Response to “Commentary on: Factors That Influence the Decision to Undergo Labiaplasty: Media, Relationships, and Psychological Well-Being”

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We thank Dr Hunter¹ for his thoughtful comments on our work.² We agree that our study was low in statistical power owing to the relatively small participant cohorts and so there may have been further statistically significant differences between the labiaplasty and comparison groups which could not be detected. Nevertheless, we think our research represents an important first step. More generally, we would argue that the issue of performing labiaplasties on women who are anatomically normal, parallel to many other cosmetic procedures like breast augmentation, is a political, philosophical, and ethical question, rather than a scientific one.

As Dr Hunter suggests, it is certainly possible that the observed relationships are reciprocal. Women who are already concerned with their genital appearance may well actively seek out cosmetic genital surgery advertisements and media images of female genitals, in addition to, or rather than, exposure to media images leading to genital appearance concerns. Experimental and longitudinal research designs are needed to provide greater clarification regarding the causal sequencing of these events.

While we agree with Dr Hunter that our measures of current relationship status and negative comments received from current partners provide only a “snapshot” of our participants’ experiences with intimate relationships, we believe it is a very important snapshot. Our result is consistent with the only other controlled study series³ comparing women seeking labiaplasty with those not interested in labiaplasty, which found a significantly higher percentage of women seeking labiaplasty had received negative comments about their labia, primarily from former sexual partners, than the comparison group. Although we cannot definitely ascertain that the entire 40% of women in our study, who were not involved in a current intimate relationship, were actually avoiding such relationships, two qualitative interview studies⁴,⁵ found that inhibition and anxiety around starting new intimate relationships owing to labial appearance concerns was a common experience for some labiaplasty patients. Furthermore, in Veale et al’s⁶ investigation of avoidance behaviors in women seeking labiaplasty, avoidance of being intimate differentiated the labiaplasty group from the comparison group. However, research in this area is still very limited and further investigation is required.

Finally, we agree with Dr Hunter that the now mainstream practice of removing one’s pubic hair and thus rendering the labia minora more visible is an important societal consideration. In a previous study⁷ of predictors of the consideration of labiaplasty in a general community sample of 351 Australian women, we found that the vast majority of women in our sample (81%) removed at least some of their pubic hair. While pubic hair removal was weakly related to both genital appearance dissatisfaction and interest in labiaplasty, it offered no prediction in our final model. Accordingly, we conceptualize pubic hair removal as a societal setting condition that enables dissatisfaction with labial appearance rather than as a motivating factor for labiaplasty.

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REFERENCES