

Haunted by Norma & Normman On the Violence of Averageness and Normality

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At the end of March, when I should have been on my last legs writing this essay, tweets went viral in which a young woman—let’s call her Pamela—shared the vulva plaster casts of artist Lydia Reeves,¹ and circled in red all those vulvas that, in her opinion, did not depict *normal*, i.e. cis female, vulvas.² When people expressed their concerns about her endeavor, she doubled down and circled the ones she, a self-proclaimed expert, identified as “OBVIOUSLY FEMALE.”

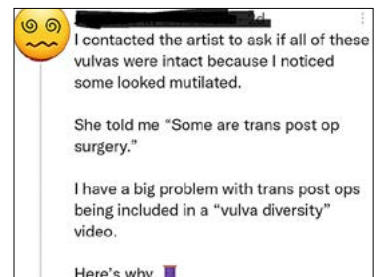
Pamela wrote that she had asked the artist if all the vulvas were “intact” because some “looked mutilated,” to which the artist replied that some vulvas were “post trans op surgery,” i.e. neo-vulvae that are the result of gender affirming surgery. Pamela then got into a terfy rant about how vulvas created by surgery had no business being in a “vulva diversity video” because that was not “normal.”

When she was called out online and people with vulvas drew her attention to the fact that vulvas “occur in nature” in all shapes, sizes, and configurations, Pamela went so far as to demand photographic evidence. That’s right: she wanted clit-pics. Out of her original efforts to educate others about the fact that there is indeed a huge gap in terms of medical knowledge about vulvas, she has become a woman who claims to be able to decide what is normal and what is not. Or rather, who is normal and who is not. After all, in this case, is it not about the vulva, but about the person who is attached to it? Who owns it? The person who has the vulva between their legs? Pamela may have her own trauma-related reasons for this, which I can neither judge nor do I want to, but more than anything this example shows: Normal does not exist.³ Normal is always a social construct, a combat zone, and an instrument of power to divide people into camps. But where does it actually come from? This powerful sense of supposed normality that follows us around, plagues us, and makes us despairing either of ourselves or of the rest of humanity?

Normal is a social power: if we have the privilege to be considered *normal*, we hardly ever have to think about it. Therein lies the never-questioned secret of its magic. I am normal = I am not wrong = I am right. I have the right body, the right mind, the right skin colour, the right gender, the right sexuality, the right religion, the right education, the right money. The list goes on. But behind these framings, there is a whole series of measurements that got us into this predicament.

For the longest time, normality was neither a term nor a concept for people in Europe. Religion, class, and money regulated affiliations. When someone stood out too much and was out of line, they were simply declared insane and cast out. *Normal* was thus, if anything, more a feeling than a science. This changed in the mid-19th century when a young Belgian astronomer named Adolphe Quetelet became the first person to apply the skills he had learned in celestial body analysis to human body analysis and society.⁴ The first recorded human average was the chest circumference of 5,738 Scottish soldiers in 1846. The median result: 100,97 cm. Fascinating, isn’t it?

At least that’s what Quetelet thought. And because Belgium felt it had been left behind by neighbouring countries in terms of enlightenment, there was a national interest in contributing scientific findings *Fabriqu  en Belgique* (Made in Belgium). Quetelet changed course from stars to people and looked for more data sets to average society. He had big plans, wanting to average things such as courage and cowardice. Unfortunately for him, at the time, there were no data sets available for this. What he was able to put his hands on were government demographic statistics. In a sense, this was the beginning of quantitative sociology, or *de la Sociophysique* (of the sociophysics).



MEASURE	NUMBER	MEASURE	MEASURE	MEASURE	MEASURE	MEASURE	MEASURE
Height	5	5	0,5800			0,5000	7
35	18	31	0,8195	39	59	0,0955	39
35	81	141	0,1604	68,5	49,5	0,0954	110
35	185	209	0,4835	52,5	34,5	0,0854	315
37	459	759	0,4061	36,0	30,5	0,0511	732
38	743	1505	0,3209	18,0	16,5	0,0709	1535
39	1071	1807	0,3104	19,5	16,5	0,0465	1836
			0,0097	2,5	2,5	0,0098	
40	1079	1893	0,1985	5,5	5,5	0,0359	1087
41	954	1698	0,2119	10	10,5	0,0054	1079
42	698	1148	0,4601	31	29,5	0,0150	1000
45	379	645	0,4206	30	29,5	0,0690	580
44	92	160	0,4805	35	37,5	0,0111	521
45	58	87	0,4930	41	45,5	0,0989	69
46	21	36	0,4991	49,5	52,5	0,0955	16
47	4	7	0,4996	56	61,5	0,0919	5
48	1	9	0,5000			0,5000	1
	5738	1,0000					1,0000

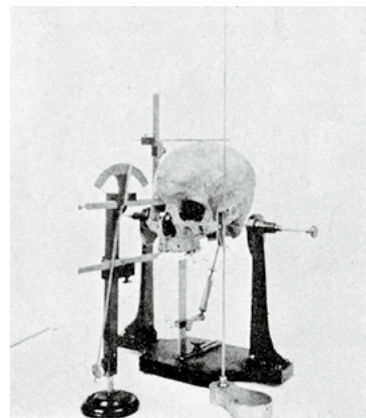
Chest dimensions of Scottish soldiers (1846)

1) Lydia Reeves, *Vulva Casting*, <https://www.lydiareeves.com/vulva-casting>, last accessed May 17, 2024.

2) Her name is not Pamela, and although I normally have no problem calling bigots and terfs by their names, in this case, I am unsure as far as mental health is concerned. I had already come across Pamela while researching my first book in 2019. I had briefly considered interviewing her based on her personal experiences and activism; after all, she had also been featured in the New York Times. But back then I had noticed some statements that seemed so problematic and aberrant that I decided I didn’t want to open this can of worms.

3) Pamela underwent a cosmetic surgery of her labia as an 18-year-old because she, according to her own statement, was persuaded that her labia were too big. The surgery was a disaster; the doctor made serious mistakes and removed nerves to and on her clitoris. This has led to her having little to no sensation in this area. This experience has made her an activist against cosmetic surgery on labias and for education about *anatomically correct* vulvas.

4) Astronomical observations were more meaningful the more measurements were made, because one could then average the measurements.



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