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Evaluations of Black and White Female Genitalia by Labiaplasty Status: A Pre-Registered Contextualization, Replication, and Extension of Findings on Labial Perceptions

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ABSTRACT

Labiaplasty is an increasingly common form of cosmetic surgery involving the removal of portions of the labia minora to achieve a smaller, more symmetrical labial appearance. Labiaplasty is inextricably linked to the colonial medicalization of Black women's labia, necessitating examination of labiaplasty and race in concert. Participants ($N = 4351$, $M_{\text{age}} = 26.58$; $SD_{\text{age}} = 8.89$) were shown 12 randomized images of White and Black female genitalia – unaware that they were “before and after” images of labiaplasty procedures – and evaluated them on their alignment with societal ideals, personal ideals, perceived normalcy, and disgustingness. As hypothesized, postoperative labia were rated as more normal, more societally ideal, and more personally ideal than their preoperative counterparts; preoperative labia were rated as more disgusting than postoperative labia. Preoperative Black labia were perceived as more normal, more societally ideal, and more personally ideal, as well as less disgusting, than preoperative White labia. Postoperative White labia were perceived as more normal, more societally and personally ideal, and less disgusting than postoperative Black labia. Gender trends were inconclusive. Our findings point to the need for greater examination of how White bodily ideals shape evaluations of bodies, and for greater historical contextualization in research on labiaplasty.



“The rise of labiaplasties — a procedure that shortens and reduces the overall length and size of the labia — reifies the idea that the legitimacy of female genitalia should be defined by its distance from the physiology of the black, female body”


Adetiba (2020)

Western culture has historically favored Caucasian features as the standard of beauty (see Gardner, 2008; C. Jones & Shorter-Gooden, 2003; White, 2001). This racialized beauty ideal stemmed from a history wrought with racism and colonialism, where lighter-skinned Europeans were considered superior to their Black counterparts (e.g., Frevert & Walker, 2014; Hunter, 1998; White, 2001). One way this preference for Whiteness has manifested is in societal standards regarding the appearance of female genitalia (Gilman, 1985; Nurka & Jones, 2013).

In Western cultures, small labia are considered most attractive and ideal (e.g., Braun, 2019; Crouch, 2019; Gunter, 2019; Jones & Nurka, 2015; Mazloomdoost et al., 2015), whereas longer, protruding labia are often framed as less desirable, having been associated with racial inferiority and more frequent sexual engagement (i.e., promiscuity, excessive masturbation; Gilman, 1985; Solanki et al.,

2010), as well as stereotyped as unclean (Nurka & Jones, 2013), aged/worn (Cauterucci, 2016; Mock, 2012), deviant, and improper (Gunter, 2019). This devaluation and conflation of larger labia with Blackness stems back centuries – used as a form of justification for othering Black women on the basis of race (Gilman, 1985; Nurka & Jones, 2013). Though perceptions of beauty have undoubtedly shifted over the years (Akintayo, 2018; Baker-Sperry & Grauerholz, 2003; Mazur, 1986; Sarwer et al., 2003), discrepancies in the way that White and Black bodies are judged and perceived – as well as negative outcomes of racialized beauty standards – still exist today (Akintayo, 2018; Bryant, 2019; Hall, 1995; Jones & Shorter-Gooden, 2003; Robinson-Moore, 2008). Given the historical and ongoing disparities in evaluations of Black and White bodies, as well as the colonial and racist roots of labiaplasty procedures, the present study sought to expand upon previous work by Skoda et al. (2020) to examine differences in perceptions of White and Black, pre-labiaplasty and post-labiaplasty vulvas with regard to normalcy, personal and perceived societal ideals, as well as perceptions of disgust.

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 Supplemental data for this article can be accessed on the [publisher's website](#)

Theoretical Considerations

As a team of researchers comprising mostly White women, we are aware of the distance and privilege we maintain in doing this work. We do not seek to exoticize, other, or disembodiment Black or White women through our work. We acknowledge the risk of reproducing a racist gaze through reiterating a focus on Black women's genitalia and particularly through presenting decontextualized images of Black women's genitals, which recall the objectification, disembodiment, and display of Black women more broadly (see also Nurka, 2019). Additionally, we acknowledge the risk of constructing Black genitalia in contrast to White genitalia in the current paper through analytical comparison. We asked participants to view and scrutinize both Black and White labia, though participants were not asked to make comparisons themselves.

We understand that this has the potential to contribute to an ongoing construction of a Black-White binary which pervades much research on race and racism, and contributes to the erasure of Indigenous, Latinx, Asian, and additional racial and ethnic groups. However, the legacy of labiaplasty is primarily rooted in cultural constructions of this Black-White binary (specifically, a legacy of scientific racism which constructed Black people, and particularly Black women, as antithetical to Whiteness), therefore we believe it appropriate as a first step into examining perceptions of labiaplasty in tandem with race to limit our construction of race to this Black-White binary which pervades the colonial legacy of labiaplasty. We further believe that to understand, explicate, and challenge the ongoing disparities in evaluations of Black bodies, we must interrogate, understand, and challenge perceptions which reproduce these disparities.

Prevalence and Goals of Labiaplasty

Labiaplasty refers to a type of female genital cosmetic surgery (FGCS) that involves removing parts of the labia minora, usually to make the labia smaller in size and/or appear more symmetrical (Goodman, 2011; Goodman et al., 2010; Gunter, 2019). This form of FGCS is prevalent and quickly growing in popularity; in 2016, labiaplasty procedures increased by 39% in the United States, with over 12,000 operations taking place (American Society of Plastic Surgeons, 2016); more recently in 2019, more than 11,000 labiaplasties were recorded (American Society of Plastic Surgeons, 2019). Notably, we were unable to find comprehensive statistics on labiaplasty-seeking by race or by gender status (e.g., transgender individuals); such data would help elucidate potential differences or similarities in labiaplasty procedures.

For most labiaplasty patients, the primary reason for seeking the alteration is aesthetic (i.e., motivated by a dislike for the appearance of their labia). The surgical ideal is to hide the labia minora completely, such that it does not visibly protrude past the labia majora, resulting in a "tucked-in" appearance (B. Jones & Nurka, 2015; Sharp et al., 2016); this tucked-in appearance is widely perceived as the ideal way for labia to look (e.g., Braun, 2019; Crouch, 2019; Gunter, 2019; Jones & Nurka, 2015) and is the most popular representation of labia in both pornographic and non-pornographic media (e.g., Braun, 2005; Gunter, 2019; Liao & Creighton, 2007; Sharp et al., 2016).

A consequence of the lack of labial diversity in media portrayal – and of the fact that there are few opportunities for comparison of natural labia with those that have been altered (Bramwell, 2002; Crouch, 2019; Herbenick & Schick, 2011; Liao et al., 2012) – is that idealized (and potentially surgically altered) labia may then be presumed to be the norm, contributing to confusion about what constitutes normal genital anatomy as well as stigma toward labia that don't match said norm (Braun, 2019). Exposure to non-pornographic media depictions of labia has been found to contribute to the internalization of labial ideals (Sharp et al., 2016; see also, Moran & Lee, 2014), and pornography has been criticized for creating and reinforcing idealized labial norms (e.g., Braun, 2005; Gunter, 2019; Herbenick & Schick, 2011; Howarth et al., 2010; Sharp et al., 2015), though research is inconclusive regarding the impact of pornography consumption on labiaplasty seeking and perceptions (e.g., Jones & Nurka, 2015; Skoda et al., 2020; Sorice-Virk et al., 2020).

That longer, protruding labia are perceived as inferior to and less desirable than small labia demonstrates a cultural intolerance for the anatomically normal diversity of labia (e.g., Braun & Kitzinger, 2001); healthy labia vary greatly in their size, shape, and color (Gunter, 2019; Lloyd et al., 2005). However, narrow beauty ideals which insist upon the superiority of small labia encourage both the normalization of labiaplasty as well as the pathologisation of normal labia that don't meet the cultural ideal (Braun, 2009, 2010, 2019; Crouch, 2019). Pathologising labial diversity contributes to negative outcomes for women, as those who perceive their genitals as failing to meet the ideal report lower genital self-image (Herbenick & Reece, 2010), potentially resulting in feelings of abnormality (Braun, 2019) and decreased sexual self-esteem and enjoyment (Herbenick & Schick, 2011). These ideals are historically and contemporarily defined by a White gaze, which situates Whiteness as the desirable ideal (e.g., hooks, 1992/2019/2019; Wallowitz, 2008). To note, we were unable to identify comprehensive statistics on labial perceptions by racial status of the observer.

Race and Labiaplasty: Colonial Legacies

Racialized messages of beauty (i.e., European beauty standards) negatively impact Black women's self-esteem (Akintayo, 2018; Hall, 1995), contributing to internalized self-hatred (Bryant, 2019; Hall, 1995), distorted body image, and the development of depression and eating disorders (Hall, 1995). Beauty messaging is rooted in racist ideologies which promote the innate beauty of a certain dominant group over the purported undesirability of a subordinate group (Craig, 2006). Such ideals are rooted in certain historical contexts, and claims to beauty can and have served anti-racist ends at given times (Craig, 2006); dominant discourses in Europe and its North American descendant cultures, however, position Whiteness as beauty and Blackness as deviation (Craig, 2006; Strings, 2020).

Looking to ideals regarding labia specifically, that small labia – associated with normative Whiteness – are understood as most normal and ideal is problematic, particularly given the negative outcomes of low genital self-image for women (e.g., Herbenick & Schick, 2011; Schick et al., 2010), which may be

especially potent for Black women who not only face unrealistic standards regarding the size and appearance of their genitals, but pervasive racial stereotypes and bias as well (e.g., Coles & Pasek, 2020; McGee, 2021). The present study provides insight into the cultural belief systems that perpetuate the devaluation of Black bodies by examining public perceptions of White and Black labia with regards to personal and societal ideal, normalcy, and disgustingness. Moreover, this work aims to normalize and reduce stigma surrounding the natural variation of female bodies/genitalia and, as a result, reduce body insecurity and anxiety among women who have labia and who feel as though they do not fit the current ideals.

The present study conceptually replicates and extends upon previous work; using a mixed-gender sample of 4513 participants, Skoda et al. (2020) examined perceptions of unaltered labia compared to those that had undergone a labiaplasty procedure. Participants were shown several images of preoperative (unaltered) and postoperative White labia and rated each image on alignment with their personal ideal, their perceived societal ideal, and normalcy in appearance. Consistent with the authors' hypotheses, postoperative labia – those that had been altered to have a “tucked-in” appearance – were rated more favorably on all three constructs than the unaltered labia. However, ratings of both altered and unaltered labia were consistently low overall, indicating generally negative perceptions of female genitalia. This was especially true for women participants, who rated the images more negatively than men or non-binary participants. Though there is research to indicate that men – and some women – view vulvas quite positively overall (e.g., Horrocks et al., 2016), other studies reflect Skoda and colleagues' finding that women are more likely than men to evaluate vulva appearance negatively (Mullinax et al., 2015; Reinholtz & Muehlenhard, 1995) – a finding that is unsurprising when the high prevalence of women's genital image self-consciousness is considered (Braun, 2005; Morrison et al., 2005; Schick et al., 2010). There is a dearth of research investigating labial perceptions of non-binary individuals and further research is needed in this area.

Race and Racism in Labial Evaluation

Skoda et al. (2020) noted as a primary limitation of their study the inclusion of labial stimuli of only one race – White. These authors maintained a need to control for various confounds in their initial investigation as factors contributing to this methodological decision, as well as a paucity of representations of Black labiaplasty images deriving from the apparent Whiteness of the FGCS industry (Skoda et al., 2020; see also Nurka & Jones, 2013). However, we believe it necessary to extend this work beyond dominant frames of Whiteness, particularly given the racist roots of medicalization underlying contemporary labiaplasty and labial ideals (Chubak, 2020; Nurka & Jones, 2013).

Nurka and Jones (2013) clearly delineated how “the contemporary intolerance for protruding labial lips – a pathological condition implied in the descriptive term [labial] ‘hypertrophy’ – has resonance in the colonial past” (p. 417). The medicalization of large labia minora can be traced as far back as the seventeenth century; pseudo-

scientific interest in the “elongated”¹ labia of Black women served colonialist discourses of the time and attained particular cultural currency in the following centuries (Gilman, 1985; Nurka & Jones, 2013).

Studies of Black women's genitalia were historically highly influential, as they aligned with colonialist discourses of the time which sought to demonstrate, through temporally accepted scientific methods of measurement and taxonomy, phylogenetic differences between races² (Chubak, 2020; Gilman, 1985; Nurka, 2019; Nurka & Jones, 2013). Indeed, the “elongated” labia of Black women were cast as primitive, animalistic, and deviant (see Gilman, 1985; Nurka & Jones, 2013), allowing for the definition of a Black antithesis to White norms of sexuality and beauty (Gilman, 1985). Labial elongation was medicalized through discourses of hypersexuality and disease drawing upon these conceptualizations of primitiveness and deviance (Gilman, 1985; Nurka & Jones, 2013); through racial comparison, an ideal, White labia emerged (Nurka, 2019; Nurka & Jones, 2013). It is this ideal – compact, prepubescent (read: pure), and symmetrical (Braun, 2005, 2019; Herbenick & Schick, 2011; Nurka & Jones, 2013) – which is served and sought by contemporary labiaplasty procedures. That this ideal is defined in contrast to an (often invisible and assumedly homogenous) Black labia necessitates examination of perceptions of Black labia in the current milieu, which is defined by ongoing cultural endorsement of marginalizing myths about Black women (e.g., Slatton, 2018).

A Note on Disgust

Cultural disgust with labia – often characterized as a product of contemporary pornographic aesthetic conventions, which minimize display of labia minora and thus reduce variability of display and familiarity with this variability (e.g., Barbara et al., 2015; McDougall, 2013) – has been elsewhere characterized as a legacy of colonial race sciences discourses (Nurka & Jones, 2013). The derogatory representation of women's genitalia (primarily by men) continues to prevail, as neutral and positive descriptors of labia are outweighed by abject descriptors that convey disgust (e.g., gash and cunt) (see Braun & Kitzinger, 2001). Therefore, we adopt this historically contextualized understanding of labial disgust, which asserts that labial disgust emerges from the historical definition of labial ideals in contrast to “elongated” Black labia; if “elongated,” Black labia are cast as disgusting (and diseased, and primitive). To avoid labial disgust, one must avoid labial “excess” (e.g., Nurka, 2019). Through an avoidance of “excess,” the ideal White labia defines itself as culturally and aesthetically acceptable.

¹Herein, we confine medicalized terms such as labial “elongation” and labial “excess” to scare quotes, given these terms have no medical definitions but rather are medicalized representations of cultural ideals which ignore natural human variation.

²A particularly striking example of the fascination with Black women's labia – and indeed with racial difference – can be found in the story of Saartjie (Sara/h) Bartmann, which has been detailed in depth elsewhere in connection to the colonial legacy (see, Chubak, 2020; Fausto-Sterling, 1995; Gilman, 1985; Nurka & Jones, 2013; Strings, 2020).

Present Study

In the present work, we replicated and extended upon the findings of Skoda et al. (2020) by addressing a key limitation: the inclusion of only White labia. In pursuit of more generalizable and socially just science, our stimulus set included both Black and White labia and additional outcomes relevant to the history of racial medicalization of labia outlined here. We acknowledge that this approach still maintains a binary dualism in examining perceptions of only Black and White labia.

In a single, well-powered, pre-registered online study, we examined perceptions of both White and Black female genitalia by having participants evaluate 12 images of labia – which were actually before and after images of labiaplasty procedures undergone by 3 Black and 3 White women – with regard to how well they matched their personal ideal, perceived societal ideal, as well as normalcy and disgustingness.

We hypothesized that preoperative (unaltered) labia would be rated lower than postoperative labia (replication of Skoda et al., 2020) on measures of normalcy, societal ideal, and personal ideal, and higher on a measure of disgust. Likewise, we further hypothesized that Black labia would be evaluated less favorably than White labia on the same four measures. Third, we expected that women would rate labia least favorably overall (replication of Skoda et al., 2020), compared to other gender groups (i.e., men and non-binary participants).

Method

Participants

Participants were primarily recruited via convenience sampling through the research participant pool at a sizable Western Canadian university, as well as through several online forums aimed at sexology and psychology research participant recruitment (e.g., Lehmiller.com, Reddit). Student participants from the university were eligible for partial course credit, while community members received no incentive to participate. Individuals over the age of 16 years – of any gender or sexual orientation identity – were eligible to participate in the present study. Data were collected between January and June of 2021.

The initial sample comprised 5944 participants; 555 were excluded for completing only demographics and a further 1038 were excluded for failing to meet a 70% survey completion rate on dependent measures. This resulted in a final sample of 4351 participants ranging in age from 16 to 82 years ($M_{\text{age}} = 26.58$; $SD_{\text{age}} = 8.89$). Among this group, 2420 (56%) participants identified as men, 1665 (38%) as women, and an additional 266 (6%) as outside the gender binary. A between-groups ANOVA revealed significant gender differences in age, $F(2, 4346) = 23.29$, $p < .001$, $\eta_p^2 = .01$, with all pairwise comparisons statistically different ($p < .001$). A second between-groups ANOVA revealed significant gender differences in the frequency of viewing pornographic material, $F(2, 4346) = 637.06$, $p < .001$, $\eta_p^2 = .23$, with men ($M = 3.89$; $SD = .88$) and individuals who identified outside the binary ($M = 3.29$; $SD = 1.28$) reporting greater viewership than women ($M = 2.68$; $SD = 1.26$). Finally, chi-square tests of independence indicated significant gender differences in ethnicity, $\chi^2(8, N = 4351) = 34.21$, $p < .001$, sexual orientation, $\chi^2(6, N = 4351) = 1014.78$, $p < .001$, relationship status, $\chi^2(2, N =$

Table 1. Distribution of Demographic Characteristics by Gender.

	Men <i>n</i> = 2420	Women <i>n</i> = 1665	Non-binary <i>n</i> = 299
Age	<i>M</i> = 27.28 (<i>SD</i> = 9.77)	<i>M</i> = 25.95 (<i>SD</i> = 7.61)	<i>M</i> = 23.96 (<i>SD</i> = 7.06)
Sexual Orientation			
Straight	1881 (77.7%) _a	741 (44.5%) _b	15 (5.6%) _c
Gay	62 (2.6%) _a	142 (8.5%) _b	23 (8.6%) _b
Bisexual	374 (15.5%) _a	551 (33.1%) _b	99 (37.2%) _b
Specify	103 (4.3%) _a	231 (13.9%) _b	129 (48.5%) _c
Relationship Status			
Non-committed	1279 (52.9%) _a	708 (42.5%) _b	137 (51.5%) _a
Committed	1141 (47.1%) _a	957 (57.5%) _b	129 (48.5%) _a
Ethnicity			
African/Black	30 (1.2%)	34 (2.0%)	6 (2.3%)
White	1941 (80.2%) _a	1245 (74.8%) _b	207 (77.8%) _{a,b}
South Asian	94 (3.9%) _{a,b}	71 (4.3%) _a	3 (1.1%) _b
Other	320 (13.2%) _a	301 (18.1%) _a	48 (18.0%) _{a,b}
Prefer not to say	35 (1.4%)	14 (0.8%)	2 (0.8%)
Education			
Some high school	206 (8.5%) _a	95 (5.7%) _b	43 (16.2%) _c
Completed high school	284 (11.7%) _a	160 (9.6%) _b	35 (13.2%) _b
Some college/university	678 (28.0%) _a	570 (34.2%) _b	86 (32.2%) _{a,b}
Completed university	1252 (51.7%) _a	840 (50.5%) _a	102 (38.3%) _b

Demographic variables were recoded to satisfy statistical assumptions. Recoding involved regrouping as little as possible to retain accurate demographic information. Sexual orientation: "Specify" (inclusive of pansexual, asexual, and specify); Relationship status: "Non-committed" (inclusive of single, casually dating, separated, and widowed), and "Committed" (inclusive of non-married committed and married/civil union); Ethnicity: "Other" (inclusive of Asian, Indigenous, Hispanic/Latinx, Middle Eastern, Pacific Islander, and Multiracial categories); Education: "Completed university" (inclusive of vocational and postgraduate degrees). Columns with differing subscripts are significantly different, $p < .05$.

4351) = 42.93, $p < .001$, and highest level of completed education, $\chi^2(6, N = 4351) = 60.73$, $p < .001$. Detailed demographic information can be found in Table 1.

Stimuli

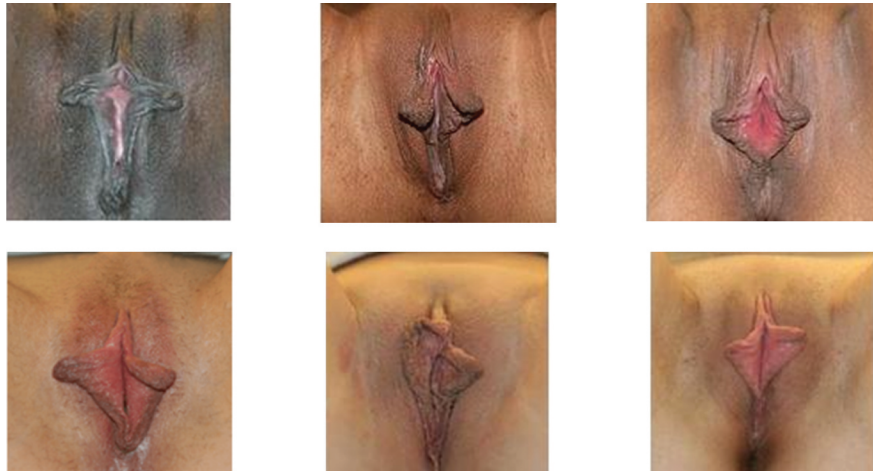
The stimuli consisted of 12 before-and-after images of 6 vulvas (3 Black and 3 White) that had undergone a labiaplasty procedure. Images were obtained from the web pages of cosmetic surgery clinics specializing in labiaplasty (see Figure 1) and were labeled by race/ethnicity on the clinic websites. We selected all images from the same site to control extraneous variables such as image quality or setting. We sought close-up images to control for other extraneous factors (e.g., body weight) by excluding them from the frame of the image. The vulvas in all 12 images selected were hair-free to better highlight the appearance of each labia, as well as to control for personal grooming preferences. We were careful to select images free from any extraneous visuals that might otherwise detract attention from the labia (e.g., genitalia with obvious razor burn, ingrown hairs). A team of two independent human sexuality researchers informally evaluated the 12 images to ensure that they matched the selection criteria.

Measures

Demographics

Participants responded to a 7-item questionnaire regarding their age, sex, gender identity, sexual orientation, ethnicity, relationship status, and highest level of completed education.

Preoperative Images



Postoperative Images



Figure 1. Pre- and Postoperative Images. Top row in both pre- and postoperative are Black images; bottom row are White images.

Participants also indicated how often they viewed sexually explicit material (pornography) on a 6-point Likert scale ranging from 0 (*never*) to 5 (*a few times a day*).

Vulva Rating Scale

After being presented with each image, participants responded to four questions: 1) “How normal does this vulva look?”; 2) “How well does this vulva represent the societal ideal in terms of appearance?”; 3) “How well does this vulva represent your personal ideal in terms of appearance?”; and 4) “How disgusting do you find this vulva?” The first 3 questions were answered on a 5-point Likert scale ranging from 1 (*very abnormal/very poorly*) to 5 (*very normal/excellent*) and collapsed into independent totals reflecting perceptions of preoperative and postoperative labia. Higher scores indicated more positive perceptions of the image in terms of normalcy, societal ideal, and personal ideal, ranging from 6 to 30. The fourth question was also rated on a 5-point Likert scale ranging from 0 (*not at all disgusting*) to 4 (*very disgusting*) and collapsed to total a range from 0–24; higher scores indicated less favorable perceptions of the image (i.e., greater disgust). Cronbach’s alphas were very strong, indicating $\alpha = .94$ for

preoperative normalcy, .90 for preoperative societal ideal, .94 for preoperative personal ideal, .95 for preoperative disgust, .81 for postoperative normalcy, .80 for postoperative societal ideal, .84 for postoperative personal ideal, and .90 for postoperative disgust.

Design and Procedure

After receiving ethics approval, eligible participants were recruited to complete an anonymous online survey through the Qualtrics survey platform. The study was presented as an assessment of opinions about the appearance of female genitalia. After providing informed consent, participants responded to a basic demographic questionnaire and were then shown the series of images. For all participants, the 12 images were shown one-at-a-time in random order, with the 4 rating questions displayed underneath each image so that participants could respond with that specific vulva in mind. Participants were not aware that the 12 images depicted only 6 vulvas until they completed the survey and were provided a debriefing form. The study was self-paced but took approximately 30 minutes ($M = 22.21$; $SD = 21.84$) to complete.

Results

Perceptions of Normalcy, Societal Ideal, Personal Ideal, and Disgust

Four separate two-way mixed ANCOVAs – controlling for pornography consumption rate – compared the effect of gender (between-groups) on perceptions of normalcy, societal ideal, personal ideal, and disgust in preoperative and postoperative labial images (within-groups). Full details of our planned statistical analyses, inference criteria, and missing data analyses plan can be found in the pre-registration (https://osf.io/dkq7t/?view_only=372eb161f35b4d5798c8c72f79bdd5a1).

In the first analysis, significant main effects in perceptions of labial normalcy were found across genders, $F(2, 4330) = 42.84$, $p < .001$, $\eta_p^2 = .02$, and between imagery conditions, $F(1, 4330) = 352.59$, $p < .001$, $\eta_p^2 = .08$, though these effects were qualified by a significant higher order gender X imagery interaction, $F(2, 4330) = 9.61$, $p < .001$, $\eta_p^2 = .01$. Simple effects analyses indicated that all three gender groups rated the postoperative labial images as more normal than their preoperative counterparts. All pairwise comparisons at both the imagery ($p < .001$), and gender levels ($p < .05$) were significant, except for normalcy evaluations of postoperative labia between women and individuals who identified outside the binary ($p = .079$; see, Table 2).

Significant main effects in perceptions of labia as representing the societal ideal were also found for gender, $F(2, 4329) = 3.43$, $p = .033$, $\eta_p^2 = .01$ and imagery, $F(1, 4329) = 1101.63$, $p < .001$, $\eta_p^2 = .20$, with a significant gender X imagery interaction, $F(2, 4329) = 113.30$, $p < .001$, $\eta_p^2 = .05$. Table 2 highlights the simple effects analyses of the interaction effect, which indicated that all pairwise comparisons at the imagery level of analysis were significant ($p < .001$). That is, all three gender groups rated the postoperative labial images as more societally ideal than their preoperative counterparts. At the gender level of analysis, all pairwise comparisons of preoperative labia were significant ($p < .001$), except for those between women and non-binary participants ($p = .890$). All pairwise comparisons in societally ideal evaluations of postoperative labia were significant ($p < .05$).

Table 2. Simple Effects Analyses by Gender.

	Preoperative Rating		Postoperative Rating
	M (SE)		M (SE)
		Normalcy	
Men	19.64 (.13)		24.16 (.09)
Women	21.01 (.16)		25.56 (.11)
Non-binary	21.96 (.37)		25.09 (.25)
		Societal Ideal	
Men	15.86 (.10)		22.41 (.08)
Women	14.89 (.12)		23.97 (.11)
Non-binary	14.94 (.28)		22.94 (.25)
		Personal Ideal	
Men	17.76 (.13)		21.79 (.10)
Women	18.04 (.16)		23.22 (.12)
Non-binary	19.73 (.36)		22.24 (.29)
		Disgust	
Men	4.28 (.12)		2.00 (.07)
Women	3.86 (.15)		1.50 (.09)
Non-binary	3.52 (.34)		2.15 (.21)

Normalcy, societal ideal, and personal ideal range = 6–30. Disgust range = 0–24. All pairwise comparisons at the imagery level of analysis were significant ($p < .001$).

Third, significant main effects in perceptions of labia as representing a personal ideal were also found for gender, $F(2, 4328) = 16.71$, $p < .001$, $\eta_p^2 = .01$ and imagery condition, $F(1, 4328) = 225.46$, $p < .001$, $\eta_p^2 = .05$, again with a significant gender X imagery interaction, $F(2, 4328) = 39.96$, $p < .001$, $\eta_p^2 = .02$. An analysis of the simple effects (Table 2) at the imagery level indicated that all three gender groups rated the postoperative labial images as more personally ideal than their preoperative counterparts ($p < .001$). At the gender level of preoperative personal ideal evaluation, men and women differed significantly from individuals who identified outside the binary ($p < .001$), but not from each other ($p = .187$). In personally ideal evaluations of postoperative imagery, all pairwise comparisons differed significantly ($p < .001$), except for those between men and non-binary individuals ($p = .138$).

Finally, significant main effects in disgust evaluations were found across genders, $F(2, 4331) = 370.14$, $p < .001$, $\eta_p^2 = .08$ and imagery conditions, $F(1, 4331) = 149.64$, $p < .001$, $\eta_p^2 = .03$. Again, we found a significant gender X imagery interaction, $F(2, 4331) = 8.03$, $p < .001$, $\eta_p^2 = .01$. Simple effects analyses indicated that all pairwise comparisons at the imagery level of analysis were significant ($p < .001$); all three gender groups evaluated the preoperative labial images as more disgusting than the postoperative images (see, Table 2). At the gender level of disgust analysis, all pairwise comparisons of preoperative labia were significant ($p < .05$), except for differences between women and non-binary participants ($p = .351$). In postoperative labia, all pairwise comparisons of disgust evaluation were significant ($p < .001$) except for those between men and non-binary participants ($p = .487$). Simple effects for each of the four separate ANCOVA analyses can be compared in Figure 2.

The Role of Race in Perceptions of Normalcy, Societal Ideal, Personal Ideal, and Disgust

Four separate two-way repeated measures ANCOVAs – again controlling for pornography consumption rate – evaluated perceptions of normalcy, societal ideal, personal ideal, and disgust in preoperative and postoperative labial images of different races (Black versus White).

In the first analysis, significant main effects in perceptions of labial normalcy were found in preoperative versus postoperative imagery conditions, $F(1, 4317) = 541.64$, $p < .001$, $\eta_p^2 = .11$, and between race conditions, $F(1, 4317) = 4.15$, $p = .042$, $\eta_p^2 = .001$. There was also a significant imagery x race interaction, $F(1, 4317) = 51.46$, $p < .001$, $\eta_p^2 = .01$. Simple effects analyses indicated that Black labia were evaluated as statistically significantly more normal in the preoperative imagery condition than were White labia. In comparison, White labia were evaluated as significantly more normal at postoperative than Black labia ($p < .001$). Table 3 details the simple effects results.

Significant main effects in perceptions of labia as representing the societal ideal were also found between imagery, $F(1, 4315) = 1906.80$, $p < .001$, $\eta_p^2 = .31$, and race conditions, $F(1, 4315) = 15.46$, $p < .001$, $\eta_p^2 = .004$. Main effects were qualified by a significant imagery x race interaction, $F(1, 4315) = 109.03$, $p < .001$, $\eta_p^2 = .03$. Analyses of the interaction indicated that

Simple Effects Analyses Comparisons of Normalcy, Societal Ideal, Personal Idea, and Disgust

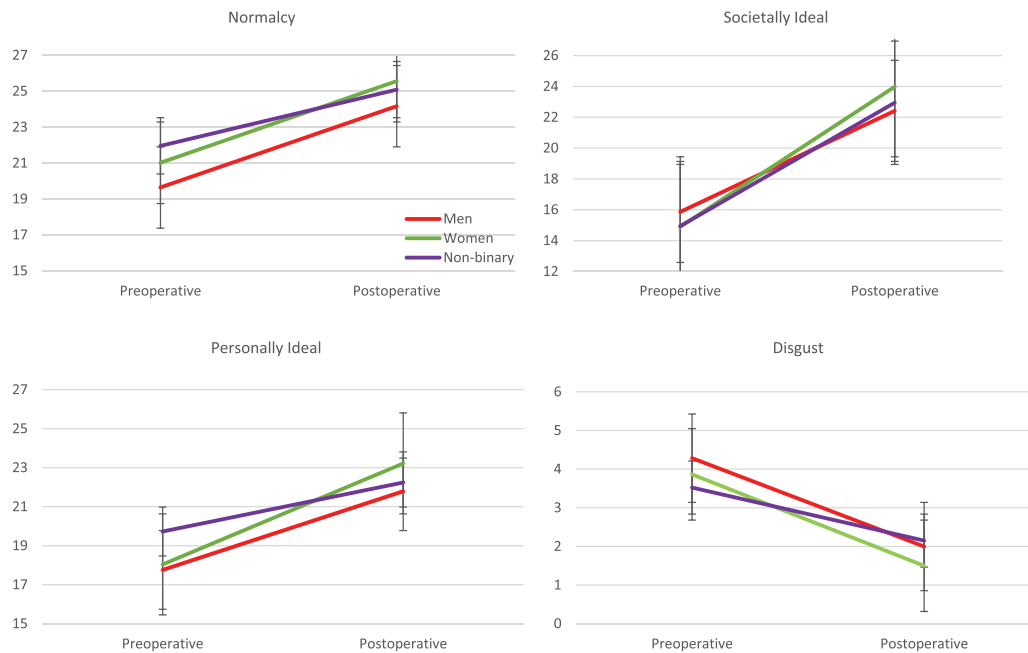


Figure 2. Simple Effects Analyses Comparisons of Normalcy, Societal Ideal, Personal Idea, and Disgust. All pairwise comparisons at the imagery level of analysis were significant across all measures ($p < .001$). Standard error bars are shown.

Table 3. Simple Effects Analyses by Race.

	Preoperative Rating		Postoperative Rating	
	<i>M</i>	<i>(SE)</i>	<i>M</i>	<i>(SE)</i>
	Normalcy			
Black	10.44	(.05)	12.20	(.03)
White	9.91	(.05)	12.61	(.03)
	Societal Ideal			
Black	7.94	(.04)	11.08	(.04)
White	7.54	(.04)	12.02	(.03)
	Personal Ideal			
Black	9.12	(.05)	10.80	(.04)
White	8.91	(.05)	11.62	(.04)
	Disgust			
Black	1.98	(.04)	1.12	(.03)
White	2.10	(.04)	.70	(.02)

Normalcy, societal ideal, and personal ideal range = 6–30. Disgust range = 0–24. All pairwise comparisons were significant ($p < .001$).

among preoperative images, Black labia were evaluated as statistically significantly more societally ideal than White labia; at postoperative, White labia were evaluated as significantly more societally ideal ($p < .001$).

Third, a significant main effect in perceptions of labia as representing a personal ideal was found across imagery conditions, $F(1, 4315) = 499.73$, $p < .001$, $\eta_p^2 = .10$. No significant main effect in personal ideal was found for race, $F(1, 4315) = .160$, $p = .689$. However, a significant imagery \times race interaction was observed, $F(1, 4315) = 64.81$, $p < .001$, $\eta_p^2 = .02$. Simple effects analyses indicated that Black labia were evaluated as more personally ideal in the preoperative condition, while White labia were evaluated as more personally ideal in the postoperative condition ($p < .001$).

Finally, significant main effects in perceptions of labial disgust found in preoperative versus postoperative imagery conditions, $F(1, 4318) = 251.53$, $p < .001$, $\eta_p^2 = .06$, and between race conditions, $F(1, 4318) = 5.09$, $p = .024$, $\eta_p^2 = .001$, were qualified

by a significant imagery \times race interaction, $F(1, 4318) = 60.46$, $p < .001$, $\eta_p^2 = .01$. Simple effects analyses indicated that White labia were evaluated as statistically significantly more disgusting than Black labia in the preoperative imagery condition, whereas Black labia were evaluated as significantly more disgusting in the postoperative condition ($p < .001$; see, Table 3).³

Discussion

We sought to replicate and extend upon the findings of Skoda et al. (2020) by including a set of stimuli with both Black and White labial images to better situate labial perceptions in historical and contemporary contexts. Given the racist and colonial roots of labiaplasty procedures (see Nurka & Jones, 2013), we sought to examine how contemporary evaluations of labia – particularly in the context of labiaplasty procedures – are linked to race.

We examined perceptions of both White and Black female genitalia by having participants evaluate 12 images of labia (before and after images of 6 women who underwent labiaplasty) with regard to how well they matched their personal ideal, perceived societal ideal, as well as normalcy and disgust. We hypothesized that preoperative (unaltered) labia would be rated lower than postoperative labia (replication of Skoda et al., 2020) on measures of normalcy, societal ideal, and personal ideal, and higher on a measure of disgust. We further hypothesized that Black labia would be evaluated less favorably

³To more directly examine the role of the dominant White gaze, we reran all primary analyses including only White heterosexual participants. Though we recognize that this contradicts our goals of representation and diverse sampling, we believe it appropriate in the current context, given our goal of more directly examining the role of the dominant White gaze. These analyses were not preregistered, but results are available in supplemental materials. Notably, effects of race remained stable from the primary analyses.

than White labia on the same four measures. Third, we expected that women would rate labia least favorably overall (replication of Skoda et al., 2020), compared to other gender groups (i.e., men and non-binary participants).

Image Effects: Pre- versus Post-Labiaplasty Evaluations

Given that labiaplasty procedures serve to align women's genitals with a homogenous, popularly accepted ideal (see Jones & Nurka, 2015; Sharp et al., 2016), we hypothesized that we would replicate Skoda et al.'s (2020) finding that, across gender groups and stimulus race, preoperative labia would be rated lower than postoperative labia on measures of normalcy, personal ideal, and societal ideal. Additionally, and novel to the current study, we hypothesized that preoperative labia would be rated higher on a measure of disgust than would postoperative labia. Supporting our hypothesis and replicating the findings of Skoda et al. (2020), postoperative labia were rated as more normal, more societally ideal, and more personally ideal than their preoperative counterparts. Further, supporting our hypothesis, preoperative labia were rated as more disgusting than were postoperative labia.

These findings support the notion that the “tucked-in” appearance sought via labiaplasty is widely perceived as the ideal way for labia to look (Braun, 2019; Crouch, 2019; Gunter, 2019; Jones & Nurka, 2015), and suggest that this ideal has additionally been accepted as the norm (see also Skoda et al., 2020). The societal acceptance of this ideal – and the acceptance of this ideal as the norm – may have consequences for women's well-being; indeed, many women seeking labiaplasty cite the desire for a more “normal” labial appearance (e.g., Braun, 2019; Jones & Nurka, 2015). The acceptance of this ideal may have consequences for women's genital self-image or body image generally and may drive women to engage in cosmetic procedures to align their bodies with this perceived norm or ideal (e.g., Smith et al., 2017). Additionally, acceptance of this norm may have consequences for women's well-being through their sexual partners' responses to natural labia; if their partners have internalized this ideal, they may respond negatively to natural labia (particularly those which do not conform to narrow ideals). Partner responses to labia are cited as one reason for seeking cosmetic alterations to the labia (Dogan & Yassa, 2019; Veale et al., 2014), and negative responses from partners may be linked to worse genital self-image (Fudge & Byers, 2019). Given the variety of negative consequences associated with negative genital self-perceptions, including poorer sexual health decision-making and less frequent sexual behavior (see, Fudge & Byers, 2019), these implications for women's well-being demand attention.

Race Effects: Evaluations of Black versus White Labia

Given the colonial legacy underlying labiaplasty procedures (e.g., Nurka & Jones, 2013), as well as the ongoing devaluation of Black bodies (particularly those of Black women; e.g., Bryant, 2019), we hypothesized that, across image condition (i.e., pre- or postoperative) and participant gender, Black labia would be evaluated less favorably than White labia on all four outcomes. That is, we hypothesized that Black labia would be

evaluated as less normal, less personally ideal, less societally ideal, and more disgusting than White labia. This hypothesis was partially supported, but was disrupted by a novel, consistent trend of race by image interactions. *Preoperative* Black labia were perceived as more normal, more societally ideal, and more personally ideal, as well as less disgusting, than preoperative White labia. In the *postoperative* condition, however, White labia were perceived as more normal, more societally ideal, more personally ideal, and less disgusting than (postoperative) Black labia.

These interaction patterns suggest that evaluations of White labia were more impacted by labiaplasty procedures; accordingly, the data suggest that Black labia may be unable to attain the “ideal” even through cosmetic means. That is, postoperative Black labia did not receive the same heightened evaluations as did their White counterparts, suggesting that labiaplasty does not move Black labia closer to societal and personal ideals to the same degree that it does for White labia. This may speak to the inherent Whiteness of the surgical ideal (Nurka, 2019; Nurka & Jones, 2013) and the unattainability of this ideal for those who are not White (and thin, able-bodied, etc.). Somewhat positively, our findings did indicate that preoperative Black labia were perceived as more normal, societally ideal, personally ideal, and as less disgusting than preoperative White labia. This could suggest that labial diversity is accepted as the norm for Black labia – positive in and of itself, given that narrow perceptions of labial normalcy can be harmful to women's well-being (e.g., Braun, 2019), but nonetheless potentially representative of a norm driven by racist roots which assume that Black labia are larger or more diverse than other labia. That is, if Black vulvas are already expected to portray labial “excess,” Black vulvas with large labia may be perceived as more normal (and, thus, less disgusting) than White vulvas with large labia, which contradict the perceived White norm.

Gender Effects: Labial Evaluations by Gender

Regarding gender, we hypothesized that we would replicate the gender effect identified by Skoda et al. (2020), such that women would rate labia least favorably overall compared to other gender groups (i.e., men and non-binary participants). Contrary to this hypothesis, women and non-binary participants (but not men) evaluated preoperative labia similarly on societal ideal and disgust, and women and men evaluated preoperative labia similarly on personal ideal. Further, women and nonbinary individuals evaluated postoperative labia similarly on normalcy. Beyond normalcy, however, women evaluated postoperative labia as the most societally ideal, most personally ideal, and least disgusting compared to men and non-binary participants, suggesting an internalization of the compact, symmetrical ideal served by contemporary labiaplasty procedures.

The inconsistent patterns of gendered evaluations of labia – both within the present study, and between this study and Skoda et al. (2020), – suggest a complex relationship necessitating further examination. Skoda et al. (2020) theorized that women's more negative evaluations of labia overall were related to internalized negative cultural perceptions of labia; it does appear that women may have internalized the surgical

ideal – given their heightened evaluations of postoperative labia – however, internalized negative perceptions of labia overall should hypothetically induce low evaluations of preoperative labia as was seen in Skoda et al. (2020). More positive than average evaluations of preoperative Black labia, as outlined in the above section, may have driven this differential gendered effect in the current study.

Also discordant with Skoda et al. (2020), we found that men, relative to other gendered groups, endorsed generally negative evaluations of labia across outcomes, including heightened disgust at preoperative labia. Further, nonbinary participants in the current sample did not demonstrate the same pattern of positive labial evaluations as was noted by Skoda et al. (2020). Direct comparison of means (calculated by averaging reported mean ratings over the number of stimuli in each study) demonstrated that men’s evaluations of labia on normalcy, societal ideal, and personal ideal were actually slightly more positive in the current study than in Skoda et al. (2020), but that this increased positivity was outpaced by that of women, who demonstrated moderate increases in mean ratings across the board, with the exception of the preoperative societal ideal rating. This increased positivity in women’s ratings may result from sampling differences; the current sample was more diverse in both sexual orientation and ethnicity than Skoda et al.’s (2020) sample. It has been posited that labial evaluations may vary by sexual orientation, as lesbian women may have greater exposure to labial diversity and reduced exposure to, or protection from, heteronormative body ideals (e.g., Jones & Nurka, 2015; Plowman, 2010). Further, ethnic diversity in the current sample may have led to more positive evaluations of our Black stimuli; presumably, given the racist roots of labiaplasty and ongoing negative evaluations of Black bodies, White participants would drive negative evaluations of nonwhite stimuli. Thus, we believe that the demographic diversity of the current sample, as well as the inclusion of both Black and White labia stimuli, may have driven these inconclusive findings regarding gender.

Implications

In general, studies show dissatisfaction with genital appearance among Western women (e.g., Bramwell & Morland, 2009; Crouch et al., 2011). Western cultures typically conflate “successful femininity with a particular physical appearance” (Moran & Lee, 2018, p. 229). Moran and Lee outlined the cultural imperative for symmetrical and small labia, and examined the cultural assumption that women are generally dissatisfied with the appearance of their genitals. One theme that emerges is consumptive practices within neoliberal culture that encourage women to strive for the perfect physique (Braun, 2009, 2019; Moran & Lee, 2018). Others suggest that “self-governing mandates of neoliberalism” introduce “aesthetic entrepreneurship” where women strive for societal ideals – “youth, thinness, whiteness, heterosexuality, beauty and sexiness” (see Tassinari & Arun, 2021, p. 447). Exposure to societal ideals in the context of postoperative labia can act to modify women’s perceptions of what constitutes normal or desirable labia appearance (Moran & Lee, 2013). Based on objectification theory (Fredrickson & Roberts, 1997), continual scrutinization,

inspection, and appraisal of women’s bodies contribute to women internalizing the outsider’s perspective. This internalization and self-objectification drive dissatisfaction, which negatively impacts self-esteem, sexual-esteem, and sexual health (Schick et al., 2010).

Our findings add to this literature of how women, men, and non-binary individuals internalize cultural imperatives as a barometer for normalcy and idealness in regard to White and Black women’s labia. Importantly, the internalization of labia ideals situated within the context of neoliberal culture creates a novel avenue for psychological researchers and racial scholars to explore and theorize the role of race, gender, acceptance, attainability, and perceptions of pre/postoperative Black and White labia. Additionally, our study challenges sexual health educators, professionals, and counselors to adopt educational materials that showcase normal and diverse labia. For instance, Gonzalez et al. (2021) indicated that post-secondary human sexuality textbooks rarely represented racial or skin tone diversity in anatomical images within educational materials. Out of 182 human sexuality textbooks, only 1.1% represent darker skin tones (versus 83.5% of light skin tones), revealing an essential need for the inclusion of racial and skin tone diversity in educational materials. Mere exposure to natural vulvas can increase positive genital self-image, regardless of global self-esteem, sexual distress or dysfunction, or trait anxiety (Laan et al., 2017).

Limitations & Future Directions

Though the current study provides valuable and novel insight into labial evaluations as they relate to surgical interventions and to race, the work was not without limitations. A primary limitation of the present work was selection bias; given the nature of the current study, a natural self-selection process is likely to have impacted our sample. The graphic nature of the stimuli in the current study, as well as the sensitive topic of interest, may have turned potential participants away out of discomfort with or disinterest in the topic under consideration. Indeed, anecdotally we note that men and sexual minority women were vastly overrepresented in this sample relative to other samples our research group has collected through the same channels, suggesting that there may be a demographic selection bias. The nature of this bias may serve to magnify effects, as our self-selected sample – who opted to view and evaluate labia – may have more positive perceptions of labia than a random sample. Future research on labial perceptions may wish to further interrogate demographic differences in labial evaluations, particularly with the use of random samples.

Additionally, though there was considerable diversity in participants’ gender identities, we grouped those who identified outside of the binary into a single nonbinary grouping (6%) to satisfy analytic assumptions. We acknowledge that non-binary gender identities are not homogenous and as such, the decision to combine all participants who identified outside of the gender binary poses a limitation to the current work by homogenizing a diverse group of individuals. However, as noted by Skoda et al. (2020), research on non-binary individuals’ perceptions of bodies, particularly the bodies of others, is limited; thus, we found it important to

include these individuals in the ways possible within the constraints of the analytic approach. We suggest that further research on nonbinary individuals' perceptions of bodies – both their own and those of others – would provide fruitful insight to a body of research founded on cis-normativity.

Further, given our online sample recruitment procedures, we did not collect the geographical location of participants, which may have impacted labia assessments, given the complexities of both local and global influences on ideal or normal vulva. However, our additional set of analyses with a limited subsample of only White heterosexual participants were overwhelmingly similar to the primary results with regard to effects of race. This may suggest that the dominant White gaze – the colonizing gaze – was a primary driver of perceptions of labia in the current study (see supplemental materials).

Our stimuli posed some additional limitations; we were restricted in potential stimuli by the need to represent realistic images of pre- and post-labiaplasty labia, hence our decision to utilize real clinical images. The use of such images, however, rendered us unable to control for various aspects of the images (e.g., pre-labiaplasty labial length, skin tone). We utilized multiple images of each race to draw more generalizable conclusions; further, given the pre/post nature of the current study, each image served as its own control to some extent. However, we note that more controlled stimuli would allow for more precise analytical conclusions – though these conclusions may be less generalizable to real-world contexts. Further, we did not include explicit manipulation checks to ascertain participants' perceptions of the race of each labia image, which would allow for stronger causal inference. It is possible that participants may have interpreted the images as belonging to different racial categories than intended given the decontextualized nature of the stimuli (i.e., the absence of additional features which render bodies racialized). Additionally, our outcome measures focused specifically on labial norms and ideals (both personal and societal) as well as disgust responses; future research on labial perceptions may benefit from including a broader range of both affective and personal responses to labial images, particularly positive ones (e.g., assessments of beauty or desire). Qualitative research examining responses to labial images, or perceptions of labia more generally, could be beneficial in identifying an array of perceptions of labia and understanding more deeply how these perceptions interact with race, racism, and the arguably colonial practice of labiaplasty itself.

Furthermore, our stimuli were limited to representing only binary Black and White labia. We selected these specific races given the colonial legacy of labial evaluation and of labiaplasty. However, future work should aim to extend these findings to more diverse stimulus sets including images beyond this Black-White binary. Additionally, we note as an anecdote that images of Black labia in the context of labiaplasty were more difficult to obtain than were similar images of White labia. We sought data on the prevalence of labiaplasty by race to examine whether this was an effect of surgery prevalence by race or an artifact of some other effect but were unable to find relevant comprehensive statistics. Future research should aim to examine labiaplasty intention by race to fill this gap in the literature, and to inform educational efforts pertaining to labial diversity.

Conclusion

The current pre-registered study provides a partial replication and extension of previous work on labial perceptions. In a large, diverse sample, we examined perceptions of both White and Black female genitalia by having participants evaluate 12 images of labia (before and after images of 6 women who underwent labiaplasty) with regard to how well they matched their personal ideal, perceived societal ideal, as well as normalcy and disgustingness. We examined the effects of image condition (i.e., pre- or post-labiaplasty), stimulus race, and participant gender on labial evaluations. As hypothesized, postoperative labia were rated as more normal, more societally ideal, and more personally ideal than their preoperative counterparts; preoperative labia were rated as more disgusting than were postoperative labia. Preoperative Black labia were perceived as more normal, more societally ideal, and more personally ideal, as well as less disgusting, than preoperative White labia. However, postoperative White labia were perceived as more normal, more societally ideal, more personally ideal, and less disgusting than postoperative Black labia, suggesting that Black labia may be unable to attain the (inherently White) “ideal” even through cosmetic means. Gender trends were inconclusive, but suggested that women may have internalized the “tucked” surgical ideal for labia. It is our hope that the findings of this study may be utilized to encourage deeper discussions of the colonial roots of labiaplasty and the ongoing implications of White bodily ideals and the White gaze for evaluations of both Black and White bodies.

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