above). The coloring, formation and even wetness are also similar to that of typical female genitalia (Vaginoplasty Methodology N.d.).

Rationale

Transgender is an all-encompassing term that encompasses many individuals who live outside of what modern society considers “normal,” or rather, people who live outside of the gender dichotomy that is prevalent in the United States (Rosser, Oakes, Bockting and Miner 2007; Sánchez and Vilian 2009). The gender dichotomy is described as people fitting into one of two categories: man or woman. This begins very early in the United States, and it begins with the obsession about babies, and asking expecting parents, “Is it a boy or a girl?” The expectation is that the child, based on its genitalia, will be either a boy (with male genitalia) or a girl (with female genitalia). Sex roles are also distinct between males and females; these behavior patterns are learned from birth (Rehman, Lazer, Benet, Schaefer and Melman 1999). What has been found, however, is that gender does not always match the biological sex (including genitalia) of an individual. Biological sex is genetic: it is what a person is born with. This includes external and internal genitalia, hormones, and chromosomes. It is possible to have abnormalities and variations outside of the “male/female” separation. At conception, physical gender (or sex) is determined by the Sex-Determining Region of the Y chromosome, or SRY (Bushong 2011). Sex is biologically assigned based on the amount of testosterone a fetus receives during key times in development (Bushong 2011).

Gender, on the other hand, is how individuals see themselves, and how others see them. “Gender identity is one’s subjective sense of one’s own sex (Bushong 2011).” Gender can be

presented in supernumerary ways. A woman, for example, could choose to present as a feminine woman by the way she dresses, speaks, walks, styles her hair, and in her actions. This woman could show her femininity through high-heeled shoes, painted fingernails, and long hair. What is considered feminine differs in each culture; in the United States, however, feminine people are generally soft and kind in demeanor and submissive to masculine people.

Simply put, sex is what a person is, and gender is how they see themselves and show it. When there is a psychological conflict between a person's sex and their perceived gender, that person is considered to be transgender (Ainsworth and Spiegel 2010, Mason-Schrock 1996). The transgender umbrella can include drag queens and kings, cross-dressers, intersex individuals, and transsexuals (Rosser, Oakes, Bockting and Miner 2007).

People who are transgender can also be considered transsexual when they begin to take on the "job" of transitioning; sometimes these terms are used interchangeably. While transgender and transsexual are not mutually exclusive, one person is not necessarily both. Transsexuality describes someone who may feel like they were born in the wrong body, and wants to claim their life as the "other" gender (Mason-Schrock 1996). This can mean anything from outward identity (for example, living as a female) to genital surgery (Sánchez and Vilian 2009). The American Psychological Association's diagnostic manual identifies the disorder that is associated with this conflict as gender identity disorder (GID), and many transsexual people seek out this diagnosis, along with psychotherapy, in order to qualify for gender reassignment surgery (Ainsworth and Spiegel 2010, Sánchez and Vilian 2009).

Because male/female sex roles are learned from birth, transsexual people are also required to re-learn their new roles (Rehman, Lazer, Benet, Schaefer and Melman 1999). Dr. Carl Bushong explained that when a person is female, yet has been performing as a male in order to be accepted in society, she must re-learn the gender roles in order to rid herself of the male persona. The ability to dismantle their male persona has a direct impact on the female transsexual's sense of happiness and success (2011). In his research, Douglas Mason-Schrock described how some female transsexuals have to physically overcome their past attempts at conforming to the traditional concepts of masculine gender, including moustaches and collecting items like knives. Becoming their "true selves" is a many-step process (1996).

Simone Weil Davis, an Assistant Professor of English at Long Island University, explained in her article "Loose Lips Sink Ships" that the precursors to cosmetic surgery are not only desire, but concern, self-doubt, low self-esteem, and the like (2002). This is especially true for transgender individuals, who find the capability to be seen as the opposite sex (in the case of MTF, as a female) to be crucial to their psychological well-being (Ainsworth and Spiegel 2010). Experiencing isolation, exclusion from work and social groups, loss of friends or family, and other social impacts can lead to depression, anxiety, or suicidal ideation for transgender women (Ainsworth and Spiegel 2010). The conclusion, then, is that transgender women (in their quest to be seen as a woman) utilize gender reassignment surgeries as a way to increase their psychological health.

According to Douglas Mason-Schrock, doctoral candidate for Sociology at North Carolina State University, "in Western cultures the body is taken to be an unequivocal sign of gender; thus it is not easy for those born with penises to define themselves as 'female inside' (1996)." This is out of the unspoken expectation in the United States that biological sex must

match gender presentation; if it does not, there are emotional, physical and sometimes legal consequences.

Sex reassignment surgeries are, in some cases, necessary to obtain accurate identity documentation like driver's licenses and other state-issued IDs. The kind of evidence required varies from state to state and is inconsistent with federal guidelines for the same, including birth certificates (Gehi and Arkles 2007). It is important for United States citizens to have an ID which matches their performance; for example, if the license says the person has long red hair and glasses, and the photo shows the same, yet the person has short black hair and contacts, there may be concern the license was obtained illegally or that it does not actually belong to the person. The same is true for a transgender woman whose license shows she is male; there will be little chance that someone checking the ID would believe they are who they claim to be.

There are sex-segregated places that people visit on a daily basis, such as restrooms and locker rooms. However, more segregated facilities such as jails, prisons and drug treatment facilities also exist (Gehi and Arkles 2007). When these segregated places are private, such as stalls in restrooms, proof of gender is (for the most part) not legally required. Proof may be required in some schools and workplaces, but in public, it is generally not needed. Facilities such as treatment facilities and places of incarceration, on the other hand, segregate their patients and inmates based on the male/female dichotomy. When a transgendered person's birth certificate, ID, or even external genitalia do not match the gender they present, they may be placed into a situation where invasion of privacy, discrimination and even violence could occur (Gehi and Arkles 2007). This may especially be true for a transgender woman whose genitalia and paperwork do not match her gender. Cases of transgender women who have been placed into a men's prison facility, for example, are more common than those who are placed in the correct facility. Transgender women placed in a men's facility can and often do experience more severe violence than the average inmate (Gehi and Arkles 2007).

One additional reason for sex reassignment surgery is cultural forces (Davis 2009). While culture is different throughout the world, the United States is relatively consistent with how gender is seen and portrayed, as outlined earlier. Transgender people who do not fit society's expectations of sex and gender can feel like outsiders in their own body, and outsiders in their own communities (Mason-Schrock 1996). On a personal level, this includes increased chances of psychological distress, higher levels of depression and anxiety, and concerns about mental health (Budge, Adelson and Howard 2013). The phenomena of being left outside the community can include loss of friends and family, loss of jobs or careers, and in some cases, medical coverage (Mason-Schrock 1996).

In addition to culture, economics plays a factor in how people perceive their bodies, as well as their imperfections (Davis 2009). Specifically, propaganda and advertising create the image of the perfect body. This perfect body can be obtained, of course, through body modification of all kinds, including surgery. Ridding oneself of "abnormalities" in your body, including imperfect genitalia, is increasingly desirable and available (Davis 2009).

Pornography is the primary source from which women (and men) get their ideas about what women's genitals should look like (Davis 2009). Transgender women not only feel the need to present as female with what can be seen, they are now have the ability to see what society expects when they see a woman through pornographic images in magazines and movies.

Pornography is a major economic force that in the United States creates a “catalog shopping” experience for how a body should look (Davis 2009).

Ethical Concerns

Usually listed as a part of the GLBTQIA+ (Gay, Lesbian, Bisexual, Transgender, Queer, Intersex, and Asexual) movement, transgender has nothing to do with sexual orientation. Sexual orientation is who a person considers themselves attracted to sexually. Transgender people can be heterosexual, homosexual or anything in between (Bushong 2011; Kuper, Nussbaum and Mustanski, 2012; Sánchez and Vilain 2009; Rosser, Oakes, Bockting and Miner 2007). Biological sex and gender are not the same as sexual orientation. The concern here is the misunderstanding that society may have around the placement of the “T” in the GLBTQIA+ acronym. Discrimination is a real, everyday experience for those who are transgender. Discrimination can permeate in all areas of a transgendered person’s life, including the ability to have access to suitable medical care (Gehi and Arkles 2007). Further research needs to be conducted to determine if this placement continues to be appropriate, and if any negative impact is found for the transgender community within the connection to the minority sexual orientation community.

The recommendation for genital assignment is that unless medically necessary, surgery should not be performed on infants, children or young adults until they are able to give informed consent (von 1997, Rosario 2009). For transgendered people, informed consent is more than just going over the list of preparations and after-care treatments. When male genitalia, which could offer sperm to fertilize an egg, are removed, the transgender woman can no longer biologically parent a child. This can be a concern when it is not discussed in detail to surgery candidates.

The After-Surgery Life

The risks of genital surgery are numerous, and they range from excessive bleeding to death. The recovery period for each surgery is different depending on the person and the surgery. Multiple surgeries are sometimes required with sex reassignments (Rehman, Lazer, Benet, Schaefer and Melman 1999). Some patients reported a fear about their long-desired new vaginal entrance “will break or be damaged during intercourse” (Rehman, Lazer, Benet, Schaefer and Melman 1999). Following vaginoplasty and clitoroplasty, a labiaplasty may be completed to construct a natural appearance for the external genitalia (Rehman, Lazer, Benet, Schaefer and Melman 1999).

The measure of what a successful surgery means is measured case-by-case depending on the patient’s expectations. Psychosocial stability is more likely to occur after sex reassignment surgery (Rehman, Lazer, Benet, Schaefer and Melman 1999). This is especially true if proper and appropriate therapy occurs before and after surgery (Rehman, Lazer, Benet, Schaefer and Melman 1999).

Conclusion: The Future of a Transsexual

Recent movements for transgender and transsexual rights are gaining momentum. According to John Riley, reporter for Metro Weekly, The JaParker Deoni Jones Birth Certificate Equality Amendment Act of 2013 was recently unanimously passed by the Washington D.C. Council. This bill makes it easier for intersex and transsexual people to have their names and genders changed to reflect their true selves on their birth certificates (2013). As reported by the National Center for Transgender Equality, the Social Security Administration changed their policy on updating records to mirror a person's gender identity. The new policy, enacted in June 2013 stated that, "a transgender person can change their gender on their Social Security records by submitting either government-issued documentation reflecting a change, or a certification from a physician confirming that they have had appropriate clinical treatment for gender transition." (2013) Policy changes such as these, especially ones on a national scale, give the impression that transgender and transsexual people are on their way to attaining respect and human rights.

The beliefs within United States culture that bodies need to be "perfect" in order for that person to be happy is a relatively new phenomenon created through media and technology in the past half century. This belief is creating a supernumerary economics system that seems completely out of control; but is it? Each person has the power to believe good things about their bodies, and to help others see the beauty of those bodies, with or without modification. Furthermore, the belief that there are only two genders and that we are one or the other, and there should be no changes, is outdated and in some cases inhumane and invalidates some of the citizens. All of this is perpetuated by the increasing accessibility of media and technology in everyday life in the United States.

Future research should reflect the increasing psychological and medical treatments for transsexual people. Little research can be found in regards to reasons that transsexuals have for completing transition through surgery. While some research is available that discusses the how success is measured in regards to surgery, extensive studies need to be conducted. Most of the research available is in the form of convenience studies. More comprehensive studies should be conducted to reflect the wide array of people who choose surgery for their transition. A comprehensive study would include people in all parts of their transition, and from every socioeconomic group, religion, race, ethnicity, sexual orientation, age, and location. Samples and surveys filled out online generally offer the anonymity that is encouraged among transgender communities, and because of growing availability in regards to internet access, it would be possible to get a relatively random sample from an online survey. A snowball sample may be a more accurate way to obtain a more random sample, however, provided the researcher has one or more contacts within the transgender community. Limitations may be in finding participants, based on society's misunderstanding about the transgender community. This could be overcome by making personal contact and/or non-participant observations.

The importance of researching this marginalized group of people cannot be understated. The more people understand, the more they accept. People who are transgendered are just that: people. They need and deserve respect and acceptance just as anyone else does. Understanding the process of transitioning is a search that will continue well beyond the full inclusion of transgender people in society. While this group is still struggling, however, research and education will help pave the way for the very inclusion they deserve.

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