



The Vaginal Hierarchies of the ‘Womanhood Clubhouse’

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Abstract

In this article I explore how vagina-owners navigate sociocultural meanings of vulvavaginas and conceptualisations of gendered selfhood (particularly ‘womanhood’) through experiences with their genitalia. I draw upon my preliminary doctoral research data, having interviewed 26 people that have vaginas about their bodies and experiences. Whilst there has been research on ‘vagina’ (for example, Braun and Wilkinson 2001, 2003, 2005), it remains a relatively under-researched area. My thesis looks to bridge this gap and attempts to knit together thinking from across many topics that ‘touch on’ the vulvavagina (such as research on menstruation, sexual assault and gendered identities) but that often don’t connect to the vulvavagina directly. In this article I posit the concept of a ‘womanhood clubhouse’ in which the vagina acts as a pass-key and where members must continually navigate internal hierarchies of what it means to be ‘enough’. Within this piece I focus particularly on the physical attributes of vulvavaginas and the role they play in contributing to ‘enough-ness’ as well as two landmark ‘vagina events’: penetration and reproduction. I use these landmarks as a lens through which to explore in what ways people with vaginas negotiate various interpretations of ‘womanhood’, positively, negatively and in, as one participant phrases it, “a neutral way”.

Keywords

vagina, vulva, womanhood, gender, identity, trans*, motherhood

My research aims to unpack the sociocultural meanings of the vulvavagina, from the point of view of vagina-owners. I interviewed people with vaginas (whom I dub ‘veeple’) to find out how we communicate and learn about our genitalia, the embodied processes of having a vulvavagina (and associates: the uterus, ovaries, etc) and the sociocultural meanings of sex and gender that intersect with the physical body. My 26 participants varied in their ages (21-79), ethnicities, sexualities and gender identities (all names have been changed), but all were AFAB¹ and all still had their birth-genitals intact². I talked to them about all things vulvavagina, from the words we use and how we communicate

¹ Assigned Female at Birth

² This is simply due to the participants that responded to me; none had undergone any gender affirmation surgery.

about our genitals, to the embodiment of being a vagina-owner and the meanings laced in and amongst those embodiments.

Considering my research focuses on vulvavaginas and is situated within the Centre for Women's Studies, I am often asked if I am simply, 'studying women'. Whilst notions of womanhood are key to my research and many of my participants identified as women, I did not only interview cisgendered women, but also non-binary people, trans folk and other gender non-conforming beings. The deliberate inclusion of trans* people in my research was a deeply personal as well as political decision, but one that also contributes to my methodology: only by examining many genders can we begin to unpack the tightly bound gendered constructs that hold and shape our societies. For this reason, when recruiting my participants and interviewing them, none of my information or questions referred to 'woman', only to 'vagina' or 'vulvavagina'.

Nonetheless, the sociocultural link between 'vagina' and 'woman' arose spontaneously in every interview, with the concept of 'woman' surfacing in many different areas, as a thread returned to in and out of the interview schedule. Sewn tightly alongside the notions of womanhood (and femininity) was the issue of being considered 'enough', with a particular emphasis on being 'woman enough', or a 'real woman'. When examining these hierarchies, it became clear that the proverbial goalposts were constantly moving. An analogy I have been working with is the idea of the 'womanhood clubhouse' in which the vagina acts as an admission 'pass-key'. Once your key has been accepted, you enter a clubhouse in which you must constantly negotiate the hierarchies set out before you, many of which take the form of 'vulva-vaginal events' (including menarche, penetration, childbirth and menopause).

The idea of not being 'woman enough' extends to the physical vulvavagina in several ways; for some it might be prominent labia (two participants made explicit reference to feeling embarrassed that their labia could appear *not dissimilar enough* to that of a penis bulge). For others it could be about managing their pubic hair or their vulvavagina smelling not 'feminine enough'. Elle expressed, for example, that the way her vulva looked was of particular importance to her femininity because, she said, her small breasts did not "count for much". Elle's use of "count" pertains to the 'womanhood clubhouse'. Despite being allowed entry due to having a vagina, Elle appears to be battling an internal hierarchy of 'counting' womanhood points. Whilst Elle felt her small breasts left her with a lower womanhood 'currency', others I interviewed might be concerned about their labia size/shape, or their choice to not shave their body hair, "endors[ing] the assumption that a woman's body is unacceptable if unaltered" (Toerien and Wilkinson, 2003, pg 333). The term "unacceptable" here relates directly to this eternal battle of 'being woman enough' that many of my participants described.

One important facet of being 'enough' (particularly but not exclusively framed as 'woman enough') is tightness (a 'tight' vagina is a 'good' vagina, (Braun and Kitzinger, 2001)) 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’ receiving much more media attention as well (Braun and Kitzinger, 2001; Braun, 2005, 2009).

For trans* people, being considered ‘enough’ can be about passing³ which can be directly linked to their safety as well as simply ‘fitting in’ (Wong and Lawrence, 2015). Gender attribution, as described by McKenna and Kessler (1978), works here in that genders are ascribed to all people by a process of “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 not only in relation to 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” in order to use the “women’s” toilet because that is where they feel safest (and have had a lifetime of experience 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 prejudicial ‘double take’ glance to assault and murder (Lee and Kwan, 2014). The negotiation of gender performance that Kit describes highlights the different interpretations and consequences of the need to be ‘enough’ across gendered identities.

Much of this negotiation begins at the doorway to the clubhouse: your pass-key must first be accepted. While a detailed discussion of this topic is beyond the scope of this article, it is important to note that prior to (and within) the thresholds for ‘enough’, one has to be included as a woman. Megan described 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. 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 deem to mark her as an outsider. 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.

³ Passing or ‘being read as’, in this context, 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).

In addition to physical attributes, there are also events (sometimes considered 'functions' of the vagina) that occur throughout the average vagina-owner's life. 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)" (pg 511). The heterosex function also specifically calls upon a penetration imperative, while the reproductive function becomes relevant as soon as menarche arrives. Lydia, who was diagnosed with vaginismus at age 18, discussed her vagina's refusal of penetration as contributing to feeling "less of a woman", particularly in how she was treated by cis men partners near the time of diagnosis. Lydia talked candidly about this, as the realisation 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 penis from the equation meant sex could be negotiated differently. This pertains to the penetration imperative; that penetration is the pinnacle of sexual encounters. 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).

The coital imperative is derived from prioritizing a reproductive view of sex. Thus, another important 'womanhood threshold' that emerges 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 by all the mothers I interviewed. Maureen later reflected on many women feeling 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 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 with the western understanding of the word vagina to represent a wider sociocultural meaning of all the associated 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.

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 and the desire to follow a 'biological' route to have offspring of 'one's own' through assisted reproduction rather than to opt for fostering or adoption. This issue has been widely discussed as a 'biological imperative' for prospective parents to have 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). Aside from the negative conceptualisation of 'unwanted' children, there is also the impact on the parent/s, who wish to be considered 'enough'. This can be particularly important for veeples given the societal expectation and pressure to carry one's own offspring.

Assuming one 'reaches' childbirth, the ways in which it occurs also has an impact on the birther. For example, according to reports by De Jong and Kemmler (2003), women who prepared for a vaginal birth but end up having a caesarean delivery often say they feel they are (or will be perceived as) not being a complete woman having failed to give birth vaginally. Kim, who was induced, discussed how the birth left her feeling "like a failure", and that she "hadn't done the job right". Within the clubhouse, being able to conceive, carry and vaginally deliver biological offspring works as a series of thresholds for women to meet.

Within the confines of this short piece, I have explored a few of the multitudinous ways in which the 'life-cycle' of the vulvavagina impacts and is impacted by one's own gendered identity and is shaped and affected by sociocultural concepts of sex and gender. I argue for the conceptualisation of womanhood as a clubhouse with restricted access, with a complex array of hierarchical 'rooms' that can only be reached through navigation of certain vaginal 'events', leading to veeples constantly negotiating 'enough-ness'. The vulvavagina is an area of sociocultural interest for its conceptual role in shaping identities, behaviours and attitudes. Thus, researching veeples' reported experiences with their genitalia contributes to a wider understanding of how gender, the self, and identity intertwine.

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