



# A comparison of risk factors for women seeking labiaplasty compared to those not seeking labiaplasty



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## ABSTRACT

Little is known about the factors associated with the desire for labiaplasty. We compared 55 women seeking labiaplasty with 70 women in a comparison group who were not seeking labiaplasty. Measures administered included the Perception of Appearance and Competency Related Teasing Scale, Childhood Trauma Questionnaire, Disgust Scale Revised, and the Genital Appearance Satisfaction scale with open-ended questions about their genitalia. Approximately a third of the labiaplasty group recalled specific negative comments in the past towards their labia, a proportion significantly greater than the three per cent in the comparison group. Participants reporting genital teasing also showed higher Genital Appearance Satisfaction scores than those who were not teased. However, women seeking labiaplasty were, compared to the comparison group, no more likely to have a history of neglect or abuse during childhood. There was no difference between the groups on disgust sensitivity or the perception of being teased in the past about their competence or appearance in general.

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## Introduction

Labiaplasty is a surgical procedure in women that usually consists of reducing the degree of protrusion of the labia minora. Little is known about the psychological or social factors associated with women who seek a labiaplasty. The desire for labiaplasty is becoming increasingly common, with the incidence in the National Health Service (NHS) in the United Kingdom of 1726 in the year 2010–2011 (The Health and Social Care Information Centre, 2012). The number of labiaplasties conducted in the private sector is unknown, but the procedure is often discussed in the media and marketed on the Internet (Liao, Taghinejadi, & Creighton, 2012). Liao, Michala, and Creighton (2010) identified 18 publications covering 937 case reports or series of labiaplasty worldwide up to March 2009. Given that it is an increasingly popular procedure, knowledge of influential factors may assist in the development of a model of motivation for labiaplasty for use in both psychological and surgical settings.

Attitudes towards the genitalia may be relevant for understanding motivation for labiaplasty. For example, Nappi, Liekens, and Brandenburg (2006) examined women's attitudes regarding the

vagina in 9441 women from 13 countries. When asked about childhood experiences, just under 30% of the women overall agreed that they had been told as children that touching their vagina was dirty, nasty or unclean. With regard to appearance, 13% had major concerns and four percent chose negative terms such as troublesome, ugly or unattractive to describe their vagina. Koning, Zeijlmans, Bouman, and van der Lei (2009) reported a survey in the Netherlands of female medical students ( $n = 394$ ) and female patients visiting an obstetrics and gynaecology department or private clinic ( $n = 88$ ). Forty-three percent of the total sample ( $n = 207$ ) reported that the appearance of their labia minora was important and 71% ( $n = 342$ ) thought that their appearance was normal. However, 14% of the total sample thought the appearance of their labia minora was abnormal ( $n = 68$ ). Almost all participants (95%,  $n = 458$ ) knew about the possibility of labiaplasty for a mean of 2.2 years. Most participants (78%,  $n = 376$ ) had heard about labiaplasty through a media source such as television or the Internet. Seven percent ( $n = 34$ ) had considered labiaplasty, and 0.42% ( $n = 2$ ) had undergone the procedure.

Vulnerability factors for women who are concerned about their genital appearance may be similar to those in other body image disorders (for example bulimia nervosa or body dysmorphic disorder) or there may be specific factors for the development of genital dissatisfaction. Risk factors might include being teased or receiving negative comments about physical appearance in general. This has

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been associated with higher levels of body dissatisfaction, depression and lower self-esteem in people with binge eating disorder (Jackson, Grilo, & Masheb, 2000); and body dysmorphic disorder (BDD) (Buhlmann, Cook, Fama, & Wilhelm, 2007).

Another non-specific vulnerability for women with concerns about their genitalia may be disgust sensitivity which is increased in women with dyspareunia or sexual dysfunction (Jong, van Overveld, Shultz, Peters, & Buwalda, 2009); and body image disorders such as anorexia nervosa (Aharoni & Hertz, 2012) or BDD (Neziroglu, Hickey, & McKay, 2010).

A further non-specific factor may be emotional, physical or sexual abuse resulting in body shame (Andrews, 1997; Kearney-Cooke & Ackard, 2000; Romans, Gendall, Martin, & Mullen, 2001). Body shame, from abusive experiences, is often associated with vulnerability to body image problems as well as general psychopathology and its chronicity. Abuse provides not only powerful emotional experiences of how one's body is perceived and treated by the abuser (e.g., as an object of sexual gratification, or a focus for physical harm), but also provides powerful experiences for developing beliefs about one's body (Andrews, 2002).

Women seeking labiaplasty may have an increased aesthetic sensitivity for their appearance and a desire for symmetry. There is some evidence for an increased aesthetic sensitivity in people with BDD (Lambrou, Veale, & Wilson, 2011). An indirect marker for this may be a greater likelihood of training or study in art or design (Veale, Ennis, & Lambrou, 2002).

Lastly, women seeking cosmetic surgery may be more likely to have an emotional disorder. For example in a large prospective study of women in the community, an interest in cosmetic surgery was predicted by a greater increase in symptoms of depression, anxiety, disordered eating and alcohol use compared to those women who were not interested in cosmetic surgery (Javo & Sørbye, 2010a; von Soest, Kvale, & Wichstrøm, 2012). We have previously reported on the characteristics of women in this study who were seeking labiaplasty and a community group not seeking labiaplasty (Veale, Eshkevari, Ellison, Costa, et al., 2013). All the women had labia measures within the normal range. We found that women seeking labiaplasty did not differ on comparisons on self-report measures of depression or anxiety, which were low in both groups. Ten of the 55 women seeking labiaplasty did however meet diagnostic criteria for BDD, which was largely specific to the genitalia rather than to multiple bodily features. They expressed increased dissatisfaction towards the appearance of their genital area with lower overall sexual satisfaction and a poorer quality of life in terms of body image. This is a similar finding to studies examining other body image problems, such as dissatisfaction with one's breast size in which Didie and Sarwer (2003) compared a group of 25 women seeking breast augmentation with 30 physically similar women who were not interested in augmentation. The breast augmentation group, compared with controls, reported greater dissatisfaction with their breasts and more positive sexual functioning but did not differ on overall body image dissatisfaction. The breast augmentation group was motivated by their own feelings about their breasts rather than any influence from external sources, such as romantic partners or sociocultural representations of beauty.

The aims of this study were therefore to explore the developmental factors that influence the decision to undergo labiaplasty. This study was an exploratory mixed-methods study and compared women seeking labiaplasty with a comparison group of women who were not seeking labiaplasty.

We wanted to explore whether women seeking labiaplasty were more likely than a comparison group to have a greater frequency of:

- (a) Physical, emotional or sexual abuse or physical or emotional neglect during childhood
- (b) Rape as an adult
- (c) Perceived teasing about their appearance in general or specifically about their genitalia
- (d) Increased disgust sensitivity

## Method

### Participants

We recruited 125 women who were divided into two groups. In order to take part, all participants were required to be aged between 18 and 60 years of age, and proficient in English (in order to provide consent and complete the questionnaires). Permission was granted by the Joint South London and Maudsley Trust and Institute of Psychiatry NHS Research Ethics Committee (09/H0807/33). Consent to contact participants was obtained by the surgeon. Informed consent was obtained over the telephone.

**Women seeking labiaplasty group.** We recruited 55 women seeking labiaplasty from the following sources: (a) 31 (56.4%) at a private cosmetic clinic, recruited from a total of 73 women who had had labiaplasty and were given written information about the study; (b) 19 (34.5%) at an NHS gynaecology clinic, from a total of 35 women who had a labiaplasty and were given information about the study. (c) 5 (9.1%) via email to a research volunteer database of individuals (Mind Search) at the Institute of Psychiatry, Kings College London, who had not therefore been seen in a clinic setting. The Mind Search database contains details for over 3500 individuals in the local community who have volunteered to participate in psychological or psychiatric research. All those recruited in the labiaplasty group were characterised by either seeking labiaplasty or indicating that they would seek a labiaplasty if they could afford it in the future.

**Comparison group.** We recruited 70 women for the comparison group from the following sources: (a) 31 (44.3%) from a gynaecology clinic in the state sector, where the individuals recruited by the surgeon were having a non-cosmetic gynaecological surgical procedure in the NHS and (b) 39 (55.7%) by an email to a research volunteer database (Mind Search) (described above). The women in the comparison group were asked to participate in a study that aimed to explore women's attitudes towards their external genitalia. They were characterised by not seeking or desiring labiaplasty.

The demographic of the two groups were matched for age, sexual orientation, marital status, whether or not they had children, their ethnicity and education. These and additional characteristics of the two groups are described in Veale, Eshkevari, Ellison, Costa, et al. (2013).

### Procedure

Participants seeking labiaplasty recruited from clinics were invited to participate in the study after the surgeon had assessed them. Consent to contact was obtained by the surgeon. Informed consent from participants was then obtained over the telephone.

For participants in the comparison group and for those seeking labiaplasty who were not seen in a clinical setting, contact details (emails) were provided to us through Mind Search for 225 people. Upon inviting all the volunteers to participate by email, we received 51 responses and 44 people completed the study. Participants from both groups completed the questionnaires listed below, either online or in a pen-and-paper format.

Participants received a £20 high street shopping voucher to thank them for their involvement in the research.

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