

# To have or not have a vagina that is the question

Prudence Fisher Women's Health ADHB



# Clinical Setting

- ∞ Presentation:
- ∞ Adolescents/young adults
- ∞ Diagnosis: Variation in Sexual Development (MRKH, PAIS)
- ∞ Gender, majority identify as female
- ∞ Majority heterosexual “Passionately want to be girlfriends”
- ∞ *Very different presentation to transgender youth*

# Team

- Endocrinologist (Megan Ogilvie)
- Gynaecologist & Obstetricians (Valeria Ivanova & Saman Moeed)
- Physiotherapist (Caitlin Day, Kealy Frances)
- Psychologist (Prudence Fisher)

# Our perfect clients

- ∞ Attend the first appointment
- ∞ Have experienced spontaneous arousal
- ∞ Have a intimate partner who is loving, flexible, supportive
- ∞ Are able to trace their sexual preferences/embodyed desires
- ∞ Articulated desire is compatible with their embodied readiness to dilate
- ∞ Can identify they desire a vagina to experience that type of intimacy and sensation which is stronger than their desire to be 'normal'

# Informed Consent

- ∞ Knowledge & sense of comfort with own body including genitals
- ∞ Articulated desire for a larger vaginal cavity
- ∞ Sexual physiological development
- ∞ Adequate Cognitive & emotional development
- ∞ Able to discuss embodied sexual preferences
- ∞ Readiness to dilate in the absence of a negative sense of difference
- ∞ Interdependent decision making
- ∞ Absence of major life stressors

How to address these factors in clinical practise from a psychological and Multidisciplinary Team approach

# Dissonance between articulated desire to be normal and subjective embodied desires

- ∞ Articulated desire is for a vagina, compulsory to avoid the stigma of being different and for girlfriend status associated with real rewards
- ∞ Neo-liberal discourses: “the same rights and choices as their friends
- ∞ Developmental stage “why is getting a vagina so difficult...why a psychologist...I know what I want”?
- ∞ Psychology is seen as a restraint by them to achieving normal, as it may identify them as ‘abnormal’
- ∞ This articulated desire to be “normal’ is often in contradiction to their embodied readiness

# Impact of simultaneous competing desires

- ∞ Clinical practise identifies that a forceful desire to achieve normal is often associated with an embodied aversive to using dilators.
- ∞ Consistent with Katrina Roen & colleagues (2018) findings
- ∞ May leads to hypertonic pelvic floor & vaginismus and in a few cases vulvodynia

# Restraints for psychology

- ∞ Team tension and health workers desire to meet the adolescents articulated desire ...”They don’t need psychology”
- ∞ Neo-liberal hands off parenting style
- ∞ Peers their main reference group for valid knowledge
- ∞ Cultural & geographical restraints
- ∞ Lack of emotional room to process psychological intervention due to family, trauma or school bullying experiences



# Exploring being different & okay

- ∞ Establishing rapport in order to identify their embodied sense & dread of being different
- ∞ Tracing a time when being different was okay and how that felt at embodied level
- ∞ Tracing their sexual preferences & pleasure and identifying what they want from having a vagina (separate from boyfriend's desire)
- ∞ Having legitimacy and agency to say 'no' to unwanted sexual activity having confidence outside of being a girlfriend

# Framing questions within a critical health framework and engagement in treatment

- ☞ Roen & colleagues recommend that health workers be aware:
- ☞ *“For vaginal construction to be worthwhile for a woman, she will need to resolve the conflicted experience of her vagina as deficient and in pain, and her desire for her genitals to be a source of pleasure and satisfaction”*
- ☞ *References: Katrina Roen PhD, Sarah M. Creighton MD, Peter Hegarty PhD, Lih-Mei Liao Phd. (2018) Vaginal Construction and Treatment Providers’ Experiences: A Qualitative Analysis. North American Society for Ediatric and Adolescent Gynecology. Pp.247-251*
- ☞ Prudence Fisher. (2014). *Theorizing Young Women’s subjective desire in a Primary Health Setting*. Conference Paper Femininities & Masculinities. Lisbon, Portugal.