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For one drop of blood

Virginity, sexual norms and medical processes in hymenoplasty consultations in the Netherlands

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CHAPTER VIII:

SUMMARY AND CONCLUSIONS

8.1 Identity Markers in an Institutional Context – Conclusions and Summaries of Articles

Hymenoplasty is still to date a highly controversial surgery. The secretive nature of the procedure in order to protect the anonymity of the patients presents a challenging access for social scientists to study the operation as a social phenomenon. Studies and research about hymenoplasty continue to be low in quantity although recently it has been experiencing a notable increase. The expansion of the scholarship however consistently focuses on two matters: (1) the widely argued oppression of women permeated in patients' sociocultural background and (2) medical professionals' ethical dilemma in service provision (Ahmadi 2015, Christianson and Eriksson 2014, Christianson and Eriksson 2015, Cinthio 2015, de Lora 2015, Earp 2015, Juth and Lynoe 2014, Kaivanara 2016, Loeber 2014, Saraiya 2015, Steinmüller and Tan 2015, Wild et. al 2015). A significant number of the literature on hymenoplasty have been contributed by medical professionals, written through medical lens (Raveenthiran 2009, Goodman 2011, van Moorst et al. 2012, Loeber 2014, Helgesson and Lynoe 2008, Bravender, Emans, and Laufer 1999, Christianson and Eriksson 2014, Christianson and Eriksson 2015, Logmans et. al. 1998, Ou et. al. 2008). Ethnographical explorations of the phenomenon allow a more nuanced understanding than these previous studies as it goes beyond looking at what is seemingly obvious. This study aspires to do just that. What this dissertation brings anew to the discussion and the scholarship is an exploration

of the phenomenon that is mindful of the contextual set up and not only the actors involved. Hymenoplasty seeking women and consulting physicians do not operate in a vacuum but rather in a context of medical setting where repertoires, norms and institutional logics influence the interactions between doctors and patients. During consultations, treatment and treatment outcomes are shaped and mediated through negotiations and deliberations of various sociocultural aspects where medical decision making goes beyond strict clinical considerations.

Hymenoplasty stands in the intersection of unbalanced sexual expectations between men and women, mobility across states and borders as well as normative and performative understanding of sexual purity which culminates in assistance seeking behavior in a clinical setting. These interconnecting issues of gender, religion and migration come into conflict as Dutch women of migrant ancestry attempt to maintain an appearance of virginity by soliciting service from medical institutions in the Netherlands. What we see in the context of hymenoplasty consultation is the highlighting of different identity markers, including religion, gender and migration status. These identity markers are brought forward through different contentious social issues during exchanges between patients of migrant ancestry and physicians of Dutch upbringing. The role of medical consultation as the context is crucial and fundamental in this case. It is through this institutional process differences are not only brought into the conversation, but it also becomes almost a necessity to address them. Medical consultation, particularly in this study, is a medium for physicians to learn more of their patients: the problem they want to solve, the goal they want to achieve and the reasons behind both. In the context of hymenoplasty in the Netherlands, regardless of their eventual aim, the immediate intention of the patients is to undergo a controversial operation. The need for the procedure is seen both by themselves and by the physicians to be questionable and controversial.

There are almost default differences between surgery seeking women and hymenoplasty service providers, not only in identity markers but also in the general understanding of virginity and the hymen. These differences become possible sources of explanations to why such a controversial surgery could be desired by the former while generally rejected in necessity by the latter. Again, this is where studying hymenoplasty by being mindful of the medical institutions as its context becomes fruitful. The 'logic' of medical institutions, where doctors are essentially gatekeepers to the specific form of help patients are seeking, facilitates the underscoring of differences in the process. In simple terms, patients have to present a case why it makes sense for them to want and 'be allowed' to have the surgery. Since the surgery in this case is commonly considered by physicians to be unnecessary, it is only to appeal to differences of circumstances between them and the doctors that patients have the room to plea necessity.

Hymenoplasty consultations mostly begin with patients having to bring forth their unique identity markers as ways of justifying their intention. Exchanges between patients and physicians continue with the entire process inevitably revolving around addressing these differences. Through and during the consultations, we observe how identity markers determine the way interactions between doctors and patients develop. Patients' gender becomes the reason of the need for them to be empowered. Patients' migration history are the fundamental reasons for their unfortunate situation and therefore to be amended. Patients' religion is to be defended and dissociated from the unfortunate medical procedure. Hence, as an answer to the overarching question of this dissertation, differences between doctors and patients, including gender, religion and migration history, are not only brought to light during hymenoplasty consultations in medical institution, but they are also specifically addressed and treated as integral aspects of both patients' motivation for the operation as well as the cornerstones of their problems in which when addressed will lead to the patients' 'salvation'.

Each of the articles that comprises the chapters to this dissertation deals with a singular aspect of interactions between doctors and patients in a clinical setting. Every article focuses either on a particular identity marker of the patient or a unique aspect of hymenoplasty consultations in the Netherlands. In the first article, I explore how the lack of formal recognition of hymenoplasty as well as the scarcity of public information about the operation affect consultations' result. I trace how the two conditions lead to differences of approach of hymenoplasty consultations in two medical establishments in the Netherlands. The first one is a public hospital and the other is a private clinic. Hymenoplasty costs a mere 10% of the price at the clinic than at the hospital. The lead doctors in both establishment aspire to provide help to surgery seeking women. In the clinic, this help also translates to a low cost of the operation. Despite having the same motivation to help, the lead doctor in each establishment has a contrasting approach to hymenoplasty consultation. The approach employed is closely related to the philosophy of care of the lead consulting physician, particularly their point of views of the surgery itself. The doctors conflicting point of views of hymenoplasty culminate in a contrast of surgical rate between the two establishments: the clinic performs hymenoplasty twice more often than the hospital. Ultimately, in the absence of systematic structural acknowledgement of hymenoplasty, patients' treatment and treatment outcome are fully dependent on the service providers, particularly the consulting doctors' philosophy of the surgery.

The second article examines how religion as an identity marker is highlighted and addressed in the context of hymenoplasty consultations. With 80% patients coming from Islamic background and many self-proclaiming as practicing Muslims, whether

religion has a role in the patients' desire for the operation punctuates conversations between doctors and patients. In the case of hymenoplasty, two realizations on the part of the patients are significant when it comes to how religion enters the picture: (1) patients consider the operation as necessary but the desire for it to be ultimately regrettable and (2) patients anticipate that the unfortunate wish might be connected with their highly valued and revered belief. Consequently, hymenoplasty patients create an artificial divide between religion and culture in order to be able to 'blame' the latter for their surgical intention and distance the former from it. In the context of hymenoplasty consultations, surgery seeking women make active and conscious efforts to argue against the possible correlation between their religion and their desire for hymenoplasty.

In the third article, I look at whether Dutch doctors' point of view that hymenoplasty has no medical necessity influences their recommendations to patients. As a way of exploration, I examine Dutch doctors' attempt to demedicalize the notion of the 'broken' hymen. To achieve this, the physicians' efforts are of two prongs: by decoupling medical definition from the understanding of the broken hymen and by offering alternative course of actions to patients contemplating hymenoplasty. The first half of the demedicalization effort is mainly attempted by Dutch physicians by imparting medical understanding of the hymen and its (absence of) correlation to virginity. But what is truly unique in the case hymenoplasty consultations in the Netherlands comes from doctors' address of the second half of the effort of demedicalization: the offering of alternative solutions to patients' problems. These alternatives are the medicalized version of cultural practices originating from the ancestral lands of hymenoplasty patients in the Netherlands. Hence, in their conviction that hymenoplasty has no medical basis, Dutch doctors effectively resort to medicalization—of 'cultural' means—in order to demedicalize the notion of the 'broken' hymen.

In the fourth article, I explore how patients' common background of having migrant ancestry is addressed and highlighted during hymenoplasty consultations. Patients' foreign ancestry is often perceived by Dutch doctors to be closely related to the social situations that lead them to contemplate undergoing hymenoplasty. Simultaneously, since the origin of the desire for hymenoplasty is considered to be ultimately foreign, Dutch physicians also perceive the situations and therefore the motivations to undergo the surgery be "not Dutch". Hence, physicians consulting hymenoplasty in the Netherlands encourage 'Dutchness' as a way for a patient to distant herself from the desire and the situation that will her to undergo the operation. In the eyes of Dutch doctors, the more Dutch a woman is, the less likely she will consider hymenoplasty. Ultimately, hymenoplasty patients in this study, whose background are exclusively of migrant ancestry, are encouraged by Dutch doctors during hymenoplasty consulta-

tions to become more and more ‘Dutch’ as part of the solutions to their problems.

The fifth article can be seen as a companion to that of the fourth as it addresses similar issue but from a needed angle of women empowerment. Here, I look at how the fact that all patients are women play into the way hymenoplasty consultations are conducted. Coming from the view that women who desire hymenoplasty do so because they come from the position of lack, both in terms of knowledge as well as social capitals, Dutch doctors aspire to remedy these deficiencies. How empowerment is done in the context of hymenoplasty consultations cannot be divorced from how surgery seeking women are viewed by the doctors. Patients are simultaneously perceived by Dutch physicians as victims and potential heroes who can change the perceived cycle of women oppression. They are also seen by the physicians as potential mothers who can either act as the ‘freer’ of the next generation Dutch or their ‘oppressor’. Ultimately, what I illustrate in this article is how women as hymenoplasty patients are assigned roles and shaped into different kind of subjects through Dutch doctors’ empowerment effort.

8.2 Looking Ahead – Possible Future Research

This dissertation project sets a necessary trajectory for future publications and explorations alike. The writing of this particular manuscript has been intentionally designed to focus on the specifics of the clinical setting of hymenoplasty consultations. As the last chapter on women empowerment has provided a glimpse of, there remains highly rich collections of findings for the basis of future writings. This is specifically true about data that deal with surgery seeking women’s perspectives and experiences in their quest for hymenoplasty. Complementary findings gathered through interviews and conversations with young and older women of migrant ancestry, similar to that of hymenoplasty patients, in the Netherlands is also largely untapped and ready to be turned into publications. Being mindful of the complexities of women’s narratives, whether seeking hymenoplasty or not, it is only just to aim for a book format to showcase the depth and breadth of the stories which will arguably be lost in the form of articles of which this dissertation is based.

Looking ahead for future studies as follow up, there are three necessary trajectories to continue the explorations which stem from asking the following questions: (1) which angle is yet to be fully explored in this hymenoplasty study? (2) what different context can this study be relevant to be extended? And (3) is there a wider societal context in which this study can examine? The answer to the first question is quite straightforward. As this particular study focuses itself on the interactions between doctors

and patients and also on experiences and point of views of women about hymenoplasty, there are less investigations on men's perspective of the procedure or of the issue of virginity in general. Data collection did include engagements with young men to get a glimpse of their opinions on the matter. Yet, a more focused exploration on this front will provide a productive and useful (possible) counternarratives to that of the women's. Many surgery seeking women allude to the men in their life, particularly their boyfriend or fiancé, to be a significant driving factor in their search for hymenoplasty. From the findings gathered hitherto, men are aware of the procedure. They are however convinced that their significant others—their wives, their girlfriends or their intended—will never entertain hymenoplasty. Equally intriguing, men who have been leading promiscuous life but aspire to repent at a certain point in their life turn to women as their 'ultimate salvation'. Yearning to start anew, men wish to be with women they consider 'pure' when entering marital life. These singular ways of looking at the desire of premarital virginity, which stand in potential contrast to the women's, are necessary counterparts to complete the picture of hymenoplasty as a controversial sociocultural as well as medical phenomenon.

When looking at the context of this hymenoplasty study, the fact that it was done in the Netherlands becomes a significant backdrop that colors the dynamic between doctors and patients. It also shapes the unique findings of this research. Doctors' view that the operation is medically unnecessary and that the desire for the surgery is a regrettable wish influenced by sociocultural background of the patients might be proven to be unique to the context of the Netherlands. It will be productive to see whether similar perceptions are held by physicians practicing in other geographical context where doctors are also largely of different sociocultural upbringing than their hymenoplasty patients. It will therefore be an equally important and productive exploration to conduct comparable study in a contrasting context where doctors might not fundamentally disagree with patients' initial assessment of their virginity situation. Anecdotal evidences from this study have pointed to doctors in different places outside of the Netherlands who might be and are often consulted for their 'ability to tell' whether or not a woman is a virgin through the appearance of her hymen. In this setting, it might not be impossible that doctors are able and comfortable to provide medical assessment and biological framework to the loss of virginity and its connection to the condition of the hymen; a correlation of which Dutch physicians mostly oppose. Furthermore, in consulting and performing hymenoplasty, Dutch doctor's frame their engagement with patients in the understanding of empowerment. They aspire to provide help not only in a strictly medical sense but also in the context of social dilemma the surgery seeking women are facing. Doctors' motivation in consulting hymenoplasty might be different from one context to the next, not impossibly financial

factor becoming a priority in certain cases. Due to the lack of standards in hymenoplasty surgery and consultation, physicians' rationale becomes an integral aspect to how engagements with patients are then conducted. It will therefore be a worthwhile exploration to conduct a study in places where doctors' drives in consulting hymenoplasty are potentially less altruistic.

The ethnographic explorations of hymenoplasty in the Netherlands come in the context where women of migrant ancestry are faced with specific sociocultural expectations which they hope to resolve through resorting to the services provided in Dutch medical establishments. Challenges and negotiations they encounter when dealing with Dutch medical professionals explored in this study might be unique to that of a search for hymenoplasty. However, there exists an important underlying phenomenon in this situation in need for further systematic examinations: people of migrant ancestry's quest for health care and medical treatment, particularly in a 'western' context but also in any migration receiving area. What will be important to explore includes, but not limited to, conceptions of illness and suffering as well as their resolution which might differ between doctors and patients, challenges specific to those who are not natural born citizen of the land in their quest for medical treatment as well as potential exclusions and blind spots in healthcare particularly in relation to people of migrant background and their children or children of children.

8.3 Extending the Scholarship – Final Thoughts

What this study has presented is a unique ethnographic analysis on hymenoplasty based on never before gained access to hymenoplasty consultations totaling to 70 appointments. It is also an examination of underexplored topics surrounding the surgery; particularly those that focus on the context of the medical setting itself rather than strictly the dilemma of women in maintaining an appearance of virginity. In so doing, this dissertation has highlighted how actors in medical establishments, predominantly physicians and patients, grapple and address the sociocultural aspects of a procedure that is equally controversial among medical professionals and the general public alike. This study hopes to bring attention to other potential comparable medical treatments where considerations during medical appointments are not only strictly about patients' medical complaints but also about pertinent wider sociocultural issues surrounding the treatment seeking behavior. What this study has also presented is an investigation surrounding a surgery that is desired not only because of what it can provide for the physical body but also sought after due to its potential in addressing psychological distress. Arguably more importantly, it is also requested for

its believed capacity to remove social dilemmas faced by patients contemplating it. The findings and the analysis provided here are therefore relevant to other studies focusing on medical procedures that also addresses multiple axis of patients' problems.

The significance of sociocultural elements explored during any specific medical consultations become particularly salient when physicians and doctors generally come from different sociocultural background. This is specifically true when their differing background shape the (contrasting) ways they look at the drive behind the medical appointment, including if there is a valid reason to seek treatment and whether or not the desired resolution is acceptable. With this backdrop, observing medical consultations are not only useful to look at how different aspects of sociocultural life are dealt with but also to examine which ones come into conflict with the act of seeking help in a medical context. Particularly when the sociocultural backgrounds between physicians and patients are generally dissimilar, paying attention to how the diversities of upbringing might 'seep into' medical conversations are only a natural direction of observations for studies focusing on doctor-patient interaction with this nature. However, this study calls for extending the explorations to also examine whether there exist methods informed by cultural practices that are then adopted into medical recommendations. In the case of hymenoplasty, cultural 'tricks' are embraced and appropriated into medical solutions of the problems at hand. Investigations of other similar decisions made by medical professionals will only enrich the scholarship of medical anthropology as a whole and medicalization/demmedicalization specifically.

Consequently, this research has also widened the examinations of the extent of medical authority. This study wishes to emphasize an exploration of the nature of medical authority that is not only critical of its extension but is also aware of its reduction. This study analyses how authority expands, particularly by doctors incorporating cultural solutions as medical treatments. It also looks at how medical authority contracts, specifically through physicians denouncing the connection between a 'broken' hymen and loss of virginity. In the same line of thoughts, this research on hymenoplasty in the Netherlands seeks to put a spotlight on other similar medical procedures where standardization of practice is largely nonexistent. This will bring attention to how patients' treatments might heavily contingent upon the consulting doctor. As a whole, this study aims to be relevant to scholars focusing on the clinical setting, especially those dealing with controversial treatment. It also wishes to be useful to practitioners, including physicians, nurses and social workers alike. Particularly, this study hopes to be significant to those interacting with patients whose sociocultural background is different from them or whose medical problems cannot be separated from the social aspects of their daily lives.

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