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Relativism and Rage: Representations of Female Circumcision and Female Genital Mutilation

by

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ABSTRACT

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In recent years, there has been an enormous surge in the level of public awareness in the United States regarding female circumcision/female genital mutilation (FC/FGM). These practices, historically portrayed by anthropologists as predominately African cultural rituals known most commonly as female circumcision, have been reconstructed in various discursive sites more frequently as violence and torture against girls and women. In the latter sites, the practices are referred to as female genital mutilation. This reconceptualization has been conducted in large part beyond the disciplinary boundaries of anthropology and at times in opposition to relativistic scholarship in the field, creating a dichotomous ideology that has pitted cultural relativists against political activists aimed at eradicating FC/FGM.
These polarized perspectives are played out in the exponential growth of multi-sited representations of FC/FGM within academic, applied and popular culture arenas. Within popular culture, representations of these practices have become ubiquitous and are the subject matter of innumerable print, television and radio "documentary" stories. The production of everyday knowledge has become so mainstreamed that FGM has surpassed being featured on Oprah as a measure of its cultural embeddedness by additionally appearing as the subject matter of television dramas, stage productions, and adult and juvenile literary fiction.

This dissertation traces representations of FC/FGM in various Western discursive sites and analyzes the "ideological work" which the debates have produced in the arenas of anthropology, law, advocacy and popular culture. Cultural relativists are often charged with condoning the practices, while the "outraged" are portrayed as neocolonial, moral imperialists. I will argue that anthropology has not responded to the "rage" by discarding its relativistic roots, but rather channels its relativistic scholarship to inform "appropriate" change
efforts aimed at reducing FC/FGM practices. Laws within the U.S., on the other hand, effectively invalidate cultural relativism by negating “culture” as a reason for FC/FGM and by criminalizing FC/FGM entirely. Finally, popular culture functions to situate immigrants as the “exotic Other” among us, while becoming part of the global discourse to eradicate FC/FGM. Both our laws and popular culture show that we critique others in ways we cannot critique ourselves.
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To my husband, Earl, and children, Evelyn, Wesley and Andrew, your tolerance and encouragement have been life-sustaining. Especially to Evelyn, you have always known me as a student; I can't wait to spend more calm time with you. Here's to us!

I dedicate this to my father, Glen Miller, and in memory of my beloved mother, Evelyn Miller.
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Chapter One

INTRODUCTION

In recent years, there has been an enormous surge in the level of public awareness regarding female circumcision/female genital mutilation (FC/FGM) practices. Such practices, historically portrayed by Western anthropologists as predominately African cultural rituals known most commonly as female circumcision, have been reconstructed in various discursive sites more frequently as violence and torture against women. This reconceptualization has been conducted in large part beyond the disciplinary boundaries of anthropology and at times in opposition to relativistic scholarship in the field, creating a dichotomous ideology described by Christine Walley as one of, "either cultural relativism or politically-informed outrage" (Emphasis in original; 1997:406). These polarized perspectives are played out in the exponential growth of multi-sited representations of FC/FGM in the academic and applied arenas of anthropology,
human rights and ethics, law, medicine, women's studies and feminist theories, African and African-American studies, comparative literature and other academic and professional areas. In addition, popular culture representations of these practices have become ubiquitous and are the subject of innumerable print, television and radio "documentary" (or allegedly factual) stories. The production of everyday knowledge has become so mainstreamed that FC/FGM has surpassed being featured on *Oprah* as a measure of its cultural embeddedness by additionally appearing as the subject matter of television dramas (e.g., *Law and Order*, 1997), stage productions (e.g., *Vagina Monologues* and the lesser-known *In Search of My Clitoris*, performed by a circumcised Liberian woman in California) and adult and even juvenile fiction (e.g., *The Volunteer*, 1998, by Carter Coleman and *No Condition is Permanent*, 2000, by Cristina Kessler.)

In all of these arenas, relativists, who typically are anthropologists but include some "Third World" feminists, scholars and politicians, are often charged with condoning such practices, while "the outraged," who are the majority of the actors in the remaining aforementioned sites, are
portrayed as neocolonial, moral imperialists. Neither group seems to get the point of the other, and given the philosophical divide that has existed, each is in a no-win situation with respect to the other. For example, even African and Arab anti-FGM activists, doing work to end their own cultural practices, risk being labeled as under the influence of Western ideals and succumbing to a false consciousness.\(^1\) Conversely, hands-off relativists have been charged, paradoxically (given the historic intentions of relativism), with racist intentions. As a result, both the actors and their sites are under scrutiny if not attack. It seems to have come to this: while the participants in each of the sites that produce our cultural knowledge about FC/FGM have shaped that knowledge, contentiously and otherwise, the debates themselves have produced a certain

\(^1\) As an example of this, Morsy describes both anti-Western sentiment regarding Western involvement in anti-FC/FGM efforts and the negative connotation of being associated with Western thought:

Unfortunately for the objects of the rescue mission themselves, “Western” compassion can be nothing less than the kiss of death. Even Nawal Saadawi, whose perspective is regarded by other Arab feminists as “grounded in ‘modern’ or ‘western’ medical and feminist thought” (Ahmad 1989:41), has found it necessary to express public rejection of authoritative Western humanism. [Morsy 1991:22]
"ideological work" in each of those sites, sometimes transforming those sites while being transformed by the discourse generated therein.

This dissertation traces the representations of FC/FGM in various Western sites and analyzes the "ideological work" which the debates have produced in these various domains. Before embarking on an analysis of how the debates about FGM play out and produce work in the sites addressed in this dissertation, it is important not to overlook that the first site if not, arguably, the most important one, that generates for the reader or listener a sense of factual awareness, images, and moral positioning is the ever fluctuating set of terms used to reference the practices themselves. The process of selecting a name for use in referring to this topic is, in itself, highly problematic and invariably reflects an implicit conceptual bias. Various options have been discussed in the literature (albeit briefly) and used, but there is no general consensus or readily apparent solution. In Chapter 2, I will explore the range of names used in different sites and the resultant interplay of name, message and knowledge production.
The second site of analysis and the focus of Chapter 3 will be the discipline of anthropology itself and the discourse generated by anthropologists. In as much as many scholars, politicians, journalists, activists and even entertainers have jumped on the bandwagon to engage in FGM discussions, there was an apparent detour which at times seemed like a nearly permanent roadblock regarding this topic within anthropology during much of the past decade in particular. It is not that anthropologists were not writing about FC/FGM practices, but that they were avoiding the gritty issues that were necessarily created by the temporal convergence of immigrants from practicing cultures living in the West, public and often ethnocentric outrage toward their practices (whether occurring “here” or “there”) and anthropology’s general allegiance to a nonjudgmental relativistic approach.

I will argue that a potentially provocative if not seminal moment within the discipline was the appearance of Gordon’s prize-winning yet highly criticized essay in *Medical Anthropology Quarterly* in 1991, “Female Circumcision and Genital Operations in Egypt and the Sudan: A Dilemma for Medical Anthropology,” where he questioned the
analytical utility of anthropology's cultural relativism in describing female circumcision practices, followed by the illuminating yet sometimes contentious and even hostile responses from feminist anthropologists (respondents included Soheir Morsy, Nancy Scheper-Hughes, Carolyn Sargent, Faye Ginsburg and Janice Boddy). Given the transnational migration of FC/FGM practices, an increasingly international awareness of them and a rapidly growing global agenda to eradicate these practices, it seems that most of the commentaries missed an opportunity to map out future directions for researching these trends. Only Ginsburg specifically prescribes a methodological approach for future research. While addressing the potential for future research may not be the makings of typical commentaries, Gordon's respondents collectively may have done more than avoided paving the way for prospective disciplinary research; they may have effectively stifled anthropological evaluation of both FC/FGM practices and the evolving debates about these practices. In her response to Gordon's article, Scheper-Hughes states the following:

My brief comments on Daniel Gordon's Rivers Prize essay, "Female Circumcision and Genital
Operations in Egypt and the Sudan," will not so much comment on the specifics of this contribution to the already well trodden and vast anthropological and medical anthropological terrain covering this painful and vexing topic as to lend my voice to the gathering crowd of womanly colleagues from the West and from the East who want to turn Mel Konner’s admonition against traditional practices of genital surgery against the Western anthropologists themselves: “Female circumcision is one place we [read as concerned women anthropologists] ought to draw the line.” In other words: Hands off! Enough is enough (And two Rivers prize awards and one previous honorable mention for papers on this topic is more than enough.) Let Egyptian and Sudanese women argue this one out for themselves. [Parentheses, brackets and emphasis in original; 1991:26]

If indeed female circumcision practices had been well analyzed as part of a “well trodden and vast anthropological…terrain…”, the problems posed by these analyses situated against a backdrop of escalating eradication campaigns, federal and state laws, asylum rulings, and human rights discourses had not. However, it appears that at least for a period of a few years, the “Hands off!” admonition was heeded. This was unfortunate, because although female circumcision practices might have been given their “due look” by anthropologists in their original geographic contexts, itself a questionable claim (in that how does one determine what is “enough” research?),
it became clear that the discipline was standing by and not addressing the tidal wave of cultural conflict generated by discussions and representations of FC/FGM in the West.

Four years after Gordon's article and those of his respondents, Lutkehaus and Roscoe edited *Gender Rituals: Female Initiation in Melanesia*. In the preface to this collection of articles by anthropologists, Lutkehaus and Roscoe take a position that is antithetical to that of Scheper-Hughes and encourage a "hands on" approach to the study of FC/FGM through an acknowledgment of the discipline's difficult position, but a clear indictment of anthropology's shortcomings:

Female genital "mutilation" presents anthropologists with an ethical dilemma. On the one hand, the practice is abhorrent to the Western tradition from which our discipline has sprung. On the other, anthropology's pretensions to cultural relativity and its frequent assertion of the moral equality of cultural orders dispose it to defend non-Western traditions from Western ethnocentrism... Perhaps one of the few uncontroversial issues in this controversial area is that anthropologists have generally failed to satisfy the public's interest in the matter. It is not just that, with few exceptions (e.g., Boddy 1982, 1989; Talle 1993), we have failed to provide grounded studies of female circumcision, clitoridectomy, and infibulation in their cultural and normative
contexts; we have also signally failed to examine female initiation as a whole. [1995:xiii]

Lutkehaus and Roscoe provided a starting point for a disciplinary turnaround by implicitly generating a mandate for anthropological inquiry into FC/FGM practices.

Until Walley's call, "for a more productive feminist and anthropological debate capable of transcending the binary terms in which female genital operations are commonly discussed," (1997:407; 2002:19) the anthropological literature addressing the discursive dichotomy and the potential for a mediated analytical perspective had been scant. Although it is arguable whether or not tensions within anthropology have been resolved (and I believe that they have not) regarding "acceptable" disciplinary approaches to this topic, recent publications suggest that the discipline may no longer be avoiding the tensions in the debates (see Walley in James and Robertson 2002; Gruenbaum 2001; Shell-Duncan and Hernlund 2000). Anthropology's more recent involvement in the debates has been fueled by its relative absence from them and its reaction to the obvious lack of relativism implicit in discussions of "the Other" in "Other" sites.
Although anthropology's reemergence in the discussions has not resulted in a complete resolution of the tension and of the dichotomy between relativism and rage, the discipline's recent appearances in the debates have allowed it to channel its own rage about anti-relativistic discourse and reclaim the validity of its relativistic roots by positing an unlikely solution. Anthropology has carved out a disciplinary niche for itself by reversing course but not method. Unlike earlier calls to avoid both research related to these practices and Western involvement in anti-FGM campaigns, scholars in the discipline now see themselves as uniquely situated to address the rage that underpins eradication efforts by defining culturally "appropriate" and "inappropriate" intervention programs. Editors and authors Shell-Duncan and Herlund, both anthropologists, offer the following about their book, Female "Circumcision" in Africa: Culture, Controversy, and Change:

Though the issue of female genital cutting (FGC), or "circumcision," has become a nexus for debates on cultural relativism, human rights, patriarchal oppression, racism, and Western imperialism, the literature has been separated into diverse fields of study. In contrast, this volume brings together contributors from the fields of anthropology, public health, political
science, demography, history, and epidemiology to critically examine current debates and initiatives and to explore the role that scholars can and should - or should not - play in approaching the issue. [2000:349]

In the end, relativism informs rage. Thus, I will argue that the ideological work of the FC/FGM debates within anthropology has been, ironically, to give new life to one of its defining methodologies.

Global migration has resulted in the importation of FGM and its attendant controversies to countries not historically associated with such practices. Chapter (4) will address legal responses in the United States to domestic concerns regarding immigrants from practicing countries and the practices themselves. Federal and state laws and asylum rulings will be reviewed. In particular, I will focus on how these laws conveniently deploy alternating concepts of universalism and relativism, and ultimately work to produce cultural notions of recent immigrants. Specifically, our laws about female genital mutilation are based on the premise that there is universal right, stated in various ways, to bodily integrity. This universal right “protects” children from certain cultural practices.
However, about our own practices like male circumcision, an implicit sense of respect for cultural relativism appears to "protect" the rights of parents to parent their children as they see fit based on our cultural norms.

Although the federal anti-FGM legislation had to be introduced more than once before being enacted, eventually it was passed in a bill related to immigration, clearly unreflexively situating the issue in a context about "the Other" among us. Whatever limited resistance the federal law met upon its initial introduction in 1993 (Federal Prohibition of Female Genital Mutilation Act of 1993, 103rd Congress, First Session, HR 3247 cited in Rahman and Toubia), such resistance may have had more to do with apathy or lack of awareness at that time than with contested values regarding cultural relativism. As will be shown, hearings which were part of the making of this legislation, with rare exception, invoked a discourse of hegemonic claims to universal rights and restrictions on behavior. In fact, there was reportedly no input from women from practicing cultures in the creation of the later bill which became law in 1996.
To further evaluate U.S. perspectives, I will discuss various state laws including some that laid the foundation for challenging the typically uncritical Western stance on FGM which narrows the interpretation of broad legal concepts to exclude application of anti-mutilation laws to male circumcision practices. This potential work of the FGM debates has been unrecognized to date, as the anti-male circumcision activists have been unsuccessful in capitalizing on these laws to criminalize male circumcision among “Us.” These calls for cultural self-critique in our legal system have not been heard.

EVOLUTION OF THE PROJECT:

My interest in this project began more than a decade ago while I was working as a prenatal genetic counselor in an academic medical center. A certified nurse-midwife, who I had originally met in a different medical setting while conducting preliminary ethnographic fieldwork on birth practices, approached me and explained that she had a growing clientele of women from West Africa who were circumcised. In particular, she was providing care to a
pregnant Nigerian woman who had been circumcised in Nigeria. This client, upon having an ultrasound which revealed a female fetus, asked the midwife where she could take the baby to have her circumcised in Houston. To fully appreciate the context of this situation for both the midwife and the pregnant Nigerian woman, it is important to realize that at the time of this midwife-client relationship, there was very little local media coverage of female circumcision practices. Relatively few people in the general population in this country were aware that these practices existed. The midwife was aware of these practices, in part because she had a growing clientele from practicing cultures, but was not specifically aware that the practices were being continued or that there was at least a demand for or interest in their continuation here. To conclude this pivotal exchange, the midwife informed her client that she was unaware of anyone who would perform female circumcision and that this was not a customary practice here.

The midwife had found very little medical information regarding the care of circumcised women and was interested in researching the medical and cultural significance of
female circumcision. She asked me if I would be interested in co-authoring a paper with her, in which she would write about the provision of medical care to circumcised women who presented in Western medical settings for obstetrical and gynecological care and I would write about the cultural aspects of the practices so that health care workers at least theoretically could understand the significance of female circumcision for these women and be able to provide them with more appropriate, sensitive care.

The aforementioned midwife-client visit was significant in many ways. From the perspective of the midwife, it illustrated the difficulty of professionally preparing health care workers for providing care for a truly multicultural patient clientele. The midwife could not find adequate medical information regarding the potentially special health care needs of circumcised women living in the United States, much less accessible literature regarding the cultural significance of female circumcision. As a would-be anthropologist, it personalized for me not only the transnational migration of people, but of their practices even when such practices were seemingly at odds with the cultural status quo here. What I found so interesting about
this encounter at that time was precisely the fact that for this immigrant, female circumcision did not seem at odds with our cultural norms and that she felt comfortable inquiring where she should take her daughter to be circumcised much in the same way that a “typical American” (defined here as one who does not question the necessity of male circumcision) might ask who should best circumcise a son. She represented an interesting mix of “old” culture retention by continuing, or planning to continue, with female circumcision practices in her American born offspring, and “new” culture acquisition by seeking care in a large, highly complex health care setting. Female circumcision clearly remained a valued practice for this woman and, one would logically conclude, at least for some other immigrants from practicing cultures as well. I was eager to learn about the migration of female circumcision practices to the United States, problems immigrants encountered because of these practices and the relative importance of continuing or discarding female circumcision with their American born daughters.

As I began conducting a preliminary literature review and consulting with my anthropology advisor, I met another
student who had become interested in studying female circumcision for very different reasons. His girlfriend was volunteering in the Peace Corps in Sierra Leone and had been communicating with him about female circumcision practices there. He was clearly upset by the information given to him by his girlfriend, and they viewed female circumcision as a human rights violation.

This student and I worked together for a period of time to learn as much as possible about these practices. The convergence of our respective paths that led to our interests in studying female circumcision proved fruitful for each of us. My entrée into researching this subject matter was triggered by the presence in Houston of an African woman who viewed the practices as significantly worthy to continue them even in a new and very different cultural context. Conversely, my fellow student had been informed by a Westerner about these practices in their original cultural context in a manner which horrified him. I shared his gut-wrenching response to the stories as told by his friend in the Peace Corps, and he saw that in spite of those grizzly tales, here was a woman - and probably not the only one - in our city who wanted to circumcise her
child. We saw that female circumcision was both revered and hated. In retrospect, the dichotomy of relativism and rage was an inherent theme of my introduction to this field long before it defined Western representations of FC/FGM.

My initial interests in researching these practices were rooted in the process of their migration here and the cultural clashes generated by their arrival and increasing presence in a Western context. As an anthropology undergraduate student, I had been particularly interested in issues related to medical anthropology that specifically focused on multicultural issues and problems in the provision of health care to culturally diverse populations in large urban settings. However, when I began focusing on FC/FGM as a graduate student, I soon realized that the complexities sprawled far beyond the domain of health care and that probable conflicts existed in the contexts of law, ethics, feminism and other arenas I was only beginning to explore.

My early collaboration with the other student also enabled me to have a critical insight into the now highly contested arena of anti-female genital mutilation activism. He viewed female circumcision as a bodily violation much as
he viewed male circumcision. He openly described the long-term complications related to scar tissue and pain he had suffered as a result of problems with his own circumcision as an infant, and he had become opposed to the routine practice of male circumcision in this country. It was easy if not unavoidable for him to move from this position to one of equal if not greater opposition toward female circumcision practices. He personally understood the important role that “culture” plays in the importance of ritual practices\(^2\) and also in efforts to eradicate such practices. He recalled the difficulty his Jewish family had in hearing his pronouncement that should he ever have a son, there would be no bris and the infant would not be circumcised. I have long ago lost touch with him, but have wondered if he has had a son and what role “culture” may or may not have played in the implementation of his decision.

\(^2\) We understood that not all male and female circumcisions have characteristics of ritual. The majority of male circumcisions performed in this country are performed in hospitals and do not have a significant religious ritual component, although one could argue that it is part of “medical ritual.” Likewise, not all female circumcision practices are rites of passage into adulthood; some are performed on girls as young as infants through early childhood.
It became apparent early on that in order to facilitate an understanding among Americans of the difficulty of eradicating FC/FGM (practices which most Americans could not comprehend the existence of, much less resistance toward their demise), we could ask ourselves to imagine the general reception\(^3\) one might receive upon walking into a synagogue and telling the congregants to cease the barbaric practice of male genital mutilation. By envisioning this sort of condemnation and the negative response it would likely generate, we create an analytical tool for comprehending the perceived cultural imperialism when Westerners attempt to eradicate FC/FGM in practicing countries and to some extent among practicing groups living in the West.

As my interest grew about the arrival of FC/FGM practices in the United States, I decided that this would be the subject of my dissertation research. I broadened the scope of my literature review and conducted a pilot study consisting of ethnographic interviews of immigrants from

\(^3\) This is not to deny the presence of Jewish activists in anti-male circumcision organizations. For a personal account of one Jewish woman's rejection of male circumcision and her argument that Jewish people should abandon the practice of circumcising their sons, see, "A Jewish Perspective on Circumcision," by Jenny Goodman in Denniston, Hodges and Milos (1999).
countries where female circumcision is practiced. When anthropologists historically have studied FC/FGM, the topic usually was studied as part of an ethnographic study of a particular ethnic group's culture, or of women's lives in a certain region. In many cases, female circumcision was evaluated as one of many cultural components of the whole. My interest involved a different sort of study. I was interested in looking at a dissected piece of culture, how that "piece" had migrated both with, and ultimately I came to realize, without, its people to various exogenous locales in the West within the context of increasing transnational migration, and what impact the arrival of this piece of culture had in a new, not very receptive environment.

As just described, this research proposal sounds very "clinical" for an anthropological project in that it detaches a set of cultural practices from their original cultural contexts much in the same way that medical research tends to isolate a system of the body for analysis apart

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4 For instance, an example of this is the creation of laws about FC/FGM practices without the input of individuals from practicing cultures.
from its holistic reality as an integral, inseparable part of the body and person. But ultimately, unlike in medical research where, for instance, a study about the heart or uterus can have the appearance as though the heart and the uterus have (theoretically impossible) lives of their own separate from the body on which they rely, FC/FGM practices truly have evolved in various Western sites not always but often completely dissected from the bodies and the cultures in which they usually reside. Upon separation from their original physical and cultural contexts, they have found, or rather we have given them, a new corporal residence of sorts in the West in the corpus of our representations, rhetoric and actions. By now, FC/FGM practices have become embodied in multiple sites of discourse: we talk about the practices; we describe them graphically; we argue about criminalizing them; we advise how to medically treat women affected by them; we televise them; we fictionalize them in drama and literature; we sensationalize them. They have become the litmus test in ethics debates; they have reignited academic discourse about contested notions of relativism, universalism and feminism. Because we do not
practice them anymore,\textsuperscript{5} or so we think, at least not on the female body,\textsuperscript{6} we want to eradicate them "here" and "there."

\textsuperscript{5} "I was screaming with pain when I came to in the hospital bed. I'd had an operation, but I didn't know precisely what the surgeons had done to me. Cautiously, I explored the condition of my 12-year-old body. I felt a gauze bandage over my pelvic area and, near my genitals, a crusty blanket of dried blood." [Moreno 1998:178]

These words sound like they might be those of an African woman recalling her own experience of female circumcision (in contrast to the American mythical version, not all FC/FGM practices occur on a dirt floor with a rusty knife; some are performed in hospitals.) However, these are the words of Angela Moreno, an American intersexual with ambiguous genitalia which were surgically "corrected" in 1985 in Children's Memorial Hospital in Chicago. Some children who develop ambiguous genitalia, including intersexual individuals (genetic females born with masculinized genitalia and genetic males with feminized genitalia), are surgically altered to appear either "male" or "female." Many of these individuals, as adults, argue that such surgery constitutes mutilation. In, "Am I a Woman or a Man?" (Mademoiselle, March 1998, 178-181, 208), Angela Moreno (as told to Jan Goodwin) discusses her own surgery/mutilation when her parents and doctors attempt to "correct" her intersexuality. In linking her experience to FC/FGM practices, Moreno continues by asking, "Why are Americans so ready to criticize FGM but aren't a bit outraged by what is happening in their local hospital operating rooms?" (p. 181). The Intersex Society of North America (ISNA) wanted Congress to extend the ban on female genital mutilation to cover all intersex children, not just girls from practicing cultures.

Regarding female genital mutilation (FGM), critics of the biomedical/technocratic model of birth would argue that many of our birth-related practices, like the routine performance of episiotomy, do in fact constitute genital mutilation.
And so too, they make us think about cultural imperialism, whether as salvation or domination, a "should" or "should not." They have become very powerful and very present; perhaps not omnipresent, but at times, nearly seemingly so. From top to bottom, they are now a part of our culture: they exist in the halls of Congress as the subject of congressional hearings and they are even the source of musings at social gatherings. Even this thesis, indeed the mere choice of its subject, in its own very small way adds

6 Many anti-male circumcision activists argue that the routine performance of male circumcision is genital mutilation. For multiple articles which discuss this perspective, see Denniston, Hodges and Milos, eds., (1999). See also the websites for the activist organization, National Organization of Circumcision Information Resource Centers (NOCIRC) at http://www.nocirc.org; and the National Organization to Halt the Abuse and Routine Mutilation of Males (NOHARMM) at http://www.noharmm.org.

7 My husband and I were to have attended a party recently. As I was immersed in writing this dissertation, we declined the invitation. In noting our absence, the topic of this dissertation arose. Although I can’t speak to the exact nature of its presentation, following the discussion of my project, one of our friends called from the party to state that there had been a discussion, everyone had been polled, and all were in agreement that “FGM” is, “a bad thing and should be eradicated.” As for “male circumcision,” that was “a different story altogether with different opinions.” My friend (the one who called) and I have long held opposing points of view about the routine practice of male circumcision; my viewpoint (opposed) was in
to the cultural construction of these practices in the West. They have become a part of us through our "take" on them; therefore, this research in a not insignificant manner is also really about us and the way in which we have embedded the practices of FC/FGM, without embracing those who practice them, in our culture. That is at the heart of this dissertation. It is this point, and the issue of the power and the presence of FC/FGM practices, to which I will return at the conclusion of this section.

When designing the original research project many years ago, a significant element was to evaluate the impact on immigrants of having arrived in a new cultural setting where not all of their customs would be understood or welcomed. I was particularly interested in how immigrants viewed their own reception here and that of their practices, whether or not they were continuing to practice female circumcision with their American-born children and how they negotiated the many challenges I suspected that they faced due to cultural clashes with our health care providers, legal system and other entities and individuals. This research goal was dependent on the ability to conduct the minority. Of those expressed, it may in fact have been
multiple in-depth interviews with immigrants from countries where at least some ethnic groups practice FC/FGM. In order to get at what eventually became that “dissected” piece of culture at a time long before FC/FGM was widely discussed in the United States, I designed the research protocol to examine many aspects of the lives of immigrant women from the perspectives of both women and men.

In addition to interviewing immigrants, I intended to interview health care providers who would be likely to provide care for women from practicing cultures. I specifically remember discussing with the certified nurse-midwife who is referenced earlier in this chapter how she handled her client’s request for information about having her daughter circumcised. She responded that although the question caught her off-guard, she believed that she was able to respond to her client with courtesy and respect, without appearing shocked or surprised. She had been familiar with the practices because she had several clients from Nigeria in particular who sought her as a health care provider. I had known this midwife for several years and had observed her practice in settings with culturally singular.
diverse patient populations, and feel confident that she appeared to her client in the manner she described. However, I had also observed physicians, residents and nurses work with these same culturally and economically diverse patient populations without the sensitivity exhibited by this midwife. I knew that her typical interaction with patients was not indicative of the normal health care provider - patient encounter, and that this most likely would translate into difficult encounters for circumcised women seeking health care in this country.

Before conducting any interviews, I had reviewed the literature available at that time, and continued to review the literature during the interview process. One component of that project as originally designed included evaluating eradication efforts in the United States. In a telephone interview with Fran Hosken, founder of Women’s International Network News, an ardent anti-female genital mutilation activist internationally and ultimately a very controversial figure among anthropologists, I discussed with her my intention of interviewing immigrants from practicing cultures. I explained that I was interested in learning about their perspectives and experiences, and wanted to find
out if FC/FGM practices were being continued here. Hosken wished me well, but rather ominously warned that I would encounter difficulty in my quest for open, forthright interviews given that I was foreign to them, and she expressed serious doubt that immigrants would admit to me that they were continuing the practices here. When I asked her if she knew of any data that would confirm the existence of FC/FGM among immigrants in the United States, she indicated that the data would be hard to obtain but was certain that the practices were occurring within immigrant communities in this country.

The interviews I conducted were very interesting. I have always found the process of learning about other people's lives, beliefs, values, and practices to be fascinating. This, in combination with my interest in critiquing mainstream and alternative health and health care related practices, is what drew me to cultural and medical anthropology. It was never a prerequisite for those about whom I was learning to be “the exotic Other.” For instance, in studying birth practices using an adapted version of the traditional participant-observation methodology, I was invariably immersed in a system where the health care
providers and the recipients of that health care were all part of the established cultural milieu of which I was a part. None of us, whether midwife, physician, nurse, patient, labor support person or childbirth educator, was exactly alike or even of similar backgrounds, but we were familiar with each other. This is the nature of a large urban American city. The "Other" under investigation in the study of birth practices was not exotic; it was the "familiar Us." Recent immigrants are also part of the cultural make-up of urban America, but penetrating recent immigrant communities is a more daunting task. While they are part of "us," they are not very familiar to us nor we to them.

As I proceeded with the pilot study for the dissertation research as originally designed, it became apparent that Hosken's warning proved true. The interviews were illuminating, but all too often not about the specific sort of information I was seeking. Some immigrants were very forthcoming in describing their experiences with and attitudes toward FC/FGM. Sometimes women would speak about FC/FGM but not in the presence of their husbands, and this was often difficult to arrange for sufficiently long enough
periods of time to really find out what the women had to say. The most difficult interview was of a Nigerian couple when the husband asserted that they had never heard of female circumcision. In discussing this interview with an Africanist anthropologist, I was informed that it was improbable that they had never even heard about female circumcision. This denial, if indeed it was false, was useful in that it spoke to the nature of these practices as closed to outsiders, perhaps more so in this urban American context than if I were studying them in their original geographic spaces. Clearly I would have to rethink my approach to this component of the project.

While questioning my methods for learning more about the lives of recent immigrants, I also had to come to terms with my response to the literature. I found the literature viscerally challenging because so much of it at that time focused on detail after graphic detail. In turn, I questioned the depth of my objectivity as an anthropologist evaluating these practices. Our traditional role, after all, is to remain neutral and nonjudgmental, is it not? I was not so sure I could. Immediately following Boddy’s discussion of the role of relativism in studying FC/FGM
practices, she briefly addresses the issue of contemplating the medical consequences of the practices:

I think I am safe in saying that none of us who has studied the practice in its context are so theoretically myopic or inhumane as to advocate its continuance. What is too often elided in castigations of relativism is the fact that understanding a practice is not the same as condoning it.

It is, I believe, as crucial to effecting the operation’s eventual demise that we understand the contexts in which it occurs as much as its medical sequelae. The latter disgust us because we can well imagine ourselves as suffering them; the former, because, perhaps, we cannot. [Emphasis added; Boddy 1991:16]

Here was an anthropologist who had studied infibulation (see Boddy 1982), a form of the practices with perhaps the most severe of medical consequences, and had provided a culturally contextualized analysis of the practice as a form of gender identity. Yet she could acknowledge the medical sequelae as disgusting. Perhaps my disdain for the medical specifics did not, after all, disqualify my anthropological interest in these practices. I knew that, on an ongoing basis, I would have to keep my reactions in check. I tried to personally contextualize my responses to how I was envisioning FC/FGM. This I did by recalling the total body
tension and transient cessation of breathing I invariably experienced when watching one bloody episiotomy after another (and they are very bloody) when working as a labor support person in a county hospital where care was provided by residents whose mode of training was, "see one, do one." I always was tempted to say, "Quick, go to the midwifery unit down the hall where they won't do this to you," but, alas, in that context as participant - observer, I could not. Yet I did not leave the field.

In part because of my own response to some of the presentations of the practices and also in an attempt to counter some of the more provocative depictions of them, I did, however, attempt in my own writing and speaking to describe the practices in the least sensational manner possible. I almost always muted the "gore factor" when discussing my work, especially when the, "What is it?" question would arise, but I will never forget a particular guest lecture that I gave in an undergraduate anthropology class on the role of female circumcision practices in adolescent rites of passage. This was long enough ago that few students were familiar with FC/FGM beforehand. While defining the physical nature of the practices in their
different forms, which I always attempted to do in a very quick and straightforward manner, one of the students had a seizure. After she had been escorted away for medical care and we were informed that she would be fine, her friends tried to reassure me that she had not been feeling well before class and that the lecture was not what triggered the seizure. But the mere possibility that the imagery created by my description (as toned down as I could make it) of the practices might have made her ill, left me feeling ill at ease, to say the least. At a minimum, it reinforced the challenging aspect of contemplating the bodily impact of FC/FGM practices.

I have referenced earlier in this section the critical role that I believe the Gordon article and its commentaries may have played in the development, or delay in development, of anthropological inquiry about FC/FGM as it exists in the West. As an anthropology student, I was at once impressed, intrigued and at times perturbed by some of the responses from key scholars in the discipline. It was not as though I disagreed with the substantive nature of the critiques. I appreciated Boddy’s aforementioned comments about
relativism, and even more, the way in which she turned the critical focus on ourselves:

It may be our hubris as anthropologists that we cannot—or dare not—imagine ourselves so immersed in any culture that we would buy its multiplex rationalizations—its meanings—however subtle and persuasive and coherent they may be. An yet we submit ourselves to cesarean sections and mechanized childbirth to produce the “perfect” baby; inculcate in our daughters, albeit implicitly, that they must diet, exercise, dye, and depilate to achieve the “perfect” body; we tweeze and pluck and color and conceal to attain the “perfect” face. We work hard at being women, spend considerable sums of money, subject ourselves to bunions and bulimia and worse. Clearly, a central question epitomized so horribly by the practice of female “circumcision” is why female bodies in virtually every society should be subject to alteration, maiming, mutilation, control. [1991:16]

In the same vein of cultural self-critique, Scheper-Hughes moves beyond questioning why women subject themselves to maiming and mutilation, and questions why women are the subjects of study:

Besides, those who live in glass houses should not throw stones. Why is the “Body in Question” always the female body? Daniel Gordon will be a practicing physician of Western medicine one day, and he might also turn his attention to the practice of genital surgery as it exists in the neonatal units of our cosmopolitan hospitals.
It is, by and large, a ritual practice foisted by fathers on their infant sons. [1991:27]

Once she has effectively, “changed the subject,” Scheper-Hughes justifies that change by continuing with a candid recollection of her anguish about the decision to circumcise her son and her narrative of the circumcision itself. Her summation of this experience, followed by the manner in which she allows this ordeal to point down a path not yet taken in medical anthropology, is noteworthy:

He survived [the circumcision], of course, and he is a big, strapping, healthy 17-year-old today. But I still believe that my son was sexually mutilated and violated as an infant and, as a consequence, that some part of his adult sexual pleasure was forever denied him.

Where are the passionate voices of our Western, male medical anthropologists—some of them circumcised, some of them not—speaking out on the practice of male genital surgery in the United States? Why isn’t male circumcision also one of the places, to cite Mel Konner, “where we ought to draw the line?” [1991:27-28]

I wholeheartedly endorsed the need for anthropologists to critique the bodily modifications and mutilations experienced and perpetuated by Western women, and to more aggressively examine these behaviors using some of the same analytical perspectives anthropologists have used in
examining FC/FGM practices. The root causes of our behaviors may in fact be more mysterious than those which perpetuate FC/FGM practices, given that some of the obvious and strong justifications for "their" practices simply do not exist for "us." Perhaps even more lacking from anthropological scholarship is our failure to examine our own practices of male circumcision/male genital mutilation and our disciplinary resistance to study this issue. However, still I could not accept that these inadequacies should preclude me or any other anthropology student from examining FC/FGM practices particularly as they exist in the West.

The by now redundant "Hands off!" admonition was perplexing. Even if we take at face value the fact that there had been "enough" research on female circumcision practices in Egypt and Sudan, and as an aspiring anthropologist I could not image not welcoming more of the sort of work previously done by Boddy and Gruenbaum, when Scheper-Hughes mandated a disciplinary avoidance of the topic, she did not limit the prohibition geographically. That is, she did not say, "No more research on female circumcision in Egypt and Sudan!" Rather, she said, "Female
circumcision is one place we [read as concerned women anthropologists] ought to draw the line" (Parentheses original; 1991:26). To make sure that we [read as confused anthropology students] (parentheses mine) get the message, she punctuates it with the same words and tone that I use when my children have frayed my last nerve: “In other words: Hands off! Enough is enough!” (1991:26). The fervor of her admonition lent to it an aura of taboo, and taboos, after all, are the stuff of anthropological inquiry. I felt at once both reluctant and enticed. One also could argue that her words were an attempt at censoring the topics of anthropological research, and that itself begs for inquiry.

And then there was Soheir Morsy. Morsy’s commentary, though unapologetically hostile, or “emotional,” as she says, led to the most potentially justifiable reasons I could find for stepping back from studying FC/FGM practices. Regarding Gordon’s article, she states, “Lest we assume that the Western hegemonic intellectual tradition belongs to a bygone era of colonial domination, Daniel Gordon’s essay serves as a sobering reminder to the contrary. His prize-winning essay bears the characteristic markings of the
Western civilization project" (Morsy 1991:19). Concerning the study of female circumcision practices in general, she comments, "Indeed, the topic has served very well those who herald righteous pronouncements directed at the distant Other...Within the framework of the currently popular analytical genre of what may be labeled the vocality of victims, 'female circumcision' is not only a popular topic of commentary and study, it even qualifies as a central concept in neo-orientalist harem scholarship (cf. Abu-Lughod 1989; Hatem 1989; Nader 1989)" (Morsy 1991:20-21).

Overly simply stated, I read her objections to my involvement (read here as the involvement of a Western anthropology student) in the following manner: these aren't my practices, these aren't my people, my intentions might be questionable, and my voice in this subject would lack not only respect but authenticity and authority. Stated at length are Morsy's words. Given her emphasis on the importance of the "native's emotional response" to Western research, I am presenting everything from the beginning to the end of this passage to preserve her intent:

Beyond the analytical limitations of Gordon's essay (and as he himself recognizes) discussions
of the female Other’s "genital operations" do "arouse emotional response" (p.3). Among the "natives," including those turned anthropologist like myself, the emotion is one of indignation at the paternalism which oozes from proposals of "Western political agitation against female genital operations," whether Gordon's own or his reiteration of the positions of other enlightened missionaries. For those who discount claims of objectivity and ethical neutrality in scholarship, our emotional response is worthy of serious consideration, given its political/epistemological implications and its relations to "anthropology's image" - our challenge in the nineties (Buikstra 1990). These are times when "natives" have increasingly come to read what anthropologists write. It is worth remembering that it was nothing less than emotional reactions - including distress, anger, and indignation at domination, whether economic or intellectual - which fueled anticolonial struggles. Extended to anthropology, a similar emotional response forced upon the discipline a serious consideration of "reinvention" and prompted the call for decolonization of the discipline years ago. With the current "recolonization of the Arab World" (Aruri 1989), Gordon should expect an even more profound emotional response.

The aforementioned emotional response on the part of "natives" has been given many labels, including "cultural loyalty." In my case, it may be considered an attempt to take a turn at gatekeeping - an academic exercise which is all too familiar to those of us who relate to the Other in ways which transcend profiting from their lives as sources of data and making use of their sufferings as stepping stones in the path of career building, at a distance from their struggle. Be that as it may, for those dedicated to saving Arab/African women within the framework of the Western civilizational project, confronting
such responses, no matter the label, is no doubt a minor toll. [1991:21-22]

The question remained: What to do with Morsy’s desired role as academic gatekeeper, and the fact that she is the only “native” among the respondents, the one whose opinion seemingly should carry the most weight. According to her standards, by pursuing this project I would fall into an inevitable, undesirable trap whereby my endeavor would be arrogant, part of the recolonization of the Third World, one that stepped on the Other for my own personal gain, and might even be part of a “neo-orientalist harem scholarship.”

Many issues regarding my project had converged. In the somewhat haphazard manner in which I had been introduced to the topic of FC/FGM practices, I learned about the presence of a Nigerian woman in Houston who wanted to have her daughter circumcised. At the same time, I heard horror stories about FC/FGM practices through the voice of a Peace Corps volunteer in Sierra Leone who wanted to see FC/FGM practices eradicated. Coexisting were female circumcision and female genital mutilation; good and bad; desired and detested.
The different bodies of literature I was reading, on the one hand, forced visions of mutilation that were difficult to confront repeatedly, and on the other, provided explanatory models that culturally contextualized the practices. However, the anthropological literature in particular seemed not to adequately account for an evolving activism and the ways in which cultural relativism was being impinged upon by a growing discourse of universalism and human rights.

As for the ethnographic component, in-depth interviews with recent immigrants were unpredictable in their utility for this project. A methodological renegotiation was inevitable, yet even so, breaking down barriers sufficiently to broach very private, sometimes sacred cultural practices felt like a violation of privacy and always proved difficult. It was, quite figuratively, as though Fran Hosken and Soheir Morsy - two women who could not have more adversarial positions toward each other - had joined forces to foreshadow the difficulty of this work. For instance, I had known an African woman from a country where female circumcision is practiced. I knew this woman in the context of my life as a mother, but I told her about my specific
academic interests in anthropology which we would discuss briefly from time to time. As it would happen, her husband was a scholar. I asked her if he might be able to point me toward people (not necessarily people who practiced circumcision) who might inform my work. His response to her which she relayed to me was, “My husband wants to know if you’re a feminist. He’s really tired of feminists.” And she asked this of me not very apologetically, but rather straightforwardly. I was so taken aback, I do not recall my exact response. I was expecting something of a “scholar helping student” type of response. Perhaps I rearticulated that I was from the discipline of anthropology and uttered something about its nonjudgmental approach. He was a scholar, after all. Shouldn’t he have known that? I certainly was thinking that I was from a nonjudgmental disciplinary tradition, and thinking that that should have insulated me from this rather bizarre form of slander. But in that moment, the impenetrability of which Hosken warned had crystallized. Of greater significance, however, was the

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8 I refer to this as a, “bizarre form of slander,” because while I clearly do not consider the label “feminist” an insult, he obviously did.
fact that through this African\textsuperscript{9} man's words, spoken by an African woman, I had felt Morsy's sting.

Although I saw a hole in the anthropological literature about FC/FGM practices among immigrants living in the United States, I began questioning my pursuit of this project in the manner designed. Ultimately, all of the concerning issues referenced above coupled with a hiatus from graduate fieldwork, gave me time to contemplate my work. That time also allowed me to observe from an academic distance the exponential construction of discourses about FC/FGM practices that was occurring in this country.

During this period of reflection, I never allowed the words of Scheper-Hughes and Morsy to stray far from mind. I respected the message to avoid work which would constitute a "neocolonial encounter." But I never quit wondering why we as anthropologists should avoid a subject altogether. And as I watched the representations about FC/FGM build during the nineties, I saw in those representations, which we created, all that Morsy detested. The gap between our home grown images of the "Other" and our popular responses to the

\textsuperscript{9} Although this couple is from a specific ethnic group within a particular country within Africa, I am using the generic term, "African," to conceal identity.
presence of the “Other” among us, grew further apart from anthropology’s version of relativistic scholarship. I redesigned my project to try and look at this multi-sited cultural phenomenon of how we were looking at the Other in a way that we would never look at ourselves, and at the anthropological resistance to looking at that rage with anything but disdain and yes, rage. The rage about FC/FGM was both popular and academic, but almost never anthropological. Perhaps this is what Scheper-Hughes wanted to avoid; that is, to avoid incorporating a sense of rage about these practices within our scholarship.

If cultural relativism is about understanding the “native point of view,” then what I wanted to understand was the way in which Americans were looking at and constructing the practices of the Other, sort of like watching a movie within a movie. Then, to borrow from the imagery of Ginsburg (1991:18) who suggested that we should widen the lens for investigation by looking at policymakers, I wanted to “widen the lens for investigation” once more by looking at how anthropology was watching all of this. And with this redesigned focus, I refer back to the heart of this dissertation as described earlier in this chapter. My
project which began as a study about the Other among Us evolved into a study about Us and our detached embodiment of Their practices.

RESEARCH DESIGN:

This project, both in its original and evolved forms, was first and foremost always multi-sited research. It was this sort of research when its initial goal was to track people and follow their trajectory in multiple sites, for example, immigrants in transition and upon settlement in the United States, and certain groups of people with whom they would necessarily have to negotiate, like health care providers. It remained multi-sited research when it evolved into tracking their practices as cultural entities, which I argue somehow become disengaged from the owners of those practices (the immigrants from practicing countries) and acquired symbolically by us through our representations of FC/FGM in sites as disparate as asylum hearings and the Oprah Show. As Marcus notes in, “Ethnography In/Of the World System: The Emergence of Multi-Sited Ethnography”:

The other, much less common mode of ethnographic research self-consciously embedded in
a world system, now often associated with the wave of intellectual capital labeled "postmodern", moves out from the single sites and local situations of conventional ethnographic research designs to examine the circulation of cultural meanings, objects, and identities in diffuse time-space. It defines for itself an object of study that cannot be accounted for ethnographically by remaining focused upon a single site of intensive investigation. [1998:79-80]

This project has many sites and sources of material, some of which have already been referenced. I will trace the polarized perspectives about FC/FGM practices across many sites where the practices are discussed, critiqued, represented and culturally constructed in the United States. To follow the representations, this project's sites include places, people and things where FC/FGM comes to life for us, sometimes, if not often, at the expense of the dignity of the people from practicing cultures.

People:

From casual conversations to formal interviews, to attending talks given by people directly involved in FC/FGM practices in various ways, people have presented me with multiple viewpoints and perspectives about these practices. Some people spoke "on the record," while others would give
me "their take" on FC/FGM only with anonymity or "off the record." Interviews of immigrants conducted under the original research design have not been discarded; rather, they will be presented and contextualized with respect to the passage of time.

Places:

When possible, I situated myself in places where I knew FC/FGM practices were likely to be discussed, formally or informally. These included classrooms and auditoriums where talks were given, lines waiting to enter these lectures and the attendant chatter that accompanies the wait, gatherings after talks for book signings or informal question and answer sessions, and of course, anthropology meetings or talks and the even more interesting discussion which often follows outside the meeting room.

Things:

This project is based strongly on a textual analysis of scholarly, political and popular print, and visual analysis of images broadcast on network television about FC/FGM practices. These bodies of material are extensive, and one
periodical, for instance, could yield more than ample “discourse” to form the basis of an entire project. I tried to select for inclusion in this project samples of print and video that I felt were most reflective of our retelling, re-imaging and overall reproduction of these practices. Also, I have utilized certain websites of organizations directly related to FC/FGM. During the nineties, the extraordinary growth of the internet and of websites on the internet about these practices truly has been astounding. Indeed, one also could base an entire project solely on critiquing information presented on the internet about these practices. For the purposes of this project, however, I limited my use of the internet to those websites affiliated with established organizations who have much to do with broad cultural production of knowledge about FC/FGM.

Time:

The long passage of time over which this project evolved certainly was not an original component of the design. However, as unavoidable and indeed irritating as it became, it may in fact have become the most important element of this project. Time has allowed for many things,
not the least of which has been the remapping of this project, a remaking which in and of itself became part of this project in its present form because what time allowed is at the root of the remaking. Time may not be a “site” per se, but it has given me a vantage point that few other sites in a more temporally truncated form would have ever allowed.

Time has given me the opportunity to witness the beginning and ongoing nature of an evolutionary process of how we name and rename something that was never ours to begin with. It has allowed me to periodically lecture about these practices, from more than a decade ago until very recently, and to observe how what used to be shocking to a mixed class of anthropology majors and even premeds (who soon were to be immersed in their own rituals of blood and guts), now receives somewhat of a, “yeah, we know about that,” response. For a generation of students that grew up on Oprah and magazine news shows, their changing responses became a marker of the cultural embeddedness of FC/FGM practices.

Time has allowed me to observe both as citizen and anthropologist how our legislative and immigration systems
have struggled with FC/FGM practices. Over time, I have
observed how an even greater struggle has occurred within
the discipline of anthropology where still we may not have
developed an analytical framework to accommodate all of the
challenges which FC/FGM practices pose. Studying these
practices has become important as an anthropological
enterprise because doing so offers the potential for seeing
our own methodological constraints. I have internalized and
struggled with my own issues ad nauseam of how and even if
to examine these practices. During a period of time when I
have seen an emphasis within the discipline to shift our
critical eye away from the subaltern subject, and I believe
that the evolution and renegotiation of this project
reflects that by situating ourselves and our cultural
production as subjects, I am beginning to see how
anthropological scholars implicitly and otherwise are
identifying other scholars, especially anthropologists, who
don't take an “appropriate” approach to the study of FC/FGM
practices as, “academic subalterns.” These are not their
words, but the message is there. Choosing to study these
practices as an anthropologist nearly invariably means
placing oneself, to coin a popular culture phrase, on a “slippery slope” in the academy.

Time has allowed me to witness many things which otherwise would have gone unnoticed, but sometimes taking note of what has not happened over time is equally important. In the ideal, it would have been rewarding to note that there had been a remarkable decline in these practices, but change in this area is slow and anthropologists are the first to note that. And predictably, our incorporation of the Other’s practices into our cultural matrix over time has neither afforded nor imposed on us any genuine degree of cultural self-critique. We cannot get beyond anatomy in our Western biomedical construction of it, to see the parallels between FC/FGM practices and those of our own. This is evident at the level of federal and state policymaking, and in my own anecdotal stories. I find myself no closer today than a decade ago in trying to draw analogies between “their” practices and “ours” even when using terms that are very Western and very medical. When building on a culturally familiar theme of “medical necessity,” it simply does not click that a commonality exists in that what is medically
unnecessary for one, so too is medically unnecessary for the other, regardless of the procedure. This is true whether we are discussing FC/FGM practices, male circumcision, body piercing or any number of cosmetic surgeries.\(^{10}\) Even when acknowledging at the outset the differences between female and male circumcision, that connection between them and us even by the thinnest of cultural threads (medical necessity), seems to remain elusive. Time has allowed me to see that while we have absorbed them (FC/FGM practices) into our cultural fabric, we still do not see them (people who practice FC/FGM) as part of us.

Time, no doubt, has been very instructive for this project. It has illuminated realities about our construction of FC/FGM practices that no other site could. What once was an agitating stumbling block ultimately became my best informant.

\(^{10}\) See Sheldon and Wilkinson (1998) for a discussion of the parallels between female genital mutilation and cosmetic surgery.
Chapter Two

THE NAMING PROBLEM:

A Rose is a Rose by Any Other Name?

In 1994, Fauziya Kassindja\textsuperscript{11} arrived in the United States seeking asylum to avoid being forcibly circumcised in her homeland of Togo, Africa. While imprisoned in New Jersey, she telephones her new attorney, Layli Miller Bashir:

"Hellooo, Fauziya?" a sweet, soft, high-pitched girlish voice asked. And so Layli and I met for the first time...
"I know about female genital mutilation," she [Layli] said.
I'd never heard the term before. I had to ask her what it was.
"It's the same thing as female circumcision," she said.
"Oh."
(Kassindja and Miller Bashir 1998: 255-6)

\textsuperscript{11} Fauziya's actual last name is Kassindja, but she is widely referenced in various literature as Kasinga, as this is how immigration officials spelled her name (1998:163). Kasinga appears on all her immigration documents. However, she has used Kassindja since being granted asylum.
Female circumcision equals female genital mutilation, or so it is stated as fact in this situation. This simple equation of terms ignites the controversy surrounding many discussions and representations of these practices. The controversy is best characterized by Walley who states that, "existing usages are deeply embedded in the 'either/or' perspectives characteristic of discussions of female genital operations, with circumcision signaling relativistic tolerance and mutilation implying moral outrage" (1997:408).

At the outset of this chapter, I must point to the fact that a critique of terminology is somewhat inseparable from a critique of the content referenced by that terminology. Effectively, this means that in discussing a particular author's selection of terminology, it is impossible to evaluate that selection without addressing to some extent that author's content. Thus, boundaries between chapters become blurred, because in this chapter, out of necessity, content is also discussed, although in a limited manner. I try to limit any redundancy in discussions of content in additional chapters to a minimum.

Across multiple sites, a rose isn't always a rose by any other name. In certain forums, female circumcision is
not construed as mutilation, and mutilation would never be accepted as a synonym for circumcision. The intended impact of a name often guides a particular choice in terminology. In the case of the introductory conversation between Kassindja and Miller Bashir where circumcision and mutilation are constructed as one in the same, the attorney unequivocally expresses her view of these practices through terminology and even changes how the immigrant references her own cultural practices. The attorney appears to merge all female circumcision practices into a unifying yet indistinguishable whole and label them, "female genital mutilation," where her apparent belief, legal argument, and indeed most Western perception center on the equation of circumcision practices and mutilation. Furthermore, the term "female genital mutilation" better serves the asylum process than does "female circumcision." The asylum seeker must establish that she has a "well-founded fear of being persecuted" in a manner that constitutes "a serious threat to life or freedom." Mutilation, one could argue, is more fearful, persecutory and life threatening than is circumcision.
In Miller Bashir’s article, “Female Genital Mutilation: Balancing Intolerance of the Practice with Tolerance of Culture,” (1997), she comments on the naming problem in a footnote:

There is a controversy over the terms used to refer to this practice. Some feel that the description of the ritual as mutilation is offensive and insulting, while others argue that the use of the term “female circumcision” evokes improper comparison to male circumcision. I follow the usage of the Inter-African Committee, which voted that “female circumcision” did not accurately reflect the ritual practice and decided that it should be referred to as “female genital mutilation” (Marilyn Milos, NOCIRC Newsletter, Fall 1993 at 2). I must note, however, that I feel that no suitable term for this ritual practice has been identified. [1997:11]

In an interview with this attorney in March, 2002, I asked her if she had ever used the term “FGM” and met resistance to it. She responded:

Yeah...I mean people have different preferences. Some people prefer female genital cutting, some people prefer circumcision...I mean, it’s a limitation of the English language. You know, most African languages have a word for it. But we don’t. We have to describe it and it’s described inadequately, you know, so...I don’t have strong political views on which phrase to use.

I don't [usually meet resistance to using FGM] because I usually just claim, like at the
beginning of my speeches or something, you know, like, "I'm just using this term, but there are other terms for it," and then people don't seem to mind. People raise objections if you just use one term or another.

The issue of selecting a name for the variety of practices historically referred to by Western researchers as female circumcision (the collective favorite), sunna, clitoridectomy, excision and infibulation, among others, has become highly politicized and contested. Most academic writers who have published within the past few years have devoted enough attention to the name issue to comment on what name or names they will use and provide a brief explanation of why they have made a particular selection. As noted by Shell-Duncan and Hernlund, "The choice of terminology in describing these practices is fraught with political land mines" (2000:6). Anthropologists continue to use the variety of terms referenced above in addition to a few newer arrivals in the literature, including "female genital operations", "female genital surgeries" and most recently, "female genital cutting." An expanded discussion of the use of these names and other emergent terminologies is provided at the end of this chapter.
Primarily outside the discipline of anthropology,\textsuperscript{12} female circumcision has largely been tossed aside as a euphemistic inadequacy in capturing the totality and impact of these practices, in favor of the term "female genital mutilation," or FGM. This term is especially popular among activists and feminists. As Gruenbaum states, "the explanation of what is euphemistically known as 'female circumcision' has been a difficult issue for anthropology and the feminist movement" (1996:455). She notes, however, that she continues "to use the term [female circumcision], following the usage of my Sudanese colleagues who have written in English about these practices...and because 'female genital mutilation' has sounded judgmental" (1996:472). Likewise, other anthropologists select those names that the people whose cultures are under study use when they themselves talk or write about their practices in English.

\textsuperscript{12} Anthropologists have typically avoided using the term "female genital mutilation" as a descriptive name for these practices. A key exception is Rose Oldfield Hayes, who in 1975 published, "Female Genital Mutilation, Fertility Control, Women's Roles, and the Patrilineage in Modern Sudan: A Functional Analysis," in American Ethnologist. In the opening paragraph, she writes, "In the valley of the Nile in northern Sudan, the genitalia of young Arab Muslim girls are deliberately mutilated in such a way as to close off the vaginal opening almost completely. This custom is
However, in the majority of venues where these practices are represented, particularly in the West including most of the sites of analysis in this project, in international bodies and increasingly in practicing countries, female genital mutilation (FGM) has been adopted. Even Gruenbaum acknowledges that female genital mutilation or FGM has gained wider acceptance among her colleagues, referring to Nahid Toubia's\(^1\) use of both terms in her more recent work (Gruenbaum 1996:472).

The underlying issues which make naming these practices so problematic are the accuracy of the terms in describing the practices, the intention of those selecting the names and the manners in which names are applied, and the reception of the terms by diverse audiences including people from practicing cultures, readers of academic literature, American media consumers and judges in asylum hearings. Sometimes, as in the case of the asylum issue, the term in and of itself can generate its own work/knowledge separate from the discourse it provokes and/or of which it is the known as Pharaonic circumcision, or infibulation" (1975:617).

\(^1\) Nahid Toubia is a Sudanese obstetrician and prominent anti-FC/FGM activist in the United States and the United Kingdom.
subject by producing a set of gruesome, viscerally challenging images. This sort of work can stand alone in a generic statement like, "She is seeking asylum to flee female genital mutilation," or in a *New York Times* article title, "U.S. Hearing to Decide Rights of Women Who Flee Genital Mutilation," (Dugger 1996) or in a *Cosmopolitan* article title, "The Horror of Female Genital Mutilation" (Ziv 1997). Before verbal, written or visual elaboration, the name sets the stage. In the dialogue referenced above between Kassindja and Miller Bashir, we see Miller Bashir introduce the term female genital mutilation to Kassindja. In Kassindja's subsequent description of Miller Bashir's INS trial preparation, she appears to have gotten the point of the name change: "Layli wanted to reproduce the photograph [of the genitals of an infibulated Sudanese girl] in color. She wanted to make a strong statement. No more of this 'circumcision' nonsense, which made it sound so harmless, even healthy" (1998:303).

With respect to accuracy, it has frequently been noted that the term female circumcision is used to describe practices generally involving much more tissue removal than would be indicated by a literal English translation of
circumcision. Our understanding of the meaning of circumcision is based on our Western experience as it applies to "the norm," that is, to males. The English reader expects circumcision to refer to removal of foreskin in accordance with our masculine norm. Therefore, using "female circumcision" to reference practices other than those truly analogous to our masculine perception of circumcision, which would specifically include removal only of the clitoral hood and nothing else, is seen as euphemistic and incorrect. Notwithstanding our gendered experiential and linguistic standards, "true" female circumcision occurs much less frequently than procedures involving more extensive removal of the external genitalia. However, the term female circumcision has been widely used by those writing in English to describe practices which are not physically analogous to male circumcision.

In an interesting commentary, Walley notes that similar terminology for male and female genital practices is also used in the languages of people who conduct the practices, "suggesting the social and symbolic links that many practitioners make between ‘circumcision’ for boys and girls" (1997:407). However, she argues that the,
"generic use of the term circumcision in English treats the removal of the foreskin in males as equivalent to the removal of the clitoris in females, obscuring the permanent loss of sexual sensation in girls" (1997:407).\textsuperscript{14}

In spite of female circumcision's continued widespread appearance in the literature and its sensitive defense by Gruenbaum, exclusive use of this term is indeed semantically confusing and increasingly problematic. Shell-Duncan and Hernlund note the inherent difficulty when using this term by writing it as, "female 'circumcision' (with quotations to acknowledge the imprecision of this term)" (2000:7).

The other more specific terms noted above that are used in ethnographic or otherwise descriptive literature include sunna circumcision, clitoridectomy, excision, infibulation.

\textsuperscript{14} Although Walley's statement is seemingly straightforward, two points are worth noting. First, the implied notion that removal of the male foreskin does not cause permanent impairment of sexual sensation in men is contested, especially by anti-male circumcision groups like NOCIRC. See also, 'The Anatomy and Physiology of the Human Prepuse,' by Steve Scott in Male and Female Circumcision 1999, edited by George Denniston, Frederick Mansfield Hodges and Marilyn Fayre Milos. Second, the concept that female circumcision invariably results in, "the permanent loss of sexual sensation in girls," has been called into question in recent years. For a discussion of research which does not confirm sexual impairment in all circumcised women, see pages 94-96 in, "Female Genital Surgeries: The Known, the Unknown, and
and pharaonic circumcision. Generally, these names are used by authors wanting to delineate among culturally specific practices involving removal of varying degrees of external genitalia tissue. Ethnographers and other researchers have formulated nomenclature systems which, though not entirely consistent, tend to use similar terms with overlapping meanings. Most commonly, writers describe either a three or four tier system of classification.

In *The Circumcision of Women: A Strategy for Eradication*, Koso-Thomas delineates three primary forms of female circumcision: clitoridectomy, which unlike other researchers, she defines as removal only of the clitoral hood thereby making it analogous to male circumcision; excision, defined as removal of the prepuce, the clitoris and all or part of the labia minora; and infibulation, described as removal of the prepuce, all of the labia minora and majora and a suturing together of the sides of the vulva leaving only a small opening for urine and menstrual flow

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(1987:16-17). She definitively classifies all the above practices as mutilation:

It has been emphasized by Dr. Gerard Zwang that any definitive and irremediable removal of a healthy organ is mutilation. Female circumcision can thus be defined as all operations involving mutilation of the female genitalia. Constituted through genetically programmed processes which are identically reproduced for all female embryos of all races, the organs of reproduction, external or internal are thus vital products of natural, human inheritance. When normal there can be no reason, medical, moral or aesthetic, for suppressing all or any of them. (1987:16)

Koso-Thomas defines female circumcision as mutilation (the term, female genital mutilation or FGM was not very widespread in 1987) by defining mutilation as, "the removal of a healthy organ." Her reliance on a Western biomedical understanding of mutilation is symbolic of her critique of female circumcision practices, which appears to be through a lens of cultural evolution. For example, she states that, "Most African women have still not developed the sensitivity to feel deprived or to see in many cultural practices a

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15 In her description of infibulation, Koso-Thomas does not explicitly reference the removal of the clitoris. Variations in ethnographic accounts of infibulation or pharaonic circumcision have become part of the basis of
violation of their human rights” (1987:2) and views the “cause” of female circumcision to be, “Misguided religious doctrine and traditional beliefs” (1987:70). Sounds like the words of a (white) Western feminist, yet Koso-Thomas is a Nigerian who had worked in Sierra Leone as an activist for a decade prior to publishing this book. In spite of her explicit definition of female circumcision as mutilation, it is the former rather than the latter term which appears most commonly throughout this widely read and frequently cited text. A decade later, Koso-Thomas, who by this time is referenced as Dr. Koso-Thomas (a physician), abandons the term female circumcision for female genital mutilation (FGM) when she writes the prologue to a book, The Day Kadi Lost Part of Her Life (Manresa 1998), that very graphically chronicles the practices through photography. Koso-Thomas’ opening words in the prologue are, “the sacrifice of genital mutilation....” During the decade in which Koso-Thomas adopted new terminology, the use of female genital mutilation became increasingly widespread except for within the realm of anthropological discourse.

contested interpretations of the extent to which these practices harm a woman’s potential for sexual response.
Asma El Dareer, a Sudanese physician, outlines three types of female circumcision. Sunna circumcision involves removing the clitoral hood and is analogous to male circumcision. The word sunna implies “following the tradition of the Prophet Mohammed” (1982:2). Intermediate circumcision includes several operations that involve more tissue removal than sunna and run almost to the most extreme form of infibulation. Within this category, El Dareer describes sunna kashfa, where up to half of the clitoris is removed but there is no stitching; sunna magatia, where the clitoris is removed and the labia minora stitched; and tahur El Dayat, known as “midwives circumcision” which, “entails removal of the clitoris, anterior parts or whole of labia minora, and slices, or more, of labia majora. The two sides are then stitched together leaving a variable opening which is sometimes that of pharaonic” (1982:4). The third form of circumcision in this naming system is pharaonic and is also referred to as infibulation. El Dareer describes both a “modernized,” more medicalized version involving the use of anesthesia and sutures by trained midwives, and the “classical” methods
which vary regionally and incorporate various tools and indigenous materials used as adhesive substances and/or thorns in lieu of sutures and other substances believed to promote healing and prevent infection like warm oil, acacia tar and animal excreta. Whether “modernized” or “classical,” infibulation is the most severe form of circumcision in this and virtually all other classification systems. It involves removal of the clitoris, labia minora and most or all of the labia majora with the two sides of the remaining tissue joined together either by sutures, thorns or adhesive substances. A small opening is left for passage of urine and menstrual blood. The legs are bound together at the ankles, knees and thighs for a period from seven days in the “modernized” method up to forty days in the “classical” practice (1982:1-2).

In her own critique of these given names, El Dareer comments that sunna kashfa and sunna magatia are “wrongly” considered to be sunna. One can assume that the “sunna” label was used to appear to be in compliance with the 1946 government ban in Sudan on all types of circumcision but the
sunna type. Moreover, El Dareer reports that the “midwives circumcision” was an outgrowth of this legislation as well. When the Sudanese refused to accept the government imposed sunna circumcision, which was even named “Government sunna,” midwifery schools trained midwives how to perform alternate procedures which involved much more tissue removal than actual sunna circumcision to accommodate the demands of families, but allegedly less than pharaonic circumcision. In another widely read and often cited text, Prisoners of Ritual: An Odyssey into Female Genital Circumcision in Africa, Lightfoot-Klein delineates several different practices with familiar names:

Mild sunna: the pricking, slitting, or removal of the prepulse of the clitoris, leaving little or no damage. Sunna is an Arabic word meaning “tradition.”

Modified sunna: the partial or total excision of the body of the clitoris.

Clitoridectomy/excision: the removal of part or all of the clitoris as well as all or part of the labia minora. This operation often results in scar tissue that is so extensive that it occludes the vaginal opening. In Sudan this operation is also called sunna.

Infibulation/pharaonic circumcision: consists of clitoridectomy and the excision of the labia

\[16\] See discussion below regarding political manipulation of names. When Toubia and Gruenbaum produced their work, referenced below, the Sudanese ban on all but sunna circumcisions had been lifted. At the time of El Dareer’s publication (1982), the ban was still in effect. [1989:33]
minora as well as the inner layers of the labia majora. The raw edges are then sewn together with cat gut or made to adhere to each other by means of thorns. The suturing together is done so that the remaining skin of the labia majora will heal together and form a bridge of scar tissue over the vaginal opening. A small sliver of wood or straw is inserted into the vagina to prevent complete occlusion, and to leave a passage for urine and the menstrual flow.

*Introcision:* the enlargement of the vaginal orifice by means of tearing it downward. This practice is common in Somalia.

Lightfoot-Klein additionally reviews two other types of circumcision practices including intermediate circumcision, described by El Dareer above, and recircumcision or refibulation, which is performed on women after childbirth or after they have been divorced or widowed (1989:35).

Many other writers have defined the practices known as sunna circumcision, intermediate circumcision, excision, infibulation and pharaonic circumcision, but these definitions do not vary widely from those of Koso-Thomas, El Dareer and Lightfoot-Klein. Most of the variation in these terms exists in the overlapping meanings assigned them regarding the amount of tissue removal referenced by each term. Different authors and researchers vary with respect to where they claim one practice ends and the next begins. If this project involved a comparison of ethnographic
accounts of these practices, then a detailed analysis of what, for instance, one ethnographer versus another means by sunna would be important. It would also be important to clarify the regionally specific names in local languages that ethnographers assign to various practices. However, the use of the terms sunna circumcision, clitoridectomy, excision and infibulation does not usually generate significant debate as they are used today in Western discursive sites, although anthropologists, medical writers, and indigenous and global activists have described them. What is critiqued is the lumping of all FC/FGM practices, without acknowledging at least the existence of variation both in practices and their consequences, into a unitary whole and ascribing to these practices the most severe consequences:

To approach this problem intelligently we need to make a clear distinction between the types and associated medical risks of clitoridectomy, rather than treat all clitoridectomies the same. Lori Heise (1989: B4)\(^\text{17}\) committed this mistake by presenting the worst health risks associated with the most severe type of clitoridectomy (pharaonic), as if they were typical of all types. Indiscriminate lumping of clitoridectomy with

infibulation only further obfuscated the issues. [Browne 1991:264]

It is worth noting that although not technically debated, these terms historically have been manipulated in practicing cultures to bypass colonial legislative efforts to ban or restrict certain types of circumcision practices. In discussing the legal status of female circumcision in Sudan under colonial rule, Toubia states that, “from 1946 until 1983, the Penal Code explicitly prohibited infibulation, the most severe form of FC/FGM. The offense was punishable with imprisonment for a maximum of five years and/or a fine. Permitted, however, was the removal of the ‘free and projecting part of the clitoris’” (2000:216).

The intended effect of this legislation was to restrict specifically named cultural practices. In fact, the Sudanese “worked” the names, and the names “worked” the legislation by restricting its impact to the point of nullifying it. The removal of the “free and projecting part of the clitoris” can translate into the practice commonly known as sunna circumcision, the legally permissible form under this Penal Code. Because these practices occurred in the private domain, one could perform an infibulation but
call it a sunna circumcision, thereby avoiding public scrutiny and criminal penalties. As Gruenbaum notes, "The fact that the Sudanese law did allow sunna circumcision also left people with an easy response to any potential accusation: whatever type of cutting was done, if people claimed it was sunna, it would have to be allowed. In my research, health workers and other educated people were aware of the law, but they ignored it because there was no enforcement" (2001:207).

Emerging Names:

The World Health Organization (WHO) has adopted a four-tier classification system for describing various types of female genital mutilation. WHO literature specifically references the practices as FGM, and notes that it is, "often referred to as 'female circumcision'" (WHO Fact Sheet Number 241, June 2000). Type I involves, "excision of the prepuce, with or without excision of part or all of the clitoris." Type II includes, "excision of the clitoris with partial or total excision of the labia minora." Type III refers to, "excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening
(infibulation).” Type IV, which is not discussed with any great frequency in the literature involves, “pricking, piercing or incising of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding tissue.” The WHO Fact Sheet also references angurya cuts as, “scraping of tissue surrounding the vaginal orifice;” gishiri cuts as, “cutting of the vagina;” and finally, “introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purpose of tightening or narrowing it; and any other procedure that falls under the definition given above” (WHO Fact Sheet Number 241, June 2000).

In correlating WHO typology with traditional descriptive or ethnographic names, sunna circumcision would generally reference WHO Type I FGM, although certainly Type II has been performed and claimed to be a sunna circumcision to avoid criminal penalties associated with previously mentioned legislative attempts to ban these practices; WHO Type II FGM would most closely describe intermediate circumcision; and WHO Type III FGM, as noted in the Fact Sheet, refers to infibulation, and would also reference
pharaonic circumcision. The WHO classification system has become very prevalent in discussions about FC/FGM.

Medical literature articles generally describe between two and four types of female circumcision practices, if the intent of the article is to delineate among various practices, with naming or labeling trends often mimicking those of the World Health Organization. Before the widespread publication of WHO literature about the practices, more variation in classification systems is evident in the "older" medical literature. In a 1983 article in the journal Urology, Fourcroy describes a four-degree system of typing female circumcision. Degree I involved excision of the "clitoral prepuce;" Degree II involved excision of the "clitoris and part of the labia minora;" and Degree III included excision of the "labia minora and clitoris" and "complete occlusion of introitus prevented by insertion of match-stick infibulation." Fourcroy's Degree IV circumcision is defined as, "introcision, splitting of perineum" (Fourcroy 1983).
A 1998 medical article\(^\text{18}\) reiterates the four types of female genital mutilation set forth by the World Health Organization. Numbers, in concert with the post-tag "FGM," have effectively replaced more descriptive names (sunna, excision, intermediate, infibulation) in medical discourse. This "numerical-FGM" typology appears now even in the names of articles. For example, "Type III female genital mutilation: clinical implications and treatment by carbon dioxide laser surgery" (Penna, et al, 2002) examines surgical treatment options for women who have been infibulated. The term, "infibulation," is used in the article, but the title reflects a more medicalized discourse, and is reminiscent of other types of diseases like, "Type II Diabetes" or "Stage I carcinoma."

The term, "female circumcision," continues to appear in the medical literature, but "female genital mutilation," with and without its numerical attachments, continues to emerge and dominate. In a very polarized representation of terminology set forth in a medical article, "Female genital mutilation: A global bug that should not cross the

\(^{18}\) See "What is female genital mutilation?" in Entre Nous 1998 Spring (38) p.6.
millennium bridge,” Eke and Nkanginieme list continued use of the term, “female circumcision,” as one of the reasons the practices continue (1999).\textsuperscript{19} In this sense, using a term like, “circumcision,” which to most people does not imply great harm, to reference practices which do cause great harm, de-emphasizes the serious health consequences of the practices. There is no linguistic reminder of what is at stake, no signifier of something which needs to be eradicated. Thus, muted terminology itself, much like a quiet parasite whose presence is known only to its host, becomes a disease-causing agent in its ability to hide its devastating consequences. The power of terminology, on the flip side, is further reflected in the article’s subtitle where the practices are represented as a pathogen, a “global bug,” clearly something to be eradicated worldwide. Female genital mutilation has also been effectively defined as a disease. In a Norwegian article about the health hazards faced by immigrants when visiting their countries of origin,

\textsuperscript{19} This is not unlike half of Toubia’s position with respect to terminology where she uses FC/FGM, “in order to acknowledge the validity of both expressions: that the intent of the procedure is circumcision and the effect is mutilation” (2000:x). Eke and Nkanginieme theoretically would endorse the latter half of Toubia’s choice, while condemning the former.
female genital mutilation is listed as one of the health risks along with malaria and typhoid for which preventive measures need to be implemented (Brunvatne et al, 2002).

The linguistic intent of various speakers and the reception of that language by divergent audiences provide the potential for significant terminology clash. Activists, feminists (particularly Western) and some academic writers intentionally use the term female genital mutilation to generate their message of its effect on girls. This term has been used by Western media both to document and sensationalize the issue. Several audiences, including individuals and activists from practicing countries, non-Western feminists and cultural relativists, take exception to the term female genital mutilation given its condescending tone and failure to impart the significance of such practices. Jones elaborates on Toubia's "balanced" position as declared by Toubia's advocacy organization, the Research, Action & Information Network for Bodily Integrity of Women:

Efforts to empower women cannot begin with using language that offends them...We accept that the term female genital mutilation has been too widely used to be rolled back. In fact, we prefer to retain the term FGM at the policy level to
remind everyone of the effect of this practice on girls and women. However, we advocate the use of the term female circumcision when dealing with affected individuals, parents, or other community members. Consider what an African woman may feel when a stranger asks her if she is 'mutilated' or whether she plans to 'mutilate' her daughter. It is important that we respect the feelings and beliefs of individuals even as we inform them of facts contrary to these beliefs. [Jones 1997:370 quoting statement from Research, Action & Information Network for Bodily Integrity of Women. Declaration of values; 1997 June 2. Available from:www.rainbo.org]

In Toubia's statement about her choice of terminology, she articulates the interplay of intent and reception. When her discursive intent or purpose is to remind policymakers of the effects of FC/FGM, she uses the term female genital mutilation to underscore the reception of the appropriate message. If her audience consists of individuals from practicing cultures, then her intent is to ensure a respectful reception.

In 2000, Anika Rahman and Toubia published, Female Genital Mutilation: A Guide to Laws and Policies Worldwide. Preceding the body of the text, they have a page entitled, "Note on Terminology." Here they write about the controversy concerning terminology selection:
In approaching this topic, one of the most controversial issues is whether to use “female circumcision” (FC) or “female genital mutilation” (FGM) as the terminology to describe this procedure. Proponents of the term “female circumcision” are sensitive to the fact that the term “female genital mutilation” is often offensive to the circumcised women, who do not necessarily think of themselves as mutilated or of their families as mutilators. They also voice a concern that mutilation terminology is often used as a means to insult people and the cultures from which they come...

The term FGM has been adopted by a wide range of women’s health and human rights activists, both inside and outside Africa, because they believe it indicates the damage caused by the practice. This term has been a very effective policy and advocacy tool, and, since 1994, has been used in several United Nations conference documents...

In consideration of all these concerns, the dual term “female circumcision/female genital mutilation” (FC/FGM) has been used in this publication in order to acknowledge the validity of both expressions: that the intent of the procedure is circumcision and the effect is mutilation... [2000:x]

We can see Toubia using this dichotomous terminology years before she coauthored the statement referenced above when she testified about female genital mutilation before the Subcommittee on International Security, International Organizations, and Human Rights in the House of Representatives on September 28, 1993. These hearings were part of the first (and unsuccessful) attempt to federally
legislate against FC/FGM. In the following excerpts from the text of her testimony, she uses “mutilation,” when addressing Congress to emphasize the consequences of the practices, except for when she gives voice to African women by quoting their own words which include circumcision, clitoridectomy and infibulation:

Today, in Africa, many of us have found our voices and are speaking out against a custom that abuses and humiliates us. We are often silenced in the name of preserving culture and tradition. We will no longer be intimidated by accusations of disrespect to our culture. Our cultures are already changing very rapidly and not always in positive ways. We love our cultures and much of what we inherited is positive but we must be honest and admit to what is wrong. Today our traditional ways are being undermined by materialism and greed which are fundamentally against our inherited cultures. Such destructive values are rapidly embraced usually by the same men who object to stopping the genital mutilation of women in the name of preserving culture. Let me ask you why is it that only when women want to bring about change for their own benefit does culture and custom become sacred and unchangeable?

Today, through my testimony, I want the world to listen to the voices of many brave African women who are doing great work in their communities but are rarely heard when the issue of female genital mutilation is discussed internationally:

"I was circumcised in 1960, at the age of 11. I remember every detail of the operation and the worst part was when
the wound became infected... When I was 18 it was the turn of my younger sister; I was totally against her circumcision. My father wanted the milder type (the clitoridectomy) but my mother insisted on the severer type (the infibulation). Eventually my sister had the intermediate type, virtually the same as infibulation. The suffering of my sister made me hate circumcision even more than my own, earlier experience.”

That was Dr. Asma El Dareer, the Sudanese physician who conducted the first nation survey on FC. [1993:161-162]

After quoting several other African women, most of whom use the term female circumcision, although one references it as a form of mutilation, Toubia returns to her own voice as policy advocate and references FC/FGM practices as mutilation:

Female Genital Mutilation is not a private issue or a concern of one nation. It affects around 100 million women who live in 28 African countries, a few minorities in some Asian countries and immigrants in Europe, Canada, Australia and the United States. Every year around two million girls are at risk of being subjected to this cruel and unnecessary tradition. Their health is at risk and their lives, afterwards, will never be the same. [1993:163-4]

To demonstrate the mutilating effect of FC/FGM practices, Toubia gives voice later in her testimony to
another African woman, this one clearly anguished about the impact of circumcision. Toubia begins by saying:

> Listen to the children’s screams echoing from another country.

> “The memory of their screams calling for mercy, gasping for breath, pleading that those parts of their bodies that it pleases God to give them be spared. I remember the fearful look in their eyes when I led them to the toilet, ‘I want to but I can’t. Why Mum? Why did you let them do this to me?’ Those words continue to haunt me. My blood runs cold whenever the memory comes back. It is now four years after the operation and my children still suffer from its effects. How long must I live with the pain that society imposed on me and my children?”

This was the testimony of Miami, the mother of circumcised children from Gambia.  [1993:165]

Even though Toubia’s intention of presenting Miami’s testimony is to create in the minds of the policymakers a harrowing image of the impact of FC/FGM, she preserves Miami’s dignity, and that of her children, by referencing them as, “circumcised children.” The passage quoted just above is immediately followed by Toubia’s voice as policymaker who states, “I, together with many African women and men, uphold that Female Genital Mutilation violates the
rights of girl children and since the effects last for life and are irreversible it violates the rights of women" (1993:165). Again, by using female genital mutilation as her own words, she reminds the legislators of the nature of the practices about which she is testifying and exactly what is at stake. By weaving together a tapestry of alternating voices and terminology, she takes advantage of an "either/or" tension which plagues anthropology and inflames other sites of representation.

In the article by Jones, et al, referenced above, the RAINBO organization's "Declaration of Values" as it existed on the organization's website in 1997 is presented and discussed. The explicit discussion of terminology selection is not present in the website's current, "Female Circumcision/Female Genital Mutilation in the United States: A Statement of Values" (http://www.rainbo.org/aipvalues.html). Rather, the statement merely begins with, "The practice of female circumcision (FC), commonly known as female genital mutilation (FGM), has received unprecedented attention in the United States, in contrast with most international women's issues." Throughout the remainder of the statement,
and in fact throughout much of this substantial website, references to the practice are as “FC/FGM.” A brief webpage entitled, “Female Circumcision/Female Genital Mutilation,” which serves as an overview geared toward the public, states that, “Each year, at least 2 million girls are at risk of genital mutilation - 6,000 each day.” This statement is followed by a definition of the practices:

Female Circumcision or Female Genital Mutilation (FC/FGM) is the collective name given to several different traditional practices that involve the cutting of female genitals. It does not refer to minor forms of genital rituals, which may involve washing the tip of the clitoris, pricking it with a pin or separating and cleaning the foreskin (prepuce). The term FC/FGM is reserved to describe ritualistic practices where actual cutting and removal of sexual organs takes place. [http://www.rainbo.org/FGM.html]

In the intervening six years since Jones, et al, discussed RAINBO's, “Declaration of Values,” which clearly articulated the pros and cons of each term, RAINBO's current literature is much more matter-of-fact and simply states what the terms and acronyms are. The manner in which Toubia and other authors of RAINBO's literature carefully use “female circumcision,” “female genital mutilation,” the combined term “female circumcision/female genital mutilation” and
“FC/FGM” exemplify Toubia’s position regarding terminology as stated in her 1997 statement and the above-referenced 2000 “Note on Terminology,” which she coauthored.

RAINBO produces additional publications, some of which are geared toward African immigrants and refugees, and another toward Western physicians. In all of these publications, terminology is fundamentally important. Three brochures geared specifically for the immigrant community include, *Female Circumcision and Women’ Health, Female Circumcision: A Religious and Cultural Discussion, and Female Circumcision: Federal and New York State Laws - What the African Immigrant Community Needs to Know*. As indicated by the title, the term, “female circumcision,” is used in the title and the text and its selection is made explicit in the first two publications listed above with the following message set noticeably apart from the text: “Several terms have been used in English to describe the practice of genital cutting of a girl or a woman. In these brochures we will use the term ‘female circumcision’ except when quoting or making direct references to other texts.” The third referenced brochure about federal and New York state law varies from the first two by adding a stated exception to
the terminology usage: "Several terms have been used in English to describe the practice of genital cutting of a girl or a woman. In these brochures we will use the term 'female circumcision.' However, since most legal documents use the term 'female genital mutilation' we will use this term when quoting or making direct references to other texts." This note signals to the immigrants how our legal system views their cultural practices.

In RAINBO's, *Caring for Women with Circumcision: Fact Sheet for Physicians*, the title suggests that the affected women should be perceived as circumcised rather than mutilated. This publication begins with the stated question and answer, "What is Female Circumcision? Female Circumcision (FC), sometimes called Female Genital Mutilation (FGM), is a collective name given to a range of ritualistic cutting of the female genitals for non-medical purposes." This statement is then followed by the World Health Organization's classification typology discussed previously. In a section entitled, "Communication," the physician is warned, "Never use the term 'female genital mutilation' with patients. The majority of women prefer the term circumcision." In relating these two different types
of publications geared toward two different audiences, both in effect issue warnings about terminology. The intended immigrant and refugee audience of the three brochures discussed in the previous paragraph is prepared to see in texts the term, "mutilation." Meanwhile, the physicians are advised to ignore the fact that they have seen the term, "mutilation," and neither perceive nor reference these women as, "mutilated."

(http://www.rainbo.org/factsheet.html)

At the federal level, there were at least two attempts to pass legislation about FC/FGM.\textsuperscript{20} The first effort came from Representative Patricia Schroeder in 1993. During congressional hearings about human rights abuses against women, FC/FGM practices are generally referenced as, "female genital mutilation." The text of the hearings provides illustrative examples of terminology used by our congressional representatives. There appears to be very little deliberate selection of terms, in stark contrast to Toubia's highly premeditated and well articulated choice of words. For example, Congressman Tom Lantos, the chairman of

\textsuperscript{20} For a more detailed analysis of U.S. laws that extends beyond the scope of terminology critique, see Chapter Four.
the Subcommittee for International Security, International Organizations and Human Rights, states in his opening remarks that, "Over 100 million women worldwide have been subjected to the brutal practice of female genital mutilation" (September 28, 1993: 4). Congressman Christopher Smith builds on Lantos’ remarks by prefacing his references to FC/FGM practices not only as “mutilation” and “brutal,” but also as “barbaric:” “The barbaric brutal practice of female genital mutilation continues unchecked and inflicted on as many as 114 million you girls and women around the globe, particularly in Africa...” (September 28, 1993: 7).

When the first woman speaks at the hearings, Congresswoman Jan Meyers, she references FC/FGM practices as one of several practices she describes as “brutal crimes.” She uses both “female circumcision” and “mutilation,” but not “female genital mutilation,” in her opening remarks:

They [governments] simply look the other way and do not move to protect women against brutal crimes because such acts are committed in the names of religion or culture. Women in the Middle East and Africa are subjected to female circumcision...
A state that tolerates the murder or mutilation of women for cultural reasons is just as much a violator of human rights as one who jails and tortures political opponents. [1993:8]

Meyers is followed by Representative Schroeder, co-chair of the Congressional Caucus on Women’s Issues and author of the 1993 anti-FC/FGM bill: "I have put in the women’s health equity package that Congresswoman Snowe and I introduced for the Caucus, and there are many, many men and women sponsoring it, a bill that says we ought to outlaw female genital mutilation in this country. It is outrageous that is not outlawed in this country" (hearings, 10). The words, “mutilation” and “outrageous,” stand on their own in reflecting Walley's sense of “politically informed outrage.” Schroeder continues and specifically comments on terminology in very black and white terms:

Often the word ‘circumcision’ is used but there is a big difference between male circumcision and female genital mutilation. In female genital mutilation, they are removing the whole genital and it causes long-term urinary tract infections and reproductive problems, that is if they get through it without infection or bleeding to death...There is absolutely nothing that comes out of this except control over women and reminding them that they are in a lesser state. [1993:11]
Through Schroeder's testimony, she lets us know that there is no interchangeability between "circumcision" and "mutilation." Western "circumcision," in other words, male circumcision, is nothing like the Other's "female circumcision," the only word for which is, "mutilation."

When the federal law was finally passed in 1996, it was entitled the, "Federal Prohibition of Female Genital Mutilation Act of 1996." (need proper ref format) and made part of the, "Illegal Immigration Reform and Immigrant Responsibility Act of 1996." Although the title clearly reflects Western perception of FC/FGM, the language of the statute is not entirely void of other terms. For example, Section 116 (a) reads, "Except as provided in subsection (b), whoever knowingly circumcises, excises, or infibulates the whole or any part of the labia majora or labia minora or clitoris of another person who has not attained the age of 18 years shall be fined under this title or imprisoned not more than 5 years, or both." The strong rhetoric of the congressional hearings which preceded passage of this law did not come through as vehemently in the actual wording of the legislation. The text of the law clearly identifies
practices of the "immigrant other" as wrong, but that message is only partially dependent upon terminology.

The use of the term "female genital mutilation" or FGM by Westerners has been characterized as particularly inflammatory, open to interpretations as evidence of cultural imperialism, racism, neocolonialism and condemnation. Other equally provocative terms have found their way into Western discourse, like, "female genital torture." In describing the damage of such "extreme language" and the need for sensitivity, Lane and Rubinstein argue that female genital mutilation should be avoided: "To put the matter bluntly, if we care about the genitals of the women in those cultures, we need also to care about their feelings" (1996:38).

Solutions to the terminology dilemma have been offered directly or utilized indirectly as alternatives, but no single term stands out as the obvious choice. "Traditional female genital surgeries" (Lane and Rubinstein 1996), "female genital operations" (Walley 1997; Gordon 1991), "female genital cutting" (Dugger 1996), "ritual genital cutting" and "African genital rites" (Dugger 1996) are among some names found in the academic and popular literature.
Walley's rationale for choosing female genital operations or FGO is brief, stating only that although it is impossible to find a term which will, "escape the problematic power relationships surrounding this topic," she finds FGO, "preferable to existing terminology" (1997:407-408). Although she writes that whenever possible, she will use clitoridectomy and infibulation, "the more historically and geographically specific terms" (1997:408) she does not elaborate any further on her preference for FGO over female circumcision and female genital mutilation. Walley does not discuss the problems inherent in her choice of names. Even though the terminology selection issue presents an "impossible" task, Walley's selection of female genital operations seems too problematic a term even for her. Given that "operations" has Western medical overtones, incorporating it into the name which references this set of practices conflicts with Walley's own observations about the medicalization of discourse regarding this topic:

Modern medical discourse may in fact perform the dual role of using the 'objective' language of science to construct the issue as outside of 'culture,' while simultaneously offering a sanitized way of continuing the preoccupation with
the genitalia and sexuality of African women. [1997:422]

For a topic which has generated such intense criticism concerning Western involvement and interference, settling on a Western medical sounding term to reference it in a cultural critique seems inadequate if not inappropriate. Female genital surgeries is similarly problematic, and traditional female genital surgeries not only views the practices through a Western lens but excludes examining our own past and present history of "nontraditional" surgeries on the female genitalia (including clitoridectomy to "cure" nymphomania and masturbation up through part of this century and the continuation of operations to remedy ambiguous genitalia).

Some authors, in an effort to avoid the "either/or" appearance of "relativistic tolerance" or "moral outrage," or perhaps to underscore the ideological chasm, have merged both contentious terms. Jones et al (1997) use female genital mutilation/female circumcision (FGM/FC) in their discussion about the prevalence of these practices in the United States. Kopelman (1994) refers to the practices as female circumcision/genital mutilation when discussing them
from the perspective of ethical relativism. She suggests that naming depends on intent: "Some refer to these practices as female circumcision, but those wishing to stop them increasingly use the description female genital mutilation" (Emphasis in original; 1994:55). Bibbings (1995) coins a similar term, female circumcision/female genital mutilation (FC/FGM) to explore international responses to the practices and conceptually situate them among other forms of body modifications. Among her objections to using either female circumcision or female genital mutilation, Bibbings claims that either term implies that the practices represent a "unitary whole."

The Most Recent Names

The naming controversy is clearly multifaceted. The same name can be either supported or rejected, yet the reasons why a particular name selection is supported or rejected vary considerably among authors and speakers. I have selected a few very recent works to show where this evolutionary process resides at the writing of this thesis. No doubt that within a year or two, even more names and more supporting reasons will have evolved.
I referenced earlier the selection by Shell-Duncan and Hernlund (2000) their choice of using the term, female "circumcision", as opposed to, female circumcision, without quotations around the word, circumcision. With respect to their overall choices of names, they state the following:

We agree that the term “mutilation” denotes condemnation and will use “FGM” only in the context of discourses employing that term. In all other contexts we will instead use “female genital cutting,” female “circumcision” (with quotations to acknowledge the imprecision of this term), or the more precise descriptive terms for each procedure: clitoridectomy, excision, and infibulation. [2000:6-7]

Their book, Female “Circumcision” in Africa: Culture, Controversy, and Change, is an edited volume with seventeen contributors (including themselves) from the fields of anthropology, demography, epidemiology, history, political science, and public health. This book is striking in many ways. Although all edited volumes center around a unifying theme, this volume does so not only as it relates to content. This unity among the authors and their contributions is further reinforced with a very intentional and symbolic approach, one that linguistically ties all the articles together. As an effective rhetorical tool to
remind the reader of the “why” behind the term, all seventeen authors adhere to the “naming rules” as described above. When using any of the terms mentioned above, all of them use female genital cutting, clitoridectomy, excision and infibulation without quotations, female “circumcision” with quotations only around the word circumcision, and “female genital mutilation” or “FGM” only with quotations around the entire phrase or acronym. This is true even when the authors have previously written about this topic without adhering to this linguistic structure. In some cases, authors are presenting a previously published article or variant thereof, but have amended the presentation of these terms to accommodate this unifying approach in this edited book.\footnote{For examples of this, compare Gruenbaum’s article in Shell-Duncan and Hernlund’s edited book, “Is Female ‘Circumcision’ a Maladaptive Cultural Pattern?” (2000) with some of her other publications: The Female Circumcision Controversy: An Anthropological Perspective (2001); and “The Cultural Debate Over Female Circumcision: The Sudanese Are Arguing This One Out for Themselves” (1996). I find it interesting that when Gruenbaum quotes her article published in the Shell-Duncan and Hernlund book in the bibliography of her 2001 book, she cites it without quotations: “Is Female Circumcision a Maladaptive Cultural Pattern?” Similar examples exist for other authors when comparing their writing in the Shell-Duncan and Hernlund book, and when published elsewhere.}
As terminology becomes an increasingly important issue, anthropologists are devoting more textual space to this concern. In Gruenbaum’s recent book, *The Female Circumcision Controversy: An Anthropological Perspective* (2001), she elaborates further on the problems associated with both mutilation and circumcision. Regarding the term, “female genital mutilation,” she writes:

The term “female genital mutilation” has become more widely accepted since the 1990s. “Mutilation” is technically accurate because most variants of the practices entail damage to or removal of healthy tissues or organs. But for most people, the term “mutilation” implies intentional harm and is tantamount to an accusation of evil intent. Some of my Sudanese friends have been deeply offended by the term, and it is their reaction as much as the connotations of that term that have influenced my preference for the term that is very commonly used when speaking or writing in English: female circumcision.\(^{22}\) [2001:3]

Gruenbaum continues by discussing the problems inherent in using the term, “female circumcision”. By referencing Toubia (1993:9), she discusses the association of male circumcision with female circumcision, which creates an image of a “nonmutilating” procedure. It is objectionable

\(^{22}\) Note that in this context, Gruenbaum does not put quotations around the word, “circumcision.”
to some because it trivializes the damage the practice causes (2001:3-4).

Gruenbaum somewhat uniquely critiques the use of Arabic terms like tahur or tahara which relate to ritual purification because they imply the presence of a non-existent ritual. Although others have commented on the fact that sometimes FC/FGM is not performed as ritual (for instance, see Gordon 1991:9), her perspective is more thoroughly articulated than are others:

But in fact there is little about the rather matter-of-fact performance of the surgical act that one would associate with ritual in a religious or mystical sense. Thus using a term that connotes ritual seems both inaccurate and inadequate to the broad range of meanings and contexts of the practices. And some are offended by it, as it could give the impression that practitioners are unreflective or not rational. [2001:4]

Gruenbaum comments that, "'clitoridectomy' and 'infibulation'" are somewhat more precise descriptive terms, but a term that encompasses both types of surgeries and other variations is also needed" (2001:4). Her call for a term to reference all the practices can be seen as contrasting with those who critique the lumping together of
practices in a manner which fails to account for the cultural complexities of FC/FGM in its varied forms. Her call, however, is also very pragmatic. It is impossible to account for all the practices with a single term, yet it would be discursively cumbersome and impossible to reference all the practices each time one speaks of them. As for her own term, Gruenbaum concludes that she will use “female circumcision” often, “despite its clearly euphemistic character, to avoid the connotations of evil intentions or wanton mayhem associated with the term ‘mutilation.’ I am fully cognizant of its inadequacies” (2001:4).

In Female Genital Cutting: Cultural Conflict in the Global Community, Boyle, a sociologist, states that, “Controversy rages over what to call the practice” (2002:24). She gives a quick review of various terms, but decides to use the term, “female genital cutting.” Her reason for this is, “because Asma Abdel Halim at the U.S. Agency for International Development specifically requested that I use that term” (2002:25). By referencing Bibbings (1995), she also considers the term to be accurate and nonpolitical.
Genital Cutting and Transnational Sisterhood: Disputing U.S. Polemics, (2002) is a very recent book edited by James, whose disciplinary background is African American studies and women's studies, and Robertson, from history and women's studies. This book includes contributions from anthropologist Walley, from whose theme of cultural relativism and politically-informed outrage (see Walley 1997) I have borrowed extensively; Chase, founder of the Intersex Society of North America (ISNA); and Gunning, a law professor.

Regarding terminology, the editors state the following in their introduction:

Challenging Western perceptions and misrepresentations around the cutting of women's genitalia requires careful examination of overgeneralizations. Once critical, and frequent, area of overgeneralization concerns terminology, where both the terms female circumcision and female genital mutilation have currency. Each contributor to this volume has her own critique of these terms, which are loaded with theoretical and political implications. [James and Robertson, editors, 2002:7]

They continue by denouncing "female circumcision" as misleading because of the "false" analogy to male circumcision, and "female genital mutilation" too harsh to
represent the impact of all “FGC” practices. In contrast to
the edited book discussed above where, although different
authors use different terms, they all adhere to what amounts
to a naming system, James and Robertson make explicit that
each author selects her own terminology.

Both editors, who are also contributors, use the term,
“female genital cutting,” or “FGC” (Robertson 2002 and James
2002), while Walley continues to use the term “female
genital operations” (Walley 2002), Gunning uses, “female
genital surgeries” (Gunning 2002) and Chase uses, “genital
cutting,” “pediatric genital surgeries,” and
“clitoridectomy” (Chase 2002).

The importance of naming is well documented. While a
decade ago, authors might select a name and use it either
without or only with a very brief commentary regarding such
choice, today most academic writers invariably pay some
explicit attention to this issue. As a final textual
example, another recent edited book, *Eye to Eye: Women
Practising Development Across Cultures* (Perry and Schenck,
editors, 2001) goes even further in addressing the
importance that terminology has on meaning. An entire
chapter consisting of three articles is based on this issue
and is entitled, "What's in a Name? (Re)contextualizing Female Genital Mutilation" (155). The editors state that, "The three contributors to this chapter bring unique perspectives to the debate: each defends an ideological position that she links inextricably to discourse, the very choice of a word" (155). The essay titles reflect the discourse: "Abandoning Female Genital Cutting in Africa" (Melching 2001); "If Female Circumcision Did Not Exist, Western Feminism Would Invent It" (Nnaemeka 2001); and "Female Genital Mutilation in France: A Crime Punishable by Law" (Weil-Curiel 2001). As the titles and the terms indicate, each author presents a perspective different from the others. The unifying theme in this chapter is that all of them believe that female genital cutting, female circumcision and female genital mutilation, respectively, should end.

My Terminology:

It is clear that no term or nomenclature system can evade criticism. The term is part of the discourse which determines the message of the presentation, whether textual or spoken. It is now my turn to articulate my choice of
terminology, and to that end, my intent has driven my choice. The aim of this thesis is to focus on and evaluate the philosophical polarity in the (Western) discussions and debates about these practices, and in so doing illuminate the often disparate cultural constructions of our knowledge about these practices. It therefore seems appropriate to choose a term which in and of itself is dichotomous as a rhetorical reminder of the ever present dilemma merely in how to approach and analyze this issue. As such, unless I am critiquing the discourse in a specific representation, I will reference the entirety of these practices as female circumcision/female genital mutilation or FC/FGM in this paper.
CHAPTER THREE

RELATIVISM AND FEMALE CIRCUMCISION

Some Anthropological Perspectives

Anthropologists have historically approached ethnographic research of female circumcision practices from the perspective of cultural relativism, and have developed gender identity, ethnic identity and political economic analyses of the practices, among others. Within the context of recent debates, particularly within the past decade, relativistic scholars have come under fire for taking positions which have been construed as condoning these practices. The ensuing debate surrounding cultural relativism and FC/FGM has led anthropologists involved in the issue to declare their support for or opposition to the discipline's keynote methodological approach and whether applying it to this topic forces limitations upon relativism in general.
The controversy gained substantial momentum in 1991 with the publication of a student prize-winning paper, "Female Circumcision and Genital Operations in Egypt and the Sudan: A Dilemma for Medical Anthropology" (Gordon 1991) in *Medical Anthropology Quarterly* about FC/FGM. His essay fell on the heels of and references Melvin Konner's 1990 declaration in a *New York Times* book review that cultural relativism has "its limits," and FC/FGM is "one place where we ought to draw the line" (Gordon 1991, citing Konner 1990:5). Gordon acknowledges the powerful value of relativism within anthropology, but appears to concede it as a limited tool when analyzing these practices. He points to shortcomings in van Gennep's rite of passage as an explanation for FC/FGM, and suggests that Boddy's symbolic analysis of FC/FGM as a marker of gender identity is an example of analyses which, "present a stumbling block to Western political agitation against female genital operations" (11). Gordon concludes that anthropology has failed in its study of this topic by its "inability to integrate a consideration of the medical complications of the practice into its description and a denial of its own position of moral advocacy" (13). He suggests that these
failures give credibility to the feminist critique of anthropologists as "perpetuating a cover-up" and that nonjudgmentally describing FC/FGM practices is problematic.

Gordon's essay was published with responses from anthropologists who took decidedly differing positions about his arguments. In defense of relativism, Boddy emphatically comments that understanding FC/FGM practices is not the same as condoning them and that anthropologists studying in this area certainly do not advocate the continuation of these practices. She suggests that if we are to condemn these practices, we should look as critically at our own body modifications and mutilations which come in the form of technological childbirth and beauty enhancement procedures (1991:16). Sargent argues against abandoning relativism for activism and suggests that economic reforms benefiting women and making them less dependent on men will lessen the importance to women of continuing these practices. Economic empowerment, therefore, is much more likely to effect change than intervention and activism particularly from outsiders. Sargent also rejects the notion that anthropologists, through their nonjudgmental relativism, support female circumcision (Sargent 1991:24-5).
Scheper-Hughes denounces both Gordon's and Konner's writings about FC/FGM, claiming that "we ought to draw the line" at our apparent fixation on this topic. In particular, she argues that "Western, postcolonial anthropologists have attempted (albeit unconsciously) to recolonize parts of the Third World by a critically unreflexive, primitivist discourse on the Other, circumcised and not" (Scheper-Hughes 1991:26). Similar to Boddy, Scheper-Hughes hints that anthropologists should be more culturally self-examining and ponders why the female body is always the one in question. She suggests that we critique our institutionalized ritual male genital surgery and that male circumcision be the place "where we ought to draw the line" (1991:27-8).

Scheper-Hughes much discussed “Hands off!” admonition (see Chapter One) was tantamount to dictating silence, at least from would-be Western voices, about FC/FGM. This sort of attempted censorship of intellectual and activist engagement seems particularly surprising coming from an anthropologist known for her promotion of political activism in the field.
Morsy, a self-described "native turned anthropologist," provides the most scathing commentary to Gordon's article and "Konneresque" perspective. She rejects his Western humanism, and sees his views as arrogant and born of unquestioned scientific authority. His medical facts, Morsy claims, are not properly analyzed nor socially contextualized as, she suggests, a reading of Gruenbaum's work would have facilitated. In short, she views his work as a neocolonial product of the Western civilization project and hegemonic intellectual tradition (Morsy 1991:19-22).

Gruenbaum has contributed to the anthropological body of research on FC/FGM since 1982, although she was neither referenced by Gordon nor was one of his commentators (Gruenbaum 2001, 1996, 1982). Gordon's omission was unfortunate, because Gruenbaum is an anthropologist who has considered the medical consequences of the practices perhaps more so than other anthropologists had at the time of Gordon's article. For example, in "The Movement against Clitoridectomy and Infibulation in Sudan: Public Health Policy and the Women's Movement" (1982), Gruenbaum provides the following numerous details of medical complications of
FC/FGM, which in the context of her work in Sudan, is infibulation

Still, to say that it is a “custom” is not a sufficient explanation for the persistence of this damaging practice. Numerous physically harmful effects have been documented in the medical literature (Verzin 1975, Cook 1976, Shandall 1967). At the time of circumcision, girls may suffer from hemorrhage, infections, septicemia, retention of urine, or shock; deaths may result from these complications. The infibulated state may also result in retention of menses or difficulties in urination (due to scar tissue), and may be related to an apparently high prevalence of urinary tract and other chronic pelvic infections (Boddy 1979, Toubia 1981). At first intercourse, infibulation presents a barrier which is painfully torn unless cut open by husband, midwife, or doctor. Childbirth is complicated by the inelastic scar tissue of infibulation, which must be cut open by the birth attendant and restitched after delivery. Vasicovaginal fistulae, which can result from such obstructed labor, are by no means rare in Sudan. Such a fistula - a passage between the urinary bladder and the vagina created by damage to tissue between the two organs - results in a most embarrassing condition for the woman, who cannot retain her urine and therefore leaks constantly (Toubia 1981). [Parentheses in original; Gruenbaum 1982:5]

Of the five sources referenced by Gruenbaum, all but one, Boddy, are medical. Gruenbaum then follows with the obvious question, "Why, then, in light of these physically harmful, even life-threatening, consequences, do women continue to
perform these operations on their daughters?” (1982:5). She responds that, "women perpetuate practices painful and dangerous to themselves and their daughters and that inhibit their own sexual gratification must be understood in the context of their social and economic vulnerability in a strongly patriarchal society" (1982:8). Gruenbaum concludes that women must become less economically dependent on men before changes in FC/FGM practices will occur.

She critiques various anthropological approaches to the study of FC/FGM practices in addition to providing her own ethnic identity and political economic analyses. In spite of the Gordon/Konner call to "draw the line" on relativism, she strongly argues in favor of culturally contextualizing FC/FGM practices, their meanings and efforts to change them. Although she acknowledges that humanitarian and feminist based negative reactions to FC/FGM and calls for eradication are logical, negative responses "are often highly ethnocentric and prejudicial, especially when Western readers and students reject not only the idea of the surgeries, but the cultures where they are found as well" (Gruenbaum 1996:456).
Gruenbaum is also critical of the medical ecological analysis set forth in the McElroy and Townsend anthropology text which interprets FC/FGM practices as a "maladaptive cultural pattern" (Gruenbaum 1996 citing McElroy and Townsend 1989:102-104). Gruenbaum sees the "maladaptive" label as disparaging, cites many inconsistencies in the ecological approach and concludes that the "basic idea here is that we should not assume that culturally institutionalized patterns are necessarily going to promote health and well-being" (Gruenbaum 1996:457).

In her critique of policies aimed at eliminating FC/FGM, Gruenbaum argues that policies which call for eradication are inherently flawed even by the use of the term, "eradication" which implies the existence of a disease, something "pathological." This creates an insulting base from which to implement change (1982:6). By taking a "relative" look at how the people who practice FC/FGM would perceive this and other policies, she demonstrates the importance of an anthropological perspective and analysis of efforts to eliminate the practices.
In her 1996 article, "The Cultural Debate over Female Circumcision: The Sudanese Are Arguing This One Out for Themselves," the title, borrowed from one of Scherper-Hughes comments in her 1991 response to Gordon, suggests an ideological link to a commentary which states that anthropologists take their "hands off" the topic of FC/FGM. However, Gruenbaum's link to Scherper-Hughes is that reform efforts need to be locally initiated and implemented. In contrast to the "Hands off!" admonition, Gruenbaum identifies three ways in which, "anthropologists need to contribute to the current debate over female circumcision" (Gruenbaum 1996:457). One of these is to evaluate efforts to "change" the practices. "Change" remains an important theme for Gruenbaum; in her 2001 book, The Female Circumcision Controversy: An Anthropological Perspective, she has one chapter entitled, "Change," and another, "Involvement."

While functional analyses such as Boddy's symbolic interpretations regarding gender identity (Boddy 1989) and Gruenbaum's earlier work regarding ethnic identity are merit worthy, Gruenbaum suggests that a political economic analysis is more likely to effect change. After reviewing
forces for and against eradication, Gruenbaum argues that Sudanese women (and presumably other women from practicing countries) must lead their own struggle to end these practices (Gruenbaum 1996).

The conclusion that Westerners should stay out of eradication campaigns is one shared by anthropologists who endorse the value of cultural relativism generally and specifically in the analysis of FC/FGM. In a manner similar to those referenced above, Dallas Browne argues that clitoridectomy must be abolished by those practicing the custom. For her, it is a matter of choice which, if denied, diminishes the liberty of these women and implies that they lack the intelligence to know what is best for them (Browne 1991:244). Incorporating some cultural self-reflection, she notes that if Western women have the right to have cosmetic surgery, other women should have the right to have clitoridectomy. She argues against criminalizing the practice in the West, for doing so would treat Third world women as minors.

In addition to Gordon and Konner, anthropologists bold enough to veer away from a staunch cultural relativist position include Lane and Rubinstein (1996). They situate
the debate about FC/FGM practices as somewhere between cultural relativism and universalism, and intend to move beyond the resultant impasse in their article published in an ethics journal. Given the forum, it is not altogether surprising that they argue that cultural relativism does not mean refusing to ask moral questions and claim that anthropologists and philosophers "mostly conclude" by calling for an end to FC/FGM. It is significant that their keynote anthropological citation is Gordon.

Until recently, what anthropologists have too infrequently insisted on is genuine mediation between cultural relativism and activism. Walley most eloquently and forcefully states this need to bridge the polarized perspectives, although Ginsburg briefly addresses the need to broaden the anthropological lens of inquiry to investigate and negotiate between scholarship and activism in the area of FC/FGM (Ginsburg 1991:18).

What is entirely missing from the anthropological literature, as discussed in a Public Health Reports article, is information regarding the continuation of FC/FGM in the United States among immigrants. There are no estimates regarding how long cultural practices are retained nor any
regarding the risk to girls born here to immigrant parents or to young girls who immigrated before undergoing the custom (Jones et al 1997). It may be that the war over cultural relativism versus activism has stymied current anthropological research in this area.
Chapter Four

RAGE AND FEMALE GENITAL MUTILATION:

Law, Advocacy and Popular Culture

"Westerners love laws."

In the United States, I think we have no idea how powerful our media is. In Africa they get CNN and ...(it's) hugely widely disbursed...I don’t think we appreciate the potential to do harm with our silence and the potential to do good with our voice. I think Americans, you know, because along with the recognition of one’s influence requires responsibility. And I find that a lot of cultural relativists would rather not have that responsibility, you know, and so will back off in the name of, “this isn’t my business,” just because it’s too uncomfortable and because they realize that there is a lot of responsibility associated with acknowledgment...

I have never met an African woman who did not want U.S. involvement for health. Now, I have met African women who were irritated by certain kinds of U.S. involvement. Well, [examples of those include] world bank projects, for example, that kind of bulldoze into a country and don’t utilize their resources or the perspectives of local women and then pose Western ideas of what’s going to work. Laws are one good example. Westerners love laws. And so we go into a country and we say, “You need to pass laws eradicating FGM.” And
it's completely unresponsive to the reality....in Gambia, for example...the government is largely ethnically driven. And it's a diverse country, so people don't hold a lot of weight by, you know, laws that are passed in the country. Plus, the government is not the controller of behavior. Clergy and elders are.

And so if one wants to eradicate FGM, passing a law in the capital isn't going to do a whole lot. You have to work with those elders and you have to work with clergy. They're the ones that have authority to control decisions and control behavior. So, I mean...that's one example where Western involvement might -might be either counterproductive or irritating if it's posed in a nonresponsive way. [Interview with Layli Miller, asylum attorney, March 19, 2002]

THE UNITED STATES AND FC/FGM: Federal Law

Although the passage just referenced relates to the role of the West as an imposer of legislation in practicing countries, Miller raises concerns about such laws in Africa which potentially translate into concerns about laws which we have enacted in the United States regarding immigrants from practicing cultures. With the arrival of immigrants from countries where FC/FGM is practiced, the United States is one of several Western countries confronted with the importation of these practices. Although there are many avenues on which the resultant cultural clash can be
explored, this section evaluates how we have chosen to react to the incoming "Other" within the context of our legal system. This response illustrates an ideological counterpoint and example of "politically-informed outrage" which exist in contrast to the cultural relativism endorsed by many anthropologists.

The U.S. federal response was led by former Representative Patricia Schroeder and her congressional colleagues beginning in 1993. The first attempt to criminalize FC/FGM in this country failed, but the effort was eventually successful in 1996 (Illegal Immigration Reform and Immigrant Responsibility Act of 1996, Pub. L. 104-208, sect. 645, 110 Stat. 3009-546 cited in Rahman and Toubia), with the law going into effect in early 1997. The language of the legislation reflects the cultural bias toward indignation in our response to these practices. Entitled the "Federal Prohibition of Female Genital Mutilation Act of 1996," this law makes it a crime to perform "female genital mutilation" on a person under the age of eighteen or to allow it to be performed on a minor. For the purposes of this law, "female genital mutilation" is defined as, "the removal or infibulation (or both) of the
whole or part of the clitoris, the labia minora, or labia majora." (Public Law 104-208; 110 Stat.3009; 1996: Sec.644c). It does not allow as a defense the argument that the practice is required as, "a matter of custom or ritual" (Sec. 645).

This law mandates that the Immigration and Naturalization Service provide to immigrants from practicing countries, "Information on the severe harm to physical and psychological health caused by female genital mutilation which is compiled and presented in a manner...respectful to the cultural values of the societies in which such practice takes place" (Sec. 644a). Aside from informing immigrants about the possible legal implications of FC/FGM, this legislation seems to assume that arguing against the practices primarily based on their negative health consequences will adequately deter immigrants from these rituals. Such assumptions imply that arguments based on health hold the same meaning for immigrants as they would for Westerners, and ignore anthropological research which asserts a positive function for the practices related to gender and ethnic identity - a function which might become even more important within cultural groups upon immigration.
The federal law underwent many transformations before being enacted. At one point, it was offered as an amendment by Senator Harry Reid outlawing FC/FGM practices and making fear of the practices a ground for seeking political asylum. However, the asylum reference was deleted after Senator Simpson warned that the asylum issue would "bog down the bill" due to fears of a flood of asylum seekers (CQ May 4., 1996:1224). This shortfall in the law gives credibility to those who question the sincerity of Western concern and activism on behalf of women in and from practicing countries. Additionally, the fact that this law only addresses immigrants and fails to address our own forms of mutilation shows the extent to which it is devoid of a cultural relativist perspective.

Enactment of the federal legislation was preceded and influenced by congressional hearings entitled, "Human Rights Abuses Against Women" in 1993 and 1994. The purpose of these hearings was to ensure that abuses against women would be a factor in all foreign assistance deliberations (hearings, pp.1,12). The hearings begin by acknowledging that there is a double standard when it comes to human rights abuses against women. Testimony is heard on female
genital mutilation, female infanticide and preference for sons, widow burning, bridal kidnappings and rape as a tool of torture, among other forms of abuse. Relative to FC/FGM practices, these hearings are of interest in that they became part of the national dialogue on this issue, were influenced by a particularly sensationalized media report, reflect our implicit biases in looking at "the other" as well as our own degree of self-reflexivity, and provided an arena for Representative Schroeder to discuss her recently introduced anti-FGM legislation.

The hearings began in September 1993, just days after ABC aired a supposed documentary about female genital mutilation entitled, "Scarred for Life," on its evening news magazine program, Day One. Schroeder was so moved by the segment that she requested and received unanimous consent for statements from ABC News to be put into the official record (hearings, p.9). She was not alone in commenting on the impact of this show. The Day One piece was clearly produced with maximum shock value intended, and was lacking in sensitivity and objectivity, not to mention cultural relativism. In the ABC press release and abstract about the show which became part of the actual congressional
record, female circumcision is described as, "the world's most widespread form of torture," and defined as "mutilation," "completely unlike male circumcision" with "no medical reason" (appendix of hearings, pp. 140-141). Given that this media report was a factor in congressional hearings, some description and critique of its text are warranted here.

The commentator opens the segment by stating that the "procedure," a word selection which sounds biomedical, is often referred to as, "female circumcision...But this is nothing like male circumcision. This is a brutal, disabling ritual so tied to culture and tradition that for thousands of years women have been powerless to stop it" (Day One transcript, Sept. 20, 1993, p.2). Thus, seconds into this supposed documentary, the Western commentator (Forrest Sawyer) condemns the cultural practices of "the other," epitomizes women from practicing cultures as helpless, and simultaneously exonerates our practice of male circumcision by distancing it from the foreign practice of female circumcision and removing it from the media's critical lens of inquiry. To further condemn these other women and situate ourselves as superior to them, the American reporter
(Sheila MacVicar) covering the story from the Gambia questions Gambian mothers whose daughters are about to be circumcised: "I have a little girl who is three and a half, and I cannot imagine subjecting her to the kind of pain that she would go through with circumcision. I am trying to understand what is so important about circumcision that you would choose to inflict that kind of pain on your daughters" (transcript, p.4). MacVicar's attempt at understanding and learning about these practices is almost nonexistent, with only very brief mention of preserving virginity, marriageability and tradition as reasons for the continuation of female circumcision. As the obvious Good Mother from the West, MacVicar's questions are invariably rhetorical and portray the Other Mothers as child abusers. The nature of the questions themselves allows for no acceptable answers.

The "us and them," "good and bad" cultural chasm portrayed in this television program is reinforced repeatedly. In a panel discussion at the end of the segment consisting of representatives from UNICEF, the U.S. State Department and anti-FC/FGM activists from practicing countries, Sawyer derailed an attempt by the director of
UNICEF (an American) to incorporate an element of cultural relativism and understanding into the discussion about eradicating these practices. When the UNICEF director attempted to draw an analogy between how foreigners view our breast implant practices as barbaric and how we view FC/FGM practices as barbaric, and the implication such external views have on international activism, Sawyer quipped, "I hardly think it (breast implants) compares to this (female circumcision), sir" (transcript, p.8). With cultural relativism nipped in the bud, this portrayal reflects in so many ways one pole of the dichotomous ideology woven throughout academic and popular representations of this topic.

Perhaps most disturbing about the Day One piece is its actual coverage of a female circumcision ritual on a cohort of girls. Sounds of piercing cries and pleas for help are heard from girls who have been taken behind a curtain to be circumcised. To add insult to injury to an already heavily sensational report, it appears possible, at least according to rather strong hints offered by Alice Walker in her book, Warrior Marks, that in order to obtain this footage, that, "a major U.S. television network" paid for the circumcision
of these girls. The congressional hearings somehow seem tainted when potentially influenced by "documentation" of this nature.\textsuperscript{23}

\textsuperscript{23} In Walker’s book, filmmaker Pratibha Parmar describes on 1/31/93 some problems she had with her liaison in the Gambia who had just worked with “a major U.S. television network” three weeks prior to Walker’s arrival:

I am afraid Bilaela thinks we are like the crew members from a major U.S. television network who were here three weeks ago. According to Bilaela, they had plenty of money, stayed in five-star hotels, and had many rest days by the pool and on the beach.

Bilaela was the American crew’s local liaison...I explained that we are not a big corporation, like the one from New York, but a small independent production company. I told her about Alice and how some of the proceeds from the sales of Possessing the Secret of Joy are going into the film.

Bilaela said she had saved some of the best “things” for us and that if we were willing to pay for some girls to be excised, she could arrange for us to film it. She said she’d done that for the New York crew. I couldn’t believe what I was hearing. Female genital mutilation has become a media commodity! Her justification for doing this was that these girls would be excised anyway when their parents had saved enough money, so why not do it now when it could provide such “good” footage.

She went on to describe the scenario as it had occurred with the U.S. film crew: The circumciser had had two rooms, separated by a curtain. The girls were taken in, one by one, which was filmed. They’d recorded the screaming and then had filmed the girls being taken out again.
During the course of the hearings, Representative Schroeder is the most vocal congressional advocate for eradicating FC/FGM practices. She discusses the State Department's historical tendency to react to violations of religious, political and human rights while excusing abuses of women's rights as cultural issues. In describing her commitment to outlaw female genital mutilation in the United States, she insists that we should send a message by joining the four African and five Western nations which prohibit FGM (hearings, pp. 10, 133). Schroeder claims that we are "cultural apologists" if we allow adult women to request this procedure in hospitals, and that we would not view a request to cut off an arm or leg as cultural. She characterizes a woman requesting circumcision as not being, "a free agent in that culture" (hearings, p. 10). There is a certain degree of ethnocentrism implicit in this analysis

I told Bilaela that I was not interested in colluding in the torture and mutilation of girls for the sake of "good" footage. There was no way I would film this. There are many ways to show the horror of excision, but this was most definitely not the way I wanted to represent it.

It is easy for filmmakers to become part of the problem even while trying to resolve it. Even so, I was horrified to learn about what the New York crew had done. There seemed to be no
of women from practicing cultures that could be construed as arrogant and condescending (see Gruenbaum's discussion of false consciousness, 1996:462-3). After claiming that there is a "big difference between male circumcision and female genital mutilation" (a difference she emphasizes by her choice and juxtaposition of terminology), she concludes of the latter practice that, "There is absolutely nothing that comes out of this except control over women and reminding them that they are in a lesser state" (hearings, p. 11). Schroeder's testimony, though far less inflammatory than the ABC segment, makes even less effort to understand the forces perpetuating FC/FGM practices.

In contrast to Schroeder's well-intentioned but culturally imperialistic comments, testimony from Nahid Toubia, a Sudanese obstetrician and activist against FC/FGM practices provides a balancing counterpoint. She states that African women are "silenced twice," once by fear of persecution if they speak up, and subsequently, "when we come out to speak to the world we are harassed by sensationalist media and the attack of Western societies on our people and cultures" (hearings, p.22). Her testimony is rational excuse or acceptable justification for
universal and cross-cultural in nature, and she claims to speak for all women in all cultures who suffer, "bodily manipulations to conform to the prevailing forms of acceptable womanhood" (p.22). She references not only genital cutting, but what she calls the "beauty cut" in America whereby women and girls mutilate themselves via plastic surgery, bulimia and the like.

Toubia's remarks continue to differ from those of the congressional members by delving into some of the reasons for FC/FGM practices while acknowledging positive aspects about the cultures from which they originate. She recognizes the progress of African activists to dispel with the notion of helplessness by stating that, "It is always seen that outsiders are going to come and save African women, and very little credence is given to the actual work, very brave work that African women are doing, sometimes at risk to their own lives" (hearings, p.23).

In generating recommendations for action, Toubia's first suggestion is to "desensationalize this issue and mainstream it as a serious women's rights issue, because I think that has been a bigger obstacle than any denial from it.  [Walker and Parmar 1993:161-162]"
governments or communities in Africa" (hearings, p.25). One wonders what impact the Day One show had on her comments, especially given that she was one of the panel members queried at the end of the segment. In the congressional hearings, she is emphatic about desensationalizing the topic and addressing it with "respect and understanding." Without doing so, she warns, the effectiveness of programs will be diminished. Toubia's testimony seems to address and mediate the dichotomies which polarize both discourse and action.

THE UNITED STATES AND FC/FGM: Individual State Laws

As of this writing, at least fifteen states had passed laws prohibiting FC/FGM practices. Almost invariably, the language of the laws references these practices as female genital mutilation. All of the state laws, as does the federal law, fall prey to "politically informed outrage," and some surpass the federal law in cultural condescension.
ADVOCACY:

In the prior section related to laws in the United States, it is evident that the development and adoption of our laws were informed primarily by politically empowered outrage toward the practices of FC/FGM. The process of making the laws as previously described demonstrates nearly a complete inability on the part of legislators to even try to understand FC/FGM through a lens of cultural relativism. In this section, I will examine the intersections of advocacy organizations, rage and relativism. I will look at three organizations: the Tahirih Justice Center, RAINBO (Research, Action and Information for the Bodily Integrity of Women), and Equality Now.

The Tahirih Justice Center was founded in 1997 by Layli Miller who was a student attorney involved in the Fauziya Kassindja asylum case, where Kassindja was granted asylum on the basis of fleeing FGM after a highly publicized case. Miller used proceeds from the book about Kassindja's story (Kassindja and Miller Bashir 1998) to fund the start-up of the Tahirih Justice Center. The Center’s mission, “is to enable women and girls who face gender-based violence to

I had the opportunity to hear Ms. Miller speak in Houston on January 25, 2002. With the Gordon article and commentaries in mind, I asked Ms. Miller after her talk if her involvement in helping women from other parts of the world was viewed as problematic. She responded that the only disparaging comments that she had ever received were from, "white, academic women."

I was particularly interested in Ms. Miller's views regarding Western involvement in global activism not only because of the nature of her work, but also because her undergraduate degree in anthropology would make her more attuned to issues related to cultural relativism. When I interviewed her on March 19, 2002, she related very interesting connections between the importance of her background as a member of the Baha'i Faith (her organization is named after Tahirih, a Baha'i woman martyred for her beliefs about women's rights), her exposure to FC/FGM, her choice of anthropology as a college major and her views toward cultural relativism. I began the interview by asking her to describe her first exposure to FC/FGM, which in my
question I referenced as, "either FGM or female circumcision":

The first time was when I was in the Gambia...I was seventeen years old and I was there participating in a Baha’i social and economic development project and I would hang out with a lot of the women in the marketplace. And I began to hear about events that were being planned...that involved people coming from all over the countryside, dressing up, cooking things, that kind of thing. And it wasn’t until I returned to the United States, that I fully understood what the process involved. In Gambia, there was a kind of code of silence surrounding the ritual. Mothers don’t tell their daughters what they’re about to endure, and so they weren’t, you know, going to be talking to me about it. I knew generally about it, but I didn’t know specifically about it. So when I returned to the United States, I began to learn more about the anatomy and more about the public health implications and the human rights implications...

This passage connects her Baha’i background with her knowledge about FC/FGM, a topic which ultimately when acted upon in the form of advocating for Kassindja’s asylum, led to the formation of the organization she founded. It is noteworthy that although Miller was in the midst of the ceremonies surrounding FC/FGM practices, she describes the acquisition of her knowledge as something which occurs in the United States. It is once back here that she situates
the practices in the contexts of anatomy, public health and human rights.

Miller describes this experience and her general interest in "issues of culture" as influential in her choice of anthropology as a major. She continues by discussing the influence of her faith on her interest in human rights issues:

The Baha'i faith has had a significant influence in my world view, and in particular in the fact that I believe passionately in principles like justice and the equality of women and men. And also the idea that we're all spiritual beings that are generally good in nature and that, you know, humanity is evolving in a positive way, although it might seem kind of slow at time. The general belief that humanity is evolving in a positive direction, and that as individuals we need to kind of assist in that process.

I asked her if there were any other philosophical underpinnings or beliefs that underscored her interest in advocacy and activism. It was during her response to this question that she spontaneously brings up the issue of cultural relativism (although in the process of arranging this interview weeks earlier, I mentioned that I was interested in looking at the tension between relativism and activism):
Well, there is a Baha'i principle called “the Oneness of Humanity” which is an important principle in the Baha'i faith. It's something that kind of transcends all of the other laws and - and ideas in the Baha'i religion. But this idea of the oneness of humanity, it seems like a simple concept, but kind of when you break it down, it’s actually pretty complex and profound, and I think that that influences a lot of what I do. Just one example of it is the debate surrounding cultural relativism...it’s a very interesting issue...I think inherent in that issue are three sub-issues. When one addresses whether or not they should be involved in something like female genital mutilation, I think one is actually asking three separate questions.

The first question is whether or not we think as a global community, something is wrong. And that's the first question. And you can answer that question whether or not you care about it, or whether or not you think we should be involved in it, but you can answer that question on many levels. So the first question about whether or not we think something is wrong, is I think, the first question that needs to be asked. And fortunately we live in a world right now that has a human rights regime. A commission that meets in Geneva every year to determine what is and what is not a human rights violation. And that Human Rights Commission is made up of representatives from all countries throughout the world. And so, you know, where fifty years ago you couldn't have said this, now we have an apparatus to decide whether or not something is a human rights abuse. Now, people within a country are free to just disagree, you know, and - I mean, there are people in the United States who even after we abolished slavery believed it was okay. So, people within a country are free to debate issues, but at some point those representatives then come to an international body in Geneva and they decide, collectively, on what is human right violations
and what are no. So, female genital mutilation, for example, is a recognized human rights violation that has numerous resolutions, conventions, protocols, that have been passed by the Human Rights Committee - or Commission, rather - in Geneva, that clearly establishes a human rights violation. So there's that first question. Whether or not something is a human right violation.

The second question there, then, is whether or not we should care. And that's a separate question, because you can decide something's a human rights violation, but then also decide that one, you know, in the West, should care, for example, and reasonable people may differ on that second tier, or on that second question. It's my belief -- and this is influenced purely by being a Baha'i, but because I believe that we are kind of one human family, I think we should care. And I believe that, you know, Brazilian women should care what's happening to Russian women, and Chinese women should care what's happening to African women, and we should all care about each other. Middle Eastern women should care what's happening to American women. I mean, I think that it's reciprocal and it's equal and we should all care about what's happening. When injustices are happening somewhere, we should care about that. But people differ on that. But that, to me, is the second question.

And the third question, once you've gotten beyond the first two, is how one should be involved. And that is separate, and unfortunately I think people jump over three. When people are kind of having a debate, for example, about whether or not female genital mutilation is okay, they're actually debating the third question, which is whether or not we should be involved, and they mix it up and it's dangerous because you can decide FGM is not okay and still think you shouldn't be involved. Those are two separate, you know, completely separate questions. But unfortunately a lot of people debate the issue and
put all the questions together, so they'll say, for example, "Oh, I think FGM is fine, and people shouldn't get involved in it." Well, those are two separate questions. Either you think it's fine or you think it's not fine and people shouldn't get involved in it, but, I mean, you know, they're separate questions.

Even *cultural relativists* who sometimes are really saying we just shouldn't be directly involved, they're kind of answering number three, and doing that will imply that a practice is okay. And that's where it gets harmful and dangerous. [Miller, March 2002]

With Miller's assessment of cultural relativism as a three tier construct, she establishes three planes on which relativists can be critiqued. Basically, she suggests that when we evaluate potentially problematic areas within culture, we pose three questions. First, is the issue a (global) problem, especially with respect to human rights? Second, is whether or not we should care about the issue. If the answers to the first two questions are "yes," then we ask the third question, which relates to how we should be involved. Although in this scheme, Shweder (2002) would answer "No" to the first question, thereby invalidating the need to ask questions two and three, many anthropologists would at least answer "yes" to question one as to whether or not FC/FGM is a global concern, although many might be
hesitant to couch it in human rights terms. I suggest that if we were to move from questions one through, anthropologists would increasingly become divided in their responses. Regarding how people should become involved in global issues, Miller states:

But as to question number three, I don't know the answer to it and I don't have the answer to it. I think it's a very complicated question about how we should be involved. But I think that there are two spiritual principles that can guide our answer to that third question. And the two spiritual principles are service and humility. I think that if we have a sincere desire to be of service, then we can be involved in helpful ways. But if we lack that desire to be of service, and if really we're serving our own interests, then you run into trouble with your involvement. Now, with that said, there have been a lot of well-meaning people who have a sincere desire to be of service who have caused a lot of damage. Missionaries are a good example of that.

And so coupled with a sincere desire to be of service, I think, is --humility, and, you know, that's a tricky thing. I mean, I don't know anyone who's mastered humility, you know, and it's -- there's not a magic formula for it, but I think that when we're involved in issues that are not our own, that we don't maybe understand directly, and for that matter, even issues present in the United States, you know, I think even if you are the quintessential expert on something, I'm sorry, you don't know an aspect of it, and I think that's it's important to have a degree of humility that will allow you to be corrected, will allow you to be kind of guided and be given feedback. [Miller 2002]
Miller definitely sees a role for global actors in the efforts to eliminate FC/FGM practices. Her "rage" if it can be called that, is strongly informed by a thoroughly articulated concept of relativism. In the remaining portions of the interview, she describes various ways in which she has been involved in global women's issues and how she takes her lead from the women she is there to support. At one point, she stated that sometimes the women simply want her to sit in the back of the room and say nothing. When I asked her how she felt about that, her response was, "I think it's brilliant!" She feels that women are very capable of determining how outside help might be most useful.

In the naming section, I reviewed several of the documents which reflect the ways in which RAINBO helps immigrant women from African country. In some contrast to Miller's philosophy, Toubia, who heads RAINBO, makes it clear in literature on the organization's website that there is, "strong African leadership," within the organization. As if to dismiss criticisms of its geographic presence in New York, Toubia states that she initially situated the
organization there in order to have enhanced opportunities for funding which can in turn serve the needs of African women better. RAINBO has begun settling into areas within Africa in addition to its Western sites. It seems clear that with its goals of serving African immigrants in the United States, and African women, with a mandate for African leadership, Toubia sees the role of the West as one of financial and otherwise background sorts of involvement (see www.rainbo.org).

Finally, a browse through the website of Equality Now shows a markedly different picture. This organization also does work related to FC/FGM, both with respect to asylum cases and help in eliminating the practices. There seems to be an incredibly strong effort on the part of the organization to show a unity among women of diverse backgrounds. Not only does the organization tackles a variety of issues, but in reflecting its work, images on its website invariably show women of various cultural backgrounds together in the same photograph. The message seems more than mere coincidence (see www.equalitynow.org).
POPULAR CULTURE

There can be no greater example of the power of popular culture than the Day One piece critiqued in Chapter Three. It's extreme form of “us/them”, “good/bad” and “civilized/savage” representations make the call for relativism imperative. While the sort of rage which informs advocacy organizations is tempered with varying degrees of relativistic understanding, and those discussed above are certainly a far cry from the sort of advocacy articulated by Hosken, the intensely polarized portrayals characterized by the Day One piece seem to be informed by rage only for the sake of rage, sensationalism and money. As Parmar stated, female genital mutilation had become a commodity (Walker and Parmar 1993).

Unfortunately, the Day One piece is not the only one of its kind. In an episode of Law and Order aired in 1997, the story line centered around the murder of a circumciser who had been brought to the United States to perform a circumcision on an Arab girl. At the end of the episode, the District Attorney refers to “the 3000 year old abomination” which they had encountered.
In addition to the many newspaper articles (see, for example, the numerous articles written by Celia Dugger in The New York Times), a newer genre of representation of FC/FGM has appeared in the form of autobiographies and fiction. In Desert Flower, model Waris Dirie describes her flight from Somalia and her new life as a supermodel and the United Nations Special Ambassador who fights for the eradication of FC/FGM practices. Dirie’s story is also chronicled in Reader’s Digest (June 1999). In Aman: the Story of a Somali Girl, anthropologists Barnes and Boddy write the narrative of Aman, who also left a tragic life behind in Somali. What is most interesting about these tales is that both girls were infibulated; Dirie became an ambassador to end FC/FGM, while Aman believes it to be a valuable practice in spite of a very grizzly account of her experience. Perhaps these stories, in spite of their sometimes sensational tone, will help contextualize the lives of girls from practicing cultures if only slightly.
CHAPTER FIVE

Conclusion

Relativism and rage is not just about two polarized perspectives about female circumcision and female genital mutilation. It is, to some extent, about the issue of being dichotomous and how that either divides us, as in certain popular culture representations, or ultimately propels us forward as we negotiate the dichotomy. This sort of negotiation is visible in Layli Miller's perspective about activism, and in the work conducted by advocacy organizations which are situated "here" but effectively work to help the Other among us or others elsewhere.

There remain anthropologists who see FC/FGM as an inappropriate topic for research among Western scholars or who see no room for any negative critiques of the practices. More representative, however, are anthropologists who see that it is no longer possible to avoid the issue of "change"
within our scholarship as we approach the study of FC/FGM differently and look at efforts to “change” the practices of FC/FGM. The recent texts by Shell-Duncan and Hernlund, James and Robertson, and Gruenbaum speak to the increasing textual space accorded this aspect of looking at the practices. Anthropology seems to no longer primarily focus on an interpretation of the practices, but has incorporated a significant part of its approach to evaluating efforts to eliminate FC/FGM practices.

Our legislative system has criminalized FC/FGM practices, even though it is conceivable that existing child protection laws would protected immigrant girls from practicing cultures. Whatever the case might have been, our new laws create an image of immigrants as being a threat to their children. In spite of the attention given these practices in the form of law creation, we have yet to protect “native” children from our own practices of routine male genital surgery and other genital surgeries aimed at intersexual children. In fact, we have careful crafted the discourse of our laws to avoid doing just this. Organizations which advocate for “our” children repeatedly
fail in their efforts to tap into the protections afforded immigrant children.

This speaks to a continued system of us/them within our own culture. We have created such a deficit image of immigrants that there have been reports that they have been stopped on the street and asked if they really mutilate their children. The fact that we are culturally defining them as more "other" really plays into power relations that continue to exist. How we are defining them is a reinforcement in general of how we define and relegate people. The producers of this cultural construction, after all, are those who already have a prominent voice among us, those who have the power to invoke such imagery: legislators and media. As a discipline, anthropology should look at change efforts among immigrants and people from practicing cultures, as well as the frustrated efforts among "us" to change our own ways.
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