

**COLONIZING BODIES: A FEMINIST SCIENCE STUDIES  
CRITIQUE OF ANTI-FGM DISCOURSE**

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(ABSTRACT)

The contentious topic of female circumcision brings together medical science, women's health activism, and national and international policy-making in pursuit of the common goal of protecting female bodies from harm. To date, most criticisms of female circumcision, practiced mainly in parts of Africa and Southwest Asia, have revolved around the dual issues of control of female bodies by a male-dominated social order and the health impacts surrounding the psychology of female sexuality and the functioning of female sex organs. As such, the recently-evolved campaign to eradicate female circumcision, alternatively termed "Female Genital Mutilation" (FGM), has formed into a discourse intertwining the politics of feminist activism with scientific knowledge and medical knowledge of the female body and sexuality. This project focuses on the ways in which this discourse constructs particular definitions of bodies and sexuality in a quest to generalize the practices of female circumcision as "harmful" and therefore dangerous.

Given that the discourse aimed at eradicating practices of female circumcision, referred to in this study as "anti-FGM discourse," focuses mostly on harm done to women's bodies, this project critiques the assumption of universalism regarding female bodies and sexuality that is explicitly/implicitly embedded in such discourse. By questioning such universals, I look at the ways in which different stories regarding bodies and sexuality can emerge at the gaps of the anti-FGM discourse regarding female circumcision practices. I.e., are there other possible avenues for envisioning bodies which

are subjugated and hence eliminated from the view by their rhetoric?

While the main assumption within anti-FGM discourse is that bodies and sexuality are naturally given and therefore universal, contemporary theories in STS and feminism have stressed that bodies and sexualities are figures of historical and political performances, and that knowledge about them is locally situated. These perspectives redirect the typical assumption of bodies and sexuality as simply “biological” to a view of bodies as products of cultural imagination. This project shows that such perspectives have profound implications for understanding female circumcision practices by allowing different body narratives to emerge in the gaps of already established “truths.”

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## **CHAPTER 1**

### **FEMALE BODIES AND ANTI-FGM DISCOURSE: AN INTRODUCTION**

As is so often the case, the debate concerning these women is less about the women themselves than about the appropriation of women as political symbols. In other words, it is about the use of women as ammunition in a polemic of central concern to their lives, but where the issue at stake is not the women's own interests but, rather, the consolidation of the powers of others to define those interests. (Winter 1994, 939)

#### **Introduction**

To enter the anti-FGM discourse is to immediately be drawn into a battlefield filled with many oppositions already in place: science/superstitions; medical knowledge/traditions; healthy bodies/unhealthy bodies; normal sexuality/abnormal sexuality; civilized/barbaric; modernity/backwardness; experts/non-experts; education/ignorance; Christian/pagan – and the list goes on. I argue that these oppositions are constructed in the language of power in that, through these oppositions, the anti-FGM discourse becomes itself an irrefutable center, or presence, that presents itself as independent of various historical and cultural mediations.

In fact, the anti-FGM discourse has emerged as a powerful discipline that rewards only those who embrace its views and punishes those who question them. For instance, a recent informal Internet poll by the BBC showed that 92% of respondents believed that female circumcision could not be justified (BBC News 1999). Comments regarding female circumcision included comparisons of female circumcision with slavery and human sacrifice, with numerous references to the “barbarism” and “horrific” nature of such practices (BBC News 1999). Dissenting opinions were dismissed or attacked as if they were the defenders of Nazis and slave holders. Needless to say, being a dissenter in this discourse is a risky proposition.

It is this power to create oppositions between all that is considered “normal,” and hence desirable, and what is considered “pathology,” and hence undesirable, as well as the power to mobilize allies with similar views, that has enabled the anti-FGM discourse generate its force in activist and policy settings, and to be successful in making us forget about its constructed nature. In this discursive setting, female circumcision becomes unquestionably harmful, with the only remaining issue to be explored is how, once and for all, can these damaging practices be eliminated. However, the center maintained in anti-FGM discourse is subject to contradictory meanings, images and practices that carry legacies of colonial representations of “Third World” societies as “savage” and “barbaric,” even while claiming to be pursuing their collective well-being -- a civilizing mission if ever there was one.

I focus partly on these persistent colonial meanings, images, and practices located inside and outside the panoptic space of anti-FGM discourse to help push the discussions about the practices of female circumcision in a new direction that is perhaps more mindful of the power relations that are already in place between those who set themselves up to do the rescuing and those who are supposedly being rescued.

As will be shown in chapter two, the colonial images that infuse the West’s understandings of the practices of female circumcision in general, as well as the anti-FGM discourse itself, are not new. Some date back to the earlier white, male travelers and explorers who reported such practices in their travel monographs and diaries. Later, these images would also come to be articulated in the very language of colonialism and imperialism as one of the reasons why Africa needed to be colonized. In fact, it is during this moment of high colonialism and imperialism that the practices of female circumcision, like many other cultural practices, would become heavily weighted upon whether they violated the colonizers’ notion of good Christian morals and values, progress, civilization and/or modernity. Motives of Western colonialism and imperialism were not subject to the same scrutiny, as Kenyatta (1965) explains in the case of Gikūyū of Kenya.

Recently, however, these same issues would reappear yet again, but with a new twist. As Kratz (1994) suggests, the practices of female circumcision now enter a new language of not only “women’s health and well-being” (articulated within the rhetoric of Western feminism), but also that of “universal oppression of women” or rather “universal male domination of women.”

Who now can argue against the most recent images of female circumcision with which we are bombarded, such as in the case of United States’ national media, that are conceptualized and normalized within powerful language of “torture” and “mutilation”? Surely, headlines such as “U.S. Frees African Fleeing Ritual Mutilation”; “Fleeing Mutilation, Fighting for Asylum”; “New Ground for Asylum: Threatened Female Genital Mutilation is Persecution”; “Fighting Female Mutilation”, and so forth recreate and reinforce this negative discursive imagery. Any different story besides the one told by such above headlines can only seem like lending support to the torturers and mutilators.

By using the term “Western feminist,” I am not trying to imply that the view from this part of the world is monolithic. Rather, as Mohanty (1991, p. 52) states, “I am attempting to draw attention to the similar effects of various textual strategies used by writers which codify Others as non-Western and hence themselves as (implicitly) Western.” In other words, the global divisions that allow a portrayal of “First” and “Third” Worlds has been internalized to the extent that Western feminists are self-identified as such, and the use of the term simply reflects that.

### **Constructing Africa as the “Land of Torture” and the West as the “Land of Freedom and Liberty”**

Such oppositions are clearly reflected in the anti-FGM discourse -- oppositions which define the West as civilized and Africa as barbarous and primitive -- not only through its unequivocal definition of female circumcision as a problem, but also in the ways it has determined what ought be the solution to such problems. For example, this opposition can also be seen in the relatively well-known case of a then seventeen-year-old Fauziya



Kasinga from Togo (West Africa), whose arrival at Newark International Airport in New Jersey in December 17, 1994 ended in *arrest* for traveling with a false passport (McCarthy 1996). Fearing that she would be deported, she pleaded for asylum claiming that if she was returned back to Togo that she would be forced to be “genitally mutilated” through a female circumcision ritual practiced in her country, and then be forced into an arranged polygynous marriage involving an older man (Dugger 1996). After Kasinga’s story failed to impress the immigration officers, she was confined into the INS detention center in Elizabeth, New Jersey. She was later moved to York County Prison in York, Pennsylvania, where in August of 1995, her claim for asylum was again denied by Judge Donald V. Ferlise of the Executive Office for Immigration Review (Dugger 1996).

Eventually, Kasinga was granted asylum on the grounds that due to her desire to avoid circumcision she would face persecution in Togo if she returned (Reuben 1996). Kasinga’s lawyers successfully argued, Dugger (1996) explains, that “an individual can be granted asylum based on a well-founded fear of persecution because of race, religion, nationality, political opinion or membership in a social group” (p. A1). In this case, Kasinga’s lawyer argued Kasinga to be “part of social group: young women of the Tchamba-Kunsuntu tribe who resist genital mutilation” (p. A1). After Kasinga was granted a political asylum in the United States, the practices of female circumcision thus “joined the previously accepted categories of persecution: race, nationality, religion, political views, and membership in a social group” (Gollaher, 2000, p. 188).

In the mean time, Kasinga’s case grew in popularity as radio, major newspapers, and television talk shows picked up the case, spurring a renewed discussion and policy action on the topic of female circumcision. This was especially the case after Kasinga’s story first came out in the *New York Times* in April, 1996 in which Rosenthal, a columnist, explained the practices of female circumcision as a “torture so hideous that most of humanity does not even want to think about it” (p. 2). As Gollaher (2000) notes, Rosenthal even had advice for the President with regards to how better solve the “problem” of female circumcision:

He called on President Bill Clinton to endorse a three-point plan, including designating \$100 million of the American foreign aid budget for local campaigns against ritual mutilation; giving more aid to countries that actively work to eradicate female genital mutilation ‘and less, or nothing’ to those that don’t; and making the issue a top priority for American delegations to the United Nations. (p. 188).

Rosenthal went on to say that it was the least the Americans can do in order to combat practices whose “short-term results include tetanus, septicemia, hemorrhages, cuts in the urethra, bladder, vaginal walls and anal sphincter. Long-term: chronic infection, massive scars that can hinder walking for life, fistula formation, hugely increased agony and danger during childbirth, and early deaths” (p. 2). Rosenthal, a newspaper columnist (not a doctor), claims this authority to speak about health implications, while also presenting a universalized, homogenized view of health effects.

In another headline regarding this case, “Fleeing Mutilation, Fighting for Asylum,” appearing in *Ms. Magazine* in the summer of 1996, McCarthy (1996) also reinforces the unquestioned image of female circumcision as part of the savagery that Western audiences expect from primitive, tradition-minded Africans:

Twenty-one months ago, 17-year-old Fausiya Kasinga fled her home in Togo to escape a ritual mutilation that has been inflicted on the women of her tribe for centuries. After being forced by her relatives to go through a marriage ceremony to a man more than twice her age, Kasinga was told that she would have to be ‘circumcised.’ She would be held down and her legs spread, while an elder woman of her tribe cut away her clitoris and the labia minora (the inner lips of the vulva), scraping them to the bone. Her lower body would then be bound tightly for 40 days while her wounds healed, after which time her new husband would be permitted to have sex with her. Female genital mutilation (FGM) is performed on about half of all Togolese women, partly as a way to control a woman’s sexuality upon marriage. (p.12)

The picture portrayed here evokes a comparison between female circumcision and gang rape. Uprooted from its social context, the imageries the author creates makes clear that no other redeeming images can compete with what is presented here as “mutilation,” or “assault” on females and their genitalia. Still, another *New York Times* headline that came out in April 1996 reads: *U. S Frees African Fleeing Ritual Mutilation*. Dugger (1996) writes:

Fauziya Kasinga, who sought sanctuary in the United States in 1994, saying she was escaping her African tribe’s custom of cutting off the genitals of young women, was released by Federal immigration authorities yesterday after more than a year of sometimes harsh confinement in a detention center in New Jersey and prisons in Pennsylvania. (p. 1)

Regarding her arrest and detention, Kasinga is quoted in the *Ms. Magazine* article as saying that “I heard that in the United States they protect people, but I came here asking for protection and I get punishment” (p. 13).<sup>1</sup> Upon her release, Kasinga is quoted in Dugger’s article, saying that “There’s nothing like freedom...I want to be happy, to start a new life,” and is reported to have said that “her dream is to go to college, get an apartment and car of her own and become an accountant” (p. A1).

Her case is presented in dichotomous terms between the superstition, tradition, primitivity of life in Togo where her body would be “tortured” to the land of liberty where female bodies are allowed to grow up free and unhindered by oppressive and dangerous cultural practices (never mind the prioritized cultural image of thinness viewed by many feminists as responsible for eating problems among America’s female youth, breast enlargement, smoking, etc.). Equally problematic is the image reinforced in Kasinga’s case that Africans’ primitivity is fully to blame for Africa’s problems, whether social or economic, and that a heavy dose of “civilization” will go far to bring Africa into

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There is an interesting irony here that while Kasinga herself, as well as the media, present America as the land of liberty, Kasinga was incarcerated for two years before her release.

the modern world.

In this sense, Kasinga's political asylum in the United States is sought on the grounds that, without the help of the enlightened West, she, like all other African women who come from societies which practice any form of female circumcision could not escape their culture's stricture that they be mutilated, hence perpetuating the same old colonial image that Africans are slaves to their cultural values, which offer no way out for those who wish to be free from them. Cultural complexities and heterogeneities are thus avoided entirely. Once that avoidance becomes normalized, is it any wonder that one is left with an impression that a renewed Western civilizing mission is necessary, since there seems to be no other way of eliminating these "horrendous" acts of "mutilation"? While the culture-bound (African) body is mutilated, the objective body (Western) is free and untouched.

Given that the media is so quick to present this familiar image of the oppression of "primitive" African tradition against the liberating freedom of life in the democratic West, one might wonder to what extent Kasinga cleverly played upon these colonialist images to help attain her stated "dreams" of a relatively affluent lifestyle that was not so attainable at home in Togo. After all, she did hop a plane to the wealthiest country in the world, rather than choose to take an alternative escape-route from "torture" to neighboring African countries where female circumcision is not practiced.

Strangely, given her tales of fear, in an interview on *Nightline* with Ted Koppel (in Walley 1997), Kasinga told him that "most young women in Togo are happy to have the procedure done and think it is something very great" (Walley 1997, p. 421). As Walley (1997) notes, such information could not even help to "dislodge the program's implicit assumption that these women are coerced and would gladly flee their own countries to escape such practices" (p. 421). Instead of portraying Kasinga as a woman resisting circumcision because she was raised in a relatively liberal family which perhaps taught her to disapprove of such practices, Walley notes that the media was fixated on what it saw as an example of coercion and oppression in African cultures and societies generally

(Walley 1997, p. 421).

### **Female Bodies, Feminism, Constructivism, and Postcolonialism**

This study draws upon analytical tools from contemporary feminist and science studies conceptions of bodies in an attempt to redirect the imagery presented in anti-FGM discourse. I also rely upon insights from postcolonial studies to understand the cultural assumptions underlying representations of female circumcision practices.

The anti-FGM discourse I critique tends to represent female bodies as universal, or “culture-free,” frequently referring to “normal” genitals in opposition to “mutilated” ones resulting from female circumcision. As such, female bodies are seen as easily separable from cultural context, viewed as corporeal (material) entities and nothing more, hence, as transcendental -- i.e., one female body can stand-in for any other. However, contemporary feminist views of bodies question the ability to ignore their cultural contexts. For example, Gatens argues that “human bodies are diverse and, even anatomically speaking, the selection of a particular image of the human body will be a selection from a continuum of difference” (Gatens, 1996, p.vii-viii). For that matter, many anatomical depictions which are supposed to represent the “human body,” according to Gatens, can be viewed as depictions of particular groups of people or individuals and not others. She urges us to abandon the question, “How is the body taken up in culture?” to a question more relevant to this study, “How does culture construct the body so that it is understood as a biological given?”

In this sense, the main question in my research is partly based on Gatens’ concern, which is, “whose body is allowed to stand for others?” By speaking generally about the “harmfulness” of female circumcision, we problematically imply that we know exactly how an “unharmful” body looks. In other words, if we are historical and cultural beings whose languages, as Gatens explains, are made up of stocks of “images and social practices,” and which “constitute an unconscious dimension of our cultural heritage,” then it would be possible to assume that the history, the images, and the social practices

that accompany such language will not everywhere be the same. Gatens' lesson is that we must learn to see the forms and functions of the body as a product of the ways in which each particular culture organizes, regulates and remakes itself, for better or for worse.

Constructivist perspectives in science, technology and medical studies have recently been raising similar concerns regarding the representation of human bodies, pointing out how the mind/body dualism implicit in medical conceptions of bodies typically ignores the necessary interconnection between body/mind, or nature/culture. Images of female bodies and sexuality that are presented in anti-FGM discourse are explicitly/implicitly based upon such a dualism. Institutions such as the American Medical Association, for example, explain that such practices are "medically unnecessary," and thus should be eradicated. However, by holding the body (nature) as separate from the culture (mind), this viewpoint pretends that culture plays no role in determining what "normality" entails regarding bodies and sexuality.

Thus, while the AMA admonishes members to refrain from participating in so-called "medically unnecessary" African female circumcision practices, even under the clinical conditions of a hospital setting, equally "unnecessary," through culturally acceptable (even expected), male circumcision and elective cosmetic surgeries are not included in the AMA directive. In many Western cultural settings a "normal" penis *is* a circumcised penis, while breast implants have now helped define the "ideal" female body. Even an enlarged clitoris is trimmed so as to appear "normal." We take our "culture/bodies" for granted while attempting to deny the same right to those already deemed as "primitives" who now must be rescued from their ignorance.

The presumption of "primitivity" in female circumcision practices brings us to the usefulness of postcolonial studies in deciphering such images. A number of texts, even some included in eradication efforts, have remarked on the colonialist assumptions built into the rhetoric aimed at eradicating female circumcision. For example, Nahid Toubia, a Sudanese physician who is a major figure in anti-FGM discourse, argues that while the

goals of protection of women and girls from harm is important, portrayals of circumcision have often generated understandable defensiveness among Africans due to the perpetuation of stereotypes:

It is unfortunate that FGM is also used to stir up the historical rivalry between the Euro/American, Christian culture and the Afro/Arab Muslim civilization.

Cultural slander and stereotyping only makes real change more difficult to achieve. Some Western media highlight the link between FGM and Islam and call the practice “primitive and barbaric. (Toubia 1993, 35)

It is not uncommon to see/hear terms such as “savage” or “barbaric” being used to describe female circumcision practices; or frequent discussion of the need to educate Africans to dispel their ignorance. And while some authors in this discourse do criticize such depictions of female circumcision (e.g., Accad 1993; Browning 1994; Gunning 1997; Toubia 1997), such critique takes place only in passing as a footnote or as some concluding remarks made in form of series of questions deciphered for future research (preferably as somebody else’s responsibility). This form of acknowledgment works to dismiss the importance of questions of discursive imperialism. The message there, it seems, is that such a concern is secondary and even a less relevant distraction from the pressing need to eradicate the horror of female circumcision.

As with other images painted in the West of “Third World” peoples and practices, one recalls Mudimbe’s (1994) observation that the continent of “Africa (as well as Asia and Europe) is represented in Western scholarship by “fantasies” and “constructs” made up by scholars and writers since Greek times. Such constructions have simplified cultural complexities and have made complex *the being* of these continents as objects” (p. xv). In this sense, the stories about the practices of female circumcision, which carry the legacies of such historical portrayals in travelogues, re-painted by the colonizers, continue to haunt today’s narration of Africa. In addition, the history of colonization has afforded the more powerful West the right to intervene in the lives of its Third World Others; a right which is not reciprocal. The West has acquired yet another chance to gaze at African women’s

genitals, if colonialism did not allow enough of that.

After all, it had been a while now since the buttocks of a South African woman, Sarah Bartman, had been sliced from her and displayed in a museum in Paris, France; part of the continuing eroticisation/eroticisation on the part of colonial European societies. Dawit (1994) noted a similar voyeurism in the making of a CNN news program where a young Egyptian girl's circumcised genitalia was displayed by video for ten minutes. Such voyeurism prompted Walley (1997) to write that 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 genitalia and sexuality of African women" (p. 423).

### **Significance of the Study**

While there have been a relatively small number of academic critiques of anti-FGM discourse in recent years (e.g., Babatunde 1998; Kenyatta 1959 [1938]; Kratz 1994; Walley 1997), none have focused on questions regarding the representation of bodies. While some critiques have focused on the colonialist aspects of this discourse, this study is unique in employing contemporary feminist and constructivist theory on bodies as a means of demonstrating problems of representation in anti-FGM discourse. In this sense, this study extends the critique of colonialist/imperialist legacies in representations of Third World settings to include itself among a growing number of works emphasizing bodies in the contexts of their difference, heterogeneity, and complexities. Finally, while some African critics, such as Babatunde (1998), Dawit (1994), Dawit and Mekuria (1993), Kenyatta (1965) and non-African critics such as Kratz (1994) and Walley (1997) have provided a critical approach to anti-FGM rhetoric, this study, while building upon such approaches, also draws upon my personal narrative with specifically Gikūyū form of female circumcision to help put anti-FGM discourse in a critical perspective.

I am aware that putting oneself in one's work, as Sharon Traweek (1992) explains, is a risky business. In some sense, it means that one's work might be seen as non-serious,



irrational, or non-objective. However, I will take that risk, and thus, as Trawweek states, “I am going to write some stories for you, and I will be in some of them; I want you to know how I came to learn about [them] and I want you to understand how the stories some [science studies feminists] write might be different from what you expect” (p.432). It is to one such personal narrative to which I now turn.

### **Framing Myself**

I approach this project from a marginal position of an African woman of Gikūyū ethnicity; an ethnic group which practices a specific form of female circumcision. As a member of this group, with the personal life practices of my rural life, I am “marked” several times. First, I am marked by the event of the circumcision itself. As a Gikūyū woman whose meanings of what it means to be “a woman” is directly conceived through the ritual of *irua ria atumia* (ceremonial activity that marks the becoming of a woman), it is not possible for me to endorse the unequivocally racist and deterministic view on female circumcision which dominates anti-FGM discourse.

Second, I am marked by the privileges which come with my new status as an educated African woman elite, currently living in the U.S. where I have easy access to the all textual materials used toward this project -- textual materials to which the represented Others typically do not have access (and so, for the most part are unaware of the stories of torture being told about them). And third, I am marked by the theories that have shaped my own imaginations as a feminist and as a postcolonial product -- now completing my doctoral requirements. All of these markings are important to me because it is from them that I owe my views and interpretations of the anti-FGM discourse.

I do not claim that my experience with circumcision makes my viewpoint more “authentic,” presenting a “better,” more accurate, account of what circumcision is like, or what it “really” means to be circumcised. Like any feminist story, I prefer to see mine as a story which is interested in offering another possible, yet serious, reading of female circumcision practices, with an acknowledgment that many will not embrace or agree

with such views.

I am reminded here of one incident that took place while I was presenting a paper on female circumcision at a conference organized for feminist graduate students at Virginia Tech. While I was waiting with some of the participants, the chair of my panel was called aside by a concerned feminist who was advised to ask me to consider withdrawing my presentation because some feminists were concerned that I was in favor of female circumcision; a view which was not welcome at that conference. I felt sad, silenced, and lonely in the midst of the other participants who at that moment appeared to me to be lucky for choosing uncontroversial topics. They hardly noticed how isolated and nervous I was with the exception of my panel's chair, who did everything possible to keep me company and to encourage me with kind words. My chair made it clear to me that I was going to be fine and that "we" will go through it together. We had to. After all, we both had read the manuscript that I was going to present prior to the conference, and we both expected that my presentation should count for something as well. So we thought. I was confident on that at least. In my mind, all I had to do then was to go there and convince them that I had something important about the practices to say as well. After all, I am circumcised, right? And after all, I happen to be, in that case, one of "victims" for whom the female circumcision eradicators were fighting, right? Still, in my mind, I was not going to alienate the concerned feminists by giving them any indication that the practices of female circumcisions may have other sides to them besides the catastrophic ones. Hell no! The thought itself scared me to death. I was going to choose my words carefully. I knew if I was going to employ the words "racism" or "imperialism," that I had better mobilize some of the most well known and prominent feminists and other authors who have employed these same terms and in exact the same manner. At that moment, who I was going to cite or make references to was no longer a question of an academic luxury, but of real necessity. I learned a painful lesson that day which I have carried ever since—as a writer from a margin. And it worked! My paper was heard and I even received few congratulations here and there afterwards. Two of the concerned

feminists even declared to me that they had come prepared to tear my whole thesis apart should it have been about privileging such “evil” practices. “Such evil practices,” I thought to myself. Here I don’t need to remind my readers that the reason why my presentation was heard and even congratulated was because it was reworked so as to reflect the views and the attitudes of the seemingly all powerful and silencing feminists at the conference. The construction of my narrative that differed markedly from such views and attitudes had to be sacrificed.

At that moment, I also remember thinking to myself—what right does one have to a different view in the presence of an audience that is already set to do the silencing should that view disrupts an already established normality? True. I have heard of the word “negotiate” before. How do one negotiate with such powers? Precisely, how does one do the negotiation in a partnership that is inherently unequal to begin with? These questions led me to another inescapable moment which was dying to be remembered. The day I got circumcised, *haiya!*<sup>2</sup> But my fractured memories swung me around and led me instead to what happened, months before that glorious day arrived (yes, I said “glorious”).

It was mango season and I had spent all day cleaning out the rotten mangoes that were scattered all over the outside of my house like, as we say, *ngoma ikomete* (sleeping ghosts) that forgot to wake up when the day light returned. There was something about this particular mango season that made me not want stay around and see all these creatures, some of them with sweeping bellies by now, return to wherever they all had come from. My sadness over my father’s refusal to grant me permission to get circumcised was too much to bear. Isolated from all my ‘age mate’ peers who were now circumcised, I felt miserable. From their heads to their toes, they wore a new “no non-sense” attitude that demanded the attention of most adults around. They were now allowed to join the more serious conversations about things like menstrual cycles,

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*Haiya* is a Gikũyũ exclamation which has a meaning similar to “my goodness!” or “wow!” in English.

pregnancy, household, and sexual fantasies, responsibilities and so on. Now they could talk to other adults without having to worry too much about the words they chose to employ, without having to worry too much about interrupting someone, and certainly, without having to worry too much about whether the suggestions or the decisions they made during these conversations were right or wrong. In fact, they were no longer required to ‘cover their ears’ with their hands whenever the adults wished to make sexual jokes with one another that children were not allowed to hear. They were now welcome to make such jokes, right up there with other adults. All the un-circumcised girls (Irigu) and boys (Ihii), seen as children, were now required to respect and to give up their seats to them when requested. More importantly, to me anyway, circumcision gives them the right to extend their sexual practices from homosexual to heterosexual zones.<sup>3</sup> And why not. They were now new women. That’s right. I was sixteen and still a child. In that part of Kenya, at least, trust me, getting circumcised was an attractive deal!

I know you are probably wondering, as I did too – “did the cutting of the tip of the clitoral hood do all that?” Yes it did. And I was now more than ever determined to find out exactly what that experience would be like, and no one was going to stand in my way -- not even my Christian parents. My plan, then, was to run away from home and get circumcised. That’s right. Contrary to popular imagery of anti-FGM discourse in which screaming girls are forced into a “tortuous” ritual by ignorant, tradition-minded mothers and fathers, my parents were set against their daughters’ circumcision. To put my decision in the terms of rational-choice theory, the benefits of being circumcised clearly

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Although in Gĩkũyũ language there are no words for heterosexuality, homosexuality, and bisexuality, it is commonly acknowledged by most Gĩkũyũ people that same sex sexual encounter does take place, as apart of growing up and especially for girls. In fact, when I was growing up, it was not uncommon to see a group of girls engaged in a sexual games that involved fondling each others’ breasts at school yards, during break periods and also at river sites where we went for water. A double standard was at work which seemed to prohibit boys from practicing the same thing to each other--thought that does not mean that boys did not engage in such encounter.

outweighed all the costs. I had to leave it all behind, my closest sister, mangoes, school, my catholic choir, my Mills and Boon novels, and my wonderful *maitu*.<sup>4</sup>

I was smart enough to understand that my parents cared a whole lot about my (Western) education and I knew that if I ran, ultimately my father might come around and allow me to get circumcised. And so I packed a few clothes and went to stay with my grandmother whose house was about twenty a minute walk. My grandmother did not sympathize whole lot with my crisis either, and in fact she was threatening to return me home from the moment I arrived. Her lack of sympathy is understandable given her ambiguous position with regards to female circumcision. Unlike most people in my village, my grandmother refused to embrace Christian values. At the same time, She was not naive about the changes that had taken place, due to colonialism, which lead to this ambiguity.

However, after realizing how determined I was about my decision, she feared what I might do next and allowed me to stay with her for one week, after which she was determined to return me home. A week was not even over before my sister came running to my grandmother's house with 'very good news' for me. "You can come home now," she said. "Father (*baba*) said you will get circumcised if that is what you want." Yes. That is exactly what I wanted and I got it. A victory -- such a liberating moment.

The day I got circumcised was a typical in every other respect for almost everyone else but me. Nothing seemed unusual even for my two older sisters who accompanied me in the four hour walk to the *Mūruithia* (circumciser). But then again, this was my brand new day, not theirs! As such, this day began when these two sisters of mine, Nyambura and Karulina, woke me at the stroke of dawn for a cold bath and to be dressed in a brand new dress that symbolized my new status of a new young woman. *Mūruithia*'s site was about two hours away from my house and upon the arrival, my two sisters and I were welcomed at the gate by a woman who was not so young and not a middle aged either, roughly mid

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*Maitū* means "mother."

thirties.

Later, I learned that Mũruithia was a registered nurse who runs her own clinic dealing with minor illnesses and cases that are not all that complicated or serious enough to require hospitalization: for in that part of the world, a hospital was miles and miles away. She greeted us with soothing smile and lead us to her small stone house, painted in white while all around the realm of its large glass windows was painted in blue—commonly favored colors in that part of the world. Both the main entrance and the back doors were painted in blue also. The circumcision room was situated next to the modestly decorated living room with a flowered sofa along with its two small side tables conveniently placed. At the middle of the wall behind the sofa hanged a large framed painting of an elderly woman, whom I later came to learn was one of the most important women in Gikũyũ history. Her name was Wairimũ wa Kinene. Many Gikũyũ men feared and despised her for her challenging role as a powerful ruler and a well respected medical healer. Her grand daughter, the Mũruithia now, became not only the guardian of her grandmother's heritage, but like her, she also chose the profession of medicine, though this time around, her training would come from both the Gikũyũ medical knowledge and the colonizers' missionary. That explained why she was in a nurse uniform, commonly worn in many missionary hospitals in many parts of Kenya.

The circumcision room was also modestly decorated and well equipped with all the necessary and affordable medical devises that one is likely to see in some rural small dispensaries: gallons of clean water, a small gasoline stove for boiling (sterilization) purposes, a large bottle of sterilizer, packs of band aids and bandages, etc., all visible through a revealing medium sized cabinet that was situated within the room, and of course, one medium size disposal bin.

The circumcision itself took place on a leather/vinyl chair with a supporting handle on each side, located right at the middle of the room, and Mũruithia sat on a lower stool right in front of the high chair. Before she performed the operation she asked what my name was and commented on the fact that her grandmother's name was Wairimũ too and went

ob to ask me whether I knew who Wairimũ wa Kinene was. She laughed at my pathetic answer which was, “sort of,” and then preceded to give me some detailed remarks about her. The performance itself took place less than ten seconds and while she was applying the medicine and wrapping me with a bandage, she very calmly explained to me that the marking that just took place symbolizes the meaning and value that from then on I had become a woman among other Gĩkũyũ women. My two sisters who were waiting outside smiled at me as I worked towards them and I knew then that I have become a member of their circle and their smile was a welcoming gesture. In this sense, I became circumcised. I became circumcised. I became a woman. I was now a full member of my “age set,” from which I was previously denied the pleasures and benefits of belonging. That process opened so many doors for other ‘becomings’ that might not have seem possible otherwise, from that part of the world I lived at the time, where biological explanations of things is virtually never an option. We even have a social narrative of why the sky is blue and why the clouds never seem to be able to unite -- themselves as constructs of Gĩkũyũ folklore. In this sense, things are rarely “given” in that part of my world. Things and people “become.”

### **Listening to the Other**

Hopefully, what my story conveys is that there are other ways of looking at the female circumcision issue which go beyond colonialist stories of abuse, torture, and primitivity. What I hope, at least partly, to accomplish through this project is to promote a sense of (a new) dialogue which I find seriously lacking or closed-off by current anti-FGM discourse which often presumes a universal experience and perception among women -- not to mention the universalization of the notion of “woman” itself. Indeed, the writings from margins, and in particular those of postcolonial feminists, such as Chandra Mohanty, Trinh Minh-ha, Gayatri Spivak, Buchi Emecheta, Francoise Lionnet, among others, have taught us that beyond our desire to figure out and maintain what “women” have in “common,” the question of “difference” is something that we must learn how to address

seriously. That is, as Lionnet (1995) suggests, even as we extend our hands for a “common theoretical and ethical ground from which to argue for political solidarity” (p. 3) with other women everywhere, we must learn how to do so “without objectifying the ‘other’ woman, or subsuming collective goals under the banner of sameness” (p. 3).

In fact, I would like to extend Lionnet’s point and suggest that there may never be a time when a “common theoretical and ethical ground” will be found that exists beyond the epistemic violence that marks the inequalities among women. Gayatri Spivak (1981) addresses this concern with equal eloquence: “However unfeasible and inefficient it may sound, I see no way to avoid insisting that there is a simultaneous other focus: not merely who am I ? But who is the other woman? How am I naming her? How does she name me?” (P. 179). And, to that, Lionnet (1995) goes further to add,

How does she name herself in her own narratives? How does she find meaning in her own experiences, and how does she understand the role of language in her effort to name these experiences? How is she constructed by the paratextual apparatus that accompanies the marketing of her book and that may well contradict this self-naming? Finally, how does she articulate her relationship to a global system (of knowledge, of representation, of capital) within which her narratives are inevitably inscribed, yet not fully contained? (p. 3)

These narratives, as Lionnet (1995) explains, can be an important site from which our understandings can emerge regarding the ways in which structures of power constitute and regulate (women) “others.” In other words, women whose everyday life practices are culturally situated at the margins have given us unique insights into how they survive and negotiate with structures of power, but also more importantly, how they resist such structures in the best ways they know how. In this sense, they seem to be saying to us – indeed, as my own mother once told me – “Please! Before you go naming me and all my troubles, just know that I also have a say in that!” I interpret my mother’s statement as meaning that she is not a passive victim, and that if I care enough to listen, I might just learn that I am also implicated in her troubles. In this sense, before I go naming my



mother and all her problems, I need to reflect on ways in which I contribute to them.

Indeed, to be culturally and politically situated at the margins does not necessarily mean that one lacks awareness of what comes with such positionings. In fact, to be marginally situated might also mean that one lives at what Renato Rosaldo (1989) refers to as "border zones" of culture. In border zones, as Lionnet (1995) explains, "all our academic preconceptions about cultural linguistic, or stylistic norms, are consistently being put to the test by creative practices that make visible and set off the processes of adaptation, appropriation, and contestation governing the construction of identity in colonial and postcolonial contexts" (p. 6). Women in border zones are indeed articulated and constituted in very many different ways. In this case it follows that women of the border zones are heterogeneously organized. In this similar fashion, women who perform practices of female circumcision are also heterogeneously organized. Their stories are not the same and most of all, how they negotiate and resist such practices deserves to be acknowledged and taken seriously. Unfortunately, it appears to me that the anti-FGM movement, which aims to eradicate such practices, typically does not take that point into consideration.

### **Overview of the Chapters**

While this study is focused on theories of bodies as applied to representations of female circumcision, the next chapter in this study describes the emergence of anti-FGM discourse. Chapter three presents in more detail the ways in which feminist, constructivist, deconstructivist, and postcolonial concepts help to frame my views on the representation of African women's bodies in anti-FGM discourse. Chapter four presents an analysis of colonialist images which support this discourse, while chapter five presents aspects of female circumcision which are hidden from view in this discourse. Chapter six focuses on the contemporary critique of body(nature)/culture (mind) dichotomous assumptions held in anti-FGM discourse. Chapter seven is conclusion of the project.

## **CHAPTER TWO**

### **THE EMERGENCE OF ANTI-FGM DISCOURSE**

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#### The Human Right to Health

The mutilation of the genital organs of the female body for any reason whatsoever is a fundamental offense against the human rights of all women in general and specifically against the female children and women who are mutilated... The right to health is a basic human right that cannot be abridged.

(WIN News 1976, in Hosken 1980, 26)

#### **Introduction**

In this chapter I provide an overview of the emergence of anti-FGM discourse through time. After a general discussion of female circumcision and the reasons why participants in anti-FGM discourse react so negatively to these practices, I will track depictions of female circumcision from those of early traveler narratives, through colonialist missionary and other writings, and into contemporary feminist and international women's health and human rights concerns. My argument in this chapter is that female circumcision practices appear to have once been viewed ambivalently, even though imperialistically, in the West. However, that ambivalence had given way by the late 20th century to a wholesale rejection and vilification of female circumcision, mainly due to the efforts of feminist and women's health activists.

#### **Defining Female Circumcision**

The American Medical Association (AMA) defines FGM as "the unnecessary modification of female genitalia...generally part of a ceremonial induction into adult society" (AMA 1995, 1714). WHO (1997) defines the practices as "all procedures involving partial or total removal of the external genitalia or other injury to the female genital organs whether for culture or other non-therapeutical reasons" (p. 1). More

broadly and less focused on the physical surgery itself, Kratz states that “what is called female circumcision is part of numerous and diverse cultural practices and ceremonies, each differently embedded in specific institutional and social structures” (Kratz 1994, 346). Under such context, to understand what the practices of female circumcision entail, Kratz (1994) suggests that one must look at each particular culture, separately, since they don’t all practice the same operation, or for the same reasons.

In the most widely cited estimate, the World Health Organization (WHO) suggests that there are between 80 and 115 million women worldwide who have been circumcised, and that 2 million are added to the total each year (WHO et al. 1997). Within its original contexts, female circumcision is practiced in various cultures from the Persian Gulf region and the Middle East, and in the Northern, Eastern, and Western Parts of Africa, though migration has brought such practices in small numbers to other places as well (Kouba and Muasher 1985). Such migrations have resulted in legal cases involving female circumcision in places like the USA, France, and UK which have led to policy action against such practices and has raised general awareness of the female circumcision issue in countries of the west (e.g., Burstyn 1995).

Authors typically identify three major forms of female circumcision: sunna, clitoridectomy, and infibulation (also known as Pharaonic Circumcision). As characterized by Hosken (1993), sunna circumcision, the mildest form, involves the “removal of the prepuce and the tip of the clitoris” (p. 33). Clitoridectomy is defined by Hosken as the “removal of the clitoris and also often adjacent parts including the labia minora and sometimes all the exterior genitalia” (p. 33). As is the case with Sunna, there are multiple forms of clitoridectomy described by Hosken. The third form, Infibulation is defined by Hosken as the “removal of the clitoris and labia minora as well as parts of the labia majora” (p. 33). According to Hosken, “the two sides of the vulva are closed over the vagina. This is done by fastening together the bleeding sides of the labia majora with thorns or catgut or some sticky paste. A small opening is created by inserting a splinter of wood to allow for elimination of urine and later menstrual blood. Legs of the children are

then tied together, immobilizing her for several weeks until the wound is healed” (p. 33). Current research shows that infibulation is practiced only among some Somalian, Ethiopian, and among some Sudanese peoples (Barnes-Dean 1985; Toubia 1993).

Toubia (1993) suggests that infibulation represents about 15% of all circumcisions practiced upon women while sunna and clitoridectomies account for the remaining 85% of such surgeries. While the milder forms of circumcision are overwhelmingly more prevalent, most international attention and outrage is focused upon the more severe infibulation practices. Infibulation is practiced mainly in Sudan, Somalia, and Djibouti comprising 80-90% of circumcision operations on females (Toubia 1993).

### **Reasons Provided For Female Circumcision Practices**

The origins of female circumcision are unclear (Hosken 1993; Barnes-Dean 1985) and undoubtedly vary by social and historical circumstances. As Gollaher (2000) explains, “Ritual cutting of females is perhaps as old as male circumcision and its origins and early meanings are equally cryptic” (p. 195). Even as “early as in the first century A.D., the Greek historian Strabo found evidence that the ancient Egyptians circumcised females as well as males “ (p. 195). Where such operations on females are practiced today, very often they are associated with rites of passage, but may be extended to a range of reasons in various societies, as described by Barnes-Dean (1985, 27):

Tradition, religion, cleanliness and beauty (uncircumcised genitalia were described as ugly and dirty), better marriage prospects, greater pleasure for the husband, preservation of virginity/prevention of immorality, and increased fertility.

From the viewpoints expressed in anti-FGM discourse, one of the most commonly-stated underlying reasons for female circumcision is men’s desire to control or to suppress/oppress women; their sexuality and their bodies. For example, the AMA (1995) claims that “clitoridectomy and infibulation have also been characterized by social activists as a product of male sexual domination by curbing women’s sexual desires”

(p.1715). Reuben (1996, p. 14) states that “the purpose is to subject women, to repress them, to make them marriageable.” Sandomsham (cited by Reuben, 1996, p. 14), suggests that “it is used to deny women independence.” According to Sillah (1996), “Other obvious functions of female circumcision include control of female sexuality and marital chastity“ (p. 52).

Others, like Armstrong (1991) and Winter (1994), claim that the practices of female circumcision takes place because of the mothers’ desire to inflict upon their daughters the same pain that they themselves went through. In this sense Armstrong (1991, p.44) goes on to suggest that one woman in Egypt “admitted in interviews that they subjected their daughters to the same painful fate as themselves out of spite.” This attitude, called “mothers’ revenge” by Weil-Curiel, is described by Winter (1994):

Weil-Curiel has put forward the argument that the mothers take some sort of revenge for their own suffering by inflicting the same thing on their daughters, saying to themselves, “well, I had to go through this; why should you my daughters be spared? (p.965).

An explanation for the persistence of female circumcision despite harmful effects on bodies is that practitioners are perceived as ignorant of “biology” and their “reproductive anatomy.” For example, the AMA (1995) states that “many women who have undergone the procedures are not fully aware of their own reproductive anatomy” (p.1715). Burstyn (1995), describing circumcision among immigrants to the United States, argued that “many of the immigrants’ mothers who are making these decisions about their daughters know little or nothing about their own anatomy” (p.30), and that “these women and their husbands come to the United States filled with misinformation, and remain blindly dedicated to continuing this torturous tradition” (p.30).

“Myths” and “misconceptions,” and “ignorance to biological and medical facts” are treated virtually by all authors in anti-FGM discourse as fundamental reasons why such practices persist. Anti-FGM discourse also presents such practices as based on “underdevelopment” and lack of “proper education.” According to Amstrong (1991),

the practices of female circumcision are “still deeply rooted in underdevelopment and the low status of women” (p.44). Similarly, the AMA (1995, p. 1714) agreed with WHO’s (1992) statement that “female circumcision is significantly associated with poverty, illiteracy and low status of women, with communities in which people face hunger, ill health, overwork, and lack of clean water” (p.4). As such, it is not surprising that the term “education” has become a powerful rhetorical tool in the politics of eradication. And in this sense, those who “know better” are called upon to liberate those who are doomed by their poverty, oppression, and ignorance (see Mohanty 1991).

In a more reflexive tone, however, Barnes-Dean (1985) cautions that similar “harmful” practices in the U.S., such as male circumcision and cigarette smoking, have not been eliminated despite of widely held discussion about health consequences. Thus, simply appealing to education without understanding the complex factors which lead to its persistence will not suffice in efforts at eradication (Barnes-Dean 1985).

### **Reaction to Horrific Images of FGM**

As already stated, female circumcision is typically depicted as an example of the continued universal oppression of women worldwide, and especially in the Third World, as well as being a sign for the persistent “tradition-mindedness” there as opposed to the modernity of the West (e.g., Hosken 1993). Female circumcision is frequently presented alongside other such signs including Sati (widow burning) in India, foot-binding in China, purdah and veiling in Islam, and machismo in Latin America as an example of such global oppression. While female circumcision is presented as a cultural rite of passage, it is more importantly presented as practices designed to “mutilate,” “torture,” and “oppress” women.

The movement organized in the West to eradicate female circumcision is based upon reactions of horror in the face of female circumcision practices. My intent is not to simply dismiss such reactions as completely baseless -- in fact, even women in parts of Africa where circumcision on females is not practiced express similar negative reactions.

Also, within Africa itself, some of the more vocal critics of female circumcision are female physicians from Sudan and Somalia (e.g., El Dareer 1982; Abdalla 1982; Toubia 1993). My critique is with the assumptions underlying the discourse regarding the persistent image of African as the civilizational Other of the West -- written as primitive and ignorant, and badly in need of education from their “socially-evolved” Western sistren and brethren.

While studies which report actual impacts of female circumcision are few in number (Arbesman et al 1993), a number of physical problems have been associated with the more severe forms of female circumcision, particularly infibulation (see, for example, Queensland Law Reform Commission 1994; Toubia 1993; Hosken 1993). The authors of a joint WHO/UNICEF/UNFPA statement (WHO et al. 1997) suggest that immediate complications include “severe pain, haemorrhage, tetanus or sepsis, urine retention, ulceration of the genital region and injury to adjacent tissue (WHO et al. 1997, 7), and in recent years there is even an HIV risk. Long-term risks include “cysts and abscesses, keloid scar formation, damage to the urethra resulting in urinary incontinence, dysparemia (painful sexual intercourse) and sexual dysfunction. Infibulation can cause severe scar formation, difficulty in urinating and during menstruation, recurrent bladder and urinary tract infection and infertility” (WHO et al. 1997, 7). Psychological impacts are said to include “feelings of incompleteness, anxiety, depression, chronic irritability and frigidity” (WHO et al. 1997, 8).

### **The Emergence of Anti-FGM Discourse**

One of the main arguments of this entire study is that the rhetorical/textual means by which anti-FGM discourse characterizes the causes and consequences of female genital surgeries owes its fundamental assumptions to colonialist characterizations of Third World peoples and places. Such peoples, as the “non-West,” are viewed as subordinate and backward, affording the right of interventionism to correct such civilizational aberrations as a matter of course. While early European travelers, explorers, and

missionaries “spent energy painstakingly ranking different cultures in terms of their relative levels of development (Boehmer 1995, p. 85), the assumptions of superiority/inferiority persist in both direct and indirect forms to this day.

In this section, I trace some of the images of female circumcision in the West from earlier accounts of European travelers and church officials, through more contemporary periods. My argument here is that while early images certainly expressed the colonial “gaze” on “primitive” African behavior, there is also in some important cases an attempt to accept female circumcision, or at least to provide a more positively-expressed rationale, which disappears in late twentieth century anti-FGM discourse. Thus, for example, while many Western medical practitioners had once embraced female circumcision as even desirable, contemporary medical discourse presents female circumcision as a dangerous affront to women’s health and to fundamental human rights.

#### Early Explorer/Traveler Images of Female Circumcision

European travel narratives in earlier centuries are well-known for their sensationalist accounts of foreign cultures (Lindqvist 1992). Early depictions of female circumcision are no exception. It is safe to say then that these early explorers and travelers did not necessarily set out to understand the different cultural backgrounds and meanings behind these practices, or to listen to the practitioners points of view. Their task, rather, was to report on what they thought they already knew -- “natives” had been pre-defined as savage and barbaric, dwelling in the “refused places” described by Mudimbe (1994). These explorers and travelers basically worked to confirm, reinforce, and even enhance the already established Western mentalities on “primitive” cultures “by attaching to that environment recognizable narratives and metaphoric patterns” (Boehmer 1995, p. 92).

Gollaher (2000) outlines a number of such accounts regarding female circumcision. For example, in the seventeenth century, one German explorer in Africa horrified his readers with the following:

The girls also have their special circumcision; for when they reached their tenth or



eleventh year, they insert a stick, to which they have attached ants, into their genitories, to bite away the flesh. Indeed, in order that all the more be bitten away, they sometimes add fresh ants. (p. 190)

However, such early accounts did not always depict body alterations in such sensationalistic terms, and some (as we will soon see) even defended the necessity of these practices.

Early debates over the reasons for and relative merits/demerits of female circumcision generated mixed reactions. In the hey day of high Victorianism, a British explorer, Sir Richard Burton (1885, 279) wrote: “This rite is supposed by Muslims to have been invented by Sarah, who so mutilated Hagar for jealousy and was afterwards ordered by Allah to have herself circumcised at the same time as Abraham” (p. 279). According to Gollaher (2000), Burton took the practices of both female circumcision and male circumcision to be aimed at controlling sexual urges; such surgeries would affect “the sensitivities of the genitories by reducing it equally in both sexes” (p. 279). Similarly, according to Frees (1989), during the fourth century a scholar, St Ambrosius of Milan, had written that “The Egyptians circumcise their males at their fourteenth year, and the women are said to be circumcised the same year because from that time the passion of sex begins to burn and monthly period of woman begins” (quoted in Gollaher 2000, p. 196).

While there was some agreement in speculation among these explorers and travelers as to the meanings and reasons for female circumcision, some claimed, as did one early Danish traveler (Carten Niebuhr), that the motive was cleanliness -- “that thereafter the women may be able the more conveniently to wash themselves” (Gollaher 2000, 196). Others suggested that “the reasons must have been cosmetic, because, it seemed, so many African women has unusually large clitoral or labial bulges” (Gollaher 2000, 196). In fact, “one scholar who traveled widely in Africa maintained that the sultry climate caused deformities of the female organs that rendered circumcision medically necessary” (Gollaher 2000, 196).

An unlikely source of support for female circumcision came from the Catholic Church in sixteenth century Ethiopia, “when Catholic missionaries in Ethiopia sought to ban the practice among their converts as a throwback to paganism” (Gollaher 2000, 196). They soon realized that as a result of the policy “uncircumcised Christian women were considered unmarriagable” (Gollaher 2000, 196), which created some serious concerns for these missionaries. “But the problem was solved after a surgeon sent from Rome as a consultant concluded that the peculiarly large clitoris and labia of Ethiopian women were aberrant, provoking a natural aversion in men, and thus appropriate objects of surgical revision” (Gollaher 2000, 196-97; see also Bryk 1934, 286-87).<sup>5</sup> This event is just one in a history of (ambivalent) Western rationalization in support of female circumcision which effectively ended only during the twentieth century (AMA 1995).

This sixteenth century medical rationale employed by the western Catholic missionaries in Ethiopia marks a beginning of two important simplifications that later came to play a major role in anti-FGM discourse. On the one hand, it created a medical rationalization which widely came to be employed by Western doctors, and even by practitioners of female circumcision themselves, which presented female circumcision as acceptable and even medically necessary. In a recent example, “a website maintained by the Muslim Student’s Association at the University of Houston in 1999 held that female circumcision performed in accordance with Muslim law continued to be [medically] desirable” (Gollaher 2000, 199), in that operated correctly, it provides “substantial health and psychological benefits” to women. That is because, as the website claimed, “women in warm climates, for instance, ‘may require circumcision since the hood of the clitoris may grow so large as to prevent sexual intercourse, or it may increase her desire when her clothes rub against it’” (Gollaher 2000, 199).

Second, such perspectives reinforced an “Otherization” associated with Western

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As we will see in chapter 6, an opposite image of a “normal,” as opposed to an aberrant or deformed body, is central to arguments for eradication in anti-FGM discourse.

attitudes towards African sexuality, viewed as promiscuous, and which portrays Africans' genitalia as wild, untamed, abnormal, and deformed and in need of correction or improvement to compare with those of more "civilized" Europeans. In fact, such racist mentalities constructed by the whites themselves would become the root of an commonly-held current understanding that "the operation was performed only to lessen the extraordinarily active sexual instinct of women among the African tribes" (Gollaher 2000, 196).

The notion of medical desirability with regards to the practices of female circumcision as a means to equalize sexual desire between men and women or to "normalize" female genitalia is rejected by contemporary anti-FGM discourse. However, the tendency to express views on female circumcision in universalized and culturally-decontextualized terms is common to both earlier and contemporary views. From the beginning of the debates about the practices of female circumcision, we see little attempt at cultural differentiation in these early accounts. The ambivalent images constructed would become appropriated later during the colonial/missionary era when such issues became a matter of concern since they conflicted markedly with Christian values and morals. At the same time, some missionaries were tolerant of circumcision because of the perceived impact of curbing female sexual desire (Toubia 1993). Also, at the very moment when the practices of female circumcision were viewed as a problem by some, such practices would become adopted as an acceptable medical practice in the West, particularly in the United Kingdom and United States. Gollaher (2000) writes:

Before the turn of the century, Anglo-American physicians developed a variety of surgeries on female genitalia...During the Victorian period, a London surgeon named Isaac Baker Brown made a name for himself by excising the clitorises of women whose husbands thought them oversexed. And though he was drummed out of the Obstetrical Society of London for being too aggressive with the scalpel, Brown's practices and others like it thrived in the United States (p. 201).

Many American surgeons took these surgeries to heart, according to Gollaher (2000).

In the *Journal of the American Medical Association*, Kistler (1910), for instance, declared that “many women need circumcision” (p. 1782). Others, such as W. G. Rathmann (1959) went on to provide the grounds under which clitoral operations were necessary, suggesting that such practices have been accepted in other cultures for centuries.

In the twentieth century, however, support for female circumcision waned in the West. However, as Gollaher (2000) argues, “Through the 1950s, while aggressive surgeries like Baker’s and Battey’s ‘normal ovariectomy’ fell by the wayside, surgeons continued to regard the clitoris with suspicion” (p. 201), while continuing to justify why women needed such operations. Gollaher (2000) writes:

Borrowing terminology that had been used for nearly a century to describe problems of the male prepuce, Rathmann declared, ‘The two common problems that make the highly sensitive area of the clitoris unable to be stimulated are phimosis and redundancy.’ Others held more extreme views. ‘A clitoris is not necessary for normal sexual function,’ insisted a team of surgeons at a leading New York medical center in 1966 in their introduction to punctilious guide to resecting it down to the root. (p. 202)

Positive interest in female circumcision even persisted into the 1960s and 1970s as part of the “sexual revolution.” Gollaher (2000) states that “strangely enough, in the 1960s and 1970s surgery on the clitoris [in the West] underwent a revival, though for precisely the opposite reasons it had formerly been applied” (p. 202). A popular magazine, *Playgirl* (1973), published an article entitled “Circumcision for Women: The Kindest Cut of All,” in which the author suggested circumcision as a way to improve women’s sexual pleasure. According to Gollaher,

the story blazoned a practice endorsed by a number of physicians and enthusiastically touted by patients: the surgical peeling of part or the entire ‘foreskin’ of the clitoris (the layers of tissue that hood the organ). Removing this excess skin, they claimed, made the clitoris more accessible to stimulation and thus heightened sexual response in women. (Gollaher 2000, p. 202)

Curiously, I recall these same arguments being made by Gĩkũyũ women in my village as one of the benefits of being circumcised as a female.

### Colonialist and Missionary Views on Female Circumcision:

#### The Case of Kenya's Gĩkũyũ

Obviously, the colonial images of female circumcision were not positive. In fact, the British colonial government banned infibulation (without success) in the Sudan in 1945 (Barnes-Dean, 1985; Queensland Law Reform Commission 1994). The “civilizing mission” of European colonial rule meant transformation of perceived “primitive” ways of life to more “civilized” ones. Religion often led the way in such efforts. In one text written for the Church Missionary Society, Cole (1959), a missionary at St. Paul's United Theological College, Limuru, Kenya, attested to such a factor when he writes:

Thus from the earliest days of modern European penetration into Kenya, the land and its people have been claimed for God, and the Church Missionary Society has been foremost in the establishment of the Church, bringing to its inhabitants the message of the wholeness of the Gospel, for man's body, for his mind and for his soul. (p. 2)

In this setting, Cole (1959) reminds us that “Dr. Krapt<sup>6</sup> with his fellow workers of the Church Missionary Society [CMS], the Rev. John Rebmann and the Rev. J. J. Erhardt, made their exploratory journeys not merely for the sake of geographical discovery but also in order that the work of spreading the Gospel might be furthered” (p. 1). And so it happens that “in the early days of European colonization,” as Kenyatta explains, “white men, especially missionaries, landed in Africa with preconceived ideas of what they would find there and how they would deal with the situation” (p. 259). With regards to religion, Kenyatta explains:

the African was regarded as a clean slate on which anything could be written. He

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<sup>6</sup>

Supposedly the first missionary to arrive and work in Kenya.

was supposed to take wholeheartedly all religious dogmas of the white man and keep them sacred and unchallenged, no matter how alien to the African mode of life. The Europeans based their assumption on the conviction that everything that the African did or thought was evil. The missionaries endeavoured to rescue the deprived souls of the Africans from the “eternal fire;” they set out to uproot the African, body and soul, from his old customs and beliefs, put him in a class by himself, with all his tribal traditions shattered and his institutions trampled upon. The African, after having been detached from his family and tribe, was expected to follow the white man’s religion without questioning whether it was suited for his condition of life or not. (p. 260)

This policy of “civilizing and uplifting poor savages,” according to Kenyatta (1959 [1938]) has been from the beginning “based on pre-conceived ideas that the African cultures are primitive, and as such, belong to the past and can only be looked upon as antiquarian relics fit only for museums” (p. 120). Thus, education, which CMS saw as “one of the most important factors in the transition” of the people “from the older, more primitive ways to the new,” was introduced “to the Africans by the Christian missionary agencies, CMS always being foremost in this vital work” (p. 35, 39).

Kratz (1994) notes that “in Kenya, for instance, debates about circumcision began as soon as missionaries arrived, and were framed within the question of whether (and which) local customs violated standards of Christian behaviour and had to be condemned and eliminated” (p. 342). In the context of Kenya’s Gikūyū, Kratz (1994) continues, “female circumcision became the center of controversy in Kikuyu areas in the 1920s and 1930s. Kenyatta (1959 [1938]) explains that the practices of female circumcision among the Gikūyū “has been strongly attacked by a number of influential European agencies -- missionary, sentimental pro-African government, educational and medical authorities” (p. 125). For years, Kenyatta (1959 [1938]) continues,

there has been much criticism and agitation against *irua* [circumcision] of girls by certain misinformed missionary societies in East Africa, who see only the surgical

side of the *irua*, and, without investigating the psychological importance attached to this custom by the Kikuyu, these missionaries draw their conclusion that the *irua* of girls is nothing but a barbarous practice and, as such, should be abolished by law. (p. 130)

On the other hand, Kenyatta explains that “the [practitioners] look upon these religious fanatics with great suspicion. The overwhelming majority of them believe that it is the secret aim of those who attack this centuries-old custom to disintegrate their social order and thereby hasten their Europeanisation” (p. 130). These people had every reason to believe that. From every direction, they were surrounded by the brutality of white colonization which treated them little better than animals who must be tamed through Europeanization (Maloba 1993; Edgerton 1989).

Under the new militant missionaries, many cultural practices, including female circumcision, were condemned as immoral. However, as Edgerton (1989) explains, “for reasons that remain [unclear], the church did not object to the Kikuyu practices of circumcising teen-aged boys, but it regarded the circumcision of adolescent girls as barbaric” (p. 40). As Cole (1959) testifies here with regard to female circumcision (*irua*):

The most important rite among the Kikuyu was (and still is) that of initiation. The sign of initiation for both sexes is circumcision, in girls that which is known medically as clitoridectomy. Boys are usually initiated between the ages of 15 and 18 years, girls between 10 and 15 years. Their physical operation is the same in all areas although the rites vary quite considerably from place to place. In every case, however, the ceremonies are accompanied by dancing and immorality. After the ceremony the initiates are allowed to wander around the countryside for several months singing and dancing. During this time they are given instruction in matters relating to the tribe, to fighting and to sex. As we shall see later the church was compelled to denounce the immoral practice [*ngwĩko*] which accompanied initiation together with female circumcision as injurious to the body

and degrading to the soul. On the other hand, until recent years the Church has done nothing to replace the sex instruction which was given at initiation. (p. 16)

Kenyatta, from an insider's viewpoint, explains the importance of *irua* to Gĩkũyũ society as “very important to people because, among other things, it is a “deciding factor in giving a boy or girl the status of manhood or womanhood in the community” (p. 128). It marks not only one's positioning within the local and larger social organization, but it marks the history of the Gĩkũyũ people, as explained in the following:

The *irua* marks the commencement of participation in various governing groups in the tribal administration, because in various governing groups in the tribal administration, because the real age-groups begin from the day of the physical operation. The history and legends of the people are explained and remembered according to the names given to various age-groups at the time of the initiation ceremony. For example, if a devastating famine occurred at the time of the initiation, that particular *irua* group would be known as “famine” (*ng'aragu*). In the same way, they have been able to record the historical moment when the European introduced a number of maladies such as syphilis into country, for those initiated at the time when this disease first showed itself are called *gatego*, i.e., syphilis. Historical events are recorded and remembered [in the bodies] in the same manner. Without this custom a tribe which had no written records would not have been able to keep a record of important events and happenings in the life of the nation. (p. 129-130)

In this sense the Gĩkũyũ, then and today, see the initiation of both male and female circumcision as an essential aspect “of an institution which has enormous educational, social, moral, and religious implications, quite apart from the operation itself” (Kenyatta 1959 [1938], 128). For that matter “it is important to note that the moral code of the tribe is bound up with this custom and that it symbolizes the unification of the whole tribal organization” (Kenyatta 1959 [1938], 129).

As a result of the centrality of circumcision to Gĩkũyũ society, such condemnation was



not successful, to the dismay of the missionaries (Edgerton 1989; Kenyatta 1959 [1938]; Kratz 1994; Maloba 1993). For example, as Kenyatta explains, “in 1929, after several attempts to break down the custom, the Church of Scotland mission issued an order demanding that all their followers and those who wish their children to attend schools should pledge themselves that they will not in any way adhere to or support this custom, and that they will not let their children undergo the initiation rite” (p. 125).

This demand, however, created a great divide between the missionaries and the Gĩkũyũ people which came to be later known as the “the female circumcision controversy” in Kenya. Many educated elites as well as followers of the missionaries took the matter seriously and join in the struggle with an already quite influential organization, the Kikuyu Central Association (KCA), which, since its formation in 1924, was uncompromisingly anti-colonial and anti-missionary, unlike earlier movements (Maloba 1993). As Maloba (1993) explains, KCA’s “influence rose noticeably during the female circumcision controversy in Kikuyuland between 1929 and 1930” (p. 48). Maloba (1993) writes:

It became the chief advocate of Kikuyu cultural traditions and the necessity of female circumcision. This appealed to a large section of people and won it a lot of temporary supporters. In championing the circumcision issue, the KCA appeared responsible and respectable to both the young and old in Kikuyu society who were worried about the loss of their cultural heritage at the hands of Christianity as taught by white missionaries. (p. 48)

After Scottish missionaries in Kikuyuland banned the children of the practitioners of female circumcision from going to their schools and churches, many of these schools and churches became deserted and became granaries for storing maize and potatoes instead (Kenyatta 1959 [1938]). Even after the ban was lifted, the missionaries continued to “demand that teachers must be only those who had denounced the custom, for they hoped that teachers with this qualification would be able to mould the children in the way favourable to the missionary attitude” (Kenyatta 1959 [1938], 126). Most (Christian and

non-Christian alike, educated elite or not) rejected such a mentality and insisted upon independent schools and churches where they could teach their children without the interference of the missionaries (Edgerton 1989; Kenyatta 1959 [1938]; Kratz 1994; Maloba 1993). As Kenyatta explains, “The cry for schools was raised high, and the result was the foundation of independent schools and Kareng’a schools” (p. 126) that exist to this day in many locations in central Kenya. Today as the moment of their formation these schools and churches are referred to as schools and churches of “*aregi*”, which translates as “resistance.”

As Maloba (1993) explained, “The female circumcision controversy constituted cultural nationalism on the part of the Kikuyu” (p. 47). Such force would later find its way into the Mau Mau rebellion movement. As Edgerton (1989) explains, “Mau Mau, the first great African liberation movement, precipitated what was probably the gravest crisis in the history of Britain’s African colonies” (p. vii). This rebellion movement “that has come to pass down in history as Mau Mau was essentially an uprising of the peasants of Kenya (principally from Central Province) against the colonial state, its policies and agents in 1952” (Maloba 1993, 1).

In addition to its implications for Gikūyū anti-colonial resistance, Kratz (1994) thoughtfully observed that “locally this [female circumcision] controversy was related to changing notions of the body and shifting social relations (for example, marriage patterns and the waning of *ngwĩko* [a restricted form of sexual encounter after circumcision, practiced communally]” (p. 347). From the beginning, what disgusted the missionaries and the colonizers the most with regards to the initiation ceremonies was not the circumcision *per se* but rather the practices of *ngwĩko*, as Cole (1959) indicated earlier. This point is noted by Kenyatta (1959 [1938]) and Kratz (1994) as well. To the missionaries, especially *ngwĩko* was unacceptable because it was accompanied by what they referred to as “immorality” -- sexual dances, and group sexual activities -- which sharply deviated from their European norms of sexuality.

However, as Kenyatta explained, *ngwiko* and *irua* represented a different moral

viewpoint on sexuality which was simply based upon a different set of values compared with Western Christian values:

In order not to suppress entirely the normal sex instinct, the boys and girls are told that in order to keep good health they must acquire the technique of practicing a certain restricted form of intercourse, called *umbani na ngwiko* (platonic love and fondling). This form of intimate contact between young people is considered right and proper and the very foundation stone upon which to build a race morally, physically, and mentally sound. For it safeguards the youth from nervous and psychic maladjustments. (p. 149)

It was practices like *ngwiko* that the missionaries disapproved of the most since to them it was a sign of fornication and promiscuity. In this sense, many men and women “have been punished and regarded as sinners by missionaries simply for having been found sleeping together in such a manner” (Kenyatta 1959 [1938], 152).

In Kenya in 1930, the House of Commons in the Kenya colonial parliament capitulated to KCA resistance and hence viewed education, rather than outright abolition, as the best long-term way to eliminate these practices, stating that “the best way was to leave the people concerned free to choose what custom was best suited to their changing conditions” (Kenyatta 1959 [1938], 126).

However, in 1931 a larger-scale shifting toward a globalized policy of eradication was evident at a Geneva conference on African children, held under the umbrella of the Save the Children Fund:

In this conference several European delegates urged that the time was ripe when this ‘barbarous custom’ should be abolished, and that, like all other ‘heathen’ customs, it could be abolished at once by law. That is was the duty of the conference, for the sake of the African children, to call upon the governments under which the customs of this nature were practiced to pass laws making it a criminal offence for anyone who should be found guilty of practicing the custom of clitoridectomy. (Kenyatta 1959 [1938], p. 126-127)

It was, however, a number of decades before multilateral efforts aimed specifically at eliminating female circumcision practices were pursued in the international arena.

### The Feminist Movement and Human Rights Advocacy in the Eradication of FGM

While human rights concerns on a global scale date back to the Universal Declaration of Human Rights in 1948, it wasn't until 1979 that female circumcision was explicitly named in such an agreement -- The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). Arguably, the main catalysts of this explicit inclusion have been feminist activists.

The discourse aimed at eradicating female circumcision was strengthened and reinvigorated in the 1970's through the work of feminist activists like Fran Hosken and Mary Daly. This is an important historical period because these practices began to emerge as a focal point in the global politics of women's health. The 1970s also marks an important moment in Western feminist history -- "second wave" feminism as it is sometimes called -- in that feminism at that time "assumed one could specify a cause of women's oppression (Barrett and Phillips, 1992, p.2). Feminists at that time differed tremendously in regards to whether this cause was "male control of women's fertility, a patriarchal system of inheritance, [or] capitalism's need for a docile labour force" (Barrett and Phillips, 1992, p.2), or cultural-historical factors.

Given their many shifting and overlapping perspectives, a major concern for these feminists during the 70s was "where to put the explanatory weight; which element to regard as the fundamental; what to pinpoint as the crucial source of oppression" (Barrett and Phillips, 1992, p.2). It is this focus on universal women's oppression, uncomplicated by intersecting factors of race/ethnicity and class, that guides some feminists who oppose female circumcision practices still.

As a means of underscoring the danger and torture attributed to female genital surgeries, the term "female genital mutilation" (FGM) was coined and adopted as the most commonly-used label for female circumcision by feminists who were concerned

about the issue. This term, which Hosken claims to have coined, has now gained popular acceptance and is used as the standard signifier for female circumcision in both international and national policy as well as in the news media, such as on CNN. As a rhetorical coup, the use of the word “mutilation” forces the discussion towards certain conclusions that are not necessitated by less inflammatory words like “circumcision.”

These authors, Hosken and Daly, present the practices of female circumcision as an example (perhaps the most horrific) of the universality of patriarchy: men perpetrate this “crime” upon women by brainwashing women into thinking that tradition must be followed, while development and medical institutions, dominated by men, predictably do nothing to help the female victims of this “torture” (Daly 1978, p.158; Hosken 1993, p. 5). Of the two authors, Hosken has clearly provided the most persistent and influential feminist voice, and has worked tirelessly to get female circumcision eradication on the international agenda. Her work, *The Hosken Report*, was first published in 1978 as a prelude to a pivotal 1979 conference in Khartoum, Sudan, and is now in its fourth edition (Hosken 1993). That work remains the most frequently cited on the topic of African female circumcision.

In the early to mid-1990s, anti-FGM discourse reached its peak of media attention and policy action. The most visible feminist activist on the issue during this period was the novelist, Alice Walker. Her novel, *Possessing the Secret of Joy* (1992), which had strongly condemned the practices of female circumcision, received great notoriety in the Western media, and was followed by a documentary film and companion book, *Warrior Marks*, written with Pratibha Parmar (Walker and Parmar, 1993). Another important contributing factor in the flurry of global legislative activity surrounding female circumcision were various high-profile immigration cases.

Partly through the influence of such persistent feminist campaigning, court cases which cast the issue into the public eye, and a focus on women in the International Decade of Women, various major multilateral institutions and national governments have recently joined in the mission to eradicate the practices of female circumcision.

### Policies Action Against Female Circumcision

Given that female circumcision is typically constructed as a medical or health problem and as violence against women's sexuality and bodies in violation of human rights principles, policies, and recommendations have been established in order to eliminate those practices. For example, former U.S. Congresswoman Patricia Schroeder (1994) proclaimed that "Even in countries where female genital mutilation is an age-old tradition, the belief that it should be eliminated is growing...Even the World Health Assembly has proclaimed that such practices 'restrict the attainment of the of the goals of health, development and human rights for all members of society'" (p.739).

Such policies have been pursued at both international and national levels. At the international level, various agencies of the United Nations have declared themselves as "committed to the protection of human rights" and have "emphasized the need to advance and protect the lives and health, including the psychological and sexual health, of women and children" (WHO et al. 1997, p. 16). For that purpose, they claim that it is "the duty of WHO, UNICEF and UNFPA to support policies and programmes that bring an end to the damaging practice of genital mutilation in all its forms, and prevent it from becoming institutionalized within the formal health system" (WHO et al. 1997, p. 16).

While concerns have been sporadically raised since the 1960s (Hosken 1980, p. 30), the pivotal moment in the anti-FGM campaign was at what Hosken (1980) calls a "groundbreaking seminar" sponsored by WHO at Khartoum, Sudan in 1979. The recommendations of this seminar (upon which Hosken herself was a great influence) -- to promote national policies aimed at eradication and to intensify educational campaigns regarding female circumcision -- have greatly influenced subsequent policy.

In addition to CEDAW, mentioned earlier, which requires that treaty parties take action against female circumcision, the 1990s had witnessed intensified multilateral effort on the topic including a number of multilateral agreements. These agreements included the Convention on the Rights of the Child in 1990 which requires that parties work to

eliminate traditional practices which jeopardize children's health (WHO et al., 1997), expansion of the Vienna Declaration and the Programme of Action of the World Conference on Human Rights in 1993 to include gender-based violations including female circumcision. In the same year, the Declaration on Violence Against Women explicitly included female circumcision as a form violence against women (WHO et al. 1997).

Within Africa itself, the Inter-African Committee (IAC), a multilateral organization and whose main responsibility is to keep a watchful eye on African affairs, has also instituted policy against female circumcision. The IAC (1997) describes female circumcision as "one of the most severe forms of violence against the girl child whose operation is disastrous with lifelong consequences for the physical and mental health of its victims" (p. 3). The IAC declares that radical change away from such practices is not likely to "take place unless there is equal access and representation for law, health care, food, and formal education" (p. 3). They recommend that there is a need to inform African women that many of their physical pains begin with the practices of female circumcision, suggesting that once such pain is eliminated, such women can then carry out their "important role...in the development of their countries" (p.3).

According to the IAC (1997), "All of these [actions] require advocacy and action taken by governments, multi-and bi-lateral donors, and other international organizations in order to eradicate female genital mutilation and other forms of violence against women" (p. 3). The IAC (1997) states that, female circumcision "is a human rights issue, and the protection of these rights should be a prerequisite for development assistance" (p. 4). As an Egyptian Minister of Health and Population declared (in his response to the Egyptian court of claims decision to lift the ban on the practices of female circumcision), there must be "a national campaign to *enlighten people* about its harmful after effects and to assure them that it has got no religious bearings at all, and is no more than an old firmly established habit" (IAC 1997, p. 4, emphasis added).

The 1990s had witnessed the adoption of national legislation against female

circumcision as well. As described in chapter 1, high profile immigration cases, such as that of Fauziya Kasinga in the U.S., have led to national bans on circumcision in many countries of the West. Not long before Kasinga's popular case, in March 1994, a Nigerian mother, Lydia Oluloro, shocked the American audience when she announced to the media that she was afraid that if she were deported back to Nigeria, her two little girls would be forced to be "genitally mutilated." Her husband threatened to report her to the Immigration and Naturalization Service (INS), saying that she was living in the U.S. illegally: she had arrived on a visitor's visa which had expired before their marital dispute. After the INS notified her that she, along with her three girls would be deported, she was advised by her lawyer to file a counter claim charge regarding her fears of circumcision if returned. This case, like that of Kasinga, created a sense of moral outrage, especially among women's organizations in the U.S., who argue that fear of female circumcision should be counted as grounds for asylum.

Former U.S. Congresswoman Patricia Schroeder was the catalyst in the passage of a congressional bill banning female circumcision in the U.S. in the mid-1990s. Other such countries banning female circumcision include the United Kingdom, Sweden, Belgium (Queensland Law Reform Commission, 1994). Female circumcision can be considered an assault under certain circumstances in the Netherlands (Queensland Law Reform Commission, 1994). While the issue was widely discussed in the U.S. in the early to mid-1990s, for the moment, the intensity of anti-FGM discourse seems to have subsided.

## **Conclusion**

In this chapter I attempted to trace some of the history of the rhetoric surrounding female circumcision. While earlier European accounts expressed ambivalence regarding the relative merits and harms of female circumcision in a physical sense, contemporary discourse over the last 20-30 years has taken on a fully negative tone. Feminist efforts, patterned partly on colonial images of the "primitive Other," have been central to creating a now unquestionable view that female circumcision constitutes a malicious attack on



women and human values generally, prompting widespread policy action against such practices. While later chapters attempt to rewrite such presumptions, the following chapter presents the theoretical frameworks which underlie my views in this project.

**CHAPTER 3**  
**LOOKING THROUGH FEMINIST, CONSTRUCTIVIST,**  
**DECONSTRUCTIVIST AND POSTCOLONIAL LENSES:**  
**A GENERAL OVERVIEW OF CONCEPTUAL**  
**IDEAS GUIDING THIS PROJECT**

The ethnographer's text cannot legitimate claim to represent the truth about the Other, or even a particular and limited truth about the Other. It is not about the Other at all. It is about an ongoing process of negotiating reality. (Bird 1987, p. 258)

**Overview of Conceptual Ideas Employed**

Frameworks contributing to this project include feminist science studies--informed by constructivist studies of science, technology and medicine, deconstructivism, and postcolonial studies. Since the anti-FGM discourse has set itself as a foundation that separates the normal and the pathological, as well as nature and culture (with regards to bodies/sexuality), the account of what comes with such rigid boundaries and the ways in which they become normalized are some of the things which interest me in this project. Indeed, as Georges Canguilhem (1991 [1966]) explains in the case of the history of medicine, "The identity of the normal and the pathological is asserted as a gain in remedying the pathological" (p. 44).

One of the striking characteristics that all these frameworks have in common--one that I try to bring into my story--is the view that meanings are never self evident. They are constructed and rhetorical. Not only are all meanings ideological in this sense, but they are also political, for they "can only reflect the perceptual perspectives and biases of a particular symbol user in a given place at a specific time" (Brock, Scott, & Chesebro, 1989, p. 435).

In this sense, there is no such a thing as unmediated reality that exists "out there" for us

to discover. And as such, given the complex embodiment of any particular single event, it is fair to assume that any evaluation or description of such event “must necessarily reflect the orientation, perspective, or interpretation of a critic. Likewise, any interpretation of an event must necessarily reflect a highly selective description of the causal elements creating a particular conception of an event.” (Brock, Scott, & Chesebro, 1989, p. 433). As Haraway explains, “Vision is always a question of the power to see -- and perhaps of the violence implicit in our visualizing practices” (1991, p. 192). Judith Butler (1994) made the same argument when she asked “Indeed, how is it a position becomes a position, for clearly not every utterance qualifies as such? It is clearly a matter for certain authorizing power, and that clearly does not emanate from the position itself” (p. 160).

Each set of ideas mentioned above offers useful guidance and metaphors needed to follow closely what is done away with when images are constructed in certain ways by the anti-FGM discourse. The following is a general explanation of each of the frameworks mentioned above and what exactly I hope to bring from them into this project, starting with the feminist science studies approach.

### **A Feminist Science Studies Approach**

While the role of feminists in anti-FGM discourse is being interrogated in this project, it is important to point out various ways in which feminist practices have shaped and contributed to my views with regards to this project. This indeed is a feminist project, and as I argue in later chapters, it is possible that no other field of study has done more work in evaluating the power relations in knowledge than what I collectively, but not homogeneously, refer to as feminism.

According to more contemporary feminist perspectives (including a feminist science studies approach), intersecting factors such as gender, race, age, class, sexuality, militarism, capitalism, colonialism, male supremacy, and nationality etc., influence what counts as knowledge (Harding 1986; Bleier 1988). Many feminists have been saying that for years, and it is such awareness that has usefully shaped this project. That awareness

resonates well with Haraway's (1991) idea that accounts of a "real" world can never depend upon a logic of "discovery," but clearly on power-charged social relations of "conversations." The world encountered during knowledge making(s) is an active one for that matter, for it does not "speak itself" to us, nor does it "disappear in favor of a master decoder" (Haraway, 1991, p. 198).

At the same time, feminist science studies scholars have vigorously questioned the enlightenment thought with regards to 'meta,' 'grand,' and 'universal' narratives and have clearly shown the kinds of problems and difficulties that arise with such theories. Such universal claims, as Barrett and Phillips (1992) suggest, "have all too frequently turned out to be very particular, supposed commonalities false, abstractions deceptive" (p. 1). As such, they have always questioned tendencies that try to entertain the notion of gender neutrality while clearly speaking from a masculinist position (Barrett and Phillips, 1992, p. 1). Similarly, race, class, sexuality, and imperialist neutrality have been shown as equally impossible to entertain (Bryson, 1999; Wing, 1997). These dissatisfactions of many feminists with regards to the enlightenment's products—"universalizing, over-generalizing, and over-ambitious models of liberalism, humanism and Marxism" have led these feminists to share a vision with other critical projects such as those emanating from poststructuralist, postmodernist and postcolonial studies (Barrett and Phillips 1992). It is this same dissatisfaction among other things that has shaped my own views and my journey through the anti-FGM discourse.

In this context, what I bring to my project is what critical feminist technoscience refers to as a feminist "situated and embodied knowledges" (Haraway, 1991;1997). Some feminists, such as Sandra Harding (1991), refer to this as 'strong objectivity.' A feminist situated knowledge is never about seeing the world "clearly," nor about having all the problems and their solutions all figured out. It is never about mapping the world from positions that are already known in advance. It is never about "seeing the whole" or looking at the world below like a "god" -- as De Certeau (1984) expresses, it is so "hard to be down here when you are up there" (p. 153). It is always about accountability,

somewhereability, locatability, positioning(s), responsibility, and most of all, partiality. Feminist situated knowledge is always about acknowledging that “only partial perspectives promise objective vision” (Haraway, 1991, p. 190). The embodied images or situated metaphors according to the critical feminist science projects allows for mobility beyond fixed stations or beyond the sites that represent themselves as final and only word as Haraway (1997) explains:

Critical reflexivity, or strong objectivity, does not dodge the world-making practices of forging knowledges with different chances of life and death built into them. All that critical reflexivity, diffraction, situated knowledges, modest interventions, or strong objectivity “dodge” is the double-faced, self-identical god of transcendent cultures of no culture, on the one hand, and of subjects and objects exempt from the permanent finitude of engaged interpretation, on the other. No layer of the onion of the practice that is technoscience is outside the reach of technologies of interpretation and critical inquiry about positioning and location; that is the condition of articulation, embodiment, and mortality. The technical and the political are like the abstract and concrete, the foreground and the background, the text and context, the subject and the object. (p. 37)

In this sense, situated knowledges, strong objectivity, or whatever one may call it, distances itself from the knowledges determined by “phallogocentrism (nostalgia for the presence of the one true word) and disembodied vision, but those ruled by partial sight and limited voice” (Haraway, 1991, p. 196). The desire for partiality is not embraced just for the sake of it, as Haraway (1991) maintains, but rather, for the sake of the relationships, unions, or linkages as well as the unexpected openings that situated knowledges promises. It is, for that matter, for the sake of the simple acknowledgement that the only way to have a view/vision is to be standing from somewhere in particular:

The science question in feminism is about objectivity as positioned rationality. Its images are not the products of escape and transcendence of limits, i.e., the view from above, but the joining of partial views and halting voices into a collective

subject position that promises a vision of the means of ongoing finite embodiment, of living within limits and contradictions, i.e., of views from somewhere. (Haraway, 1991, p. 196)

My own partial perspective on anti-FGM discourse stems from my own situation as a circumcised Gikūyū woman, who has embraced feminist perspectives and hence mobilize these views “from somewhere” to rewrite the story of female circumcision eradication.

Feminist situated knowledge also distances itself from relativism, in addition to totalizing ways of knowing, for both share a common “trick” of pretending to have a vision that accommodates all, and all at once:

Relativism is a way of being nowhere while claiming to be everywhere equally. The ‘equality’ of positioning is a denial of responsibility and critical enquiry. Relativism is the perfect mirror twin of totalization in the ideologies of objectivity; both deny the stakes in location, embodiment, and partial perspectives; both make it impossible to see well. Relativism and totalization are both ‘god-tricks’ promising vision from everywhere and nowhere equally and fully, common myths in rhetorics surrounding science. But it is precisely in the politics and epistemology of partial perspectives that the possibility of sustained, rational, objective enquiry rests. (Haraway, 1991, p. 191)

In this condition, what critical feminist science projects see as an alternative to either of these two ‘nasty’ tools of mastering the world is not by any means clinging to what I would call here ‘an act of replacement,’ whereby one is called upon to replace the other each time one is in danger of being questioned. For example, an alternative to relativism does not mean embracing totalization or a single vision whose power, to echo Haraway (1991) is still very much dependent upon “systematic narrowing and obscuring” (p.191). Rather, the alternative to relativism must be “partial, locatable, critical knowledges sustaining the possibility of webs of connections called solidarity in politics and shared conversations in epistemology” (Haraway, 1991, p.191). Along with many other feminists, Haraway (1991) prefers “a doctrine and practice of objectivity that privileges

contestation, deconstruction, passionate construction, webbed connections, and hope for transformation of systems of knowledge and ways of seeing” (p.191).

The desire for such a doctrine is one reason why some feminists such as Haraway, Trawick, Anzaldua, Butler, Harding, privilege the voices or the writings of the subjugated Others. Clearly, the positions or the standpoints of these subjugated Others are preferred in this case not because they convey a more ‘true,’ ‘clear,’ or ‘better,’ view, but because they are “least likely to allow denial of the critical and interpretative core of all knowledge” (Haraway, 1991, p.191). These subjugated Others are quite aware of their own illegitimacy in the presence of the godly figures who continue to refuse to share the same space with them in “the brilliant space platforms of the powerful” (Haraway, 1991, p. 191).” Yet, at the same time, the feminists who privilege the voice/writings of these subjugated Others are also aware of the danger that is associated with “romanticizing and /or appropriating the vision of the less powerful while claiming to see from their positions (Haraway, 1991, p. 191)”:

To see from below is neither easily learned nor unproblematic, even if ‘we’ ‘naturally’ inhabit the great underground terrain of subjugated knowledges. The positionings of the subjugated are not exempt from critical re-examination, decoding, deconstruction, and interpretation; that is, from both semiological and hermeneutic modes of critical enquiry.

Hence, the positionings of the subjugated are never innocent. They are desired simply because they seem to offer more disruptive and “transforming accounts of the world” (Haraway, 1991, p. 191). As such, I do find the critical feminist science project’s perspectives with regard to embodiedness or situatedness to be very important in this project for it will help in understanding of how anti-FGM discourse would appear, viewed from such perspectives. Clearly, anti-FGM discourse seems to be armed with science, medical knowledge, and God, as will be shown later. Understanding how such powerful concerns are mobilized in order to make visible only a partial form of “the body” is one important task in this project.

### **Science, Technology and Medical Studies: Constructivism**

Like the natural scientists, anti-FGM discourse has constructed a neat division between science and stories, nature (as bodies) and culture (as traditions), and objectivism versus relativism. And if anti-FGM discourse, like the scientists, believes in such a division, then, to use Traweek's (1992) words:

“t is my job to listen to how they tell them apart, and how and when they use this difference, and maybe even why. If I just accepted all this, believed it as much as they do, I would not be doing my job; I would be doing theirs and perhaps yours.  
(p. 444)

Constructivism refers to a perspective within the social studies of science, technology, and medicine which attempts to demonstrate that “truths” established in such areas are not “discoveries,” but rather are products of based upon the participation (networks) of a whole host of human and non-human actors (Pickering 1992). While scientists might claim discovery of a Truth based upon what nature “reveals” through them in the course of their research, that so-called “discovery,” in constructivist parlance, depended upon accessibility to ideas, theories, equipment, telephones, e-mail, lab assistants, the phenomenon under study, etc. Furthermore, such knowledge production is fundamentally political in the sense that power and prestige, and the ability to mobilize allies in support of propositions is key to the establishment of truth claims (Latour and Woolgar 1979; Latour 1987).

While “social constructivism” asserts that it is exclusively social factors (and not any appeal to the “natural” world) which account for acceptance of truth claims (Collins and Yearly 1992), constructivism asserts that the natural and the social cannot be held apart (Latour 1993). Doctors concerned about female circumcision do, after all, investigate women's bodies, and those bodies do have something to “say” about the effects of circumcision. But its not only the bodies that inform knowledge about circumcision. There are a number of actors in the network -- cultural assumptions of the researchers, access to documents (including previous research/theory and policy statements),



international conference activities, political activists, etc. -- which make it impossible to separate the knowledge of “the nature of women’s bodies” in the context of female circumcision from the social activities which were fundamental to producing that knowledge. In other words, “nature” itself *is* “cultural” -- despite the presumption in Western thought that the two are distinct and separate. This important insight from constructivism -- that the “nature” of women’s bodies cannot be held separate from the “cultural” perspectives in which these bodies are imagined and constituted -- is key to the arguments presented in chapter six regarding the representation of women’s bodies in anti-FGM discourse.

Also important to my perspective, as well as informing constructivist perspectives generally, is the work of Michel Foucault. Foucault’s studies of the role of normalization in the case of psychoanalysis offer useful insights into the patterns of power relations and the role of normalization in anti-FGM discourse. According to Foucault, “normality” is not a given, but is something which is constructed in the context of power relations (Foucault 1965). I suggest that the gaze through which anti-FGM discourse sees such practices is also steeped in the language of power which has constructed a divide between “normal” and “pathologized” bodies. Pointing out the various ways in which power functions through the language of anti-FGM discourse is also a part of what I hope to accomplish in this project.

In a similar fashion, the anti-FGM discourse can be viewed as playing a liberating role in the sense that it is grounded in the need to rescue certain women and girls from certain cultural practices that this discourse defines as harmful to their bodies. And, as in the case of psychoanalysis, it has taken other directions and has become the object of different investments. Rather than being interested in unique and different ways in which women are positioned in different struggles, anti-FGM discourse becomes that which is interested in telling universal, totalizing stories, effectively fitting women into pre-fashioned, globalized categories (such as patriarchy) which ruthlessly rid themselves of particular histories.

To demonstrate this tendency, it is therefore necessary to map various ways in which “the instances of power have secured and implanted themselves” (Foucault, 1980, p. 62) within this discourse in order to show how power recreates and manifests itself elsewhere and differently. As Foucault (1980) suggests, if it is possible for one to disrupt such patterns of power relation into which, for instance, psychoanalysis and the anti-FGM discourse enters, and thereby “rendering unacceptable the effects of power they propagate, this will render the functioning of the State apparatuses much more difficult” (p. 61). Indeed, another advantage, according to Foucault (1980), of questioning the power relations “existing at a minute level would be to render impossible the reproduction of the form of the State apparatus within revolutionary movements” ( p. 61).

### **Deconstructivism**

Another set of conceptual ideas that I find broadly useful in this project is that of ‘deconstructivism.’ Although a broad notion of deconstructivism overlaps somewhat with the perspectives of the feminist science studies, constructivism, and postcolonialism, it is important to explain some various ways in which it contributes to this project. What does it mean to think deconstructively, and especially when one is faced with a project such as anti-FGM discourse?

I find the concept of deconstructivism to be useful in the sense that it detects what is already at work both in the text being examined as well as what is simultaneously marginalized by such a text. In other words, “deconstruction is the name given simultaneously to the stress created by these gaps in texts (between what they want to say and what they do say) and to the detection of such gaps” (Payne, 1993, p. 121). To put it differently, deconstruction puts into question any establishment of absolute truth.

In this sense, the conceptual framework of deconstructivism allows me to dislodge logocentrism (desire for the presence of truth in words written/spoken) that is truly embedded within the anti-FGM discourse. This disruption can only take shape in an underground or marginal manner, given the fact that deconstruction itself can only take

shape within yet work against a given structure of a text. Its main desire is to move beyond or to break with any given “constituted normality” while at the same time unfolding or attending to whatever is dismissed or marginally placed. Thus, as Payne (1993) explains Derrida’s *Of Grammatology*, “It repeatedly focuses upon the ‘as if,’ the metaphorical, and the metonymic features of discourse, which are usually neglected or despised by professional philosophers” (p. 123). Operating “within a given structure of a text...deconstruction carefully examines and then looks beyond that structure, ‘designating the crevice through which the yet un-nameable glimmer beyond the closure can be glimpsed’” (p. 123).

To think deconstructively, one must begin with a full acknowledgement of one’s own limitations and the various ways in which one is never immune to the same problems that one may be pointing out in a given work or text. It is not as if one’s criticism can “suddenly disengage itself from the ruling metaphors of its time, becoming a free spirit or a truth somehow immune to the ways of language” (Payne, 1993, p. 117), even as one’s own criticism remains opposed to such metaphors. Acknowledging various ways in which one is limited or politically situated is an aspect of deconstructivism. In this sense, my project operates within a given structure of the anti-FGM discourse’s logocentrism (desire for truth/presence), by searching out the stresses, gaps, cracks, or disruptions that are already situated within that structure.

In sum, deconstruction does not interrogate a given structure of a text from the outside or from above it, rather, it develops its critique “on the foundation supplied by that [very] text itself” (Payne, 1993, p. 124). Following in those foot steps, deconstruction is employed in this project to destabilize the logocentrism harbored within the anti-FGM discourse. Like Heidegger, who speaks the truth of “being”, anti-FGM discourse speaks the truth of universal bodies/sexuality, universal human rights and ethics, and, by doing so, also make such truth to appear as though it is present in its very exact words, envisioning nothing else before and after those words.

Within the framework of deconstruction, it is fair to suggest that by grounding its

views within the Western metaphysical assumptions of presence –the ground under which its views of bodies and sexuality are based – anti-FGM discourse manages to suppress or to set aside all the functioning of mediating metaphors along with the politics that accompanies them (Derrida, 1978; Selden and Widdowson, 1993). However, Payne’s (1993) review of *Of Grammatology* reminds us that there is nothing that the linguistic ‘metaphors’ enjoys more than contradicting that which is presented as the final ‘word,’ the ‘truth.’ Whenever the question of “truth,” “presence,” “reality,” is imposed or self proclaimed, all the narratives or rather the linguistic metaphors that work (and are always at work) against such proclamations immediately come into picture and therefore make deconstruction possible (Derrida, 1978; Payne, 1993; Selden and Widdowson, 1993). In other words, what prevents a sign from becoming a ‘center’ or a ‘full presence’ according to Derrida, is the divided nature of the sign itself (Derrida, 1978).

One of the ways in which the notion of deconstructivism has enabled this project is by providing variable tools that one can employ to destabilize the ‘center’ of anti-FGM discourse as well as to trace what is beyond or “on the horizon” of such discourse. Payne (1993) has taught me that despite our intense ambition to make what we write/speak about to appear as inherently given, or “to make it present, the horizon perpetually recedes as one moves forward on thought’s path” (Payne, 1993, p. 129):

To arrive at what was previously the horizon is to arrive at a different point than what was previously seen, not least because ‘now’ that point has become a place from which a previously unseen [ignored] horizon can be seen. (p. 129)

“Such simultaneous arrival and postponement, approaches and displacement,” according to Payne (1993), is what Derrida refers to as ‘*differance*.’ Using this approach, I argue that to enter anti-FGM discourse is not only to uncover a ‘different horizon’ that the discourse itself has completely forgotten (is unaware of), but is also to uncover what it has conveniently and deliberately pushed a side or dismissed as unimportant. This is what I referred to earlier as subjugated, neglected, undermined knowledges. A critical reading for that matter, not unlike Foucault’s notion of “effective history” (Dean 1994)

requires one to loosen up a hardened discourse in order to uncover both what such discourse dismisses, as well as what it has made inaccessible through its desire for truth.

In this case, I will try to show throughout this project that anti-FGM discourse forgets or neglects “the differential and deferring processes of signification, which deconstructivism insists is the only way words and concepts receive meaning” (Payne, 1993, p. 137). If that point is entirely forgotten, then, it is not surprising that anti-FGM discourse has maintained itself ‘on the assumed indissoluble unity’ by generating such a ‘comprehensive and transcendental’ concept as FGM – presented throughout the discourse as ‘available, and above all, present’ in such exact words (Derrida, 1978; Payne, 1993; Selden and Widdowson, 1993).

If one then must pay attention to what such a transcendental concept opposes, then in that case it might be possible, as Payne (1993) suggests, to trace “the pathway that such concepts leave behind as and when they are opposed” (p.137). And if such concepts leave behind a track, a footprint, or a trace in the text for us to pursue, then following such footprint should not be viewed as taking us back to the origin or ‘forward to its presence’ [either] (p. 137). This is because, hidden well beneath those other entries, “‘trace’ signifies the minimal element of structure that makes any sense of difference possible” (p. 138). “Trace,” for that matter, does not represent anything that can be thought of as ‘ever simply present’ (Kamuf, 1991, p. 5)). It does not lead us to ‘truth.’ Instead, it leads to the undermining of such establishment. In other words, “What the “trace” does best is to migrate back and forth (in and out) between a given distinction or opposition of let’s say ‘nature/culture,’ ‘mind/body,’ ‘speech/writing,’ ‘a circumcised body/uncircumcised body,’ undermining the very structure that creates such a division. Such division is what Derrida refers to as ‘violent hierarchy’ (Selden and Widdowson, 1993).

For example, anti-FGM discourse has already conceived a circumcised body as a harmed body, but we now know that in order to come up with such a thought, another thought ‘of already’ what is not a circumcised body (an unharmed body) is required:

which in this case is called upon to serve as a bench mark under which all other bodies (sexualities) are compared. This reminds one of Foucault's (1984) observation that, "The body is molded by a great many distinct regimes; it is broken down by the rhythms of work, rest, and holidays; it is poisoned by food or values, through eating habits or moral laws; it constructs resistance" (p. 87)

How, given that "nothing in man – not even his body – is sufficiently stable to serve as the basis for self-recognition or for understanding other men" (Foucault, 1984, p. 87-88), is it then possible to construct a universal 'body'? The point that I am trying to lay out here is that, this "not circumscribed body" that anti-FGM discourse has given birth to is not presented as a product of one's cultural, social, and political "imagination," but rather as a product of 'science,' 'reason,' and 'logic.' A division here between science and imagination becomes clear throughout anti-FGM discourse, but it is imagination that becomes repressed or undermined so that clean and clear stories of bodies and sexuality can be generated without disruptions. Imagination, like other subjugated ways of seeing/knowing, can easily be seen as a threat by those who with privileged ways of seeing/knowing (science, reason or logic) due to its ability to insist persistently on the instability of such centers. Imagination can be a nightmare for totalizing stories.

In this project, I prefer to see "bodies" and "sexuality" as the products of the "energizing power of imagination" because I take seriously the idea that imagination activates things, making them more realized. And because each given culture/society imagines bodies differently, as Gatens (1996) reminds us, then it can be expected that the imaginings of bodies and sexuality in any given culture/society will not be everywhere the same. Science, reason, and logic are also viewed in this perspective as products of the energizing power of imagination:

Reason, a function of interest and need, the technical and calculating faculty, is not the origin of language, which is also a human property and without which there would be no perfectibility. Language is born of the imagination which arouses or at any rate excites sentiment or passion. (Payne, 1993, p. 150)

If that is the case, then the anti-FGM discourse in that regard refuses to see bodies and sexuality as products of interested imaginations or reconfigurations. Even when such acknowledgment is implied, a dichotomy between bodies/sexuality as biologically given and the cultural/political imagination (metaphors) are immediately brought to the surface. And it is in such privileging of the body over its linguistic construction that deconstruction becomes possible.

### **Postcolonial Criticism**

The power that language has to obscure as well as to express brings me to postcolonial criticism -- another framework that informs this project. Although postcolonial theorists differ greatly in their approaches to the question of colonialism and imperialism, most, however, broadly agree that cultural representations played an important role in the colonization of Africa, Asia, and Latin America (Said, 1978). To gain mastery (control) over a territory involved not only exerting military and economic force, as Boehmer (1995) explains, but also an “imaginative command” (p. 5).

What differentiates postcolonial criticism(s) from most areas of theory in this sense then, is its persistent focus on the role that language played in the colonization of the so-called “Third World” by imperial powers and how such images continue to shape the ways in which the West sees its Others (Boehmer, 1995). Tiffin and Lawson (1994) suggest that colonialism, especially in the case of the imperial British, “was not simply a marginal activity on the edges of English civilization, but fundamental in its own cultural self-representation ” (p. 9). The colonizers, in other words, needed to present themselves as superior to the colonized. This view, unfortunately, has not disappeared with time and the ending of the imperialist era. In that sense, colonialism, with all its stripes and forms of “Otherization,” should not be seen as a thing of the past, and as Tiffin and Lawson (1994) explain:

The processes of history and of European historicizing continue to warrant attention, but they should not seduce us into believing that de-scribing Empire is a

project simply of historical recuperation. The hegemony of Europe did not end with the raising of a hundred national flags...its legacy of division and racism are alive and well in political, media and legal domains. (p. 9)

As Tiffin and Lawson (1994) have observed, “Just as fire can be fought with fire, textual control can be fought with textuality” (p. 10). In other words, since postcolonial studies is particularly concerned with naming the power that ‘resides in discourse and textuality,’ it should then not be surprising that the effort to resist such power is largely textual as well (Tiffin and Lawson, 1994; Boehmer, 1995). The first place to begin the process of deconstructing, or “de-scribing,” empire (Tiffin and Lawson 1994) is to carefully try to locate various ways in which the “view of things is inflected (or infected) by colonialism and its constituent elements of racism, over-categorization, and deferral to the centre” (p. 9).

Similar to colonial imagery aimed at rescuing savages from barbarism, the narratives that anti-FGM discourse have generated (and continue to generate) -- as much as they are seemingly about well-intended concerns for the welfare of others (and I do not dispute that) -- are about imperialism and race. Under the rubric of “human rights,” for example, we see yet again the deployment of the imperial imageries of the “half savage” and “half child” who must now be rescued from their “barbaric” practices of which the imperial Self disapproves.

I am not, however, trying to imply that the structures of colonialism always look the same from one historical moment to another and from one cultural location to another. In fact, as Stephen Slemon (1994) suggests, “the specifics of its textual or semiotic or representational manoeuvres shift registers at different historical times and in different kinds of colonial encounters” (p. 20). But the point here is that there are striking resemblances between the ways in which the colonized Others were represented during the actual colonial encounters and the ways in which they are represented today, as evident in anti-FGM discourse.

Although most colonized “natives” may appear to have some political and economic



autonomy, many are still locked under the gaze of the imperial centers, not least because the imperial Self continues to depend upon its formerly-colonized Others; first, in terms of the current international division of labour as the Third World continues to contribute raw materials and consumer goods for the West's (over)consumption; second, to reassure the West of its self-assigned superiority; and third, because more than ever before, the former colonials threaten to migrate to the imperial centers.

This is deemed not as a marginal threat but as a serious threat, not least because of the sheer size of this migrating pool, but also because these host imperial centers continue to privilege the image of the 'One' and 'Same' everywhere (Haraway, 1997; See Mohanty, 1991; Lionet, 1995). To migrate to the imperial centers is to be stripped of one's disapproved cultural practices in exchange for ones that are deemed better, superior, or presented as non-violent. As an example, former U.S. Congresswoman Patricia Schroeder (1994) states that dangerously "primitive" practices are clearly unwelcome in the "civilized" worlds worth recalling a statement that Pat Schroeder (1994):

Because some immigrants have brought the practices of female genital mutilation to the United States with them and because there is no statute explicitly governing it, I introduce a bill, H. R. 3247, in Congress to prohibit the Genital mutilation of girls in the United States and to provide education to immigrant communities on the health risks and legal liabilities of practice...There are number of practices that immigrants are required to leave at home when they come here. Polygamy and slavery are two obvious examples. (p. 739)

This statement may not be entirely unreasonable for Schroeder to make, but looking at it closely one can detect various ways in which it undermines the concern that it presented to begin with. Her words imply a particular kind of a power structure or hierarchy whereby the one with most power governs, prohibits, and educates the one who lacks such power. Schroeder create a dichotomy between the truly American, who is devoid of ignorance and barbarity, and the immigrant who practices FGM, polygamy, and even slavery --- signs of the barbaric Third World Other. As was the case during colonial rule,

the role of imperial control, displayed here textually, remains pretty much the same, and that is, to appropriate, distort, erase, but also to contain (Tiffin and Lawson, 1994, p. 6).

The new pool of immigrants coming from the locations where cultural practices such as female circumcision are found are granted permission to settle in their new, host imperial centers as long as they agree to abandon many of their cultural practices that mark them differently. Again, such a marking can mean only one thing to these centers—a lack, a mistake, deficiency, degradation, degeneration, and of course, something “unnatural.” But it would be a mistake to assume that the concern here is only on the question of the immigrants. The source countries are also under the civilizing gaze of the imperial center which seeks to modify cultural practices of the natives through education campaigns and development assistance policies in their home settings as well (see the policies set by major organizations such as WHO, UNICEF, UNFPA for eradication FGM).

If, in fact, as Tiffin and Lawson (1994) explains, we take a look at any structure of power, we see a system that appears to be totally closed: “a voice that cannot be heard, protest which can be articulated only from a position of total vulnerability to a position of impregnable strength” (p.6). However, many postcolonial critics acknowledge that all systems of power carry within them moments of ambivalence and therefore are never absolute (Ascroft, 1994; Boehmer, 1995; Bhabha, 1994; Slemon, 1994; Tiffin and Lawson, 1994). Understanding the notion of “ambivalence makes our understanding of colonial operations a great deal clearer for historical periods, but it is also upsets the positivism of highly specific analysis of colonialist power going on *within* a period” (Slemon, p. 22). In other words, such understanding helps us to challenge the fundamental assumption that power only flows undisrupted from one extreme to another, “where the colonized subject is simply *made* by colonialist power: a subject without agency” (Slemon, 1994, p. 23). Tiffin and Lawson (1994) similarly state that “control is complete only up to the moment of its announcement; once enunciated it can never again be total, since the circulation of the knowledge loosens it” (p. 6) and thereby undermines

the totality or the full presence of such control (Kamuf, 1991).

The prohibition itself, from expanding the practices of female circumcisions to the United States, for example, acknowledges the possibility that such practices could be carried over or could already be present—against such prohibition, and the resistance to prohibition issues occurring. In fact, it is widely acknowledged that female circumcision practices are becoming more widespread, not less, since the start of the eradication movement (e.g., Hosken 1993). For that matter, postcolonialism refuses to entertain a simplistic view of imperialism or power by paying close attention to the operation of contradictions, resistance, ambiguities, or ambivalence in such contexts. These complexities teach us that resistance is always there “not because colonized simply intend oppositional actions but because colonialist representations are always overdeterminations, and are always ambivalent” (Slemon, 1994, p. 24). These complexities also teach us that the boundaries between the imperial Self and the colonized Other are not always maintained (Homi Bhabha, 1994)—as is the case of Palestinians and Jews who must crawl underground to marry each other and when the day returns resume the fight (Latour, 1987). Tiffin and Lawson (1994) captures such complexity well when they note Bhabha’s view that “the whole estate of colonialism is a breeding ground for fractures and flaws and a series of anxieties within European modernity itself that are taking longer to recognize than those within the forever-altered world of the Other” (p. 7). In such estates, it impossible to claim an origin for either the colonizer or the colonized—according to Bhabha. In this sense, it is only until these complexities or contradictions falling within the texts of Empire, as well as within those of colonial resistance, are finally acknowledged and studied carefully do we begin to comprehend the full extent of the impacts of colonial power:

Colonial power then becomes intelligible as the energy *in potentia* in the always problematic negotiation between the epistemology of European modernity-in-imperium and that of its troublesome Other in its full agonistic utterance, that Other which always threatens to expose the knowledge of itself as plural and

complete and outside the discourses of Europe. (Tiffin and Lawson, 1994, p. 7)

Postcolonialism then must be understood as a heterogeneous field of study that cuts across many various fields—motivated by a desire to figure out what really takes place when the subaltern or colonized ‘writes’ or speaks (Slemon, 1994, p. 26). In the meantime, according to Tiffin and Lawson (1994), while the participants of these debates are busy talking amongst themselves, they seem to have neglected the fact that the subalterns are actually speaking: “Postcolonial writers are declaring their spaces, engaging with canonical texts, re-writing not just the tradition but the episteme which underpins it” (Tiffin and Lawson, 1994, p. 10).

Thus, these postcolonial writers focus carefully on various multiple and complicated ways in which imperialism and textuality constitute and regulate the West’s Others; even as we understand that the world is not simply divided as the West verses its Others; even as we carefully pay attention to Ashis Nandy’s observation that the West is pretty much everywhere -- even in the minds of the Other; even as we pay attention to Spivak’s (1988) lesson that “the colonized subaltern *subject* is irretrievably heterogenous (p. 26). More importantly, postcolonialism, with all its various forms of criticisms, is also largely aware that neither those who declare themselves as postcolonial critics, nor the subaltern voices that colonialism silences, have any authentic voices from which ‘reality’ can be expressed. This is simply because as Gayatri Spivak argues, under colonialism, “the colonized speaks only through speaking positions which imperial and other powers permit to its Others” (Slemon 1995, p. 28). It is in such imperfect or non-authentic position (of resistance) that I situate myself and all the tales that I bring into this project.

## **Conclusion**

This chapter examined four sets of ideas that inform this study. I rely upon feminist perspectives which question the ability to speak from either totalizing or relativist positions, and instead embrace the “situatedness” of knowledge claims. I also employ constructivist views which attempt to erase dichotomies which provide the structural

framework for endeavors such as scientific knowledge-making and other truth claims. These ideas will be applied to anti-FGM discourse's nature/culture dichotomy which is analyzed in chapter six. This study also employs deconstructive perspectives and postcolonial critiques which help undermine the representations of anti-FGM discourse. The next chapter, however, begins my analysis of anti-FGM discourse, focusing on ways in which anti-FGM discourse carries legacies of colonialism.

## **CHAPTER FOUR: COLONIALIST IMAGES IN ANTI-FGM DISCOURSE**

Modernization and development foster individual growth, education and achievement. Each person is responsible for his or her own actions and life. Personal initiative is rewarded; education and self-improvement are desired by all. By definition the goals of tradition and development are incompatible. (Hosken 1993, 18)

### **Introduction**

To re-emphasize a point made earlier, recently we have witnessed heated public discussions regarding practices of female circumcision, especially in Europe and in the United States. This increasing awareness is partly attributable to media attention on the issue by celebrities such as novelist Alice Walker, supermodel Iman, and former U.S. Congresswoman Pat Schroeder, who have campaigned vigorously to publicize this issue and enact policy aimed at eradication both in the U.S. and abroad. Although female circumcision has been a major concern of feminists in the West at least since the early 1970s with attention paid by feminist activists such as Fran Hosken and Mary Daly, and now in the international policy arena as well, the discourse that has evolved to eradicate female circumcision goes back into the imperialist era. During that time, Europeans had justified colonial rule by creating social hierarchies which placed themselves at the top as the most civilized, and Africans at the bottom as the most primitive. Ever since, such cultural presumptions have fundamentally shaped and informed Western thought regarding peoples and places associated with Africa.

In this chapter, I argue that while the most intense discussion of female circumcision has taken place after the end of the formal imperialist era, views expressed in anti-FGM discourse carry such colonialist legacies which undermine claims of concern for African women, and the credibility of their emancipatory stance.

## **Defining Colonialist Discourse**

The representation of culture through writing was an important element in the process of colonizing other lands and their peoples. Postcolonial critics have come to refer to such writing as colonialist literature. Colonizing missions had to be defended and legitimized, and an effective means of accomplishing that goal was by representing the colonized Other as culturally, politically, and morally degraded and backward; contrasting that idea with that of European identity as a superior one in comparison with all the non-European peoples and cultures (Said 1978, p. 7; Boehmer 1995; Tiffin and Lawson 1994).

To understand how such writings functioned, it helps to provide a brief definition of what I mean by colonialist discourse. Like Boehmer (1995), I take colonialism to mean “the consolidation and imperial power, and is manifested in the settlement of territory, the exploitation or development of resources, and the attempt to govern the indigenous inhabitants of occupied lands” (p. 2). On the other hand, imperialism is defined as “the authority assumed by a state over another territory -- authority expressed in pageantry and symbolism, as well as in military power” (p. 2).

Colonial literature, as Boehmer (1995) explains, is the writings that intended to organize and reinforce the self-proclaimed superiority of European culture and the desirability of European rule. Such writing sought to legitimize imperialism by making it “seem [as] part of the order of things” (Boehmer 1995, p. 3). “Colonial” literature can be distinguished from “colonialist” literature in that the latter are writings which were more generally “concerned with colonial perceptions and experience, written mainly by metropolitans, but also by creoles and indigenes” (Boehmer 1995, p. 2). Colonialist literature was specifically concerned with the expansion of colonial power and/or authority. In that regard, Boehmer (1995) writes:

On the whole it was literature written by and for colonizing Europeans about non-European lands dominated by them. It embodied the imperialists’ point of view. When we speak of the writing of empire it is literature in particular that will

occupy our attention. Colonialist literature was informed by theories concerning the superiority of European culture and rightness of empire. Its distinctive stereotyped language was geared to mediating the white man's relationship with colonized peoples. (p. 3)

Similarly, in her analysis of the debate on Sati ("widow burning" in India), Lata Mani (1987) describes colonial discourse as:

a mode of understanding...society that emerged alongside colonial rule and over time was shared to a greater or lesser extent by officials, missionaries, and the indigenous elite, although deployed by these various groups to different, often ideologically opposite ends. (p. 122)

While colonial discourse is relegated to the colonial era, colonialist discourse extends to the present as discourse which promotes the superiority, implicit or explicit, of the European over the rest. After all, the formal close of the colonial era did not magically bring an end to such racialized cultural ranking, though such ranking now often takes more subtle forms, as postcolonial critics frequently demonstrate.

### **Gender and Colonialist Accounts.**

The hierarchies produced and reproduced through colonial and colonialist accounts were/are gendered as well as racialized. A look back into colonial approaches to gender and its role in maintaining a racialized hierarchy helps put contemporary anti-FGM discourse into context. As Walley (1997) points out, in much of the Western-oriented literature such practices reproduce not only disturbing racial hierarchies "but also makes starkly apparent why gender is a fraught issue between so-called First and Third World" (p. 424). She urges us to pay attention to the particular histories that accompany the making of these practices and more importantly the role they played in colonial discourses of gender.

Much recent scholarship on colonial discourses of gender "has argued that the alleged overwhelmingly oppression of 'native' women by 'native' men was consistently used to



justify colonial domination and that Euro-American feminism was itself used toward those ends” (Walley 1997, p. 424). Thus, by making male domination among the “natives” appear as though it is a “tradition” that is carried out throughout the colonies, the white male colonizers also appropriated a certain form of feminism (colonial feminism) that pretended to be concerned about “native” women while clearly justifying colonial rule (Ahmed 1992; Mani 1980/1990; Knauss 1987; Liddle and Joshi 1989; Lazreg 1994). Ahmed (1992) writes of the colonizers’ appropriation of Euro-American feminist ideology in order to justify colonialism:

Even as the Victorian male establishment devised theories to contest the claims of feminism, and derided and rejected the ideas of feminism and the notion of men’s oppressing women with respect to itself, it captured the language of feminism and redirected it, in the service of colonialism, toward other men and the cultures of Other men. (p. 151)

In this sense, one can make a comparison between anti-FGM discourse and that on Sati in India, as well as other discourses such as foot-binding in China and veiling in Muslim societies, and in particular the ways in which they are represented in the Western imagination. For example, Mani (1987) writes that contrary to the popular ideology that the British colonizers were compelled to abolish Sati because of its barbarity, the so-called horror of the burning women carried distinctly minor theme (p. 122). The discourse on Sati did not emerge from nowhere, Mani (1987) warns, “nor was it entirely discontinuous with precolonial discourses in India. Rather, it was produced through interaction with select natives, though as [she shows] officials clearly had power over the natives in question” (p. 122). It is in such manner that Mani (1987) sees the discourse on Sati as specifically a colonial production that cared less about the understanding of the practice of Sati, let alone the women involved, than in its own colonial rule and thereby casting colonialism as a “civilizing” mission.

European presumptions of women’s oppression in a colonial context also appear in the context of veiling among Algerian women, as Walley (1997) writes:

The symbolic importance of Algerian women's 'oppression' in underpinning French colonialism was the given physical form in a staged ceremony in which Algerian women were unveiled by French women in a symbolic enactment of the "enlightenment" of French rule. This ceremony was staged during the 1950s in response to the growing resistance to French rule by the Algerian Nationalist Party, the National Liberation Front (FLN), which itself included many women. (p. 425)

What is even more troubling, as Walley (1997) points out, is that "the reality of gender inequality in France -- for instance, the French women were themselves not allowed to vote until after WWII -- did not stop French women from being held upon the liberated idea for Algerians" (p. 425). In fact, these French women were also not allowed to hold jobs outside of the household or even to own property. In such cases, it is no wonder then that the white male colonizers were preoccupied with what they defined as the "degraded" status of "native" women in many parts of the colonies.

In these documents, we are told that Sati, veiling, Muslim sex segregation, female circumcision, foot binding, etc., are among the most inhuman activities, and that such activities required the more merciful intervention of Christian missionaries and other colonial strategies of development (Said 1978; Mani 1987; Ahmed 1992; Walley 1997). Ahmed (1992), for instance, notes that while Lord Cromer, stationed in Egypt as the British colonial consul general at the beginning of the 20th century, was preoccupied with the veiling and sex segregation of Muslim women, he nevertheless was entirely opposed to women's suffrage movement back in England. As Walley (1997) points out, Lord Cromer himself "was a founding member and even President of the Men's League for opposing women's suffrage" (p. 425).

Such "colonial feminism," as Ahmed (1992) calls it, came to be carried out later in several ways. For one, in the post-independence era, it became appropriated yet again by the male-dominated nationalist governments, this time around as "national feminism", with the leadership granted primarily to the wives of male politicians. In the case of

Kenya, for instance, *Maendaleo ya Wanawake*, a women's development movement that was founded during the later era of colonialism, was soon after independence adopted as a national women's movement to represent all women in Kenya, though its leadership consisted of the wives of elite males.

Such colonial feminism was appropriated by the Western feminists themselves as intermediary points through which the notion of "women's oppression," produced in the image of the white middle class women, would be imposed. Such appropriation of the colonial feminism, as in the case of white male colonizers, meant that the neo-colonial, oppressive, and exploitative conditions that dangerously hurt most impoverished men and women would be relatively ignored. Also, such representations dismissed the ways in which "colonialism hurt women in particular by economically undermining what was an already vulnerable group and by subverting women's historical sources of power and autonomy" (Walley 1997, p. 424).

This historically-produced colonialist means by which Western feminists have come to "know" Third World women's problems ensures that a tension or conflict exists between women in these categories, as well as between the powerful elite women and the marginalized women within Third World contexts (Mohanty et al. 1991; Mohanty 1991; Johnson-Odim 1991). Here we have feminist elite women from Third World contexts and mainstream elite white, middle-class women speaking directly to each other and furthering goals and interests that pertain to their visions and welfare, all the while pretending to speak for all women. As such, judged only in terms of the accomplishment and the failure of these feminists, the activities of subaltern peasant, working-class, and minority women becomes historically and spatially frozen, marginalized, and/or stereotyped (Mohanty 1991; for more detail on such concerns, see especially Johnson-Odim 1991; Russo 1991).

While it is true that there are multiple and heterogeneous forms of feminisms in the West who have addressed critically the problematic nature of these tendencies, much of the Western feminist scholarship about women from Third World areas remains

problematic (see Mohanty 1991). Similarly, acknowledging first that there are many schools of thought on feminism among First World feminists, Johnson-Odim (1991) further writes:

There is still, among Third World women, a widely accepted perception that the feminism emerging from the white, middle-class Western women narrowly confines itself to a struggle against gender discrimination. It is also widely felt that this is the ‘mainstream’ feminism of the West and that it holds the most sway and has the most adherents...[O]thers have all attested to this perception, and many have defined it as a liberal, bourgeois, or reformist feminism, and criticize it because of its narrow conception of feminist terrain as an almost singular anti-sexist struggle. (p. 315)

In this sense, Johnson-Odim (1991) makes it clear that while “sexual egalitarianism is a major goal on which all feminists can agree, gender discrimination is neither the sole nor perhaps the primary locus of the oppression of Third World women” (p. 315). In a similar manner, Mohanty (1991) speaks about Western feminist scholarship and their representations of women from the Third World. Such scholarship, Mohanty (1991) writes:

...often locates “Third World women” in terms of the underdevelopment, oppressive traditions, high illiteracy, rural and urban poverty, religious fanaticism, and ‘overpopulation’ of particular Asian, African, Middle Eastern, and Latin American countries... Besides being normed on a white, Western (read progressive/modern)/non-Western (read backward/traditional) hierarchy, these analyses freeze Third World women in time, space, and history. (p. 5-6)

To re-emphasize my point, the idea that “First and Third World women have different needs, concerns, and power bases, combined with the particular histories of feminism in former colonies has contributed to tensions in the midst of efforts to create an international women’s movement” (Walley 1997, p. 426). And, as Walley (1997) points out, the practice of female circumcision has found its place now right at the center of such

tensions. As was already suggested, deeply entangled in the colonizers' and missionaries' desire to "civilize the natives," the recent resurgence of the anti-FGM efforts which began in the 1970s and were popularized through the 1980s and 1990s, too, is marked by a similar desire (Babatunde 1998; Mohanty 1991; Johnson-Odim 1991; Walley 1997). As Kratz (1994) points out:

Current feminist campaigns may not recognize the continuities, but their rhetoric depends on arguments and images that were also central to colonial and missionary projects, complete with implicit evolutionary scales and notions of 'progress' defined by their own criteria and values. (p. 242)

It is to such current campaigns as they are played-out in the anti-FGM discourse that I will turn next.

### **Hardliners vs. Softliners on the Issue of Female Circumcision Eradication**

The various discussants in anti-FGM discourse embrace various means of stating their cases against female circumcision, even as they all agree that the practices of female circumcision are barbaric and damaging traditions which must be eradicated. I will identify two broad rhetorical strategies in presenting the anti-FGM case; those to whom I refer as "hardliners" on the FGM eradication issue and those who take a more "softliner" approach. The former are those who boldly state the pure primitivity of female circumcision, while the latter includes those who attempt to take into account the cultural contexts of female circumcision as an important component of eradication efforts.

These terms -- hardliner and softliner -- are borrowed from Stephen Jay Gould's essay "American Polygeny and Craniometry Before Darwin: Blacks and Indians as a Separate and Inferior Species" (Gould 1993). In his analysis of the kind of impacts that science had upon the 18th and 19th century views of race, Gould teaches us that in such a cultural milieu, "leaders and intellectuals did not doubt the propriety of racial ranking -- with Indians below whites, and blacks below everybody else" (p. 85). Such ranking formed a cultural foundation for the European understanding of the world.

For Gould (1993), the term “hardliner” refers to those who “held that blacks are inferior and that their biological status justified enslavement and colonization” (p. 85). “Softliners,” on the other hand, “agreed that blacks were inferior, but held that a people’s right to freedom did not depend upon their level of intelligence” (p. 85). Still, for the softliners, their attitudes varied with regard to “the nature of black disadvantage.” Some, according to Gould, “argued that proper education and standards of life could ‘raise’ blacks to a white level; others advocated permanent black ineptitude. They also disagreed about the biological or cultural roots of black inferiority” (p. 85). Some among both hardliners and softliners commonly held the belief that “black inferiority is purely cultural and that it can be completely eradicated by education to a caucasian standard” (p. 85). I employ these terms in order to explore how the arguments within anti-FGM discourse are shaped and differentiated, and perhaps more importantly, how they are tied together in the end by a common conviction that the practices of female circumcision are not at all acceptable by Western standards.

Hardliners in this context are identified through their hard and sensationalizing rhetorical moves that are purposefully meant to horrify, shock, and titillate, and to push the intended audience into anti-FGM action. In a hardliner view, cultural contextualization of the practices of female circumcision is dismissed as irrelevant and when offered, it is only to prove the backwardness and ignorance of the practitioners. Softliners, on the other hand, are identified through their often sympathetic rhetorical moves that are interested less in sensationalizing the issues than to offer some understanding of how and why such practices take place. However, such contexts are offered in order to help locate various ways in which the practices of female circumcision can be broken or eradicated, based on their preformed images of these practices that are usually derived from the works of the hardliners.

### Hardliners

Those who fall under this category describe the practices of female circumcision

homogeneously and only in negative terms. What follows is a small sample of terms used by hardliners to describe female circumcision: as “a mutilation of minors” as well as “a distortion of the original anatomy” (webhost 1985, p. 26; Walker and Parma 1993, p. 19); as “barbaric, futile and illogical” (Royal College of Obstetricians, cited in *Newsweek* 1982, p. 55); as “practices of oppression afflicting women” (Accad 1995, p. 47); as “the most obscene form of violence against women” (Welsh 1996, p. 1); as “a form of child abuse” (Schroeder 1994, p. 739; Burstyn 1995, p. 30); as “a persecution” (Rueben 1996, p. 36; McCarthy 1996, p. 14; Equality Now 1996, p. 125); as “abusive and often dangerous” (Sillah 1996, p. 52); as “a brutal and harmful practice” (Burstyn 1996, p. 32); as “a cruel tradition” (Armstrong 1991, p. 42); and as “constituting a direct attack on women’s sexuality” (Winter 1994, p. 941). And the list goes on.

The battle to eradicate female circumcision practices is based upon generalized images such as these. Under this “hardliner” category, I will prioritize Fran Hosken, Mary Daly, and Alice Walker in order to demonstrate how current anti-FGM discourse remains indebted to colonialist language as described above. These three feminists have done tremendous work to call attention to the issue, and because of that, they have greatly enhanced the political strategies that have come to shape the anti-FGM discourse. In their discussions of what they describe as “FGM,” these authors in effect also replicate the “civilizing mission” of European colonialism, implying that Africans are to be rescued from their “primitive barbarism” by an Enlightened West; whether through education to a “higher” standard or through outright intervention and criminalization. Also, these authors depict the practices of female circumcision as a unified practice, having the same form, meaning and history throughout the African continent and other places. The homogenization of this so-called “female torture” simply ignores the variation of such practices and their implications for women, as will be discussed in greater detail in the next chapter.

The anti-FGM hardliners presented below have in common their commitment to the ideals of radical feminism and their firm belief in unifying concepts such as patriarchy,

which they use to describe and explain women's oppression globally. In this view, these women are "hardliners" in their condemnation of female circumcision as yet another example in a list of universal expressions of patriarchy. As such, understanding the cultural contexts of female circumcision practices is viewed as irrelevant since all contexts point to similar patriarchal oppression -- in fact, contextualization, in this view, would simply cloud the issue, distracting attention from the identification of the root cause of global women's oppression.

### *Fran Hosken*

Most prominent in anti-FGM discourse is the work of Fran Hosken, whose commitment to abolishing the practices of female circumcision has made her a vocal and influential anti-FGM activist since the early 1970s. Her *Hosken Report* (1993) is the most widely cited document in anti-FGM discourse, and her periodical, *WIN News*, is the most persistent voice in the battle against female circumcision.

Hosken best represents the hardliner, colonialist perspective as a result of her constant appeal to the "ignorance" and "custom-boundedness" of Africans, her use of terms such as "primitive" and "savage," in her implied presumption of a lower rank-ordering of Africans on a scale of cultural development, and in her persistent calls to Western-based institutions to intervene to put an end to the barbarity of FGM. Hosken presents as unproblematic the view that female circumcision is the product of a globalized desire of men to control women:

It is men who determine what becomes a custom and finally a tradition in each society. The objective, which is quite openly stated by African and Middle Eastern men, is to deprive women's sexual pleasure and to keep women under male control. In Muslim countries women are told that they are unable to control their sexuality; therefore they must be excised. In different ethnic groups, the genital operations take different forms and are performed on girls of different ages, with a variety of different reasons. The purpose and medical results,



however, are the same. (p. 32)

Under such representation then, and as Mohanty (1991) notes, the basis of Hosken's argument and condemnation of female circumcision practices is constituted through only one privileged premise. As Hosken (1981) herself puts it, the main purpose of these practices is "to mutilate the sexual pleasure and satisfaction of women" (p. 11). This, in turn, as Mohanty (1991) notes, "leads her to claim that woman's sexuality is controlled, as is her reproductive potential" (p. 58). And since Hosken equates the practices of female circumcision with rape and other violences, surely it is impossible to see women in any other way but "consistently as the victim of male control -- the sexually oppressed" (Mohanty 1991, p. 58).

Since she understands patriarchy to be domination/control of women by men in her society, then surely, all women everywhere else must share the same fate--only a bit worse. That realization of "Other" women's continued oppression is presented through popular images of Third World patriarchal oppression such as foot-binding in China; Sati in India, genital mutilation and polygamy in Africa; purdah and veiling Islamic nations; Machismo in South America; and the chastity belt in Europe. The latter, however, is viewed as now irrelevant given the idea that white, Western women have progressively liberated themselves in most ways, unlike non-white women. It is then seen as the responsibility of the white women who "clearly" understand this problem of male domination over women to liberate all the others who lack such an understanding. Patriarchy in this sense becomes a universal problem where all men conspire to dominate women, and where only a handful women understand that conspiracy all too clearly, while the majority of women are still locked up in their ignorance. This presumed hierarchy of Western (liberated) women whose new found mission is to uplift the "natives" is clearly patterned upon colonialist assumptions.

This identification of a "root cause" of female circumcision in patriarchy renders it unnecessary to try to understand from an insider's viewpoint why such practices are desired and perpetuated. Here, Hosken replicates the colonialist presumption of

“sameness” in the Other – that a native is a native is a native. Hosken suggests that learning the histories and the local meanings behind the practices of FC is not an option that Western researchers should consider important:

The cause of the practice of excision and infibulation is lost in the distant past; typically, no one in Africa today can give a plausible explanation for genital mutilation of girls that is not tied to myths, magic, misconceptions and ignorance of biological facts. One can only guess how long it has taken to bring about the unquestioned acceptance ‘as our custom and tradition’ of these terrifyingly sadistic and permanently damaging mutilations, that are even now considered an essential requirement for marriage in many African countries. (p. 72)

In fact, Hosken would like us to be suspicious of anthropologists, who tend to be particularizers and contextualizers, and what she sees as their tendency to defend customary practices. She claims that “anthropologists, in the name of culture and tradition have defended FGM continuously and many still do—they are regularly consulted by development planners especially regarding health and family planning programs” (p. 10). Ethnographic and anthropological texts should not be trusted, according to Hosken, because as she puts it, “the ethnographical and anthropological literature, written mostly by men, ignores the mutilations and conceals their true results and effects on African life” (p. 72). For Hosken, anthropologists are merely apologists.

Instead of showing cultural relevance, Hosken appeals to a “false consciousness” argument -- that women who support and practice female circumcision are dupes of male controlled society -- to explain to us why such practices persist:

Mutilating the genitalia of female children and thus altering their normal and natural personality development, renders women subservient to men. The final achievement of exerting control over women is to make them internalize the need for their own mutilation and carry out the operations on their own daughters. This can be observed all over Africa today with women stating that ‘it is required by our traditions.’ (Hosken 1993, 72)

Hosken's hardliner images are presented through a structure common to colonialist discourse. These structures are evident in the oppositions used to construct her images of female circumcision; such as the frequent appeal to the "primitivity" and "savagery" of female circumcision, effectively representing Africa as the civilizational Other of the West. Hosken also creates an opposition between the science-driven, objective West against the superstitious and biased African who can't see the "facts" through their cultural blinders. Related to such a dichotomy is that between the ignorant Africans who lack knowledge about their bodies or the realities of patriarchy, and the educated Western feminists who have learned to see through the haze of male-dominated society to envision a world free from female torture and oppression.

The "savagery" in Africa, according to Hosken, is part of an extreme pattern of cultural tradition which warrants intervention from more civilized ("modernized," in her terms) lands. In fact, for Hosken, the practices of female circumcision can only be explained in relation to not only the total domination of African men over women, but also more importantly, in relation to male violence in general in Africa. According to Hosken, "The result of these violent customs can be seen today all over Africa's ongoing tribal and civil wars" (p. 16):

Africa is the most violent continent demonstrating the direct relationship between family violence and civil or tribal warfare. What are called 'cultural tradition' in reality are practices that support the ritual abuse of women, systematically damaging women's health and strength to make sure of their subordination to men. (p. 16).

Hosken declares that, in Africa, rape of young girls and women by both boys and men is also a "tradition" that is practiced. In other words, while rape and spousal abuse are seen by many as violent crimes committed against women in many societies, in Africa, according to Hosken, it is a custom that is no different from any other expected cultural practice:

Routinely performed mutilations of all female children, wife abuse sanctified as a

custom...the selling by fathers of their barely teenage daughters to the highest bidder, and rape practiced in many African societies to prove manhood are all 'traditions' (p. 16).

Rape cases reported recently in Kenya, for example, whereby at least nineteen school girls were brutally raped and nine were crushed to death during a high school riot are used by Hosken to argue that rape in Africa is expected, where young boys are trained "for lifelong violence" (p. 16). According to Hosken, "Rape and violence against women go on all over Africa, but Kenyan newspapers are more alert and less censored. Condoning such traditions by young boys is an education for lifelong violence as the continuous civil wars all over Africa confirms" (p. 16). In her view, to rescue the natives from their own savagery Western institutions need to step-in and establish policy which helps replace this primitive behavior with more civilized attitudes.

Despite her obviously offensive and racist portrayals of Africa and Africans, Hosken has been defended by anti-FGM activists. Accad (1993), for example, argues that "like many zealous and committed individuals, she [Hosken] has been unjustly criticized by some feminists, especially in the academic community, for what they see as a reductionist, impassioned representation of the problem, and 'Orientalist' approach" (p. 49). Accad (1993) in turn dismisses those feminists' concern as follows:

But as a friend made me notice, are not commitment and liberation struggles reductionist to a certain extent? Perhaps the outcry against commitment so prevalent in today's world and in intellectual circles is an excuse for not doing anything against the injustices still in existence, a way out of feeling guilty. (p. 49)

Accad's presumption is that while Hosken may go too far in her colonialist representations, any criticisms simply distract from the more serious work of liberating women from torture and mutilation.

### *Mary Daly*

Mary Daly, like Hosken, writes from the perspective of a "second wave" feminist,

typically associated with the 1960s through 1980s time period. Many feminists in this era viewed the world of gendered violence through a search for universal root causes. As such, Daly also takes a hardliner position on female circumcision; presenting such practices as evidence of a universalized patriarchy. She, as with Hosken, sees attempts at an insider's understanding of circumcision as mere apology for women's torture.

In her book, *Gyn/ecology: The Metaethics of Radical Feminism*, Mary Daly (1978/1990) asserts that "this book is about the journey of women becoming, that is, radical feminism" (p. 1). She writes:

The radical being of women is very much an other world journey. It is both discovery and creation of a world other than patriarchy. Patriarchy appears to be 'everywhere.' Even outer space and the future have been colonized. As a rule, even the more imaginative science-fiction writers (allegedly the most foretelling futurists) cannot/will not create a space and time in which women get far beyond the role of space stewardess. Nor does this colonization exist simply 'outside' women's minds, securely fastened into institutions we can physically leave behind. Rather, it is also internalized, festering inside women's heads, even feminist heads. (p. 1)

For Daly, female circumcision represents one particularly vicious form of such internalization in a world full of violence against women. Daly is dedicated to helping women liberate themselves in all ways from male domination which has invaded the entire global social fabric, and that has silenced women to the point that they are oblivious of how they are dominated (except for her and a few other radical feminists, of course). Having understood that, Daly set herself to "naming the enemy" so that we (women) may learn how to set ourselves and others free. She writes:

Women and our kind -- the earth, the sea, the sky -- are the real but unacknowledged objects of attack, victimized as the enemy of patriarchy -- of all its wars, of all its professions. There are feminist works which provide abundant examples of misogynistic statements from authorities in a 'fields,' in all major

societies, throughout the millennia of patriarchy. Feminists have also written at length about the actual rapist behavior of professionals, from soldiers to gynecologists. The custom of widow-burning (suttee) in India, the Chinese ritual of footbinding, the genital mutilation of young girls in Africa (still practiced in parts of twenty-six countries of Africa), the massacre of women as witches in 'Renaissance' Europe, gynocide under the guise of American gynecology and psychotherapy -- all are documented facts accessible in the tomes and toms (libraries) of patriarchal scholarship. (p. 28).

The colonialist rhetoric employed by Daly overlaps and yet differs a bit from that of Hosken. While Hosken's rhetoric is based upon the persistent use of direct colonial imageries and long-standing assumptions about Africans' extreme Otherness, Daly's analysis is placed in the context of a dichotomy between radical feminist supporter versus detractor. Thus, Daly's anger is directed most intently on Western institutions which refuse to act upon, or even acknowledge, the patriarchal abusiveness of practices of female circumcision. Such institutions, with their stakes in maintaining global patriarchy, refuse even to name these practices, lest they be forced to act against them. With regards to the vastly diverse practices of female circumcision, lumping them all together, Daly asserts that:

There are some manifestations of the sado-ritual syndrome that are unspeakable -- incapable of being expressed in words because they are inexpressibly horrible. Such are the ritual genital mutilation -- excision and infibulation -- still inflicted upon women throughout Africa today, and practiced in many parts of the world in the past. These ritualized atrocities are unspeakable also in a second sense; that is, there are strong taboos against saying/writing the truth about them, against *naming* them. These taboos are operative both within the segments of phallocracy in which such rituals are practiced and in other parts of the Fatherland, whose leaders cooperate in the conspiracy of silence. (p. 155)

Daly is clearly exasperated by what she sees as the unwillingness of educated people

and relatively powerful institutions to act against such “unspeakable atrocities.”

Why do educated persons babble about the importance of tribal coherence and tradition while closing their eyes to the physical reality of mutilation? Why do anthropologists ignore or minimize this horror? Why is it that the Catholic Church has not taken a clear position against this genital mutilation? Why do some African leaders educated in the West continue to insist upon the maiming of their daughters?.... Socialists, Catholics, liberal reformers, population planners, politicians of all persuasions -- all have purposes which have nothing to do with women’s specific well-being unless this happens to fit into their wider aims. (Daly 1978, p. 158)

Furthermore, not only are such institutions inactive due to their support for patriarchy, but they also fear a backlash by Africans who might accuse them of racism or neo-colonialism for speaking out against female circumcision. As a result, such institutions lack the courage to stand for what’s right and to represent the tortuous practices of female circumcision for what they are:

Critics from Western countries are constantly being intimidated by accusations of ‘racism,’ to the point of misnaming, non-naming, and not seeing these sado-rituals. The accusations of racism may come from ignorance, but they serve only the interests of males, not of women. This kind of accusation and intimidation constitutes an astounding and damaging reversal, for it is clearly in the interest of black women that feminists of all races should speak out. (Daly 1978, p. 154)

Under that context, Mary Daly suggests that naming these practices differently than the way she describes them that can do no good other than to “hide the cross-cultural hatred of women” (p. 160). With that in mind, Daly then wonders why major international agencies such as WHO have not dealt with such problems seriously. “This basic attitude has not changed. There has been a conspiracy of silence” (p. 157). Daly proclaims:

International agencies, the UN and UN agencies, especially WHO and UNICEF (both devoted to health care), non-governmental organizations working in Africa,

missionaries and church groups concerned with health care, also women's organizations including the World Association of Girl Guides and Girl Scouts, Y.W.C.A and the Associated Country Women of the World, and others working in Africa, all know what is going on. Or they have people in Africa who know. This quite aside from the Health Departments and hospitals in African countries and the M.D.s especially gynecologists, who get the most desperate cases...The doctors know all. But they don't speak. (pp. 157-158)

Within her support for women's unity in the face of myriad misogynistic practices, Daly, like Hosken, employs the colonialist move of hierarchizing the feminist movement. She places relatively liberated Western women at the top while presuming that non-Western women remain unaware and thus mired in more extreme expressions of patriarchy, such as polygyny and FGM.

Daly also, however, denies the potentially empowering aspects of customary beliefs and practices while embracing such potential in the case of Western women's historical ("traditional") practices. In this regard, Daly privileges the independence and empowerment of women associated with witchcraft in Western contexts. Daly declares that "together with Robin Morgan, who has done so much both to elicit in women the wide and deep intuition of the meaning of *witch* and to resist simplistic vulgarization, I hope that more feminists will give to the history of witches the serious study that it warrants, recognizing it as a part of our entombed history, a remnant of the old religion which pre-dated all patriarchal faiths and which was a Goddess-worshipping, matriarchal faith" (p. 221).

Yet Daly herself "simplistically vulgarizes" female-directed practices of circumcision. By refusing to acknowledge the importance of knowing context, Daly would not even imagine the empowering potential of female circumcision in some cultures, and by denying that claim, presents the colonialist presumption of the "complex West" versus the "simple" and easily-knowable Other.

The Euro-American women have histories and cultures that existed independently



before patriarchy took over that they can aspire or perhaps even return to -- “the remnants of naturally wild femaleness” (Daly 1978, p. 231). Daly urges us to know the history and be respective of white women witches of Euro-America who are in this context describes her as Goddesses and wise women healers, though she offers us no other interpretations of all other non-white women except that of “mutilated” women, “foot-bound” women, and “burned-widows” respectively. African women, Chinese women become readable to Daly, only through what she manages to define as their oppressive conditions. They are separated from their historical and cultural contexts and viewed strictly as ignorant and oppressed so that their bodies become examples of male domination, what Daly refers to as a “pattern of male sado-ritual syndrome.”

I argue that such characteristics are used by Daly as a divider that marks white Euro-Americans differently from the rest. To Daly, the Euro-American women accused and burned as witches were “independent” women who were themselves unassimilated into the patriarchal structures unlike “mutilated,” “foot-bound,” and “the widows of India” as explained in the following passage:

The situation of those accused of witchcraft was somewhat different from that of the foot-bound Chinese girls and of the genitally maimed girls and young women of Africa, for these were mutilated in preparation for their destiny -- marriage. It was also somewhat different from the situation of the widows of India, who were killed solely for the crime of outliving their husbands. For the targets of attack in the witchcraze were not women defined by assimilation into the patriarchal family. Rather, the witchcraze focused predominantly upon women who had rejected marriage (spinsters) and women who had survived it (widows). The witch-hunters sought to purify their society (the mystical body) of these ‘indigestible’ elements -- women whose physical, intellectual, economic, moral, and spiritual independence and actively profoundly threatened the male monopoly in every sphere. (Daly 1978, pp. 183-184)

In this respect, Daly concludes that not only did the atrocity of witchburning differ

from other atrocities of other places, such as female circumcision, Chinese footbinding, and Sati, but so, too, did the victims themselves. The very liberating symbols of indigenous female practices that are denied Africans and other Third World women are attributed to Euro-American white women as attractive symbols that signified women's empowerment. Prompting "witch-burning" as a reaction from patriarchy. As such, while African women and their practices are historically "patriarchy-bound," Western women's practices are suggested to have existed (threateningly) outside patriarchy prior to their defeat. The remnants of that empowering stance (witchcraft) are to be embraced once again by Western women, who then can move to help their still-oppressed "sisters" abroad.

By denying difference and uniqueness in their own histories and cultures that could count as desirable and empowering, the liberation of African, Chinese, and Indian women requires that they emulate white, middle-class women, for through them, a true definition of femininity that is unmarked by the patriarchy can be found, as implied here by Daly. The troubling implication here is that "sisterhood" places white, middle-class feminist concerns at the center. By asserting, for example, that "racism is a deformity within patriarchy... it is unlikely that racism will be eradicated as long as sexism prevails (Daly 1975, pp. 56-57), Daly dismisses those who point out the racism within the anti-FGM discourse as being informed by ignorance that only serves male's interests.

However, adopting such a viewpoint has prompted criticism from minority feminist who see things differently based upon their everyday practices. Here, for example, Audre Lorde (1984) provides a helpful criticism of Daly's problematic representation of female circumcision as well as African women themselves:

...it was obvious that you were dealing with noneuropean women, but only as victims and preyers-upon each other. I began to feel my history and my mythic background distorted by the absence of any images of my foremothers in power. Your inclusion of African genital mutilation was an important and necessary piece in any consideration of female ecology, and too little has been written about it. To

imply, however, that all women suffer the same oppression simply because we are women is to lose sight of the many varied tools of patriarchy. It is to ignore how those tools are used by women without awareness against each other. (p. 67)

One such tool, employed by Daly, is to utilize the patriarchal tool of a colonialist mentality and the rhetoric used in its expression.

### *Alice Walker*

Like Hosken and Daly, whose presumptions of “rescue” reflect colonialist assumptions of the West’s “duty to intervene,” Alice Walker’s novel, *Possessing the Secret of Joy* (1992), provides yet another clear, hardliner depiction of the “civilizing mission” of anti-FGM discourse. Like Hosken, Walker presents Western influence and civilizational values as the means of rescuing Africans from their ignorant commitment to dangerous traditions. This presumption is seen in the following passage is taken from the first paragraph of the publisher’s summary of her book:

*Possessing the Secret of Joy* is the story of Tashi, a tribal African woman who lives much of her adult life in North America. As a young woman, a misguided loyalty to the customs of her people led her to voluntarily submit to the *tsunga*’s knife and be genitally mutilated (pharantically circumcised). Severely traumatized by this experience, she spends the rest of her life battling madness, trying desperately through psychotherapy -- she is treated by disciples of both Freud and C. G. Jung, and even by Jung himself -- to regain the ability to recognize her own reality and to *feel*.

While Tashi voluntarily submitted to circumcision, she learned only later, through her contact with the West’s objective eye, that her loyalty to custom was “misguided;” the customary justifications for circumcision, rooted in “myth,” kept her ignorant of the “truth” of the tortuous physical and psychological implications of the practices. The traumas of “tradition,” of indigenous knowledge, are corrected by none other than the

icons of Western psychological science. In this sense, Tashi appears as rescued, psychologically, by the West and its capacity to reveal universal truths as antidotes to local myths (Latour 1993).

Alice Walker tells a story of an incident that occurred while she was a little girl in order to show her readers how she first became to be concerned about the practices of female circumcision. She tells us that when she was only eight, her brother, ten at the time, shot her in the eye with an air rifle, damaging the pupil, which then rendered her eye blind within minutes. Walker directly equates this male violence against her, which she refers to as “visual mutilation,” with the practices of female circumcision. She then suggests that it is this visual mutilation that enabled her to “‘see’ the subject of genital mutilation” (Walker and Prammar 1993, p. 18). In this sense, like the African women “who are robbed of their clitoris,” Alice Walker claims, she too was robbed of her vision:

I was eight when I was injured. This is the age at which many “circumcisions” are done. When I see how the little girls—how small they are!—drag their feet after being wounded, I am reminded of myself. How had I learned to walk again, without constantly walking into something? To see again, using half my vision? Instead of being helped to make this transition, I was banished, set aside from the family, as is true of genitally mutilated little girls. For they must sit for a period alone, their legs bound, as their wounds heal. It is taboo to speak of what has been done to them. (Walker and Prammar 1993, p. 19)

After making the practices of female circumcision to appear as readable through the violence she endured as a little girl in the United States, Walker contends further that:

No one would think it normal to deliberately destroy the pupil of the eye. Without its pupil, the eye can never see itself, or the person possessing it, reflected in the eye of another. It is the same with the vulva. Without the clitoris and other sexual organs, a woman can never see herself reflected in the healthy, intact body of another. Her sexual vision is impaired, and only the most devoted lover will be sexually ‘seen.’ And even then, never completely. (p. 19)

It is clear from Walker's example that her perception of female circumcision is as a physical operation with damaging effects and nothing more. To equate female circumcision with a little boy's malicious physical attack arrogantly presumes that Walker, as victim, understands how circumcised women "feel" and denies history and cultural value and difference that give circumcision practices meaning and attractiveness for many women. When under such an interpretation, as was the case with Hosken and Daly, African women are denied the complexities, histories, place-based meanings of their own, they now become passive recipients of male violence and nothing more -- end of story. As for cultural meanings, Walker dismisses those, as do Hosken and Daly, as being borne of sheer ignorance and entrapment in misguided social values. This impression becomes clear in *Warrior Marks* where Walker states the following:

And though one is struck by the complicity of the mothers, themselves victims, as of the fathers, the brothers, and the lovers, even the complicity of the grandparents, one must finally acknowledge, as Hanny Lightfoot-Klein does in the title of her book about genital mutilation in Africa, that those who practice it are, generally speaking, kept ignorant of its real dangers--the breakdown of the spirit and the body and the spread of disease --and are themselves prisoners of ritual. (Walker and Prammar 1993, p. 24-25)

Filled with desire to rescue such "prisoners of ritual," Walker explains to her readers that, such desire is one of the main reasons why she wrote her recently widely acclaimed novel, *Possessing the Secret of Joy*, (with regards to the practices of female circumcision) as the following statement suggests:

I wrote my novel as a duty to my conscience as an educated African-American woman. To write a book such as this, about a woman such as Tashi, about a subject such as genital mutilation, is in fact, as far as I am concerned, the reason for my education. Writing it worked my every nerve, as we say in African-American culture about those areas of struggle that pull from us every ounce of creative energy and pull away from us every last shred of illusion. I know only

one thing about the “success” of my effort. I believe with all my heart that there is at least one little baby girl born somewhere on the planet today who will not know the pain of genital mutilation because of my work. And that in this one instance, at least, the pen will prove mightier than the circumciser’s knife. Her little beloved face will be light that shines on me. (p. 25)

Walker’s self-congratulation is clearly about the social missionary effort to liberate the ignorant with the light of an Objective stance; to replace the “primitive” with the “civilized,” the “traditional” with the “modern” -- and all the (heavy) colonialist baggages those dichotomies carry. In this sense, as Babatunde (1998) reminds us, Africa, as usual, becomes a land of torture and mutilation. America, on the other hand, “is the center of healing. The intermediaries [in Walker’s novel], as usual, are the missionaries” (p. 18). This time around, however, there is a small exception, and that is, “the missionaries are African-Americans. America is also the land of well-motivated female freedom fighters who must take the battle of liberation to other lands on behalf of all abused women” (p. 18), as Walker articulated. Disturbed by Walker’s passive imagery of African women Dawit and Mekuria (1993) write:

We take great exception to the recent Western focus on female genital mutilation in African, most notably by the author Alice Walker. Ms. Walker’s new film “Warrior Marks” portrays an African village where women and children are without personality, dancing and gazing blankly through some stranger’s script of their lives. The respected elder women of the village’s Secret Society turn into slit-eyed murderers wielding rusted weapons with which to butcher children. As is common in Western depictions of Africa, Ms. Walker and her collaborator, Pratibha Prammar, portray the continent as a monolith, African women and children are the props, and the village the background against which Alice Walker, heroine-savior, comes to articulate their pain and condemn those who inflict it. Like Ms. Walker’s novel “Possessing the Secret of Joy,” this film is emblematic of the Western feminist tendency to see female genital mutilation as the gender

oppression to end all oppressions. Instead of being an issue worthy of attention in itself, it has become a powerfully emotive lens through which to view personal pain -- a gauge by which to measure distance between the West and the rest of humanity. (1993)

Such a critique applies equally well to the other hardliners reviewed previously.

### Softliners

While the “hardliners” described above are unapologetic for their inattention to local contextualization of female circumcision -- and even rebuke those who do contextualize - the “softliners” of anti-FGM discourse argue that detailed understanding of the social context of female circumcision is ultimately vital to successful eradication. Not only will such understanding quiet some accusations of “colonialism” in anti-FGM rhetoric, as words like “primitive” and “savage” are put on the shelf, but intimate cultural knowledge is seen as providing insight into possible avenues for initiating anti-FGM programs in specific cultures: i.e, if female circumcision carries important and varied cultural meanings in different societies, understanding those meanings, which points to the local attractiveness of female circumcision, will help in designing culturally-acceptable alternatives. This approach also facilitates the careful tailoring of anti-FGM educational programs to the attitudes and values of particular societies.

While this softliner approach foregoes the overt colonialist tones of the hardliners, it does, however, retain some colonialist tones of its own. For instance, as with the “understanding” of cultures undertaken by anthropologists on behalf of the social control agendas of colonial governments -- which had greatly diminished the stature of that discipline in recent decades -- the use of such detailed local knowledge in the service of promoting externally motivated change can be viewed as a replication of colonialist presumptions -- of “knowledge as surveillance,” and of the presumed Western right to intervene at will into the lives of the (formerly) colonized.

Thus, while the softliners appear as sensitive and sympathetic to the needs of African

women (and they probably in some sense are) they also operate from a colonialist perspective of “knowing what’s best” in advance, regarding the needs of these women. In colonialist terms, change in “static,” “traditional” societies does not come from within, but instead requires an external catalyst from among the more “culturally developed,” “modern” parts of the world. While from a softliner view culture must be respected, intervention is needed to establish more “appropriate/acceptable” ways of living in the context of such cultures.

As such, even among more subtly-argued texts, the discursive politics that surrounds much of anti-FGM discourse is grounded in this one particular gaze; that they are all ultimately harmful to the health of women and girls and therefore they ought to be abolished. For example, in their overview of female circumcision in Africa, Kouba and Muasher (1985) make an attempt to contextualize the practices of female circumcision to their social/cultural contexts stating that “despite evidence to the contrary, female circumcision is not [viewed as] a health hazard by the majority of the people who practice it. Female circumcision, like male circumcision, was originally an initiation rite in Africa signaling that a child was passing from puberty into adulthood thus becoming a full member of the tribe (p.102). They refer to Kenyatta (1959 [1938]:128, 127), whom they cite as saying that:

this operation is still regarded as the very essence of an institution which has enormous educational, social, and religious implications quite apart from the operation itself. For the present it is impossible for a member of the tribe to imagine an initiation without clitoridectomy. Therefore, the abolition of the surgical element in this custom means to the Kikuyu the abolition of the whole institution....no proper Kikuyu would dream of marrying a girl who has not been circumcised, and vice-versa. It is taboo for a Kikuyu man or woman to have a sexual relations with someone who has not undergone this operation. (p.102-103, 104)

In this regard, Kouba and Mausher (1985) maintain that, “although custom no longer



forms the backbone of tribal law, female circumcision remains an African custom and is still rooted in the foundations and sociological structures of the societies where it is practiced” (p.103). However, these authors go on to characterize these foundations and sociological structures as “for the most part, based on myths, an ignorance of biological and medical facts and religion” (p.103), and thereby undermining other important possible accounts under which the practices of female circumcision can fully be understood – accounts which they themselves brought to our attention to begin with. This move casts female circumcision practicing cultures as tradition-bound and ignorant of the advances of the scientific perspective which characterize “modernity” (Latour, 1993).

Another attempt to contextualize the practices of female circumcision in their larger social context was made by Leonard (1996) in her field research in Southern Chad, among the Sara ethnic group. Her account suggests that, “For the Sara, circumcision is an integral part of the female ceremony, the rite of passage marking the transition from childhood to adulthood”(p.255). She also states that “For the Sara, ritual circumcision is part of an essential phase in a girl’s education. It represents the culmination of a family’s effort to properly raise their daughter and fully integrate her into adult society. From this perspective, female circumcision is a sign of social superiority, of proper upbringing, of belonging”(p.262). In this context, Leonard (1996) argues that for Sara women:

female circumcision is a vehicle, and of necessity a painful one, for the transmission of the group’s most important lessons about life and morality. The relative focus on sexuality, whether on a conscious or symbolic level, during the initiation period via the circumcision ritual remains unclear and merits further investigation. However, in this setting, circumcision is not solely about preserving women’s chastity or regulating their behavior. Indeed, in the context of the initiation ceremony, circumcision serves a much broader educational purpose. (p.262)

While this contextualization of female circumcision practices among the Sara offers us

great insight undermined in many of the texts written about these practices, Leonard's own description is troubling in that, the impression created suggests that the impacts and outcomes of different forms of female circumcision practiced by Sara women are all the same and need not be discussed individually. Despite the author's admission that "In most cases, sunna circumcision is performed," with "some cases" labia minora being "reduced or removed" (p.255), the author confuses sunna (the most mild form of circumcision) with infibulation (the most severe form) while explaining the "health complications" related to such practices. I argue that this rhetorical tendency is not necessarily accidental, but is based upon a real desire to appeal to the politics of eradication; not to appear as on the wrong side of the issue, given that virtually all the texts written about female circumcision practices have that eradication vision in mind.

Still, in another attempt to locate the practices of female circumcision socially/culturally, Gallo and Vivian, (1988) in the case of Somalia, indicate that although "female excisory forms are usually perceived as cruel, barbaric and medically useless by Western observers" (p. 165), their reality is much different in that, "apart from the medical complications they can cause, they are deeply rooted in the social framework" (p.165). From this, the authors argued that "they can reasonably assume that they [female circumcision practices] originally contributed to the cultural integration of the societies in which they are found" (p.165). And while much of the studies focusing on Somalia can only identify only one form of female circumcision, these authors make an important contribution by identifying not only multiple other forms of female circumcision that are practiced in Somalia, ranging from the mildest to the most severe, but also by highlighting for us the major clans in Somalia that are associated with each. Due to these social contexts and other complexities, the authors conclude that "it is necessary to distinguish clearly between the milder and the more severe forms of operation" (p.171). Yet, Gallo and Vivian (1988) themselves fail to follow through on this very point by refusing to separate the milder forms from the more severe forms during their own discussion of "health complications" which they discuss later in their text.

By homogenizing all the practices of female circumcision into a single category of infibulation (the most severe form), Gallo and Vivian (1988) downplay the differences they themselves indicated are seen in Somalia, giving us an implication that they all have the same impacts, and hence equally require eradication. This implication is seen in their final recommendation that “if it is decided that infibulation is not permissible, then only by a organized campaign of general health education aimed at the women, supplying them with relevant information on the harmfulness of excisory practices, will it be possible to reduce and eventually eliminate this custom” (pp.177-178). In this sense, Gallo and Vivian (1988), as in most cases, gives us no explanation as to why the milder forms should or needs to be eradicated since they offer no or little “health complications” at all. Similar to Leonard, the desire to be on the “correct” side of the issue, along perhaps with a shared presumption of the primitivity of the practices, may be what at least partly guides their stance.

Kwaak (1992) also observes in Somali culture that the practices may have meanings other than the control of women. She acknowledges that “most women in Somalia regardless of age, social status or ethnic extraction, advocate continuation of the practices and are in favor” (p. 779) of having their daughters circumcised. She argues that:

Although infibulation can be seen as a means to control female sexuality and subordinating women, it is important to recognize that the act of infibulation, girls acquire new identity: they have become virgins. They are now ready for marriage and able to give their husbands children. Girls who are not infibulated will probably not find husbands. In most cases they will be outcasts. (p. 777)

When it comes to eradication, Kwaak agrees that it is necessary, but that such efforts must be part of a multi-dimensional effort aimed at development, controlled largely by Somali women themselves, and not simply dictating “acceptable” approaches to women’s genitalia. This point becomes quite clear when she states that “in eradication programmes, the question of female circumcision should not be seen solely as a medical or health issue. It should, on the contrary, be an integral part of the complex discussion

on how best to reach women within development policies, how to reduce inequality in the access to health facilities, land, employment, and how to give them a major say in development inventions.” (p. 778).

Kwaak’s effort at contextualizing Somali female circumcision practices, however, coexists with images which carry the problems described earlier with the other accounts. For example, Kwaak (1992) suggests that “from an objective point of view one may wonder why such a hazardous and sometimes devastating custom as infibulation continues to be practiced” (p. 780). She does not tell us exactly what she means by “objective.” She treats objectivity as if it reflects a “reality” that exists outside of one’s politics and interests, a view achieved by those whose ignorance is dispelled through education. As Latour (1993) describes, such claim to objectivity is the most powerful means by which “moderns” hold themselves apart from and above those “non-modern” Others presumably who cannot hold an objective stance, as their cultural values cloud their objective vision. Given her presumptions of an “objective” perspective, Kwaak is baffled by a Western-educated, Christian Somali woman who subjects herself to infibulation; a woman who should obviously know better:

: An educated Christian woman I knew in Somalia, just had her third child. Her husband was being treated for gonorrhea for the eighth time, and the primary health care team was trying indirectly to cure her as well; she had been advised on several occasions not to have herself closed again. When I returned from a short visit to the capital, I was surprised to hear that she had been re-infibulated again. She was in severe pain, there was an infection and she could hardly walk. The reason she gave was not that she was trying to please her husband, but that she felt that otherwise she could not show herself; because she was no longer closed, she felt impure and ashamed. At this moment I realized once more that it is possible to get some knowledge about the Other, but that really understanding the alien is a different matter. (p. 781)

It appears to me that there are several things that are going on here: first, the nameless

Somali woman is described by Kwaak in colonialist language as Other and as “alien” who serves only as an object of knowledge. Kwaak is the powerful one in this relationship -- she knows how a human being should behave under “objective” circumstances, as opposed to the poor, deluded one whose actions are “distorted” by cultural values. To be alien, in Kwaak’s statement, is to be so far removed from the “human” circle, to appear as if from another planet altogether; even to the point of questioning one’s humanness.

Second, Western education and Christianity are not only pitted against what Kwaak sees as the “traditional practices,” but the two are also treated as a presumed cure for traditional behavior -- in this case the “cure” for some reason did not take hold. Kwaak seems to ask “How possibly could a Western-educated, Christian woman engage in such practices?” Since those two categories are not critically scrutinized as “traditions” which have a particular culture, space, and history within the Western context, they are taken by Kwaak as doors to an “objective” stance which could ideally replace the practices of female circumcision in Somalia and elsewhere.

Third, although Kwaak’s description of why the woman was re-infibulated gives us an understanding that goes beyond simply pleasing her husband -- that because she was no longer closed, she felt impure and ashamed -- Kwaak’s observation is misleading as well because it does not tell us how her Somali friend’s actions fit within the larger Somali social setting and expectations. One is lead to get an impression that she is just another “ignorant, culture-bound woman” in a fully “alien” culture.

Finally, as already discussed, one important point in debates over female circumcision is over the presumed “victim” status typically given to those who are circumcised as well as the agency of the women who typically perform and perpetuate circumcision practices. While female circumcisers are widely held in anti-FGM discourse as “cultural dupes,” Kwaak gives us an important complication by telling us that even within this “private domestic sphere women are nevertheless powerful and have autonomy in decision-making processes, especially when they become older...Their age confers status on them, and they enjoy being seen as co-founders of the family” (p. 783). But Kwaak quickly

dismisses that point by making it appear that the only way that women use that power is by “mutilating” others: “They [women] have become powerful, and they use that power to have their own female relatives mutilated” (p. 783).

In this case, even when Kwaak notes that the practices of infibulation do not serve only the interest of men, the kinds of empowerment that such practices have for Somali women are ironically used to oppress women. Under that consideration, what is considered by Somali women as empowering will not have merit in the eyes of Kwaak, and therefore allow the practices of female circumcision to appear as requiring abolition - while women’s empowerment may be desirable; the end to which that power is employed must meet the standards of the “modern” gaze.

At the same time, Kwaak is very well aware of the danger of such ethnocentric and colonialist approach, as she writes:

A discussion of such a broad subject as infibulation proves to be facing the danger of either getting lost in vague and perhaps meaningless generalities, or in some ethnocentric ideological position. Neither of the two is very helpful to detect, describe and explain the intricate web of factors that produce and reproduce the practice under study, leaving aside the moot problem of how to transform such practices for the better. (p. 785)

While these softliner attempts to contextualize female circumcision practices offer us a different, more subtle, and important angle from which to understand the practices of female circumcision, these attempts limit themselves only to the politics of eradication rather than contribute to the understanding of the perspectives of the practioners concerned. As Walley (1997) describes, those most interested, and who dominate international debates over the practices of female circumcision, both historically and at the present, are Euro-Americans who often remain uncritical with regards to the power dynamics that are at work between those whom they represent and write about and themselves. I agree with Walley’s (1997) argument that the “interest in Europe and the United States stems not only from feminist or humanist concern, but also from the desire

to sensationalize, to titillate, and to call attention to differences between “us” and “them” in ways that reaffirm notions of Western cultural superiority” (p.409).

### *African American Feminists on Female Circumcision*

As Alice Walker’s example suggests, one’s status as an African American does not provide an exemption from critique. Feminists such as Gunning and Lewis provide softliner accounts which also carry similar colonialist legacies. Most anti-FGM authors see the practices of female circumcision as a question of male domination of women’s bodies and sexuality and as a human rights issue pure and simple. However, Gunning (1997), Lewis (1997) and Soulware-Miller (1985) are different in that they make some attempt to incorporate the ambiguities and uncertainties that surround not only their own positions as African-Americans, but also the ambiguities and uncertainties that pertain to this whole notion of human rights itself. For example, Gunning explains her own ambiguity, as follows:

In the spring of 1990, I re-encountered a practice that for many years I had found distressing; female genital surgeries. In their essence, the surgeries involve the cutting or burning away of the female sexual organ, the clitoris, as well as the removal in whole or part, of the other external female genitalia. As I started my research, I continued to feel anger and revulsion at the practice and a strong desire to see it eradicated as quickly as possible. In thinking about eradicating the practice, I confronted two major problems: (1) what right did I, a Western feminist, have to criticize as right or wrong the practices of an entirely different culture? and (2) should and can law, with its attribution of right and wrong, exoneration and punishment, be used to eradicate a cultural practice? (p. 352)

Similarly, Lewis (1997) explains her position through the following questions:

Should black feminist activism on this issue take the form of calls for aggressive enforcement of criminal sanctions or against efforts to legalize the practice in the West? Should it instead expose and criticize the racism and sexism involved in

the implementation or enactment of such domestic laws? How should African American feminists address the question of the ‘medicalization’ of FGS [female genital surgeries] in the West? What sanctions should be imposed on formally licensed health professionals who profit from the continuation of the practice? Do any of the proposed legislative efforts reflect a serious commitment by the state and the international community to place political and economic priority on the general health and well-being of black women and girls? (p. 366)

Still, Kay Boulware-Miller (1985) writes:

My initial response to this issue was ambivalent and confused. As a woman, I felt rage that the practice helped solidify and preserve society by the violation of female bodies; as a Black, I felt a perverse pride that an African tradition had managed to hold its own amid invasive values of beauty, morality, and self-worth; and as a mother of a little girl at the age of most who are circumcised, I felt threatened by a vividly-imagined, but never-to-be-known loss. (p. 176)

I see these authors as trying to transgress the simple black and white line that is easily drawn within the anti-FGM discourse. Like African feminists who are opposed to the practices of female circumcision, these authors teach us that African-American feminists who oppose female circumcision are also divided across various lines. There are those, like Alice Walker, whose position is unambiguously written as that of a “call” or “duty” of a Christian, educated, African-American woman, and whom some activists (from both Africa and the West) have come to look up to “as an ideal ambassador to bridge the cultural divide between white, Western feminists and African feminists (Lewis 1997, p. 361).

And there are those like Boulware-Miller, Gunning, and Lewis, who right away identify their ambiguity and are therefore critical of the assumptions that race or gender consideration is all that one needs in order to draw certain conclusions. Their ambiguities and uncertainties for that matter stem mainly from the fact that they, as African-American feminists, “have experienced the impact of structural sexism, racism, and classism in their



own cultures” (Lewis 1997, p. 363); where the understanding of those who are not white is more often than not mediated by stereotypical images. Their ambiguities and uncertainties come also from the awareness that similarly negative images continue to inform much of the Western media about African cultures.

Gunning (1997), for instance, writes that “in the examination of how Westerners are perceived by women in Third World nations, the two most important issues are imperialism and racism” (p. 354). In light of such awareness, Gunning (1997) goes on to suggest that “in addition to understanding the new relationship between Western and non-Western cultures and appreciating the non-Western perspective on Western culture is almost always influenced by prior negative racial and colonial policies, one must take the micro view and see oneself as the other sees one” (p. 354).

This acknowledgement is welcomed by African women like myself who feel silenced by some transcendental models of social change which, as Mohanty (1991) argues, “situate all women...outside contemporary world history, leading to...ultimate suggestion that transcendence rather than engagement is the model for future social change” (pp. 78-79). Ambiguities are also welcomed because they indicate a sense of not being in charge of everything, a point I brought earlier in my theoretical framework section, and therefore allowing room for others to articulate their imaginations as well, even as they are disagreed with.

In fact, the point is very well addressed by Lewis’s (1997) argument that “African American feminists recognize and understand the choice of some African women to defend the practice of FGS or to reject the manner in which some non-Africans have shaped the discourse of the eradication campaigns. Their belief in cultural self-determination leads them to resist prescribing solutions for others who do not want their help” (p. 363). As such, their point is well taken and appreciated.

However, despite this softliner sensitivity their perspectives remain problematic. They encounter female circumcision with through assumptions of anti-FGM discourse, carrying the presumptions that the practices of female circumcision are “bad” and hence

oppressive to African women and girls. Not only does Gunning homogenize all the practices of female circumcision making them appear as if they all have similar meanings and effects across the continent, or the world, for that matter, but she also falsifies the situation by suggesting that “the pharaonic (infibulation) type is the oldest, most prevalent, and most drastic of the operations” (p. 352). While it may be the most severe and oldest, infibulation represents a relatively small percentage of female genital surgeries (15%, according to Toubia 1993). It is perhaps no surprise that Gunning would make such a mistake, given the almost exclusive emphasis on infibulation in presenting the “horror” of female circumcision in anti-FGM discourse.

Gunning’s “world-traveling method of understanding,” what she refers to as “culturally-challenging patriarchal practices like genital surgeries” (p. 353) requires a closer look. This method, according to Gunning, suggests that a complex vision of independence and interconnectedness are both essential for cross-cultural understanding. Thus she writes:

Culturally challenging practices like female genital surgeries represent crucial areas of multicultural dialogue for feminists applying international human rights law to the specific concerns of women. Improvement in the quality of women’s lives and in their status in all the world’s cultures must be coordinated with respect for the diverse views among women on how these goals will be achieved. My three-pronged analysis, (1) seeing oneself in historical context; (2) seeing oneself as the ‘Other’ might see you; and (3) seeing the ‘Other’ within her own complex cultural context, is designed to aid in the process of respecting independence and interconnectedness. (p. 358)

While I do not dispute the relevance of this methodology in promoting a multicultural dialogue internationally, what I find problematic is exactly what is hidden beneath such well-meaning attempts. For example, for Gunning, “seeing oneself (meaning a Westerner) in historical context means “exploring a fact that is often omitted, if not actually denied: that genital surgeries have been performed in Western countries as well”

(p. 354). For Gunning, then, there are two important issues that come out of such exploration: “first the recognition that the practice of reconstructing female genitalia through surgery is a universal one and crosses cultural boundaries. It is a part of our own history” (p. 354). And second, the recognition that although such practices are no longer performed in the West, “the attitudes and presumptions about gender roles that provide the justification for female genital surgeries remain largely in place in our contemporary Western culture” (p. 354).

I argue that while such awareness of cultural resemblances is important, when universalized to all places and situations it erases the place-based understandings of these women’s situated practices. In this sense, their stories and practices, once again, become told through what Gunning have learned about similar practices in the West. The independence that she claims to grant the Other is no independence at all, but more connectedness based on what she thinks she knows about the Other, not upon “seeing the ‘Other’ in her own context.”

Even when Gunning acknowledges that the practices of female circumcision do have positive meanings, such as the celebration of womanhood, such positive meanings are quickly dismissed as she equates them with “cosmetic surgeries, particularly breast augmentation,” judged negatively already, “as part of a complex system of male domination of women” (p. 355). In fact, while she sees the practices of female circumcision as involving “coercive pressures,” she mentions nothing of the sort with regards to cosmetic or breast surgeries. In this respect, even as Gunning invites the West’s Others to “view Western practices as equally culturally challenging” (p. 355), it is actually her desire to change the Other that is overwhelmingly powerful in the end.

The issues of imperialism and racism she emphasized quite eloquently at the beginning now become marginalized; she now makes it appears as if the West and its Others are equal in this call for human rights laws (which are supposedly based on “multicultural dialogue and consensus”) to eradicate the practices of female circumcision. Note, too, that no call is made by Gunning to eradicate what she referred to as similar practices in

the West.

While Lewis's call to eradicate the practices of female circumcision is that of "respectful engagement rather than respectful isolation" (p. 365), she, like Gunning, has already decided in advance that such practices are deadly human rights violations (p. 363) which must be eradicated. And although Lewis does encourage African American feminists to question the negative stereotypes or incorrect images that come into the way of understanding these practices, it is the African woman "trained in modern medicine" who are seen by Lewis as better able to directly possess the "knowledge of traditional practices," and therefore "in helping both Westerners and Africans separate myth from fact" (p. 365). It is in this manner that her call for human rights law and policy, based on mutual and respectful engagement, becomes Westernization instead.

#### *African Women Feminists and Activists*

Finally, I will attempt to address the views of some of the African's who have contributed to anti-FGM discourse. There has been an increased media coverage of the issue within Africa. For instance, in *The Daily Nation*, a major newspaper in Kenya, one article describes female circumcision practices among the Maasai (Maina and Oyaro 2000). The authors attempt to contextualize these practices, describing the cultural reasons for circumcision as based upon preparing girls for marriage and motherhood. However, this account, as well as other African voices on the issue which manage to get publicity, ultimately has the aim of eradication. Underlying their account is an assumption of female circumcision as "forced," and that women only undergo the operation out of fear of rejection by husbands and society in general (Maina and Oyaro 2000). In their view, practices of female circumcision become a forced "mutilation" of girls who have no other choice. The authors assert that "enlightened" parents would rather lie (saying that their daughters are circumcised when they are not) than to engage in such a backward practice. Again, fear is the motivating force as parents do not "want to be the laughing stock of the village" (Maina and Oyaro 2000, p. 42). The representation

of the “fear of breaking with tradition” carries the presumptions of colonialism and modernization that such peoples (the Maasai are quite possibly viewed as more primitive by these Gikuyu and Luo authors) are “slaves” to tradition in comparison with modern people who freely choose more appropriate options. And thus they conclude, using the words of Ann Muragu Nyabera of Federation of Women Lawyers in Kenya (FIDA), “FGM violates the right to choice and violates bodily integrity besides being a serious health risk” (Maina and Oyaro, 2000, p. 42).

However, it is fair to say that the responses of African feminists who are against female circumcision vary. This variation depends on where these women are located geographically and economically, what forms of female circumcision are practiced by their ethnic groups, and also where and how exactly they are situated within the discourse itself. It is also fair to say that the ones who are currently most visible and whose voices are most privileged within anti-FGM discourse are those whose views coincide with the mainstream of the eradication movement, particularly with the Western feminist notion of universal male domination. Unfortunately, African women who present a more complicated view on circumcision, or even support circumcision, do not get to enter the discourse so easily. A future study conducted in various parts of Africa would be needed to uncover some of these voices.

Such privileging of African eradicators also means that the activism of these women has come to be widely recognized and their texts cited by others, a recognition that is quite beneficial as they come to be assigned various leadership roles within international health organizations which seek to eradicate female circumcision. Examples of these African anti-FGM activists include Nahib Toubia and Asma El Dareer, Sudanese activists; Nawal El Saadawi, from Egypt; Efua Dorkenoo, from Ghana; Awa Thiam from Senegal; and Olyainka Koso-Thomas, from Nigeria. This group of mostly medical professionals and African women elites are appropriated by Western feminist activists as the leading African voices in anti-FGM discourse, and thus their views are seen as representing all African women. These African activists also see themselves as dedicated

to liberating the other African women whom they see as still trapped in ignorance of their own bodies and of the male domination which rule their lives. As such, and as it is indeed the case with the rest of anti-FGM discourse, Sudanese, Egyptian, Nigerian, Ghanaian or Senegalese women's experiences and situations become experiences and situations of all African women. Rather than show the complexity of the practices of female circumcision in a particular locale, a study of a single ethnic group translates to the entire continent. And while Toubia, for instance, is critical of the use of terms such as barbaric and primitive which she argues has caused Africans to be defensive, for the most part, they portray the problem of colonialism and imperialism as that it did not go far enough to eradicate the practices of female circumcision. For example, Dorkenoo (1994) suggests that the colonial missionaries were not effective enough because they did not strongly condemn the practices of female circumcision. Similarly, for Koso-Thomas (1987), a boundary is drawn between "good" Christian converts who rejected the traditional practices such as female circumcision and "bad" Christian converts who continue to embody such practices. And in this sense, African activists who hold such view argues that, since the practices of female circumcision are not required by either Islamic or Christian religion, those who perform such practices must be educated so that they can learn how to separate myths from "religion" (See especially Toubia, 1993; Dorkenoo, 1994; Koso-Thomas, 1987).

Educated in the West, mostly in the field of health and medicine, many of the African women activists who are against the practices of female circumcision, perhaps ironically, present a strong dichotomy between what they see as African traditional beliefs/taboo/ignorance versus Western medicine. The practices of female circumcision are then presented by these African activists as based upon ignorance, superstitions, traditional beliefs, while Western medicine is seen as revealing unmediated universal reality which should be used in educating other Africans to eliminate these practices. To these activists, the practices of female circumcision are not only based on ignorance, but they are medically unnecessary. For example, Dorkenoo's (1994) views rival those of

Hosken:

Sexuality remains for many an obscure area, mixed with cultural taboos, loaded with anxiety and fear. This is one of the reasons why the subject of genital mutilations provokes violent emotive reactions, both from those in that West who are shocked and indignant, and from those in Africa and the Middle East who are shocked and hurt when facts are mentioned, and prefer to minimize the quantitative importance of the practice -- medically unnecessary, painful and extremely dangerous, these operations continue today and have affected millions of women. (p. 2)

Similarly, for Toubia (1993), the practices of female circumcision represents “deeply felt beliefs” (p. 37) which lead women to engage in practices which are dangerous to their sexual well-being: “By altering the normal anatomy of the female sexual organs, FGM reduces the ease with which sexual fulfilment is achieved, or makes it extremely difficult” (p. 17). Though “the practice relates to superstition, religion, local custom...”, Toubia asserts that, given the damage caused, “FGM is unnecessary. It is a violation of women’s right to preserve the integrity of their bodies. (pp. 6-7)

Koso-Thomas (1987) argues that “of all the problems traceable to traditional beliefs and which adversely affects the health and lives of girls and women in Africa today, those arising from the practice of female circumcision are by far the most serious” (p. 1). In addition, these practices and beliefs are based upon women’s subordination by men:

Because traditional patrilineal communities assign women a subordinate role, women feel unable to oppose community dictates, even when these affect them adversely... Women championing many of the cultural practices adopted by their communities do not realize that some of the practices they promote were designed to subjugate them, and more importantly, to control their sexuality and to maintain male chauvinistic attitudes in respect of marital and sexual relations. (p. 1)

Under that condition, according to Koso-Thomas, then, “most African women have still not developed the sensitivity of feel deprived or to see in many cultural practices a

violation of their human rights... They continue to uphold the dictates and mores of the communities in which they live; they seem, in fact, to regard traditional beliefs as inviolable” (pp. 1-2). And because “none of the reasons put forward in favour of circumcision have any real scientific or logical basis” (p. 12), Koso-Thomas attributes the reasons why women submit to circumcision to “the ignorance factor” and “mystical and ritualistic factors” (pp. 12-13).

Surely, these African women activists and elites do have agency, and therefore it is not possible to establish that they are easily coopted by the more powerful Western based anti-FGM discourse, or by Western feminist activists whom they have frequently cited approvingly and acknowledged in their work (such as Hosken and Walker). But the striking similarity between the two groups is disturbing in the sense that it is the same message which is presented by both. That is, that of a helpless ignorant African rural woman who is dangerously oppressed beyond repair, and who lacks agency of her own.

## **Conclusion**

In this chapter I show that anti-FGM discourse carries colonialist legacies. Building upon “colonial feminism,” in which colonial powers used images of “oppressive traditions” like female circumcision, veiling, and Sati as a means of justifying and maintaining colonial rule, contemporary feminists and anti-FGM discourse generally perpetuate this legacy, pointing to the Western need to intervene to protect women from the cruelty of their cultural traditions. I identify two dominant approaches, those of hardliners and softliners, which present differing depths of knowledge and sensitivity to the cultures they describe. However, both approaches share the goal of eradicating female circumcision. The following chapter focuses on the means by which anti-FGM discourse creates a unified image of female circumcision as a target for intervention, thus hiding from view heterogeneity, complexity, as well as alternative means of viewing the issue.



## **CHAPTER FIVE:**

### **IMAGES HIDDEN BY ANTI-FGM DISCOURSE**

With regard to its economic programme and its cultural organisation, this concept of modernity represents an effort to synthesize its progressive and emancipatory ideals into a globalizing, integrative vision of the individual's place in history and society. It rests on the assumption that there exists a legitimate centre -- a unique and superior position from which to establish control and to determine hierarchies. (Richard 1978, p. 6)

#### **Introduction**

Anti-FGM discourse appears to be quite successful partly because of its reliance upon various universalizing themes which lend powerful support to its arguments for eradication. Such themes include the universalization and homogenization of the practices themselves, the universalization of women's experiences, and the universalization of a "human rights" ideal. The purpose of this chapter is to address such themes as they are taken up by anti-FGM discourse in order to reveal the kinds of issues and complexities that remain hidden or are marginalized by these universalisms.

De-centering the universalization embraced here by anti-FGM discourse is important to this project. By bringing the margins into the center it helps demonstrate particular ways in which not only the practices are locally embodied and understood, and even why they may be desired by the people who practice them, but also why they are subjugated by such discourse. In other words, decentering such universalisms will help us to move away from the Western privileged notion of torture and oppression in regards to female circumcision and allows us to look more closely at ways of dis/re-placing or inverting such assumptions.

It is important to note that my project does not attempt to support the notion of separate, isolated cultures with "authentic" values and traditions which require protection

from outside disturbance. Rather, while agreeing with the broad notion that globalization has blended cultural practices and values as never before, my argument addresses how Western perspectives take up the Other and presume to speak on behalf of all -- as a particular vision masquerading as a universal one. At the same time, while anti-FGM discourse focuses on the “human right” to “normal” genitalia, there seems to be general lack of discussion in that discourse of material well-being through meeting basic needs of such population as a possibly fundamental human right.

### **The Problem of Universalization**

Perhaps few will disagree with the idea that, although heavily scrutinized, the legacies of Western Enlightenment ideas -- such as universal moral values, individualism, human rights, progress, justice, knowledge, as well as the West as the model for the world -- continue to play a significant role in the shaping increasingly globalized social, economic, and political practices. However, in the last several decades or so, these universalizing meta-narratives have been questioned by various frameworks such as postmodernism, poststructuralism, postcolonialism, critical race studies, queer theory, and contemporary feminist studies, due to their essentializing and marginalizing tendencies. As Connor (1989) explains, such a tendency “ruthlessly expunges particular or local or national histories in [their] drive towards universal rationalization, industrial progress and the global expansion of markets” (p. 231).

Such critical perspectives mentioned here (but not limited to that list) share a common interest in their refusal of totalizing master narratives and in their call to embrace difference, as well as in their critique of imperialist representations. What these perspectives are interested in, at least in part, as Owens (1985) argues, is “to expose that system of power that authorizes certain representations while blocking, prohibiting or invalidating others” (p. 59).

The emphasis here, as Connor (1989) suggests, is on decentering the metropolitan view of universal humanism and/or history, precisely by “articulating the margins, or what has

been projected as marginal” (p. 232). In this respect, “it is a matter of taking hold not only of actual power, but also of the languages, systems of metaphors and regimes that seem designed to silence those whom they embody in representation” (p. 232).

I argue in this chapter that by narrowly basing its argument/vision of the practices of female circumcision on such universalizing master-narratives, specifically Western humanism, anti-FGM discourse manages to disguise itself as disinterested or coming from “nowhere” in particular, masking the specific cultural roots of its vision.

### **Anti-FGM Discourse and Universalization and Homogenization of the Practices of Female Circumcision**

This first issue I will address in this chapter is the effect of homogenizing female circumcision, presenting diverse practices as if they are virtually uniform in form and meaning. Several rhetorical moves are used to achieve this universalizing effect. The first is to apply a single name (preferably a horrific one) which presumably applies to all practices, thereby downplaying the existence of, or the need to address, diversity. A second strategy is to abridge the discussion (Perelman 1982) so that certain (physical) aspects are presented as “essential” to female circumcision and the rest (the cultural difference) is presented as gratuitous detail. A third rhetorical move involves presenting Africans as incapable of representing themselves on the issues by suggesting that African perceptions are unreliable -- as “clouded by ignorance.”

#### Homogenizing Female Circumcision

Regarding the first move, in much of anti-FGM discourse, diverse and heterogeneous cultural practices involving female genital surgeries are treated synonymously, referred to uniformly as “mutilation.” As such, these cultural practices are rhetorically removed from their particular contexts where they are known by varying names which often emphasize their unique cultural meanings. Instead generalized graphic descriptions of genital mutilation, presented with generalized meanings, as Kratz (1994) notes, “figure

prominently; they are sensationalistic images intended to help mobilize political action” (p. 342).

Akin to colonial rhetoric, which makes the Other more manageable by applying a single term to all (such as “native”) (Boehmer 1995), the use of the term “FGM” can be viewed as “colonialist” in that by using a single name to describe all female circumcision practices, and by refusing to contextualize and localize them, the term represents what Boehmer (1995) calls a “traveling metaphor,” common in colonialist discourse. This concept of traveling metaphor, or “traveling name,” refers to the colonial European tendency to lump together all its non-European Others under a single rubric as a convenient means of managing difference (Boehmer 1995). As such, for example, the term “Indian” could apply to peoples as far afield as North America, South Asia, South America, the Pacific and beyond without a felt need to create more culturally-specific categorization. This “arrogance of naming,” as I call it, appears as a taken-for-granted right which persists to this day.

Gollaher (2000) notes that the shift from the earlier anthropological nomenclature of “female circumcision” to the more sensational “female genital mutilation” was an important victory for the abolitionists in that it prevented dissenters from defending such practices. Who would try to defend mutilation; especially when defined in the language of torture and oppression? “Female genital mutilation” also carries “the implicit assumption that parents and relatives deliberately intend to ‘harm’ children” (Walley 1997, p. 407), making it easier to argue for criminalization of such practices. Apart from such rhetorical strategies, anti-FGM activists promote the term as displaying such practices “for what they are.” For instance, according to Hosken, “circumcision” is a misnomer since she views female surgeries as “equivalent of the amputation of part or all of the penis” (Hosken 1993, p. 32). Similarly, Winter (1994) argues that “circumcision” is a weak term that implies a misinformed congruence with male circumcision given significant perceived differences related to the sinister intent of the female version:

The term female circumcision is totally inappropriate, as it creates a false analogy

with the operation performed on infant boys. The removal of the clitoris and also frequently the labia, with or without infibulation, is not only much more serious in medical terms but it also represents a severe physical and psychological mutilation, constituting a direct attack on women's sexuality. (p. 941)

For Winter, as well as Hosken, the presumption of this "direct attack" is presumed to hold for all forms of female circumcision in all cultural settings. Furthermore, Winter presents clitoral removal as a stand-in to represent female circumcision; neglecting to bring into her analysis a range of female circumcision practices, such as those of the Gikuyu, which involve neither clitoral removal nor infibulation. Yet such milder forms are subsumed under the FGM label and remain the target of multilateralist intervention.

Even the presumption of incongruence between female and male circumcision can be called into question. In this respect, Kluge (1993), who argues against female circumcision, also argues that "with due alteration of details, the same ethical reasonings hold for male circumcision. There rarely are medical reasons for performing the procedures; personal preference or religious values of the parents usually underly the request" (p. 289). Under such context, Kluge writes:

If these are insufficient to justify the circumcision of girls then, unless there are distinguishing medical reasons, they are also insufficient to justify the circumcision of boys. To argue differently is to be guilty of discrimination on the basis of sex. The fact that female circumcision is a more serious intervention does not alter the situation. Both involve what in other contexts would be called non-consensual mutilation of a minor for non-medical reasons. (p. 289)

Meanwhile, "the American Medical Association, the American College of Obstetricians and Gynecologists, and the American Academy of Pediatrics each denounce 'all medically unnecessary procedures to alter female genitalia'" (Gollaher 2000, p. 199). These same agencies have also argued that male circumcision is not medically necessary (see Kluge 1993; Gollaher 2000), but have refused to condemn and denounce male circumcision and instead leave the parents to decide whether or not such surgery is

necessary for their sons. In 1998, the American Academy of Pediatrics (AAP) issued a statement that on the one hand, as Gollaher (2000) shows, left the “parents to decide whether their cultural preferences included removing their sons’ foreskins” (p. 200), and on the other hand, “assailed female circumcision as child abuse.”

In fact, while the AAP went on to formulate a task force consisting of medical experts and surgical specialists to deal with male circumcision, “the policy of females was formulated by its Bioethics Committee, a group that had never been charged to review male circumcision” (Gollaher 2000, p. 200). Again, a committee was considered necessary because the practices of female circumcision were referred to as violations of human rights on several grounds: (1) that the practices of female circumcision are “medically unnecessary”; (2) that the “surgery is usually performed without anaesthesia by a midwife or village woman” (AMA 1995, p. 1714; McCarthy 1996, p. 14; Hosken 1993; Koubia and Muasher 1985; Gallo and Vivian 1988); (3) that they rob away female sexuality, leaving them “frigid” (Accad 1993; AMA 1995; Hosken 1993); (4) that they are performed without a mutual consent (Kluge 1993; AMA 1995; WHO et al. 1997; Schroeder 1995; Toubia 1993; 1994), and so on.

Similarly, the reports about male circumcision suggest that like female circumcision, the circumcision of boys are also tied to certain deeply held cultural and religious beliefs about the body, human sexuality, power and individual and social identity (BJU 1999; Kratz 1994; Walley 1997; Kenyatta 1958; Kluge 1993; Gollaher 2000). In this respect, the practices of male circumcision may on the same grounds be represented as a violation of human rights, as they, too: (1) are medically unnecessary; (2) are performed without anaesthesia; (3) may rob away male sexuality, leaving them ineffective; (4) and that they are performed without mutual consent (BJU 1999; Kluge 1993; Toubia 1994).

This journal (BJU) also revealed the same kind of problems that are usually associated with the practices of female circumcision that involve physical, sexual, and psychological consequences: “Without appropriate research on outcome, presumptions of beneficial or even benign results from childhood circumcision are unjustified. Respondents reported

wide-ranging physical consequences from their circumcisions. Among the most significant were prominent scarring (33%), insufficient penile skin for comfortable erection (27%), erectile curvature from uneven skin loss (16%), pain and bleeding upon erection/manipulation ((17%), painful skin bridges (12%), other, e.g., beveling deformities of the glans, meatal stenosis, recurrent non-specific unethritis (20%)” (p. 3).

In this sense, a cultural argument is made to justify male circumcision arguing that should we not listen to those who argue that the “American parents circumcise their newborn so the sons will look like their fathers and other boys in the community” (Gollaher 2000, p. 200)? However, in the case of female circumcision, culture is viewed as the villain by which innocent women and girls are “mutilated.” Should we not then view practitioners of male circumcision as barbaric savages who mutilate their infants simply so that they can continue a barbaric tradition? Why then should we not agree with those who ask what gives the AMA “the right to apply a different standard to African women” (Gollaher 2000, p. 200)?

#### Creating an “Essence” of Female Circumcision

The rhetorical strategy of abridgment (Perelman 1982) is central to the universalized image of female genital surgeries. In this strategy, perceived commonalities of female circumcision practices are emphasized so that the created perception is of relatively uniform practices, despite their location in differing social contexts. What is hidden as a result is the idea that, for better or for worse, the practices of female circumcision are situated within not only different understandings of histories and politics of bodies and sexuality, but also within different understandings of the bodies and sexuality as sites of signification (Kratz 1994; Mohanty 1988; Gatens 1997).

As Kratz (1994) writes, these practices of female circumcision “are connected at different times and in different places with specific understandings of other realms that might include reproduction, sexuality, adulthood, motherhood, power, religion, and diverse kinds of identity” (p. 341). For that matter, “the ways in which circumcision

articulates with those understandings can be very different, making any single interpretation of circumcision everywhere both elusive and misleading” (Kratz 1994, p. 341). Homogenization through abridgement helps to make the practices of female circumcision appear less complex and hence easier to define and manage. As Edward Said (1978) and other postcolonial critics have taught us, the act of homogenization is one way in which the heterogeneous/complex Other is managed.

One way in which the heterogeneity and complexities of the practices of female circumcision becomes lost is by classifying them within the basic three forms (sunna, clitoridectomy, and infibulation) which are then mobilized from one text to another. As Babatunde (1998) notes, the three known forms are lumped together “under the discourse’s most severe form and creates a language of discourse complete with its taxonomy intended to inveigle what has passed for normalcy” (p. 4). So, while appearing to demonstrate variation, the privileging of infibulation in examples pushes audiences to view all female circumcision practices as equally extreme and horrific. By presenting such a limited classification, proponents of anti-FGM discourse may then present a limited list of specific features of female circumcision practice on both physical and psychological levels.

Regarding the physical operations themselves, Hosken, in another example, makes the generalized statement that “all the operations are performed without anaesthetic, often on struggling children held down by force, frequent on the ground under highly septic conditions, using a variety of tools” (p. 33). Such a statement is impossible to support, given its broad generality. It surely does not reflect my own experience. I, for instance, ran away *to get circumcised*, not to avoid it -- and no one had to hold me down. Also, I was operated upon by a trained medical practitioner. However, portraying such complexity would not support Hosken’s goal of shocking all “civilized” people into action against this “horror.”

For Hosken, it is not necessarily that she is unaware that herbal medication (at least) is applied in probably most instances of female circumcision. In fact, she and others point



out the various indigenous remedies used to treat such wounds. Rather, the indigenous medications are not viewed by Hosken and others as comparable with Western medicine, and are therefore devalued in their usefulness and importance.

The homogenization of female circumcision is also achieved through uniform descriptions of the tools that are said to be used to perform female circumcision. The AMA, for example, states that “the instruments most commonly used to perform FGM are razor blades, kitchen knives, scissors, glass, and in some regions, the teeth of the midwife” (AMA 1995, p. 1714). Similarly, Reuben (1996) states that “FGM is performed without anaesthesia and often with unsterilized instruments such as scissors, knives, or broken glass” (pp. 14-15). While no actual case is presented where such crude instruments are used, statements are literally carried from one text to another with almost the exact same wording. What would be more effective in promoting the image of torture and oppression than invoking such instruments which we might associate more with street fights than with surgery? Or what about those who claim that some female genital operations are performed with sharpened sticks or with the “teeth of the midwife,” as stated in an earlier example? Recall a similar savage picture provided by one 17th century German explorer who claimed that female circumcision was carried out with “biting ants” (Gollaher 2000).

In addition, time after time we are provided such generalizations that female circumcision is performed by village women with little or no medical knowledge. For example, Hosken (1993) argues that “all the operations are performed...by old women who are sometimes called ”midwives,” though they have no health training” (p. 33). Kouba and Muasher (1985) also state that:

The majority [of circumcisers]...are village midwives who earn their livings performing the operations and who also enjoy a position of status. In their villages, while these operators may be skilled in traditional medicine, their knowledge of anatomy and hygiene is generally minimal. (p. 100).

Under that consideration, for Kouba and Mausher (1985) then, “since circumcision is

performed largely by non-skilled practitioners, under adverse hygienic conditions, serious complications can result” (p. 101). Such views are forwarded as a common knowledge from one text to another and therefore with no consideration of what such generalities hide from view. One interesting irony here is that no one seems to care a whole lot about the midwifery itself. These are the same midwives who assist in most births in the villages, yet such skill is not questioned or mentioned. Questioning these the skills of these midwives as life-givers would contradict the depiction of circumcisers as mutilating villains.

In the process of abridgement, Alice Walker, goes so far as to simply make-up a fictional scenario intended to inform readers of the casualness with which Africans treat this “horror.” As was noted by Babatunde (1998) already, Alice Walker’s trivialization of the practices only pushes the perceived “barbarity” and “savagery” into a higher level:

Abruptly, inside, there was silence: and then I saw M’Lissa shuffle out, dragging her lame leg, and at first I didn’t realize she was carrying anything, or it was so insignificant and unclean that she carried it not in her fingers but between her toes. Chicken -- a hen, not a cock -- was scratching futilely in the dirt between the hut and the tree where the other girls, their own ordeal over, lay. M’Lissa lifted her foot and flung this small object in the direction of the hen, and she, as if waiting for this moment rushed toward M’Lissa upturned foot, ground, and in one quick movement of beak and neck, gobbled it down. (1992, p. 73)

I agree with Babatunde’s (1998) observation that “quite apart from the transformation of hen from an herbivorous to a camivorous animal, the supposed nonchalance with which the excised part is treated is sickeningly false” (p. 18), and that such treatment is meant to shock. The image that comes out of such presentation is clear in that they are meant to subjugate the respective conditions, “pride” and “sacredness” that goes along with the practices of female circumcision, the more one is exposed to the persistence of such powerful imageries of Africans as savages, the more one is likely to be opposed to the practices of female circumcision and that is what helps give anti-FGM discourse its

power.

In fact, beyond Walker's fiction, none of these above reasons are directly based on practitioners' own accounts of why they practice female circumcision, but instead appear in a limited set of sources – information generated from one text to another, with Fran Hosken being the main source—creating a pattern a what I refer to as “over-determined recycled data.” In this regard, I agree with Kwaak's (1992) viewpoint that “at the moment there are many attempts to classify and reclassify the practice concerned, but it is almost always the same material that is being chopped about and served up reheated” (p. 785).

### **Anti-FGM Homogenization and Universalization of Women's Experience**

A second means of hiding difference in anti-FGM discourse, particularly among feminist abolitionists, involves presenting women's experiences as similar in all places. The most common presumption in this view is the constructed phenomenon of global “sisterhood;” positing an essential shared bond by virtue of being female. Through this argument, certain women feel justified to represent the problems and pains of their “sisters,” from whom they are separated by space, but whose pains are still felt given their presumed bondedness in shared oppression.

By appropriating this right to represent, and thus shape, images of women's “pain,” those anti-FGM advocates effectively deny African women's rights to self-representation. This presumption eliminates the complexities that come with difference in race, culture, economic status, sexuality and nationality, which obscure the presumed biological “bonds” of women. This presumption allows such feminists to forget Mohanty's (1991) point that “beyond sisterhood there are still racism, colonialism, and imperialism” (p. 68). Such views are understandably resented among many “Third World women.” For example, as Amadiume (1987) recalls:

...I asked a young White woman why she was studying social anthropology. She replied that she was hoping to go to Zimbabwe, and felt that she could help

women there by advising them how to organize. The Black women in the audience gasped in astonishment. Here was someone scarcely past girlhood, who had just started university and had never fought a war in her life. She was planning to go to Africa to teach female veterans of a liberation struggle how to organize! This is the kind of arrogant, if not absurd attitude we encounter repeatedly. It makes one think: Better the distant armchair anthropologists than these 'sisters'.

Regarding the universalization of women's oppression, the story goes like this: practices of female circumcision, veiling, purdah, polygyny, sati, footbinding, etc., practiced mostly in Third World countries, are presented as symbols of universal male domination. Such forms of oppression are connected with problems faced also by Western women including familiar criminal activities such as rape, forced prostitution, pornography, and domestic violence (Armstrong 1991; Hosken 1993; Daly 1978; Walker 1992; Walker and Prammar 1993; Winter 1997). As such, women the world over are mired in oppression. While that point is hard to support and at the same time dispute, the problem I have is with the presumption of essentialism which allows relatively powerful women in dominant countries to speak unproblematically on behalf of, and to define the problems of, women in less privileged positions.

Furthermore, by appropriating the right to speak on behalf of Others and to define their oppression, anti-FGM discourse limits the ability of such women to speak on their own behalf, limiting these Other women's legitimate contributions to those which support the dominant anti-FGM view. Anti-FGM discourse makes clear that Africans cannot be trusted to represent themselves on the female circumcision issue. While one might suspect that this rhetorical move is intended to prevent a counter-discourse from emerging to displace or disrupt a unified anti-FGM agenda, abolitionists tell us that village-level Africans simply do not have the benefits of scientific knowledge which would allow them to see the female circumcision issue objectively.

For example, after defining all the practices in such a manner, Hosken claims that her

definition comes from gynecologists, that is they “are summarized from descriptions given throughout the medical literature” (p. 33), and they are deprived from observation and case histories, that is, after the fact, rather than by the operators “who have no knowledge of anatomy” (p. 33). In fact, Hosken goes even further to argue that African’s are like children who are interested in pleasing the white researchers rather than in telling the truth (Hosken 1993). As such, women who offer dissenting views are dismissed as ignorant of biological truths or scientific understanding, or worse, as “cultural relativists.”

Winter’s (1994) account of the practices of female circumcision among immigrants to France is helpful in understanding Western feminism’s colonization of their Others. Winter (1994) contextualizes the debate over female circumcision as that between “procriminalization feminists” and “cultural relativists.” Following legal trials which pitted government policy against African immigrants in Paris in the early 1990s, Winter describes the procriminalization feminists as those who see all the practices of female circumcision as the abuse of female children, while the “cultural relativists” are those who saw the trials “as the continuing abuse by a hegemonic Western power of peoples it had once colonized” (p. 940).

Winter refuses to see the practices of female circumcision through any other lens but that of “control of women’s sexuality,” and lumps all the critics of the colonialist approaches taken by the anti-FGM discourse as cultural relativists. She sees these cultural relativists as blinded by their “tolerance of cultural diversity” and “postcolonial guilt.” To Winter, any mention of imperialism in representations of female circumcision is dismissed as obliviousness to the “crime” committed against women and girls.

For example, while evaluating a specific trial that took place in Paris in 1991, Winter accuses one witness as creating a “myth” that the practices could have a positive meaning (joyful feeling) other than that of “psychological and sexual ill effects.” Winter writes:

Erlich, at the 1991 Paris trial, fed into the myth of African women’s ‘joyful acceptance’ of clitoridectomy by explaining to the court that Semite Zoulibaly (the mother of the exisee) had told her that her own clitoridectomy had taken place

after a cold birth, painlessly, and with a rather joyful feeling. (p. 956)

This, according to Winter, “is something reminiscent of Western images of the ‘happy hooker’ who enjoys her work, or of the women who enjoy being playboy bunnies” (p. 956). Winter prefers to see the practices of female circumcision through the same lens she uses to see prostitution in the West suggesting that those who enjoy such practices are in denial, operating under “false consciousness.” Such false consciousness is further expressed by Winter when she points that “one of the greatest problems facing feminists campaigning against excision is, in fact, women’s complicity in their own oppression and in that of their children” (p. 964).

At the same time, while Winter compares the practices with prostitution, she dismisses analogies between certain forms of Western medical practices (such as hysterectomy, tonsilectomy, appendectomy, and abortion, not to mention breast enhancement) and the practices of female circumcision as irrelevant, as in the case of Erlich (1990) who refers to abortion as “major mutilations:”

Once again, he is attempting to draw a parallel between two practices that do not have the same social, cultural, and political meaning. Clitoridectomy and infibulation are ritual mutilation, governed and justified by tradition and social pressure, which serve the interests not of women but of the patrilinear and patriarchal society in which they live. Abortion, on the other hand, forms part of a struggle for freedom of reproductive choice that puts women’s interests first and that is thus strongly opposed by many Western defenders of patrilinear and patriarchal tradition. Moreover, it is practice that is subject, in most of the cases where it actually is allowed by law, to often severe legal, social and even financial restriction, with the result that significant numbers of women still have to wage both a psychological and a political battle to obtain it. (p. 957)

Clearly, the implication here is that while African women are denied rights to imagine their everyday meanings of their experiences in any other position but that of “false consciousness,” abortion is justified as non-coerced, non-traditional, as necessary

measure of women's freedom of choice. In this sense, what is good and valuable with regards to women's rights is not only what white heterosexual women themselves has declared it to be, but also more specifically what these white women and their Others have in common, such as abortion.

Winter forgets that abortion, like the practices of female circumcision do not have a similar cultural and historical meanings to all women, as some African-American women critics have pointed out. Dorothy Roberts (1997), for instance, has recorded the racist structures through which the practice of forced abortion for many black women has provided the most lingering memories, as opposed to than non-forced abortion.

It is here in such examples that some postcolonial feminists, such as Amadiume (1987), Minh-ha (1989), Mohanty (1991), and Spivak (1989) detect a colonialist move hidden well beneath the universalizing rhetoric. In this regard Mohanty (1991) writes:

By contrasting the representation of women in the Third World with what I referred to earlier as Western feminism's self-preservation in the same context, we see how Western feminists alone become the true "subjects" of this counter history. Third World women, on the other hand, never rise above the debilitating generality of their "object status. (p. 71)

Similarly, Minh-ha (1989) notes such colonization of Third World women's experiences in the writings of some Western feminists and refers to feminism is such a context as a form of Westernization. She writes:

To simply denounce Third World women's oppression with notions and terms made to reflect or fit into Euro-American women's criteria of equality is to abide by ethnographic ideology, which depends on the representation of a coherent cultural subject as a source of scientific knowledge to explain a native culture subject and reduces every gendered activity to a sex-role stereotype. (p. 106)

The sex-role stereotypes that are displayed in the anti-FGM discourse's universalizing themes, stylized through and through in the language that fits the progressive modes of Euro-American feminisms are extended even further by its appropriation of another even

more disguised notion of “human rights law,” a theme to which I shall turn later in this chapter.

### *Irua Ria Atumia Na Anake in Gikūyū Context*

As I have already pointed out, the homogenization of all forms of female circumcision practices in Africa as “female torture” -- a view promoted by anti-FGM discourse -- simply ignores or refuses to acknowledge the variation of such practices and their implications for women. If we accept the fact that Africa is a continent and not a country: if we accept all everyday practices along with their values and meanings are culturally and historically grounded and therefore not everywhere the same; then for better or for worse, it would make sense that the practices of female circumcision will not everywhere in Africa be the same too.

I strongly argue that the representations of the practices of female circumcision as simply a torture and male domination over women may seem bizarre from the vantage point of many of those coming from cultural contexts that view such practices differently. For example, for the Gikūyū, female circumcision carries quite a different meaning; one that can be written not only as non-patriarchal, but as a resistance to Gikūyū male authority.

For the Gikūyū, the migration 500 years ago to their new homelands in Central Kenya (see Muriuki, 1974) meant that some cultural practices and values were being replaced with new ones acquired along the way as a result of coming into contact with other ethnicities. One such encounter took place when the Gikūyū came into contact with the Maasai, resulted in exchange and adaptations of certain cultural practices by the Gikūyū from the Maasai. For Gikūyū women, according to local folklore, one such adaptation was female circumcision, locally known as *irua ria atumu*, which roughly translates as “a celebration of becoming a woman.” Others believe that the cultural practice was borrowed from the Athi and Gumba people from whom Gikuyu people also learned many cultural traits, including iron smelting (Ogot 1974).



Both Gikuyu men and women commonly see *irua* as an important practice that equalizes them in terms of political positionings and responsibilities. In fact, women's *irua* is commonly understood locally as a form of resistance by the Gĩkũyũ women who for many years could only stand aside, support and rejoice for the male's *irua* (celebration of becoming a man).

Thus, for me, Gĩkũyũ women's *irua* is more usefully constructed as a form of resistance to the male's privileged *irua*, and not oppression as anti-FGM discourse claims. Gĩkũyũ women came to believe that through *irua* a woman would not only become a member of a mature group of women (as opposed to non-mindful girls) who have undergone the same process, thereby forming a community of "age-mates," but also they would enjoy sexual encounters even more if the hood of the clitoris is cut to expose the clitoris's sensitive nerve endings.

When I was growing up, it was not uncommon for young girls to sneak into mature women's conversations in which the women would discuss various issues about sex. I myself ran into troubles with my parents for sneaking into such conversations since the women who hold them tend to be women with bad reputations as non-Christians. Catholic priests and nuns often warned the "good Christians" to protect themselves and their children from such people. Parents were instructed to stop their children from attending *ngwĩko* dances that were seen by the missionaries as promoting sexual activities that went against the church's moral values. For instances, dances that involved swinging hips or rubbing one's lower parts of the body with someone else's were considered immoral. Those who were caught performing such dances were often severely beaten.

Historically, after *irua* both young men and women would be taken to *Thukuru*-- which translates roughly as "school" -- where they would stay for several months learning various important skills including lessons about their bodies. It is during this time that the practice of *ngwĩko* (controlled sexual encounters that do not lead to intercourse) would be taught to both men and women by a committee of less-than-middle-aged women. Men and women would be taught through physical demonstrations how to *guota*

*nyondo*, or fondle women's breasts, and how to fondle buttocks. Women would be taught how to use their thighs for sexual stimulation, how to dance the lower part of their bodies in a circular motion during intercourse, among other things.

Through *ngwiko*, women especially were trained to explore and to train many parts of their bodies for a variety of forms of sexual stimulation. As Shaw (1996) points out, *ngwiko* trained Gikūyū women "to respond to a wide range of bodily sensations, and the period of socially sanctioned responses" (p. 79). After such lessons both men and women would engage in communal (for lack of a better word) sexual activities where both men and women would take multiple partners in a one night session in order to receive a higher level sexual excitement that *ngwiko* allowed (See Kennyatta, 1959 [1938]; Leakey, 1977; Shaw 1996).

*Ngwiko* can be compared to another practice that is performed by the Baganda people of Uganda that is referred to as *okukyalira ensiko*, or simply "visiting the forest." As Kilbride and Kilbride (1990) explain, soon after their first menstruation and sometimes even before, young girls would be taken to a secluded place in the forest whereby their "labia minora" would be physically manipulated in order to elongate it:

Elongation narrows the vaginal entrance and keeps it 'warm and tight,' an attribute highly desired by Baganda men. *Ssenga* [father's sister] teaches the girl specific utterances and techniques appropriate during intercourse. Traditionally, women are taught to not only desire sex but to also lead an active sex life. A woman is expected to reach orgasm several times before the man and respond throughout intercourse with vigorous body movement. A man is evaluated by women according to the length of time of coitus is maintained before his orgasm (about thirty minutes is typical). A too-rapid male ejaculation is likely to evoke female anger and comparison with, for example, a 'hen' (*enkoko*) who, of course, has rapid coitus. A second erection soon after orgasm is also expected of men. (p. 92)

For the Gikuyu, and for the Baganda as well, colonialism and Christianity prohibited

such acts, like many other rituals from Africa, that conflicted with Christianity and more generally with Western lifestyles and values. And so, within the last forty years the practice of *ngwĩko* has disappeared, but *irua* remained intact; hence, my grandmother's ambivalence about the practices, as was mentioned earlier. Though cut short with the disappearance of *ngwĩko*, other various acts that come with *irua* still remain, including the respect associated with becoming a mature woman who now could join into grown up conversations, a sense of responsibility, and a connection to one's "age-mates."

The issue of *irua ria atumia* (circumcision or ceremonial activities that marks the becoming of women) is a complicated one due to the fact that Gĩkũyũ people are divided into three groups -- southern, central, and northern. The Southern Gĩkũyũ do not practice *irua ria atumia*, but they do practice *irua ria anake* (circumcision or ceremonial activities that marks the becoming of men). But it is also important to note that the Southern Gĩkũyũ came to embrace the western lifestyles sooner than the other groups. The Central and Northern Gĩkũyũ had less direct contact with colonial settlements. Another factor to consider is that I grew up knowing many individual families who, due to their Christian community and western education system, or due to other personal/familiar choice no longer find *irua ria atumia* desirable.

Now, should we conclude then that the ones who said "no" to such practices and said "yes" to Christianity and Western lifestyles, are somehow "smarter" and therefore "civilized" than their "ignorant" and "barbaric" neighbors? I suggest that by not problematizing Christianity and Westernization anti-FGM discourse simply implies that this is the case. In fact, when one looks closely at some Western feminists' calls for eradication of these practices, one can see that their call is not only intertwined with a notion of "humanism" that is based on a master narratives "deeply indebted to racism and colonialism" (Haraway, 1991, p.1), but also intertwined with western Judeo-Christian demands.

### The Sara of Chad

Another example of a form female circumcision that defies the anti-FGM discourse view of torture and oppression can be demonstrated by looking at the complexities involved in the practices of the Sara people of Southern Chad. This example is taken from a source that resides within the anti-FGM discourse itself. The form of female circumcision that Sara group performs falls into the category of “Sunna” circumcision (a milder form), according to Leonard (1996). Like the Gikuyu, female circumcision among the Sara is linked to the becoming of womanhood, and or adulthood (Leonard 1996). According to Leonard (1996), “elderly members of the community and local historians contend that female circumcision is fairly recent phenomenon among the Sara, and available evidence supports this view. While impossible to situate precisely, ritual circumcision likely began only about 150 years ago, in the middle of the 19th century” (256).

Although a common representation of a homogenized “African female circumcision” is that all such practices are performed without anaesthesia, for the Sara (and the Gikuyu as well), local herbal and Western medicines were employed as treatment:

Ninety-five women talked to us about the type of care they received following their circumcision. Standard treatment, provided by the Koondo [caretaker], involved washing the circumcision wound twice daily with leaves steeped in hot water. The wound was then dressed with a powder made from crushed bark leaves or roots. Twelve women reported their Kondoos used rubbing alcohol or mercurochrome in addition to these substances. Those treated with any type of “modern” pharmaceutical in addition to the local pharmacopeia outnumbered those receiving only that latter by a ratio of nearly two to one. (pp. 62-63)

Regarding local support for female circumcision, the Sara demonstrate some of the late twentieth, early twenty first century ambivalence seen in other places. Among the Sara, “The majority of women (68.5%) surveyed supported the practice, while nearly the same proportion of men (63%) expressed an unfavorable opinion toward it” (Leonard, 1996,

256). This to me clearly raises an important question and complexity that is entirely avoided by anti-FGM discourse's (male) dominance theory -- that is, why would these men not be in favor of the female circumcision given the fact that we are told time after time that the reason why all such practices are performed is because of male's desires to dominate women's bodies. Could it be the case that these men are in "denial" and that they too, given time to come to their senses, they would realize that they are programmed to dominate women's bodies?

By focusing on comments provided by Sara women on the practice of female circumcision in their community, such complexities become even harder to obscure, suggesting that these women are not "ignorant," or the kind of "imbeciles" that we are made to believe they are. What follows is a variety of comments narrated by the Sara women entered in no particular order. Among those who perceived their experience of circumcision as positive or useful said:

- "When you're not circumcised you have the spirit of a child. Now you can't do things that you did as child. [As a child] you don't work. You have a hard head, you refuse to do things that your mother asks you to do....I received a good education. Everything they did to me I want done to my child."
- "When you are circumcised you have to change your character. They make you change it in the bush. Before, you play with bottles, make small houses, babies. When you came back you make gumbo so people can eat....My mother brought me. I was happy."
- "I learned things that were useful to me. They taught me to change my behavior. They gave advice....You should leave your bad habits in the bush."

Among those who perceived their experience as less favorable said:

- "I received no treatment. It hurt a lot and I bled a lot...I didn't know what was going to happen or I wouldn't have gone. I am not going to tell my girls about this before they go. They wont hear about it--if you tell them they will be afraid. This is why we don't tell."

- “If I knew what was going to happen I wouldn’t have gone. It hurts, but you have to support it. If you cry people will make fun of you....After circumcision you learn to sing and dance....After, you feel like a big woman and people respect you.”

Others who became circumcised preferred not to let their daughters get circumcised:

- “My father didn’t send me. I ran after my friends. My father worked. So he bought antibiotics. I had a hemorrhage. They sang to stop it. Although my father didn’t want me to go--I was too young--he took care of me. My aunts made me cut the leaves to sit on to stop bleeding all by myself. I had a little infection. I saw the others go and I wanted to go. It is harassment. They hit you. They give you advice on how to keep a house. These are useless things.”

Among those who perceived their experience as positive but refused to allow their daughters to be circumcised said:

- “I ran away with my friends. No one in my family did it, but if I didn’t my friends would insult me. If I had a daughter I wouldn’t want her to go. I am raising someone else’s girl who wants to go, but I don’t want her to go. But I don’t have regret this for myself.”
- “I don’t want to send my daughter, but I didn’t have a bad experience.”

In addition, Kratz’s (1994) study of the practices of female circumcision among the Okeik, and Walley’s (1997) study among the people of Kikhome region (Western Kenya) provides different accounts of the practices which are dismissed by anti-FGM discourse. It is such accounts that I embrace seriously as my guiding strategy for problematizing the anti-FGM discourse.

For instance, according to Kratz (1994), Okiek initiation for girls (excision) and boys (circumcision) cannot be looked at in isolation of one another. That is because for the Okiek, as well as for many other ethnic groups that practices female circumcision in Kenya, such initiation marks a central function of “differentiating adults from children” (Kratz 1994, p. 341). Furthermore, “It is a critical a sign that marks them from East

African peoples who do not associate adulthood with circumcision” (Kratz 1994, p. 341).

Similarly, while noting the same thing among the people of Kikhome region, Walley’s (1997) main concern is to “encourage a reinfusion of humanity into a debate that has often been reduced to dehumanizing abstractions” (p. 408). Walley (1997) explain the complexity of the practices of female circumcision in the following manner:

My goal, .... is not to offer a generically applicable social scientific analysis of female genital operations—an impossible task given the diversity of practices and the plethora of meanings attributed to them. Nor is my intention to offer a definitive ethnography account of clitoridectomies as performed in Kikhome region. Instead, my purpose is to describe the quest to know, the desire to understand these practices as an “outsider,” someone inevitably forced (as we all are) to draw upon her or his resources for understanding the world” (p.408).

What such accounts suggest is that, even within one small local, views are not the same, and the ways which such views are generated can tell a great deal about the positionings of those to whom these views belong. For the Sara, the above comments seem to illuminate a clear sense of flexibility and ambiguities that are ruled out by anti-FGM discourse. Regarding this oversight in anti-FGM discourse, Leonard (1996) warns that “such efforts must incorporate an understanding of the role and function of the practice for a particular group” (p. 262).

Under such consideration then, I suggest that what anti-FGM discourse hides from view is not just the particular histories involved in each particular case, but also more importantly the heterogenous voices that accompany such histories. Even in the few cases where these local voices are invited in, it seems as though their presence depends on whether their words will agree with or support the anti-FGM perspective.

If the practices of female circumcision are spoken only in terms of male domination of women’s bodies and sexuality, then for the Gikuyu, for instance, other cultural practices that defy such construction, such as *ngwĩko*; the “age set” of *Kĩhĩũ Mwĩrĩ* (body heat); the practices of woman to woman marriages (Njambi and O’Brien 2000), and the

role of the Gikuyu youth in terms of establishing their own desires that undermine the authority of their parents or the communities and so on are all ruled out. Written in such manner, the anti-FGM discourse manages to give a powerful and destructive impression to a young girls or women--who happen to come from the communities where female circumcision is practiced that the “real women” and perhaps better role models all live elsewhere, preferably in the West. This becomes clear and especially when one uncover that the anti-FGM discourse is not at all interested in the complexities that embodies its “Others” but rather, the knowledge that can homogeneously be made out of them--deeply steeped in colonial inscriptions already. This is definitely the case with Western feminism role in the anti-FGM discourse.

### **Anti-FGM Discourse and Universal Human Rights**

The final universalization of anti-FGM discourse addressed in this chapter is that related to “human rights.” Throughout anti-FGM discourse, it is addressed that one of the main arguments against the practices of female circumcision is that they violate the rights of women and girls. According to Hosken (1980), human rights are clearly universal:

Human rights are indivisible; they apply to every society and culture, and every continent. We cannot differentiate between black and white, rich and poor, or between male and female, if the concept of human rights is to mean anything at all. (p. 1)

According to the World Health Assembly, female circumcision practices “restrict the attainment of the goals of health, development and human rights for all members of society” (in Schroeder 1995, p. 739). International policy on the topic has gradually reflected that view. In 1959, the United Nations General Assembly adopted principle 2 of the Declaration of the Rights of the Child which stated that “The Child shall enjoy special protection, and shall be given opportunities and facilities by law and other means to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in condition of freedom and dignity” (in Schroeder 1995, p. 739).



Recently the United Nations (WHO et al. 1997) has reformed the declaration in order to specifically include the practices of female circumcision and it has stated that:

One deeply-rooted traditional practice that has severe health consequences for girls and women is female genital mutilation, sometimes referred to as female circumcision. Female genital mutilation reinforces the inequity suffered by girls and women in the communities where it is practiced and must be addressed if their health, social and economic development needs one to be met. The arguments against female genital mutilation are based on universally recognized human rights, including the rights to integrity of the person and the highest attainable level of physical and mental health. The health consequences of the practice vary according to the procedure used. Nevertheless, female genital mutilation is universally unacceptable because it is an infringement on the physical and psychological integrity of women and girls and is a form of violence against them. (p. 1)

Since the anti-FGM discourse understands the practices of female circumcision as a subject whose purpose is to deny women and girls (sexual freedom) independence, as Surita Sandosham, director of Equality Now, and Dorkenoo, writing on behalf of Minority Rights Group declare, the universal law of human rights is called upon in order to intervene in such matters.

My main argument here is that “human rights” appeals imposes a moral view, or values, of the “center,” and that it is such moral values that are employed by anti-FGM discourse to assist in its presumed right to intervene into Others’ lives -- a presumption not quite unlike that of the colonial era.

While appeals to universal human rights are an attractive means of trying to improve the “human condition” in many areas, such efforts are not without conceptual problems. As Schech and Haggis (2000) state, “What human rights advocate as the main virtue of the concept -- that human rights by definition apply to human beings everywhere and at all times -- is criticized by a range of critics as its main fault; the claim to universal

application ignores the fact that rights are based on cultural traditions and may vary from society to society” (p. 156).

Critics of the “universality” of human rights have often focused upon the selective pursuit of such rights by the West during the colonial era, during the Cold War, and now in the era of free-market globalization. Schech and Haggis (2000) describe the rejection of such hypocritical discourse by those at the margins, suggesting that while the bill of rights and other humanist charters may have applied to certain populations, colonized and other subjugated peoples were denied these rights by their European oppressors. Similarly, where addressing the question of political body and who such rights exclude, Gatens (1996) writes:

Who is represented by this image of bodily unity? At different times, different kinds of beings have been excluded from the pact, often simply by virtue of their corporate specificity. Slaves, foreigners, women, the conquered, children, the working classes have all been excluded from political participation, at one time or another, by their bodily specificity. (p. 23)

Likewise, during the Cold War struggle between the U.S. and USSR, the application of human rights principles was highly selective as the abuses of allied dictators were routinely overlooked -- even facilitated -- by both sides. During the contemporary era of “free markets,” renewed calls for respect for human rights occurs at the same time that Western donors and multilateral agencies push for financial cutbacks in the very public sector institutions of recipient countries that would be charged with enforcement of human rights laws in health, education, and the workplace.

However, the more fundamental criticism of universalized human rights is in its particular origins in Western, Judeo-Christian thought, while masquerading as a universalistic perspective. Laclau (1995) shows that the Europe of the late 19th century literally perceived itself as having achieved a superior universal view as the agent of universal reason. That views has become normalized to the point that the European values underlying these “universal” principles is taken for granted.

Toubia's ambiguous equation of female circumcision and child abuse points to the problem of applying such concepts universally. Toubia (1993) argues that "international human rights bodies should define FGM as a form of child abuse" (p. 45), but then immediately backs-off the implications of this stance suggesting that the comparison not go too far. She tells us that...

It is very important to differentiate between the motivations for FGM and those for child beating and sexual abuse. FGM is undertaken with the intention of 'normalizing' a girl, to make her equal to her peer group, whereas child abuse isolates a child, and subjects her to the whims of an adult. (p. 45)

It is as if the equation of FGM and child abuse is an attempt to shock audience into action, and the caveat which follows is a "wink" which tells us that this equation does not really apply.

The previous discussion of male circumcision also applies here. While anti-FGM abolitionists have successfully had female circumcision added to the list of human rights violations, its status as a "primitive," "barbaric" practice perhaps facilitated that image. As culturally-alien to Western sensibilities, these "bizarre rituals," "inflicted upon innocent women and girls" evokes rejection. Male circumcision, on the other hand, is fully culturally-integrated within the Judeo-Christian tradition, and does evoke the same horror. Needless to say, male circumcision has not yet made the list of officially-recognized human rights violations.

In fact, constituting the legality/morality of certain body-altering acts is fraught with danger and contradiction as what is viewed as acceptable or unacceptable appears to have more to do with cultural familiarity than with any "real" universal horror. For example, the Queensland Law Reform Commission in Australia, in attempting to sort through the legal issues faced in developing national legislation on female circumcision, expresses ambivalence in dealing with the legality of familiar vs. unfamiliar practices. While some body-altering acts are legal when done with consent, others remain illegal even when consent is given. What is acceptable or not appears as driven by cultural familiarity

within the dominant white community. They quote Bibbings and Aldridge (1993) who note that:

For instance, cosmetic surgery is apparently permitted where it is carried out by a qualified or registered practitioner. This includes a wide range of techniques which are possibly analogous to the less conventional forms of body alteration. Male circumcision is considered to be lawful when performed by a medical practitioner or a religious actor as part of a ritual. Face-lifts involve the cutting of facial tissue although the object is that no scarring should be visible. In contrast, it would appear that branding, scarification, and cutting for the purpose of body decoration when performed by a third party who is not a doctor constitutes a criminal act. In *Adesanya* a mother was convicted of assault occasioning actual bodily harm when she cut the cheeks of her sons, aged nine and fourteen, in accordance with tribal custom and with (so far as they were able to give consent) their consent. (in Queensland Law Reform Commission 1994, p. 28)<sup>7</sup>

Culturally familiar male circumcision is acceptable, while unfamiliar female circumcision and scarification, even when situated in religion and ritual, is considered a violation. Ironically, the Commission wonders whether the UK prohibition on altering another's female genitalia also makes illegal popular genital piercing practices (Queensland Law Reform Commission 1994).

Interestingly, the Commission notes that sex-change operations are legal because even though they involve the modification of genitalia, the purpose goes deeper than cosmetics to a sense of identity, presumably facilitated by the surgery:

They are not... mere cosmetic procedures because they are not undertaken merely for decorative purposes, but are viewed in terms of self-definition, identity, expression, and sexuality. They represent the most sophisticated and far-reaching

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Note here, too, that what is considered “qualified or registered practitioners” reflects only Western medicine.

body alterations which the law authorizes. (p. 29)

In fact, the importance of self-definition, identity, and expression can easily be applied to (illegal) female circumcision practices when viewed in cultural context.

While appeals to universal human rights may be politically useful in many circumstances to counteract political and economic abuses, the application of “human rights” rhetoric in the case of cultural practices is effectively aimed at eliminating difference, and promoting the views and practices of the center. Such a conceptualization of the problems of African development reminds one of the “modernization” perspectives of the 1950s and 1960s (which are still implicit in development discourse (Luke 1991) which hold that African traditional values are what is holding back development). Forgotten is that the notion of “modern” or “modernity” itself is a very particularized concept with a specific culture, history, and time period in Western societies. Addressing these issues, Habermas writes:

The word ‘modern’ in its Latin form ‘modernus’ was used for the first time in the 5th century in order to distinguish the present, which had become officially Christian, from the Roman and Pagan past. With varying content, the term ‘modern’ again and again expresses the consciousness of an epoch that relates itself to the past of antiquity, in order to view itself as the result of a transition from the old to the new. (Quoted in Brock, Scott, and Chesebro 1989, p. 433)

In this sense, as the authors continue, “the term ‘modern’ appeared and reappeared exactly during those periods in Europe when the consciousness of a new epoch formed itself through a renewed relationship to the ancients -- whenever, moreover, antiquity was considered a model to be recovered through some kind of imitation” (pp. 433-434).

Hosken (1980) explicitly states this case, asserting that “Modernization is the goal of all African governments...and rightly so” (p. 3), and “if the goal of national development is modernization, then abolishment of damaging traditional practices that are responsible for countless deaths, the painful maiming of women’s bodies, and an impediment to normal child-birth, surely must be a priority” (p. 4). While Hosken’s approach is more

blunt than most, her words reflect a broader colonialist tendency to use “human rights” rhetoric as the means of promoting the Western view of progress by undermining all that is seen as “traditional” and Other.

It is not necessarily illegitimate for outsiders to speak on behalf of Third World communities. However, consideration needs to be given the populations upon which such views are imposed. For example, the Somali women who are, in turn, described as both victims and victimizers should be at the root of a call for implying “human rights” principles -- rather than having that view thrust upon them by outside observers. Ironically, however, even locally-initiated efforts aimed at female circumcision eradication carry colonialist legacies. It would not be surprising, for instance, if much grassroots activism against female circumcision in certain areas is organized by Christian communities who seek to eradicate vestiges of perceived “heathenistic” practices. Such communities may even appropriate the rhetoric of human rights and medical concerns as a means to achieving that end.

## **Conclusion**

In this chapter I attempted to show how the success of anti-FGM discourse is related to its ability to create generalized, homogenized images of female circumcision, generalized depictions of global women’s problems, and have successfully had such practices labeled a human rights violation. However, such aspects are problematic in that they hide complexities in female circumcision practices which prevent alternative voices on the issue from being taken seriously, while imposing values of the “center” upon those at the margins. The following chapter also focuses a problem of universalization, this time in the representation of female bodies in anti-FGM discourse.

## **CHAPTER 6:**

### **MIND-BODY DUALISM AND ANTI-FGM DISCOURSE**

The most common reasons parents give for opting for [male] circumcision, in addition to just ‘feeling it should be done,’ include: ...The locker room syndrome. Parents who don’t want their sons to feel different from their friends or from their father or brothers often choose circumcision. (*What to Expect the First Year*, 1989, p. 18)

In short, being the product of a particular class of objective regularities, the *habitus* tends to generate all the ‘reasonable’, ‘common sense’, behaviours (and only these) which are possible within the limits of these regularities, and which are likely to be positively sanctioned because they are objectively adjusted to the logic characteristics of a particular field, whose objective future they anticipate. (Bourdieu 1990, pp. 55-56)

#### **Introduction**

In the last chapter, I demonstrated the ways in which anti-FGM discourse places Western values at the center through appeals to a “universal” notion of human rights. This chapter also addresses the “centering” of a Western vision: this time the focus is on presumptions about the female body as presented in anti-FGM discourse. I argue that while anti-FGM discourse presumes that female bodies are everywhere the same, and that “normal” or “natural” bodies can be contrasted unproblematically with “mutilated” ones, feminist and constructivist theorization of bodies suggests that bodies are envisioned through cultural lenses. Thus, what constitutes a normal body in one setting may not be viewed as such in another. To enforce such a notion of a normal body into another setting is to impose a certain imperialistic will to knowledge that is inconsistent with feminists critiques of Western logocentric, phallogentric, and/or masculinist visions of

bodies.

In addition, while those Western feminists in anti-FGM discourse focus on practices of women from non-Western societies, deemed as "obviously" painful, harmful, and degrading, they have avoided or failed to do the same in their own cultural contexts. However, as one feminist puts it, "if their judgement is not based on the presumption of Western women's superior status and civilization, should they not equally condemn the bodily mutilation of ear piercing, currently fashionable among lesbian feminists -- to say nothing of young women in general -- and increasingly so among young men?" (Di Leonardo 1991, p. 151).

### **Cartesian Dualism and Anti-FGM Discourse**

It has been well-documented that Western cultures have structured their perceptions of the world upon a series of dichotomies. The most fundamental of these dichotomies is that between "nature" and "culture." This foundational opposition is applied in various areas; in perceptions of human-environment relationships (Cronon 1996), in gender relations (Merchant 1980), in perceptions of "the West versus the Rest" (Latour 1993), and perhaps most notoriously in the perception of a separation of mind and body. Throughout anti-FGM discourse, the attack on the practices of female circumcision is carried-out through the assumption of such a body/mind, or nature/culture, dualism.

This dualism is then maintained with the support of other binaries or distinctions that help to affirm even more the idea of a transcendental or universal body that exists outside of its cultural context. Such dualism also exposes for us, intended or not, the mentality of the West as superior. Walley (1997), for example, noted that "much of the Western-oriented literature by Euro-Americans that opposes female genital operations invokes a series of binary oppositions, including: First World/Third World, modernity/tradition, science/superstition, civilized/barbarous, freedom/torture//repression, women as actors/women oppressed, medical knowledge/ignorance/disease" (pp. 423-424).

Anti-FGM discourse asserts that female bodies are normal, except when acted upon by



cultural values, as in the case of female circumcision. Such a practice results in “a distortion of the original anatomy” (Walker and Prammar 1993, p. 19). However, the assertion of a universally “normal” body hides the particularity of that body as “imagined” from a particular (white, Western) cultural standpoint. Notions of a normal body that all females would have, if not for the distorting (mutilating) effects of culture in certain societies, ignore the history and values behind that so-called normal body -- i.e., how this body became “normalized.” Like my argument on the universality of human rights, so too, my argument about the universal human bodies centers on the forgetfulness of those who take for granted their own cultural assumptions of what is reasonable, present that as universal, and seek to impose such views on their Others.

Such views on what is a “normal” body is critiqued by recent feminist and constructivist views which represent bodies as simultaneously natural and cultural (e.g., Butler 1990; Gatens 1996; Grosz 1994; Mol and Law 1998). Left out of FGM discourse is what Gatens (1996) calls the “imaginary” component of bodies which is produced in specific cultural contexts. The dualisms such theories critique are particularly associated with the works of the “founding fathers” of the scientific revolution, such as Descartes, Bacon, Newton, etc. Elizabeth Grosz defines dualism as “the assumption that there are two distinct, mutually exclusive and mutually exhaustive substances, mind and body, each of which inhabits its own self-contained sphere. Taken together the two have incompatible characteristics” (p. 6). Science studies feminists such as Susan Bordo (1987), Carolyn Merchant (1980), Sandra Harding (1986), Evelyn Fox Keller (1984), to name just a few, have addressed this Cartesian mind/body dualism while also offering useful insights with regards to the kinds of impacts that such philosophical fantasies have on the ways in which science, technology, and medicine are understood today. The unbridgeable gap that Cartesian dualism establishes between mind and body, or culture and nature, closes off any interaction between them. Thus, Grosz (1994) writes:

To reduce either the mind to the body or the body to the mind is to leave their interaction unexplained, explained away, impossible. Reductionism denies any

interaction between mind and body, for it focuses on the actions of either one of the binary terms at the expense of the other. Rationalism and idealism are the results of the attempts to explain the body and matter in terms of the mind, ideas, or reason; empiricism and materialism are the results of attempts to explain the mind in terms of bodily experiences or matter...Both forms of reductionism assert that either one or the other of the binary terms is 'really' its opposite and can be explained by or translated into the terms of its other. (p. 7)

The Cartesian mind/body dualism, as Bordo (1987) notes, have come to be viewed by some critics "in psychiatric terms, as a schizoid "false-self system and a pathology of 'depersonalization'" (p. 4). The reductionism that Cartesian dualism promotes, particularly through the work of those who continue to appropriate such a methodological approach, have proven to be no longer desirable or useful, and have come to be seen as responsible for other forms of dominations such as racism, misogyny/sexism, classism, imperialism, homophobia, etc.

### **Critiques of the Mind/Body Dualism**

Questions of "the body," go a long way back in the history of human sciences. But as Franklin (1996) notes, "debates concerning the body, embodiment, and corporeality have become increasingly central to cultural theory in the past decade" (p. 95). These debates have forever altered and disrupted the view of the body as a "purely natural," "biological entity" or as an externally disembodied force with its own physical reality. Instead, these voices have urged us to see the body as a site of enculturation and/or performance (see for example, Butler, 1994; Franklin, 1996; Gatens, 1996; Grosz, 1994; Kirby, 1997; Mol and Law 1998; Terry and Urla, 1995). Such viewpoints are insightful since they help problematize anti-FGM discourse's notion of bodies as purely "biological entities" as well as the tendency to create a sharp dichotomy between such natural bodies and cultural practices.

From these recent depictions of bodies as cultural products, different concepts have

emerged to help illustrate such enculturization more effectively. Some scholars have now come to see bodies as “figures of performances” (Butler 1990; 1993); as sites of “imagination” (Gatens 1996); as “medically constructed” and as sites of “power/knowledge” and “resistance” (Foucault 1977; 1978; 1980); as “collectively distributed” (Callon and Rabeharisoa 1998); as “locally situated/distributed” (Mol and Law 1998); as “cyborgs/hybrids” (Haraway 1986; 1994); and as always in a state of “training and building” (Franklin 1996). These conceptions share a common trait in that they critique the refusal “to acknowledge the distinctive complexities of organic bodies, the fact that bodies construct and in turn are constructed by an interior, a psychical and a signifying view-point, a consciousness or perspective” (Grosz, 1994, p. 8).

### Foucault and Bodies

Foucault has taught us to see “the body” as a site of power/knowledge and of resistance. He urges us to replace the idea of the body as a constitution of the “universality of wills” and instead see it as an effect of the “materiality of power operating on the very bodies of individuals” (Foucault 1980, 55). In this sense, power operates directly on the body through various disciplinary mechanisms, and that these mechanisms of control differ historically/culturally and are heterogeneously organized.

According to Foucault, the eighteenth century formation of positive science and medicine is important when one is interested in looking closely at how different forms of control operate on bodies/sexuality. As was pointed out in an earlier chapter, Foucault sees the field of medicine as having played a major role regarding forms of control:

Naturally it’s medicine which has played the basic role as the common denominator. Its discourse circulated from one instance to the next. It was in the name of medicine both that people came to inspect the layout of houses and, equally, that they classified individuals as insane, criminal, or sick. (Foucault 1980, 62)

In his *Discipline and Punish: The Birth of the Prison* (1977), Foucault argues that with

the reform of the penal system, thanks to new “human sciences,” also came the new power to construct not just criminals, but also crimes; not just normal, but also abnormal; not just rationality, but also irrationality. The notion of a “docile body” becomes important, as it became intermingled with the notion of “analyzable body” to the formation of a “manipulable body.”

According to Foucault, a body becomes a docile body to the extent that it is easily “subjected,” “used,” “transformed,” and “improved” through a variety of disciplinary mechanisms or techniques, all geared towards disciplining and normalizing an already active body into some specific ways and not others. Following such disciplinary techniques, we have now an interaction between techniques of “hierarchical observation,” “normalizing judgement,” “the examination,” and “panopticism” (or total surveillance), which functions together strategically to administer and organize human bodies in more or less coherent ways.

According to Foucault, we live in the panoptic machine, a disciplinary society (Foucault 1977, 216, 308). And the formation of this “disciplinary society is connected with a number of broad historical processes -- economic, juridico-political and lastly, scientific -- of which it forms part” (Foucault 1977, 218).

“What is the response on the side of power,” according to Foucault, if it is not “an economic (and perhaps also ideological) exploitation of eroticisation, from sun-tan products to pornographic films” (Foucault 1980, p. 57). Through resistance, new structures of power, or rather, new modes of investment become produced:

Responding precisely to the revolt of the body, we find a new mode of investment which no longer in the form of control by repression but that of control by stimulation. Get undressed -- but be slim, good looking, tanned! For each move by one adversary, there is an answering one by the other. (Foucault 1980, p. 57)

The relevance here is that bodies, in Foucault’s view, cannot be “universal.” Rather, bodies are historical in the sense that they are normalized through particular regimes of power/knowledge. Ignorance of the ways in which power/knowledge has inscribed

Western bodies and their modifications -- e.g., hair-shaving, dieting, tanning, make-up, etc. -- allows such bodies to be presented as universally normal and objective, as opposed to the “unnatural” body-acts of their “cultural” Others.

### Feminism and Bodies

Although these new discursive ways of viewing bodies have only increasingly become popular in the past decade or so, it cannot be left ignored that the question of bodies has long been a focal point in feminism. Feminists have long been critics of the Western Enlightenment dichotomization of mind and body, pointing out how western culture tends to associate women with “the body” and men with “the mind” (see Merchant 1980; Gatens 1996; Grosz 1994; Spanier 1995; Terry and Urla 1995). In this thinking, the body/mind dichotomy reflects a nature/culture dichotomy in which women are associated with “nature.” These binary oppositions signify, at least in Western thought, the position of the feminine in a patriarchal structure of hierarchy whereby all that is assigned to femininity is seen as inferior and therefore as the subordinate term (Pacthaa 1994).

In their critiques of such articulations, some feminists saw it as their main responsibility to try to escape association with the subordinate side of the dichotomy: “While not wanting to deny the significance of the female body and what then seemed its clear distinction from the male form, feminists were eager to escape from its confines” (McDowell and Sharp 1997, 201). Feminists attended to such confinements by drawing a sharp boundary between sex and gender (Barrett and Phillips 1992; McDowell and Sharp 1997). “Sex” came to be viewed as the biological elements that distinguishes men from women by birth while “gender” was defined in terms of cultural inscriptions that men and women are assigned in their social settings after birth.

Contemporary feminists, however, see the sex versus gender dichotomy as unsatisfactory as it maintains the nature/culture divide (Barrett and Phillips 1992). In the past twenty years or so, such founding principles of contemporary western feminism, as many feminists are now aware, have been seriously questioned for what Barrett and

Phillips (1992) refers to as “wreckless abstraction and dangerous generality” (Barrett and Phillips 1992, p. 2). Through these recent feminist theorizations about the body, the whole notion of the boundary between sex and gender has shown to be no longer desirable or even necessary (see Bordo 1987; Butler 1994; Gatens 1996; Grosz 1994). It is exclusive at best. Now, new ways of looking at the body as what Grosz (1994) refers to as “an inscriptive surface” have become common in some feminist writing. Recent feminist theorizations about the body have also greatly benefitted from the influential works of male theorists such as that of Foucault, Nietzsche, Lacan, Mauss, Freud, and Spinoza, just to mention a few.

Of the particularly helpful to feminists views of bodies is Foucault’s analysis of both as sites of power, knowledge and resistance -- how disciplinary practices, self-surveillance, body’s corporeality, pleasures and desire, and societal inscriptions-- all operate on the body and become normalized. For example, with such an understanding, Grosz (1994) focuses on the idea that the body should be viewed not as a neutral site, as McDowell and Sharp (1997) explain, nor as a naturally differentiated, already-sexed form, but rather as “socially-located morphologies” (McDowell and Sharp 1997, 204).

“Biological” differences then, according to Grosz are culturally produced and translated by social practices. Grosz then sees the body as a “writing surface” on which messages are inscribed: “The metaphors of *body-writing* poses the body, its epidermic surface, muscular-skeletal frame, ligaments, joints, blood vessels and internal organs, as *corporeal surfaces* on which engraving inscription or ‘graffiti’ are etched” (Grosz 1994, 236-237). Grosz helpfully makes a close analogy between bodies and texts and suggests that “tools of body-engraving,” such as social, surgical, epistemic, or disciplinary -- all mark our bodies differently depending on our cultural differences. “The ‘messages’ or ‘texts’ produced by such procedures construct bodies as networks of social signification, meaningful and functional ‘subjects’ within assemblages composed with other subjects. Each gains a (provisional) identity from its constitutive relations with others” (Grosz 1994, 237).

Under such context, bodily inscriptions that mark our bodies are capable of being read or interpreted according to Grosz. For example, within Western culture, Grosz suggests that the inscriptions of bodies, or rather bodies markings take place both “violently” and “by less openly aggressive,” though not necessarily any less coercive, means. Violent means would, for example, include things such as -- imprisonment, juvenile homes, hospitalization, mental/psychiatric institutions, under which bodies become “confined, constrained, supervised, regimented, marked by ‘body-writing-implements,’ such as handcuffs, traversing neural pathways by charges of electricity in shock therapy, the straight jacket, the regimen of drug habituation, chronologically regulated time-and-labour divisions, cellular and solitary confinement, and deprivation of mobility, the bruising of bodies in police interrogation, etc.,” (Grosz 1994, 238).

The less aggressive means of body inscription on the other hand, takes place “through cultural and personal values, norms and commitments” (Grosz 1994, 238). These less openly aggressive forms of inscription “involve a psychic inscription of the body through its adornment, its rituals of exercise and diet, all more or less ‘voluntary’ inscriptions by lifestyles, habits, and behaviours” (Grosz 1994, 238). Note that under such context, power refuses to be only that negative force that always oppressive and dominating, but as a positive force that enables things to become realized.

There is nothing natural or a priori about these forms of bodily or corporeal inscriptions. It is just that through them, bodies are marked so that they are accessible to the existing structures of power. Through such inscriptions, bodies are turned “into a particular *kind* of body -- pagan, primitive, medieval capitalist, Italian, American, Australian” (Grosz 1994, 239), or whatever. Grosz suggests that what we sometimes refer to as “body language” perhaps should be viewed as an appropriate description of the ways in which culturally-specific games of power regulate, condition and allow various techniques toward the formation of particular bodies. Hence, body-writing in this sense “relies on the one hand on extraneous instruments, tools of marking the body’s surface – the stylus, or cutting edge, the needle, the tatoo, the razor; and on interior, psychical and

physiological body-products or objects to remake the body -- moisturizing cremes, make-up, exercise, the sensations, pleasures, pain, sweat and tears of the body-subject” (Grosz 1994, 239).

As such, even the naming of a subject is a mode of inscription that marks deeply onto one’s body, “creating a particular kind of ‘depth-body’ or interiority, a psychic layer of subject” (Grosz 1994, 239) that are now comes to identify as his/her disembodied inner core. This understanding should help us realize that subjects that are produced through these modes of inscriptions “are not simply the imposed results of alien, coercive forces; the body is internally lived, experienced and acted upon by the subject and the social collectivity” (Grosz 1994, 239). And in this sense, the inscriptions that are marked onto the body would not be everywhere the same:

Messages coded onto the body can be ‘read’ only within a social system of organisation and meaning. They mark the subject by, and as, a series of signs within the collectivity of other signs, signs which bear the marks of a particular social law and organisation, and through a particular constellation of desires and pleasures. (Grosz 1994, 239)

Hence, as with Foucault’s analysis, when one talks of a normal body, one ignores the ways in which these particular messages of the collectivity are inscribed into bodies in particular places.

### Constructivism and Bodies

Constructivist views also problematize the belief that bodies are “universal, timeless, fixed, and definitely natural in their essence” (Franklin, 1996, p. 103). For instance, in a paper entitled “Narrating Childbirth” (Akrich and Pasveer 1998), the authors reject the assumption that “selves” (minds) are different from “bodies” in essential ways, arguing that selves are always embodied (Akrich and Pasveer 1998, p. 2). They raise “the question of what bodies and selves are, how they relate or dissociate, and what kinds of entities mediate dis/associations, [as] an empirical one” (Akrich and Pasveer 1998, p. 2).



The authors were specifically concerned with what sort of “selves” and “bodies” women have, or remember having while giving birth, and more importantly, “how are the relations between bodies, selves, other participants, obstetrics, part of/constitutive of women’s experience of birth?”(Akrich and Pasveer 1998, p. 2).

The authors suggest that the process of giving birth is not simply a biological and or natural tendency, as usually viewed in the current medical literature, but an act that is performed through “various possible configurations, which, for some of them, are explicitly connected to a definition of birth itself and of the way the surveillance settings might preserve the possibility of certain specific relationships between body, person, etc.” (Akrich and Pasveer 1998, p. 2). They rejected both Cartesianism and the tradition of phenomenology in the following manner:

Rather than the medical production of something like either a ‘holistic subject’ or a ‘body-self’ duality, what seems to be at stake for women is the construction of a body-giving birth. Bodies and selves are constantly associated and dissociated in women’s narratives. We want to know how women, by reporting to us about birth, bring in bodies, selves, and the entities that mediate, structure or constitute separations and associations. Bodies and selves are not stable all throughout a delivery. There are alterations of moments where such a distinction does not exist and moments where it is performed through particular mediations. (Akrich and Pasveer 1998, p. 2)

Through their analysis of birth narratives, these authors also show us “how action and mediation are distributed amongst various (unexpected) elements: the body, the self, the will, the midwife, objects, instruments, obstetrics, the partner...” (Akrich and Pasveer 1998, pp. 2-3). And so, in this sense, the process of childbirth, according to Akrich and Pasveer, does not take place outside of their narratives. In other words, “Birth is a *collective* event” (Akrich and Pasveer 1998, p. 1) that mobilizes different actors as well as non-human actors.

In a related paper entitled “Situated Bodies and Distributed Selves: On Doing

Hypoglycemia” (Mol and Law 1998), the authors ask whether it is possible for one to speak about bodies “without either being a biomedical scientist or humbly following the experts views on the matter” (Mol and Law 1998, p. 1). The authors agree “that it is possible [for non-experts to speak], but that it is not something that can be done carelessly” (Mol and Law 1998, p. 1). They suggest that such a study must be done while attending carefully to “the specific ways in which bodies are performed” (Mol and Law 1998, p. 1).

In order to move away from such a dualism of the medical knowledge “here” and the practices of treatment “there” -- found in most medical textbooks, Mol and Law introduce the notion of “practice.” In their search for understanding hypoglycemia, they “take [medical] professionals as well as people with diabetes as (*lay*) ethnographers in their own right” (Mol and Law 1998, p. 3), rather than focusing only on what the medical textbooks say. By doing that, they learned that hypoglycaemia is part of daily ritual/practices that involve many and, perhaps even strange, elements. Consider the following statements made by one of their patients:

Well if at the moment that we diabetics go to sleep we have [a blood sugar of] 4 [mmol/], then you simply know at some point, that you run a risk of getting a hypo in the night, that it’s too low. It should be six or seven, but it happens that, well, oh shit, I wake up in the middle of the night and shiver, shiver, shiver, and sweat, and then I have to get out of bed and eat something. Not if I’m well-behaved, but if I’m careless, well, yes, then I have to get out of bed (Mol and Law 1998, p. 3).

In this sense, as Mol and Law explain, looking closely at the everyday lives of the patients with diabetes, we see that the whole notion of hypoglycaemia “is part of a practice” that consists of shivering, sweating, scolding oneself when one forgets to eat; yogurt, sugar, eating, behaving well, waking up, carelessness, going to the refrigerator, and getting better. And they explain further that, these are physical and social elements, that are heterogeneously intertwined. And these elements may be actively involved, as

part of hypoglycaemia, even at the moments when they may seem to be entirely unrelated. For example, here they provide us with another statement to demonstrate that point based on a diabetes nurse report:

We also have this patient, an elderly woman, who got insulin-dependent recently, who is so afraid of getting a hypo that whenever she feels bad, she eats. So she eats and eats. And she doesn't like to measure her own blood sugar. So she feels bad, not because her blood sugar is low but simply because it has just dropped. It was, say, 15 and it dropped to 8 and that makes her feel bad and she wants to avoid having a hypo and she eats -- and eats 'till her sugar is 15 again. And then she's miserable because, mind you, she's getting fat. (Mol and Law 1998, p. 4)

Under such context then, "being fat" is not usually seen as a "clinical sign" of "low blood sugar," and yet it may very well be part of *doing* hypoglycaemia. That is, "of doing it by trying to avoid it by persistent eating" (Mol and Law 1998, p. 4). The point that Mol and Law make is that, locating diabetes/hypoglycaemia only in medical terms of body/blood limit our understanding of it since there are far more other practices or performances involved:

Thus *in writing* it may be that a blood sugar level below 3.5 mmol/l' is located within the body. But *in practice* it is as much a part of continuing activity as any other hypoglycaemic: one that makes a person shiver and get up in the night; or one that makes someone frightened and ready to eat as soon as she feels bad; or one that is an unfortunate disadvantage of a treatment practice in which diabetes is tightly regulated. (Mol and Law 1998, p. 5)

Hypoglycaemia, in this sense, its knowledge, as well as all the various bodily practices and/or performances that become mobilized all take place together. "They coincide in time" as Mol and Law (1998, p. 6) put it. And here Mol and Law remind us also that "bodies are not simply *objects* of knowledge, they are also a crucial locus for the *subjects* involved in the act of knowing. And when one attends to the specificities of the subject's involvement, it appears that an interpreting body is quite unlike a body caught up in

enactment or performance” (Mol and Law 1998, p. 6).

The point here is that, like Foucault’s and feminists’ positions, constructivist views make clear that bodies are “collective” in the profound influence of situation on both body images and practices.

### **Framing of the Body and Sexuality in Anti-FGM Discourse**

A common rhetorical tactic in presenting the case against female circumcision is to oppose the idea of “normal” genitalia mutilated ones. The presumption is of a Cartesian split between bodies as natural and bodies as dominated by culture. While observers of female circumcision presume themselves to hold an objective stance, and thereby have the ability to know the “normal” body, they ignore the ways in which their own values shape that normality. Koso-Thomas (1987), for example, contends that “it is amazing how many African females have no idea what normal genitalia should look like” (p. 12). Again, the idea here is that what is “normal” must be explained by “scientific knowledge” -- that is “rational,” “non-mythological,” “non-superstitious” -- which is outside the realm of culture.

#### Universalism and the Mind/Body Split

The critiques of universalisms and dualisms regarding bodies can be applied in a number of examples. The AMA (1995), in supporting their point that American doctors should not facilitate female circumcision, cites the Foundation for Women’s Health Research and Development (FORWARD) -- an organization partly funded by the U.K. Ministry of Health. FORWARD’s view on how doctors should address the issue with their immigrant patients makes a clear distinction between medical fact and medical myth -- i.e., objective biology versus biased traditions:

FORWARD suggests that health professionals take a ‘sensitive but firm approach’ to the issues of excision and infibulation, placing the practice within the context of culture. They need to demonstrate cultural and ethnic sensitivity while

explaining the short- and long-term health risks posed by female genital mutilation. Prevention of future medically unnecessary female genital modifications requires the dispelling of medical myths used to justify them. Physicians may wish to refer to other damaging traditional practices that have been abandoned, like Chinese foot binding and Victorian chastity belts. (p. 1716)

As for the hardliners, as usual, Hosken can be viewed as perhaps the most straightforwardly problematic voice in anti-FGM discourse in regards to the images of female bodies presented. Hosken, in explaining why Africans do not understand the “appropriate” way to treat female bodies, resorts to both universalism and dualism:

By now the issue is discussed quite openly in the cities of many African countries. Preventive actions have been started in many affected areas. We are able to teach those who cling to distorted beliefs some better ways to cope with themselves, reproduction and sexuality: everyone has the capacity to learn. Information about the basic human biological facts that every person needs to know can and must be made available to everyone...I also believe that all of us who have access to information and knowledge of the biological and sexual facts about reproduction must share this information with those who do not. Because this information is essential to lead a healthy and productive life and no one has the right to withhold, distort or otherwise manipulate the biological facts which make us free to lead responsible lives. For that reason I have started the information campaign with the Childbirth Picture Books which are designed to distribute this essential knowledge everywhere in the world. (pp. 6, 8)

In Hosken’s account, as well as throughout the discourse, bodies and sexuality are then defined as pre-formed entities that transcend all cultural and historical backgrounds. In this sense, bodies and sexuality are not only seen as universal and therefore as biologically given, but they are also seen as holding same behavioral personalities and desires so that a body/sexuality of a particular white, Western woman can equally and unproblematically represent those of all her women “others.” When she, the white,

Western woman, looks at her genitals she knows right then exactly how the genitals of all other women should appear.

Having established that the practices of female circumcision are a 'biological' and 'medical' crisis that the practitioners themselves are ignorant about, Hosken in turn asks several other questions:

Now that the truth about human sexuality has been established by Kinsey, by Masters and Johnson, and by the Hite Report, why are the facts not taught in every school and especially in the developing world? Why do government health and education departments still fail to protect the children from lifelong damage to their health by failing to teach the biological facts and respect for their bodies that are everyone, especially girls—who will bear and raise the children, the future of each country—need to know? (p. 11).

From this “Western medical scientific facts” standpoint, Hosken realizes that “the technical and communication tools” (p. 11) are already in existence that can be utilized to help “organize health information programs that also reach the rural areas and teach what every family needs to know including nutrition and family planning, quite aside from essential facts about personal hygiene, reproduction and sexuality” (p.11). According to the AMA (1995), which embraces a similar view, “physicians should therefore use anatomical models to explain procedures whenever possible” (p. 1715). Hosken, contemplating Masters and Johnson’s power of ‘science,’ believes “[t]hat female genital mutilation can be abolished and permanently wiped out” if such efforts are made.

Established as scientifically and medically unnecessary, Hosken mobilizes the most popular classical theories of bodies and sexuality, particularly those of Kinsey, Masters and Johnson, and Shere Hite, to argue the case against female circumcision. Produced over much of the last century (since late 1930s to late 70s), these classical theories are seen by many scholars as responsible for much of our popular understandings of sexuality in general. In dichotomizing “biological facts” with “distorted beliefs,” Hosken presumes that those “facts,” produced by Western researchers on Western subjects, are culture-free

and thus cross-culturally applicable.

### Classical Theories of Sexuality: Kinsey, Masters and Johnson, and Hite

The authors to whom Hosken refers make some of the same assumptions regarding universal applicability. As they questioned the societal dogmas of sexual taboos of their times, the authors of the *Kinsey Report* nonetheless wanted to replace such dogmas with irrefutable “scientific truth” which they see as “universal human sexual reality.” They saw this “scientific sexual reality as residing in “human sense organs” themselves. Being careful enough to state that their research “is obviously not a study of the sexual behavior of all cultures and races of man” (p. 4), the authors of *The Kinsey Report* set out to discover the origins of human sexual behaviors by establishing two case studies: one based on the observation of 5300 white males, whose case histories contributed the data for the “*Sexual Behavior in the Human Male* (1948); and the other one based on the observation of 5940 white females whose case histories contributed the data for the “*Sexual Behavior in the Human Female* (1953).

Yet, despite that awareness, which is repeated throughout the text, the authors of *The Kinsey Report* nonetheless make repeated universal claims of “human sexual behavior.” For example, they frequently indicate that the results of their investigations should be made available all over the world, to all those who can read and understand and utilize their data (p. 11). Interestingly, this is exactly what most of the texts in anti-FGM discourse have set themselves to do in their battle against the practices of female circumcision. This extrapolation of sexual behavior in specific social groups to the rest of humanity is also evident in the researchers’ own persistent use of the book titles for each volume as *Sexual Behavior In The Human Male* and *Sexual Behavior In The Human Female* respectively. Rather than been consistent in attributing sexual behaviors to the white males and females, they consistently employed the phrase “Human sexual behavior” which suggests a universal application.

In their popular study, of *The Human Sexual Response*, Masters and Johnson (1966)

also hoped to liberate “humanity” from what they described as the “continued existence of a massive state of ignorance of human sexual response” (p. vi-vii) through the “benefit of objective, scientific analysis” (p. vii). In another universalizing move, Masters and Johnson indicate that “although *The Kinsey Report* has become a landmark of sociologic investigation, it was not designed to interpret physiologic or psychologic response to sexual stimulation” (p. 3). The “fundamentals of human sexual behavior” that *The Kinsey Report* provided “cannot be established until two questions are answered,” according to Masters and Johnson. And they are...

What physical reactions develop as the human male and female respond to effective sexual stimulation? Why do men and women behave as they do when responding to effective sexual stimulation? If human sexual inadequacy ever is to be treated successfully, the medical and behavioral professions must provide answers to these basic questions. (p. 4)

It is clear that Masters and Johnson did not see their project as representative neither of the whole entire population of United States, nor of the rest of the world. In fact, with regards to the sample of women and men they studied, they indicated that “There are so many variables of sexual response that no possibility exists for establishing norms of sexual performance for the study-subject population” (p. 311). Yet, despite that awareness of such problematic inadequacies and limitations, like in *The Kinsey Report*, one cannot help but to notice a clear tendency of universalization and normativity going on in Masters and Johnson’s project as well. One such tendency can be observed, not only in the employment of their book title, *Human Sexual Response*, but also in their continual use of the terms such “human female sexual response” and “human male sexual response” as if they stood for all males and females respectively, all the while knowing that their project represented only a small portion of white men and women. Another such tendency can be observed in Masters and Johnson’s search for what they referred to as “anatomical normalcy,” or “essential normalcy of the reproductive viscera” (p. 11, 12).

Written ten years after Masters and Johnson’s text, *The Hite Report* (1976) was meant



to be a study that places women at the center with regards to the question of sexuality. And as Hite herself puts it, the main purpose of the study “was to discover how women view their own sexuality” (p. xix). In this sense, even though the study was modeled after Kinsey and Masters and Johnson’s projects, *The Hite Report* can be viewed as a serious challenge to both projects as well as others that fail to put women into consideration in their search for “normal sexuality” that always seem to be fixated on men’s points of view.

The point here for Hite is that intercourse must be solely seen as “a choice, an option, for each *individual* woman. Whether she wanted to have intercourse or not would become her own *choice*, not something she had to do to have physical relations with a man” (p. 377). Heterosexual sexual intercourse must, in this sense, cease to be viewed as the only option to which all people must relate. Heterosexual sexual intercourse, according to Hite, “is too narrow a definition to remain the only definition of sex for most people most of the time” (p. 377).

Hite’s call for a total redefinition of sexuality is not an unreasonable one: most studies of sexuality rarely seriously consider the idea that women’s views of sexuality differ from those of men and that women too have valuable contribution to make with regards to the matter. And for that matter, Hite’s project remains one of most important ever done in the history of women’s sexuality, not only because it manages to place women at the center, but also because it has challenges a narrow, male view of heterosexual sexual relations as a “natural” tendency and therefore inevitably given; a view that is firmly embraced by Kinsey as well as by Masters and Johnson as was shown earlier.

However, while Hite’s call for a total redefinition of sexuality remains fruitful and very much welcomed, her approach to the notion of “women’s sexuality,” like that taken up by anti-FGM discourse, is problematic in the sense that it assumes that there is such a thing as an essential category of “women.” I argue that, not only is Hite’s notion of “women” problematic because it assumes that women are biologically given, but also because it assumes that all women universally--whomever and wherever they are--are culturally and

historically motivated by the same sexual desires and needs. In other words, “What is problematic about this kind of use of “women’ as a group, as a stable category of analysis, is that it assumes an ahistorical, universal unity between women based on a generalized notion of their subordination” (Mohanty, 1991, p. 64).

In fact, differences among American women is a point that is ruled out in Hite’s project. In this case, as was the case in both Kinsey and Masters and Johnson, the white, middle class women’s view of sexuality became easily all “American women’s” view. And to make the matters even worse, this white, middle-class, heterosexual women’s view is in turn projected as a universal reality for all women. Therefore, unsurprisingly, problematic heterosexual sexual relations in the American context becomes, automatically a universal sexual problem. And although a small concern for other cultures is mentioned (especially by both Kinsey and Masters and Johnson), no one seems to be interested in learning how these different cultures’ views of sexuality are shaped and what possibly can be learned from such views.

While Hosken’s views, as well as those of the sex researchers, can be viewed as originating in an era where such universalisms went unchallenged and “difference” had yet to emerge as a major concern, numerous other actors in anti-FGM discourse continue to engage in the same forms of universalisms regarding women’s bodies.

In the meantime, the same “biological facts” from Master and Johnson (1966) that Hosken and others have called upon to help educate Africans about sexuality have also provided some ambiguous descriptions with regards to the impacts of the practices of female circumcision. Masters and Johnson (1966) had actually suggested that clitoridectomy does not necessarily eliminate sexual pleasure. Rather it diffuses this sensation to other parts:

The concept of the mons as an area of severe sensual focus is supported by the clinical observation that after clitoridectomy, masturbation has been reported to be as effective as a means of sexual stimulation as before surgery. Manipulation usually has been confined to the mons area, although sometimes concentrated on

the scarred post-surgical site. (p. 64)

Unable to single out one specific location that is responsible for orgasm, Masters and Johnson (1966) concluded that such excitements are as a result of manipulation of a combination of a variety of erotic parts of female bodies. During their studies, they observed women who “were able to achieve orgasmic response by breast manipulation alone, in addition to their ability to react with orgasmic success to mons manipulation to coition” (p. 54). Further on this subject, Masters and Johnson (1966) write:

Women usually simulate the entire mons area rather than concentrating on the clitoral body. Regardless of whether the clitoris is stimulated by direct means or indirectly through mons area manipulation, the physiologic responses of the clitoris to elevated sexual tensions are identical. Most women prefer to avoid the overwhelming intensity of sensual focus that may develop from direct clitoral contact. Instead, mons area manipulation produces a sensual experience that although somewhat slower to develop is, at orgasmic maturity, fully as satiating an experience as that resulting from direct clitoral shaft massage. (p. 64)

Whether (and for whom) Masters and Johnson’s analysis is correct is not the main issue. The main concern here is the question of why such information was excluded by Hosken and others who invoke this study? Perhaps the main reason why such issues are not considered within anti-FGM discourse is because they raise an important complexity with regards to what counts as “normal” sexuality or “normal sexual experience” which would undermine anti-FGM claims.

Another author who within anti-FGM discourse who has paid attention to Masters and Johnson’s view is Shaw (1996), who writes about colonial conditions of Gikuyu women. She observes from Masters and Johnson their point that the operation on the clitoris does “not obliterate all sexual pleasure” (p. 79). However, accepting that complication does not prevent Shaw from advocating eradication of all forms of female circumcision. Shaw admits that circumcision may have positive meanings for Gikuyu women, speculating “that circumcision and clitoridectomy for the Kikuyu have always been about the

historical production of gendered bodies, removing the female covering -- the foreskin -- from men and the phallic clitoris from women, marking bodies for the roles they will play” (p. 71). And although she did find from those she interviewed about Gikuyu women’s sexuality that they had positive remarks about female circumcision, this acknowledgement did not stop Shaw from declaring that she “would like to see the worldwide eradication of all forms of female circumcision” (Shaw 1996, p. 78). In colonialist fashion, Shaw speculates on the reasons for Gikuyu female circumcision, imagining that (because it’s the case in Sudan) control of female sexuality must be the main motive:

...though some may think this obvious, I speculate that the renowned emotional and social distance between African husbands and wives may be related to the practice of female genital mutilation. Emotional investment in a sexual partner may be greater under conditions where fantasies of romantic love are fed by the expectation of intense sexual expression between husbands and wives. Whether or not I am right about this, it is clear from the Sudanese example, and others, that many African women have pursued a path that de-emphasizes sexuality and marital intimacy. Yet from my study of the literature, I hold that where clitoridectomy and not infibulation is practiced, the question of women’s participation in premarital sexuality and the emotional involvement it brings, is open. (p. 78)

Assuming her account to be correct, she clearly considers the state of affairs to be a thoroughly bad thing. Unfortunately, she fails in her fieldwork to elicit Gikuyu women’s opinions on the topic. In fact, according to Shaw (1996), the negative imageries about female circumcision she encountered during her fieldwork came outside of the organized survey where only men, and not women, reported that female circumcision is about the control of women’s sexuality. She writes that “young men (nineteen to twenty-seven years old) -- outside of the survey, no young women were willing to talk about the practice -- had a different view. They found clitoridectomy directly related to the control

of female sexuality” (p. 81). Surely, one has to wonder how come, if the views described above are accurate, no woman was willing to speak out to support her assertions about such control?

### More Examples from Anti-FGM Discourse

The universalization of “normality” and the Cartesian divide is also maintained throughout anti-FGM discourse. Kwaak (1992), for instance, describes to us two conversations that took place between herself and a Dutch friend and between herself and a Somali friend. The Dutch friend told her that “what struck her most about the practice of infibulation was the fact that it is so unnatural” (p. 781). This statement reflects the presumption that a normal body, a “natural” body, is always uncircumcised, like hers. Kwaak also remembers a Somali female friend who said to her that it is Western women who seemed to behave unnaturally: “First, they had hair on their arms and legs; second, they did not cover their hair..., and thirdly she showed great disbelief concerning the fact that Western women still had their ugly genitalia and pubic hair” (1992, p. 781). Kwaak’s point was that there is a deep chasm between what these two cultural positionings view as normal and natural. While this point is well-taken, Kwaak ultimately posits that her own cultural position on the issue represents a better, more objective, one in that her view helps preserve an intact (i.e., natural) female body.

A close look at these statements supports my point that what is natural and normal regarding female bodies is formulated in cultural context. Kwaak’s Dutch friend states that infibulation is unnecessary because it is not a natural thing to do to a body. She suggests, and Kwaak concurs, that an objective view of the body requires that no modifications be made. On the other side of Kwaak’s divide -- on the side of culture -- stands her poor, deluded Somali friend who cannot seem to remove her cultural blinders and as a result, follows her “custom” of “mutilation.” What Kwaak appears to miss in her own account, however, is that *both* sides of this discussion wrap nature and culture together.

Indeed, to me this is a clear example of Latour's point in *We Have Never Been Modern* (Latour 1993) that so-called "modern" people cling to their false perception that nature and culture can be held apart (by applying their "superior" scientific worldview) in order to see the world objectively. Conversely, those non-moderns who have yet to adopt the scientific worldview remain mired in nature/culture mixing and blending -- their view of "the natural" is supposedly clouded by cultural values which get in the way of objectivity. As a result, Kwaak ultimately concurs with her (objective) modern Dutch friend's view, while she is ultimately dismayed by her (culture-bound) Somali friend. In Latour's view, however, as his book title suggests, we have never been modern, and therefore Kwaak's assertion of an objective, universal view on bodies is just a pretension. The anti-FGM idea of a universally normal body can only be maintained by pretending that one's culture can be held at bay to view the body objectively. And since this "God-trick" is not possible, it then holds that even the so-called "normal" bodies are imagined through cultural lenses.

#### God and the Natural Body

Anti-FGM discourse often reveals its cultural particularism (despite "modern" pretensions) through frequent references to religious values in relation to natural bodies. The search for a normal body and normal genitalia continues as the abolitionists now arm themselves not just with science and medical knowledge, but also with a Christian God. Grosz (1994) problematized such ideas both as misleading heirs of Cartesianism through which "the body is either understood in terms of organic and instrumental functioning in the natural sciences" (p. 8), and as an heir to Western Judeo-Christian's notion of the "human body" as a "part of a natural or mundane order" (p. 8).

Hosken (1993), for instance, laments the loss of God-given genitalia when she states that "the female genitalia that are created 'perfect' are deliberately crippled and altered according to custom" (p. 32). Elsewhere, Alice Walker invokes a popular biblical view. "We," according to Walker, "can tell you that the body you are born into is sacred and

whole, like the earth that produced it, and there is nothing that needs to be subtracted from it” (Walker and Prammar 1993, p. 19). In an interview on *Bravo* (6/6/1994), when asked who she thinks she is representing in her mission to eradicate the practices of FC, Alice Walker (1994) replied: “I am not speaking for anybody. I am not speaking for Africans. The body of a woman is a universal treasure, precious. It should not be mutilated. Period.” In this context, I argue that the battle against the practices of FC is a battle that cannot easily be isolated from Western Judeo-Christian values and desires.<sup>8</sup>

An equally clear example of this Judeo-Christian, culture-bound view comes from Catherine Hagon (cited in Burstyn 1995), the founder of the Washington Metropolitan Alliance against the practices of female circumcision, who also laments that “we don’t warn [immigrant] families that we consider this child abuse...When you wrap this issue in the cloth of culture, you just can’t see what’s inside. This is a clear case of child abuse. It’s a form of reverse racism not to protect these girls from barbarous practices that rob them for a lifetime of their God-given right to an intact body” (quoted in Burstyn 1995, p. 30).

In another example, Kwaak acknowledges the ways in which “Western culture with its Judeo-Christian roots” control and curbs Western women’s sexual desires; such cultural values, in other words, can be oppressive. When applied to her African Other, however, Kwaak was “surprised to hear [that] an educated Christian Somali women [she] knew in Somalia” had chosen to be re-infibulated (p. 781). So, on the one hand, she questions the negative implications of these Western Judeo-Christian values; yet on the other, she embraces these same values through her “I can’t believe it that “my educated Christian Somali friend did that to herself! mentality” to judge the validity of her friend’s decision.

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I suggest that the view that Alice Walker invokes here is not far removed from another Christian, biblical view which suggests that a woman’s body is a “temple of the Lord,” a notion commonly recited in churches to persuade women to refrain from sexual activity (fornication) before marriage. Note, too, that this (Christian) demand is more often imposed upon women than upon men, and the idea is that women’s bodies, according to the bible, belong to men and to the Christian God.

Is this not another way of saying that Western Judeo-Christian values may be truly problematic for a white Western women, but for an African woman, they may suit her better than her primitive tradition of circumcision?

Even so-called grassroots efforts aimed at eradicating female circumcision often express such religious values. Given the globalizing trends from the colonial era to the present, many societies in Africa have adopted Christian values, and those values have been turned against their pre-existing value systems. For instance, a recent movement in Kenya has been hailed in the international press (Reaves 1997) as providing positive hope for finding culturally acceptable alternatives to female circumcision. This movement, called *kũnyitanĩra irua na mugambo*, or “to hold a circumcision through the word,” is sort of like going to camp. Originating in a Gikuyu area near Mount Kenya (and hence the Gikuyu name) in 1996, the program involves a week of counseling, followed by community celebration and affirmation. There is no genital surgery involved. Effectively, the goal is to preserve the social significance of the *irua* ritual, but without the surgery.

While hailed in the West as a breakthrough (you can have the cake and eat it too -- without having to cut it), this movement can be questioned on several grounds. First, while proponents portray this alternative as being a circumcision by words, rather than by cutting, the wording of the Gikuyu name implies “the word of God.” As such, this alternative movement appears as a Christian movement. Also, the movement is limited to the already heavily Christianized Gikuyu, and as such is not easily transferable to other ethnicities which also practice female circumcision, but do not share those (new found) Judeo-Christian values. Also, the movement is probably not as “grassroots” as it seems. Reaves (1997) states that the creation of the program “follows years of research and discussion with villagers by MYWO [*Maedeleo ya Wanawake*] field workers with the close cooperation of the Program for Appropriate Technology in Health (PATH)” based in Seattle, Washington. Finally, since both Gikuyu male and female circumcision takes place at the same time -- a symbol of the equality between men and women, it remains to be seen whether “circumcision through the word” for women will protect and respect



such equality.

### Images of “Normal” Genitals

The assertion of normality/abnormality is often depicted through the use of diagrams showing female genitalia. Typically, such images contrast so-called normal genitalia with circumcised genitalia (e.g., Slack 1988; Toubia 1993; American Academy of Pediatrics 1998). “Normal” genitalia are presented as “natural” or unmodified in any way. As in biology textbooks, the parts of the normal genitalia are labeled. By contrasting, pictures of abnormal, or “mutilated,” genitalia are presented pointing out how that which was natural is now deformed by surgery.

The idea that “normality” and “natural” (if that means unmodified) are the same is clearly disputable. For instance, to bring up the issue of male circumcision once again for comparison purposes, it is quite clear that what is normal and what is “natural” are not the same thing. Open virtually any biology textbook which shows human male genitalia and you will likely see a picture of a circumcised penis. In other words, the default image of a normal penis in Western contexts *is a circumcised penis*. The example provided here (figure 6.5) comes from the website of the American Medical Association (AMA 2000), and clearly depicts a circumcised penis (not to mention that the color diagram presents the default human male subject as being “white”).

What constitutes “normality” with genitalia is problematic in other ways as well. “Normality” can marginalize differences in individual genitalia occurring in any population. This differential treatment becomes clear when one pays attention to recent cases of intersexuality -- or what pediatric surgeons refer to as “correcting ambiguous genitalia” or

“abnormal genitals.” Such procedures involve “cutting off part or all of a girl’s clitoris if it is considered abnormally large or aesthetically repugnant” (Gollaher 2000, p. 203).

Gollaher writes:

In some cases, congenital defects make it impossible to classify a baby as female or male. Based on the diagnosis of ambiguous genitalia, or 'intersexuality,' doctors perform surgeries on some 2,000 children each year. Nine out of ten of these are classified as female, though this sex assignment may reflect little more than the surgeon's choice. Using the traditional techniques of plastic surgery, they endeavor to make the child look normal. This is where the trouble lies, with some activists accusing surgeons of operating far too aggressively with little sense of the lasting damage such procedures may do to women's lives. Depending on the extent of the surgery, women may be left with scars, numbness, and loss of sensation in their sexual organs, as well, as with on a biding shame and embarrassment. (p. 203)

In 1997, *Rolling Stone* magazine published a story entitled, "The True Story of John/Joan," about a male infant whose genitalia was disfigured during the circumcision procedure. His doctor decided to turn him surgically into a female. Still in the same year, a *New York Times* reporter, according to Gollaher (2000), conducted interviews with doctors, "who insisted that surgery for ambiguous genitalia was usually medically appropriate for the baby and vital for the parents, who were typically horrified by what they saw" (p. 204).

One pediatric urologist from Rhode Island insisted that "I don't think its an option for nothing to be done...I don't think parents can be told, this is a normal girls, and then have to be faced with what looks like an enlarged clitoris, or a penis, every time they change the diaper. We try to normalize the genitals to the gender to reduce psychological and functional problems later in life" (*Urology Times* 1997, pp. 10-12). As such, people like Cheryl Chase, the head of the Intersex Society of North America, continue to fight for the rights of the hermaphrodites. Recently the society produced and forwarded a half hour videotape called *Hermaphrodites Speak!* through its internet web site. This society continues to urge the Congress to prohibit female circumcision, but at the same time allow it for "health reasons:"

They aimed to strengthen the federal prohibition on female genital mutilation and make it apply to women like themselves, which they believed could be accomplished by adding a single word to the law. Pointing to a provision that allows for genital surgery in cases where it is ‘necessary to the health of the person on whom it is performed;’ they sought the qualification ‘physical health.’ (Gollaher 2000, p. 205).

Others, like Gary Alter, a urologist and plastic surgeon from California, continues to promote genital surgeries for cosmetic reasons. His advertisement, “female genital cosmetic surgery” came out in 1998 and according to some sources, he sees his work as “surgical procedures designed to improve the appearance of female genitalia...the ultimate way for women to be gorgeous absolutely everywhere” (p.205). According to Gollaher (2000), Alter, as well as an increasing number of cosmetic surgeons in Los Angeles, “has identified asymmetrical or larger-than-normal labia as a problem in need of a surgical solution” (p. 205). One reporter who had access to Alter’s before and after pictures of his work stated that, “what strikes me in the ‘after’ shots is the eerie similarity between the women pre-op, you could have picked their labia out of a lineup; now, their genitalia are carbon copies of each other” (Kamps 1998).

## **Conclusion**

In this chapter I demonstrated that anti-FGM discourse presents female bodies as universally the same everywhere and assume a clean divide between body and mind. As a result abolitionists presume that the physical aspects of the surgeries are easily detachable from the cultural significance of such practices. I used Foucauldian, feminist, and constructivist approaches to argue that bodies are “imagined” through cultural lenses and hence what constitutes a “normal” body in one cultural setting may not be normal in another. The final chapter presents the conclusion of this project.

Note that while these authors cite their estimates from one another, with Hosken as the leading reference, the WHO document needs no such references -- the estimates listed there from others sources now has become the “scientific fact.” And because, as Latour (1986) states, the power of such scientific rhetorics lies in making the dissenter or those who question such rhetorics to feel lonely or to feel like there is no other way to go, then the estimates of the WHO document becomes not only an “official reference” where everybody now gets their estimates from, but it becomes also what in STS we call a “black box.” A black box “contains that which no longer needs to be reconsidered, those things whose contents have become a matter of indifference” (Latour 1986, p?).

In this sense, “by associating materials of different durability, a set of practices is placed in a hierarchy in such a way that some become stable and need no longer be considered” (p?). But what really is inside the black box, even though one is told that it is “scientifically proven” -- all sorts of practices, habits, forces, uncertainty, controversies, people at work to making sure images appear in certain ways and not others, and silencing. This is usually the case and especially when there is a refusal to acknowledge the situatedness of one’s theory, or rather, one’s account of reality, and therefore making it appear as though it is self-evident that it is not practiced or orchestrated/constructed in one way or another. Judith Butler (1994) captures this tendency as follows:

“It seems that theory posits foundations incessantly, and forms implicit metaphysical commitments as a matter of course, even when it seeks to guard against it; foundations function as the unquestioned and the unquestionable within any theory. And yet are these “foundation,” i.e., those promises that function as authorizing grounds, are they themselves not constituted through exclusions which, taken to account, expose the foundational premise as a contingent and contestable presumption? Even when we claim that there is some implied universal basis for a given foundation, that implication and that universality

simply constitute new dimensions of unquestionability.” (p. 158)

## CHAPTER 7: CONCLUDING REMARKS

### **Narrating Interventionism**

From where I stand, it seems clear that one of the biggest mistakes made by women who practice any form of female circumcision is that they forgot to ask permission to perform such practices from those observers who know how bodies should be treated.<sup>9</sup> Indeed, for one who is colonized or whose sense of belonging, history, and culture are defined against a yearning for such things seems to be automatically dismissed as mindless traditionalism in Western contexts. Such a presumption ensures that those who are rewarded are only those who view the world from a particular point of view; who agree not question; who cooperate and do not break away; and who go along with a demand which claims that it is always “for their own good” that those with certain forms authority -- be it power/knowledge, money, guns, material privileges -- intervene.

The idea that Africans who practice female circumcision should decide for themselves what is appropriate regarding the matter would be shocking and unspeakable to all those who have invested much power and time, not just in telling those they dominate what to do with their bodies (lives), but also on the arrogant assumption that they alone hold the “truth” and that others should accept it. In this sense, the desire “to be left alone” would not be well-received by those who have quite comfortably gotten used to the idea that they are always right and that Others need them in order to live well. Such a desire would then be simply read as a signal of rejection, on the part of the powerful.

Because Western interventionism does not take rejection well, those who question such “good will” are made to appear as though they are ungrateful, in denial, and/or delusional;

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I use the terms “we” and “they” as a political tool in the same way in which critical race feminists use it to acknowledge that just because we have different ways of talking about structures of power it does not mean that certain forms of authority cannot be identified by those who are especially resisting marginalization by such structures (see Collins 1990; hooks 1992; 1989).

for do they not understand that it is for their “own good” that the interventionists speak; that it is in the name of “children” that they speak; that it is in the name of “human rights” that they speak. Don’t they understand that it is not their “blackness” or “Africaness” that is called into question here but, rather, their “bad” cultural practices. Their cultural blinders prevent them from recognizing the problematic nature of female circumcision. No real serious studies are necessary because such studies might reveal certain contradictions and complexities that in turn make the Western intervention to appear as not needed or even necessary.

We know that appropriate cultural practices (like those of Judeo-Christianity) do not leave marks on bodies: God tells us that bodies should be left as He created them, or so says Alice Walker. Even more importantly, we (as modern people) are also smart enough to know the difference between culture and natural bodies, and can keep the two separate -- and can teach more primitive Africans how to separate nature and culture as well. We’ve signed the Modern constitution (Latour 1993), and we demand that Africans do so as well. This leads us to our other big concern. We think that since you lack such education, left alone you will surely never come to such an accomplishment. Therefore you need us.

We assure you that it is not just white feminists who feel that way. Some black women from the West such as Alice Walker, Isabelle Gunning, Hope Lewis, and even some elite African, whose names have become quite popular in the recent Western forum of abolition, including Koso-Thomas, Toubia, Dorkenoo, El Sadaawi, feel the same way. In this sense surely, Wairimū, you can’t say that abolitionism is deeply-rooted in imperialism in the presence of such women? It is for the “humanity” of the oppressed girls and women in Subsaharan Africa that we have all come together as “sisters” united.

### **Anti-FGM Discourse’s Framing of Bodies/Sexuality**

My goal in this study has been to disrupt this neat story; to show how “help” in this case carries the legacies of colonialist thought and practice. Through anti-FGM discourse

African women continue to be held under the gaze of the West, the former constructed as exemplifying traditional behavior which must be modernized. In this discourse, “traditionalism” takes the form of male domination. The bodies of wives and daughters which undergo female circumcision, as the story goes, are in all places and at all times dominated by men who control them. Female bodies and sexuality in this sense are framed not only in terms of a duality between “natural biology” and “oppressive traditions,” but also in terms of the dichotomy between male victimizers and the victimized females. These dualities are then normalized as “the order of things” that supposedly cuts across all histories, times, spaces, and cultures.

In our Introduction to Women’s Studies classes, one of the things that we tell our students when they ask “why women’s studies?” is that there is a need to correct or to do service to women’s histories, abilities, and contributions that have been dominated and devalued by society. But I have learned by reading much of the Western feminists’ representations of non-white women that this “service” does not seem to apply equally to all women. While feminist discourse generally tends to privilege the agency of women who are empowered to make choices to alter their circumstances, anti-FGM discourse (which contains a significant feminist component) perpetuates the colonialist myth that “traditional Third World people” are social dupes without agency; thus they require outside intervention for social change to occur.

Mohanty (1991) summarizes my interest when she notes that it is “this process of discursive homogenization and systematization of the oppression of women in the Third World that power is exercised in much of recent Western feminist discourse, and this power needs to be defined and named” (p. 54). As such, the most common and recurrent images about Third World women in most women’s studies in the U.S. are similar to the ones Mohanty (1991) describes below:

Features such as powerlessness, passivity, poverty, and ignorance, usually dark and lacking in historical agency, as if waiting for the (white) Western hand to help subjects along and not infrequently hungry, illiterate, needy, and oppressed by its



own stubbornness, lack of initiative, and traditions. (p. 54)

I am arguing that anti-FGM discourse's representations of female circumcision practices is one of the many areas in which those who are not Western and white have been "systematically organized into and transformed according to European constructs -- in the history of the modern West" (Escobar 1989, p. 7). The ugly mentalities towards the West's Others are couched in the language of objectivity and rationality that, as Escobar notes, dictates that these parts of the world, referred to as Third World now, "and its peoples exist 'out there,' to be known through theories and intervened upon from the outside" (p. 7), and thus rekindling and perpetuating the same image of the West as superior.

It goes without saying that such images universalize and homogenize heterogeneous cultures of these places freezing them into ahistorical refrigeration, so to speak (Mohanty 1991; Escobar 1989). In fact, I take Escobar's (1989) point seriously that, "if this description exists at all is more a sign of power over the Third World than a truth about it" (p. 9).

### **The Question of Cultural Relativism**

For the record, I would like to make it clear that I don't believe that African feminists who concur with anti-FGM discourse have simply been coopted by the Western feminists' ideals. Rather, while motives will certainly vary, it is quite possibly the case that rather than being seen as ignorant and backward, many African feminists prefer to be seen as having a sense of control over the situation. This sense of control, in the presence of political platforms that more often than that appreciate the status of victimhood, is granted to those who testify to ways in which practices of female circumcision have victimized them. Testimonies that tell a different story are dismissed as operating under illusion, self-denial, false consciousness. And is it any wonder that the kind of African voices that we commonly hear are only those who are anti-female circumcision.

In the past, when the notion of a global sisterhood was more than a fashion in many

streams of feminism, any woman whose views did not rest well with those who “understood” oppression in certain terms were termed “male identified.” Today, under the new revivalism of sisterhood that appears to be in the making through anti-FGM discourse, the term that is now commonly used to dismiss those heretical women, is “cultural relativist.” In other words, anyone who questions the discourse’s representations of the practices of female circumcision, or who resists or refuses the terms of anti-FGM discourse, even when ultimately supporting eradication claims, runs the risk of being labeled a relativist. “Cultural relativists” according to anti-FGM discourse take a “hands-off” approach to foreign cultural practices, claiming that cultural values are incommensurable and therefore value judgements of one culture cannot be made from another cultural vantage point.

For Winter (1994), cultural relativists are those who “see criminalization of the practices of female circumcision as the continuation of abuse by a hegemonic Western power of people it had once colonized” (p. 940) -- and this is not alright with her. In fact, she and others in anti-FGM discourse seem to ask “what is more important to address, imperialism or ending the genital mutilation of women?” -- of course the genital mutilation of women and girls is presumed to be more important. Western imperialism and racism in this sense are not viewed as having a direct impact upon the bodies. No. Only the practices of female circumcision that mark bodies and sexuality directly according to anti-FGM discourse. In this manner, the AMA (1995) warns that

physicians may be confronted with requests to care for infibulated patients or to perform a medically unnecessary operation on female genitalia. They will then find themselves confronting the issues of racism and cultural relativism. Some physicians may feel that it is racist to speak out against such practices or that the Western world has no right to comment on the traditional rituals and practices of certain people (p. 1716).

The AMA’s “solution” to the issue -- that doctors should be firm in refusing to perform such surgeries while explaining the physical problems that might arise -- seems to affirm

that it is better to risk being perceived as a racist than to be a cultural relativist. Similarly, Schroeder (1994) writes:

Despite evidence that cultural perceptions of female genital mutilation are changing in countries where it is common, some may argue that prohibiting the practice within our borders is culturally imperialistic. I can not agree. Imposing certain values on people living in this country is our prerogative. There are a number of practices that immigrants are required to leave at home when they move here. Polygamy and slavery are two obvious examples.” (p. 739)

The self-superior implication of Schroeder’s view, that “civilized” societies don’t allow “barbaric” practices, is that we absolutely know barbarism when we see it and should not give in to “relativistic” accounts which would argue for more culturally sensitive policies. Her view is yet another example of the universalized perception critiqued in chapter five.

There is no doubt that I would be classified as a “cultural relativist” on the issue of female circumcision and even as in self-denial, delusional, and defensive. While I do not accept such labels for myself, I argue that anti-FGM discourse utilizes this abolitionist/cultural relativist dichotomy and others as a means of not only dismissing or silencing its critics -- in other words, if you’re not with us, you’re against us, but also as a means of avoiding dealing with the question of imperialism and racism that are embodied within its rhetoric. In fact, it appears that the discussion about the practices of female circumcision is organized primarily between the hardliners and the softliners, as was shown in chapter four, and not so much between the abolitionists and cultural relativists. However, being a critic of the dominant anti-FGM discourse does not automatically make one a cultural relativist. As suggested in chapter three, Haraway (1991) contends that relativism and absolutism are simply two sides of the same coin: both positions claim to see the world everywhere and from nowhere at the same time, denying “the stakes in location, embodiment, and partial perspectives” (p. 191). As such, neither the absolutist anti-FGM approach, which contends that all forms of female circumcision regardless of

circumstances are a human rights violation, nor the relativist “hands off” view, are adequate. Perspectives on female circumcision are best addressed from the partial perspective that Haraway describes that is at all times mindful of one’s situatedness.

However, anti-FGM discourse appears unwilling to apply this partial perspective, with the implication that perhaps compromises must be made in order to make progress toward eradication, or at least making a transition away from the most severe forms of female circumcision. Toubia’s (1993), an ardent eradicator, nonetheless cautions others not to generalize too freely. She differentiates the complications between clitoridectomy and infibulation in the following manner, warning that some may suggest that, instead of eradicating female circumcision, some may suggest replacing the latter with the (milder) former:

Since the complications of clitoridectomy are less frequent and less severe than those for infibulation, well-meaning critics of FGM can fall into a trap when criticizing the operations. When health risk is cited as the major justification for eradication, the arguments ring false in communities where clitoridectomy is the norm. This is particularly true when the messages are directed at the traditional or trained midwives, who have performed enough clitoridectomies to know that most horrifying complications rarely occur. In addition, in areas where infibulation is common, government officials, the medical establishment, and power brokers may promote clitoridectomy as a safer alternative that can be performed under hygienic conditions. This occurred in Sudan, but the policy was rejected by women activists as a regressive strategy. (p. 16)

In this context, Toubia advises that the main question here is not which procedure should be promoted but rather, “what kind of medical system or public health policy condones the cutting away of part of the human body for no beneficial reason? How can health professionals justify the risk that any kind of surgery entails, purely for the purpose of gender subjugation and perpetuation of social injustice” (p. 16)? Such recent calls for more mild forms of female circumcision, a compromise which (to me) parallel’s the

provision of free, clean needles to IV drug users, is rejected both in the West and in Africa, despite the desire for milder forms on the part of some practitioners of female circumcision themselves (see the documentary, *Fire Eyes*).<sup>10</sup>

Such milder, compromise procedures are strongly rejected by the American Academy of Pediatrics (1998) and the AMA (1995), yet they do not object to the provision of clean needles. Similarly, the leader of the Cairo Family Planning Association's project on female circumcision, Aziza Kamil, rejects the "milder forms" idea stating that "no action will entrench FGM more than legitimating it through the medical profession. If doctors and hospitals start to perform it, rather than condemn it, we will have no hope of ever eradicating the practice. All the respect and authority given to doctors will be transferred to the practice and we (activists) will lose our credibility" (Kamil, cited in Toubia 1993, pp. 16-17).

While those who see themselves as anti-FGM activists would no doubt like to be on the "progressive" side of the issue, their refusal to compromise, as evident in Kamil's words, has them arguing the same conservative points made by those who claim that free needles for IV drug users will only encourage more drug use. Clearly, progressive views on that issue acknowledge and respect the agency of drug addicts, and seek to provide a safer means for them to pursue their goals. In my mind, by refusing to accept the agency of women who engage in female circumcision, anti-FGM activists represent a conservative, not a progressive, viewpoint on this issue. To me, this point does greater damage to the anti-FGM movement's "credibility" than does the compromise that Kamil and Toubia fear.

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My intention is not to compare women who get circumcised with drug addicts. Rather, my point is that what is medically perceived as "dangerous" (circumcision and drug use) in one case is accommodated acknowledging that the practice will continue regardless (drug use), while in the other case no compromise is offered despite a similar likely persistence (circumcision).

## **Ending**

In this study, I am not claiming that cultures should not change, or that female circumcision practices are necessarily good and proper and that outsiders should “keep their hands to themselves.” Rather, this study is not really about female circumcision at all. Instead, it is about the arrogance and presumptuousness on the part of those (no doubt, well meaning) social change agents who don’t see/ignore/don’t care about the imperialism residing in their views and actions.

What might appear as defensiveness on the part of “Third World” voices, which seem to shout protests whenever cultural values are questioned, is better viewed as an acknowledgement of the history which has made this Western gaze and interventionist stance a normal part of this “globalized” world. While those in dominant positions would prefer to just “get on with it” in terms of forgetting about the past and moving on to improve the future -- whether it is white views on race relations in the U.S. or Western attitudes towards female circumcision, or some similar issue -- such words deny the importance of this history of domination, exploitation, and unequal relationships that have not been adequately addressed to allow such “getting on with it” to take place.

Until those issues are adequately addressed and historical legacies of racism and imperialism are accounted for in action as well as words, the interventionist stance regarding cultural practices such as female circumcision will continue to generate the type of intense scrutiny that I have provided in this study.

I end this section with a poem:

I have gained many sisters,  
And if one is beaten,  
or raped, or killed,  
I will not come in mourning black.  
I will not pick the right flowers.  
I will not celebrate her death  
& it will matter not  
if she's Black or white --  
if she loves women or men.  
I will come with my many sisters  
and decorate the streets  
with the innards of those  
brothers in women slaughter.  
No more can I dull my rage  
in alcohol & deference  
to men's courts  
I will come to my sisters,  
not dutiful,  
I will come strong.

Pat Parker  
from "Womanslaughter"  
(in Mary Daly Gyn/Ecology)





## **A supplement to Pat Parker**

I have gained many sisters.  
And if one is poisoned by  
fertilizer dust that she inhales  
as she works in coffee, tea,  
rice, fruits, sugar cane  
that she grows, not for her  
child, but for American &  
European men and women & their children,  
Supremacists,  
I will not come in mourning black.  
I will not drink coffee, tea,  
eat rice & fruits that she is  
enslaved by and not paid for.  
I will not celebrate her death  
& it will matter if she is  
Black, Latino, Indian, Aborigine,  
African, Chinese, Native American,  
Palestinian. Poor, because she is  
only likely to be exploited so  
that I can live well as an elite.  
It will not matter if she loves women or men.  
I will come with my many sisters  
and decorate the streets with the  
innards of those elite sisters &  
brothers in these women's slaughter.  
No more can I dull my rage in

alcohol & deference to imperialist courts.

I will come to my exploited  
& enslaved sisters & brothers,  
not dutiful.

I will come strong.

Wairimu

## REFERENCES

- Abdalla, Raqiya H. D. 1982. *Sisters in Affliction: Circumcision and Infibulation of Women in Africa*. London: Zed Press.
- Accad, Evelyne. 1993. Excision: Practices, Discourses and Feminist Commitment. *Feminist Issues* 13(2):47-68.
- Agugua, N. E. N., and V. E. Egwuatu. 1982. Female Circumcision: Management of Urinary Complications. *Journal of Tropical Pediatrics* 28:248-252.
- Ahmed, Leila. 1992. *Women and Gender in Islam: Roots of a Historical Debate*. New Haven: Yale University Press.
- Akrich, Madeline, and Pernike Pasveer. 1998. Narrating Childbirth. Presentation at Workshop on Theorizing Bodies. Ecole des Mines. Paris. September 9-11.
- AMA. 2000. Atlas of the Body: Male Reproductive System. Online at [http://www.ama-assn.org/insight/gen\\_hlth/atlas/newatlas/male.htm](http://www.ama-assn.org/insight/gen_hlth/atlas/newatlas/male.htm)
- \_\_\_\_\_. 1995. Female Genital Mutilation. *Journal of the American Medical Association* 274(21):1714-1716.
- Amadiume, Molar. 1987. *Male Daughters and Female Husbands*. London: Zed Press.
- American Academy of Pediatrics. 1998. Female Genital Mutilation; Policy Statement (RE9749). *Pediatrics* 102(1):153-156.
- Armstrong, Sue. 1991. Female Circumcision: Fighting a Cruel Tradition. *New Scientist* No.2:42-47.
- Ashcroft, Bill, Gareth Griffiths, and Helen Tiffin (eds.). 1995. *The Post-Colonial Studies Reader*. New York: Routledge.
- Arbesman, Marian, Lucinda Kahler, and Germaine M. Buck. 1993. Assessment of the Impact of Female Circumcision on the Gynecological, Genitourinary and Obstetrical Health Problems of Women from Somalia: Literature and Case Series. *Women and Health* 20(3):27-42.
- Babatunde, Emmanuel. 1998. *Women's Rights vs. Women's Rites: A Study of Circumcision Among the Ketu Yoruba of South Western Nigeria*. Africa World Press.

- Baker, Cathy A., George J. Gilson, Maggie D. Vill, and Luis B Curet. 1993. Female Circumcision: Obstetric Issues. *American Journal of Obstetrics and Gynecology* 169(6):1616-1618.
- Barnes-Dean, Virginia Lee. 1985. Clitoridectomy and Infibulation. *Cultural Survival Quarterly* 9(2):26-30.
- Barrett, Michele, and Anne Phillips. 1992. *Destabilizing Theory: Contemporary Feminist Debates*. Palo Alto: Stanford University Press.
- Boehmer, Elleke. 1995. *Colonial and Postcolonial Literature*. New York: Oxford University Press.
- BBC News*. 1999. Can Female Circumcision be Justified? On-line at [http://news2.thls.bbc.co.uk/hi/english/talking\\_point/ne.../439894.asp#have\\_your\\_sa](http://news2.thls.bbc.co.uk/hi/english/talking_point/ne.../439894.asp#have_your_sa)
- Bhabha, Homi K. 1994. *The Location of Culture*. New York: Routledge.
- Bibbings, L. and P. Aldridge. 1993. Sexual Expression, Body Alteration, and the Defence of Consent. *Journal of Law and Society* 20:362.
- Bird, Elizabeth Ann R. 1987. The Social Construction of Nature: Theoretical Approaches to the History of Environmental Problems. *Environmental Review* 11:255-264.
- Bleier, Ruth. 1984. *Science and Gender: A Critique of Biology and its Theories on Women*. New York: Pergamon Press.
- Bordo, Susan. 1987. *The Flight to Objectivity: Essays on Cartesianism and Culture*. Albany: SUNY Press.
- \_\_\_\_\_. 1997 [1993]. Anglo-American Feminism, "Women's Liberation" and the Politics of the Body. In *Space, Gender, and Knowledge: Feminist Readings*. L. McDowell and J. P. Sharp, 232-235. New York: Arnold.
- \_\_\_\_\_. 1993. *Unbearable Weight: Feminism, Western Culture and the Body*. Berkeley and Los Angeles: University of California Press.
- Boulware-Miller, Kay. 1985. Female Circumcision: Challenges to the Practice as a Human Rights Violation. *Harvard Women's Law Journal* 8.
- Bourdieu, Pierre. 1990. *The Logic of Practice*. Palo Alto: Stanford University Press.

*BJU* (British Journal of Urology). A Preliminary Poll of Men Circumcised in Infancy or Childhood. On-line at <http://www.noharmm.org/bju.htm>

Brock, Bernard L., Robert L. Scott, and James W. Chesebro (eds.). 1989. *Methods of Rhetorical Criticism: A Twentieth-Century Perspective*. 3rd ed. Detroit: Wayne State University Press.

Burstyn, Linda. 1995. Female Circumcision Comes to America. *The Atlantic Monthly*. October, pp. 28-35.

Burton, Richard. 1885. *The Book of the Thousand Nights and a Night*.

Butler, Judith. 1994a. *Bodies That Matter: On the Discursive Limits of "Sex."* New York: Routledge.

\_\_\_\_\_. 1994b. Contingent Foundations: Feminism and the Question of "Postmodernism." In *The Postmodern Turn: New Perspectives on Social Theory*. S. Seidman (ed.), 153-170. New York: Cambridge University Press.

\_\_\_\_\_. 1990. *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge.

Bryk, F. 1934. *Circumcision in Man and Woman: Its History, Psychology, and Ethnology*. New York: American Ethnological Press.

Callon, Michel, and Bruno Latour. 1992. Don't Throw the Baby Out with the Bath School! A Reply to Collins and Yearley. In *Science as Practice and Culture*. A. Pickering (ed.), 343-368. Chicago: University of Chicago Press.

Callon, Michel, and Vololona Rabeharisoa. 1998. Reconfiguring Trajectories: Agencies, Bodies and Political Articulations: The Case of Muscular Dystrophies. Presentation at Workshop on Theorizing Bodies. Ecole des Mines. Paris. September 9-11.

Canguilhem, Georges. 1991 [1966]. *The Normal and the Pathological*. New York: Zone Books.

Cole, Keith. 1959. *Kenya: Hanging in the Middle Way*. Oxford: Church Army Press.

Collins, Patricia Hill. 1990. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. Boston: Unwin Hyman.

Collins, H. M. and Steven Yearly. 1992. Epistemological Chicken. In *Science as Practice and Culture*. A. Pickering (ed.), 301-326. Chicago: University of Chicago Press.

Connor, Seven. 1989. *Postmodernist Culture: An Introduction to Theories of the Contemporary*. New York: Basil Blackwell.

Cronon, William (ed.).1996. *Uncommon Ground: Rethinking the Human Place in Nature*. New York: W.W. Norton & Company.

Culler, Jonathan. 1989. Reading as a Woman. In *Methods of Rhetorical Criticism: A Twentieth-Century Perspective*. 3rd ed. B.L. Brock, R.L. Scott, and J.W. Chesebro (eds.), 447-460. Detroit: Wayne State University Press.

Daly, Mary. 1978. *Gyn/Ecology: The Metaethics of Radical Feminism*. Boston: Beacon Press.

Darwin, Charles. 1874. *The Descent of Man*. New York: A. L. Burt Company Publishers.

Dawit, Seble. 1994. African Women in the Diaspora and the Problem of Female Genital Mutilation. Address presented to the Women's Caucus, 37th Annual Meeting of the African Studies Association, November 19.

Dawit, Seble, and Salme Mekuria. 1993. The West Just Doesn't Get It. *New York Times*. December 7:A27.

Dean, Mitchell. 1994. *Critical and Effective Histories: Foucault's Methods and Historical Sociology*. New York: Routledge.

de Certeau, Michel. 1984. *The Practice of Everyday Life*. Berkeley and Los Angeles: University of California Press.

Derrida, Jacques. 1978. *Writing and Difference*. Chicago: University of Chicago Press.

di Leonardo, Micaela. 1991. Contingencies of Value in Feminist Anthropology. In *(En)Gendering Knowledge: Feminists in Academe*. J. E. Hartman and E. Messer-Davidow, 140-158. Knoxville: University of Tennessee Press.

Dorkenoo, Efua. 1994. African Women Speak Out on FGM. *National NOW Times Special Edition*. June 11.

\_\_\_\_\_. 1992. *Child Protection and Female Genital Mutilation: Advice for Health, Education, and Social Work Professionals*. London: The Foundation for Women's Health Research and Development.

Dorn, Michael, and Glenda Laws. 1994. Social Theory, Body Politics, and Medical Geography: Extending Kearns's Invitation. *Professional Geographer* 46(1):106-109.

Dugger, Celia W. 1996. U.S. Frees African Fleeing Ritual Mutilation. *New York Times*. April 25, p. 1.

Ebert, Teresa L. 1996. *Ludic Feminism and After: Postmodernism, Desire, and Labor in Late Capitalism*. Ann Arbor: The University of Michigan Press.

Edgerton, Robert B. 1989. *Mau Mau: An African Crucible*. New York: The Free Press.

El Dareer, Asma. 1982. *Woman, Why Do You Weep?* London: Zed Press.

El Saadawi, Nawal. 1980. *The Hidden Face of Eve*. London: Zed Books.

*Equality Now*. 1996. *Spin*, March, vol. 11(12):125

Escobar, Arturo. 1995. *Encountering Development*. Princeton: Princeton University Press.

Foucault, Michel. 1984. *Foucault Reader* (P. Rabinow, ed.). New York: Pantheon.

\_\_\_\_\_. 1980. *Power/Knowledge: Selected Interviews and Other Writings 1972-1977*. New York: Pantheon Books.

\_\_\_\_\_. 1978. *The History of Sexuality: An Introduction*. New York: Vintage Books.

\_\_\_\_\_. 1977. *Discipline and Punish: The Birth of the Prison*. New York: Vintage Books.

\_\_\_\_\_. 1965. *Madness and Civilization*. New York: Vintage Books.

\_\_\_\_\_. 1963. *The Birth of the Clinic: An Archaeology of Medical Perception*. New York: Vintage Books.

Frankenberg, Ruth. 1997 [1993]. "Growing Up White: Feminism, Racism and the Social

Geography of Childhood. In *Space, Gender, and Knowledge: Feminist Readings*. L. McDowell and J. P. Sharp, 209-217. New York: Arnold.

Franklin, Sarah. 1996. Postmodern Body Techniques: Some Anthropological Considerations on Natural and Postnatural Bodies. *Journal of Sport and Exercise Physiology* 18:S95-S106

Gallo, P. and F. Viviani 1988. Female Circumcision in Somalia. *Mankind Quarterly* 29: 165-180.

Gatens, Moira. 1996. *Imaginary Bodies: Ethics, Power and Corporeality*. London: Routledge.

Gollaher, David L. 2000. *Circumcision: A History of the World's Most Controversial Surgery*. New York: Basic Books.

Gould, Stephan Jay. 1993. American Polygeny and Craniometry before Darwin: Blacks and Indians as Separate, Inferior Species. In *The "Racial" Economy of Science: Toward A Democratic Future*. S. Harding (ed.), 84-115. Bloomington: Indiana University Press.

Grossberg, Lawrence. 1989 [1986]. Is There Rock After Punk? In *Methods of Rhetorical Criticism: A Twentieth-Century Perspective*. 3rd ed. B.L. Brock, R.L. Scott, and J.W. Chesebro (eds.), 477-500. Detroit: Wayne State University Press.

Grosz, Elizabeth. 1997 [1990]. Inscriptions and Body Maps: Representations and the Corporeal. In *Space, Gender, and Knowledge: Feminist Readings*. L. McDowell and J. P. Sharp, 236-246. New York: Arnold.

\_\_\_\_\_. 1994. *Volatile Bodies: Toward A Corporeal Feminism*. Bloomington: Indiana University Press.

Gunning, Isabelle R. 1997. Arrogant Perception, World Traveling, and Multicultural Feminism: The Case of Female Genital Surgeries. In *Critical Race Feminism: A Reader*. A. Wing (ed.), 352-360. New York and London: New York University Press.

Haraway, Donna J. 1997. *Modest\_Witness@Second\_Millennium.FemaleMan©\_Meets\_OncoMouse™: Feminism and Technoscience*. New York: Routledge.

\_\_\_\_\_. *Simians, Cyborgs, and Women: The Reinvention of Nature*. New York: Routledge.



Harding, Sandra (ed.). 1993. *The "Racial" Economy of Science: Toward A Democratic Future*. Bloomington: Indiana University Press.

\_\_\_\_\_. 1986. *The Science Question in Feminism*.

Harris, Angela P. 1997. Race and Essentialism in Feminist Legal Theory. In *Critical Race Feminism: A Reader*. A. Wing (ed.), 11-18. New York and London: New York University Press.

Hayles, N. Katherine. 1998. Transmigration and the Oreos: What Virtual Creatures Can Teach Us. Presentation at Workshop on Theorizing Bodies. Ecole des Mines. Paris. September 9-11.

Hite, Shere. 1976. *The Hite Report*. New York: Macmillan.

hooks, bell. 1992. *Black Looks: Race and Representation*. Boston: South End Press.

\_\_\_\_\_. 1989. *Talking Back: Thinking Feminist, Thinking Black*. Boston: South End Press.

Hosken, Fran. 1993. *The Hosken Report: Genital and Sexual Mutilation of Females*. 4th ed. Lexington, MA: Women's International Network News.

\_\_\_\_\_. 1982. *The Hosken Report: Genital and Sexual Mutilation of Females*. 3rd ed. Lexington, MA: Women's International Network News.

\_\_\_\_\_. 1980. *Female Sexual Mutilations: The Facts and Proposals for Action*. Lexington, MA: Women's International Network News.

IAC. 1997. *Inter-African Committee Newsletter*, No. 21. September. Addis Ababa and Geneva.

Illich, Ivan. 1976. *Medical Nemesis: The Expropriation of Health*. New York: Pantheon.

Johnson-Odim, Cheryl. 1991. Common Themes, Different Contexts: Third World Women and Feminism. In *Third World Women and the Politics of Feminism*. C. T. Mohanty et al. (eds.), 314-327. Bloomington: Indiana University Press.

Kamps, L. 1998. Labia Envy. *Salon Magazine*. On-line at [www.salonmagazine.com/mwt/feature/1998/03/16feature.html](http://www.salonmagazine.com/mwt/feature/1998/03/16feature.html)

- Kamuf, Peggy (ed.). 1991. *A Derrida Reader: Between the Blinds*. New York: Columbia University Press.
- Keller, Evelyn Fox. 1984. *Reflections on Gender and Science*. New Haven: Yale University Press.
- Kenyatta, Jomo. 1959 [1938]. *Facing Mount Kenya*. London: Secker and Warburg.
- Kilbride, Philip Leroy, and Janet Capriotti Kilbride. 1990. *Changing Family Life in East Africa: Women and Children at Risk*. University Park and London: The Pennsylvania State University Press.
- Kinsey, A. 1953. *Sexual Behavior in the Human Female*. W. B Saunders Co.
- \_\_\_\_\_. 1948. *Sexual Behavior in the Human Male*. W. B Saunders Co.
- Kistler, S. I. 1910. Rapid Bloodless Circumcision. *Journal of the American Medical Association*, 54:1782.
- Kluge, Eike-Henner. 1993. Female Circumcision: When Medical Ethics Confronts Cultural Values. *Canadian Medical Association Journal* 148(2):288-289.
- Knauss, Peter R. 1987. *The Persistence of Patriarchy: Class, Gender and Ideology in Twentieth Century Algeria*. New York: Praeger.
- Koso-Thomas, Olayinka. 1987. *The Circumcision of Women: A Strategy for Eradication*. London: Zed Press.
- Kouba, Leonard J., and Judith Muasher. 1985. Female Circumcision in Africa: An Overview. *African Studies Review* 28(1):95-110.
- Kratz, Corinne A. 1994. *Affecting Performance: Meaning, Movement, and Experience in Okiek Women's Initiation*. Washington and London: Smithsonian Institution Press.
- Kwaak, Anke van der. 1992. Female Circumcision and Gender Identity: A Questionable Alliance. *Social Science and Medicine*. 35(6):777-787.
- Laclau, E. 1995. Universalism, Particularism and the Question of Identity. In *The Identity in Question*. J. Rajchman (ed.), 93-108. New York: Routledge.

Latour, Bruno. 1993. *We Have Never Been Modern*. Cambridge: Harvard University Press.

\_\_\_\_\_. 1987. *Science in Action*. Cambridge, MA: Harvard University Press.

Latour, Bruno, and Steve Woolgar. 1979. *Laboratory Life: The Construction of Scientific Facts*. Princeton: Princeton University Press.

Lazreg, Marnia. 1994. *The Eloquence of Silence: Algerian Women in Question*. New York: Routledge.

Leakey, Louis B. 1977. *The Southern Kikuyu Before 1903*. London: Academic Press.

Leonard, Lori. 1996. Female Circumcision in Southern Chad: Origins, Meaning, and Current Practice. *Social Science and Medicine* 43(2):255-263.

Levi-Strauss, Claude. 1966. *The Savage Mind*. Chicago: University of Chicago Press.

Lewis, Hope. 1997. Between *Irua* and "Female Genital Mutilation": Feminist Human Rights Discourse and the Cultural Divide. In *Critical Race Feminism: A Reader*. A. Wing (ed.), 361-370. New York and London: New York University Press.

Liddle, Joanna, and Rama Joshi. 1989. *Daughters of Independence: Gender, Caste, and Class in India*. New Brunswick, NJ: Rutgers University Press.

Liebes, Tamar. 1989 [1988]. Cultural Differences in the Retelling of Television Fiction. In *Methods of Rhetorical Criticism: A Twentieth-Century Perspective*. 3rd ed. B.L. Brock, R.L. Scott, and J.W. Chesebro (eds.), 461-476. Detroit: Wayne State University Press.

Lightfoot-Klein, Hanny. 1989. *Prisoners of Ritual: An Odyssey into Female Genital Circumcision in Africa*. New York: Haworth Press.

Lindqvist, Sven. 1992. *"Exterminate All the Brutes": One Man's Odyssey into the Heart of Darkness and the Origins of European Genocide*. New York: The New Press.

Lionnet, Françoise. 1995. *Postcolonial Representations: Women, Literature, Identity*. Ithaca: Cornell University Press.

\_\_\_\_\_. 1991. Feminism, Universalism and the Practice of Excision. *Passages* 1(1).

Maina, Henry, and Kwamboka Oyaro. 2000. The Fear of Becoming an Outcast. *The Daily Nation*, January 5, 2000 (in *World Press Review*, April 2000).

Lourde, Audre. 1984. An Open Letter to Mary Daly. In *Sister Outsider: Essays and Speeches*. Freedom, CA: The Crossing Press.

Malinowski, Bronislaw. 1967. *A Diary in the Strict Sense of the Term*. New York: Harcourt, Brace, and World.

\_\_\_\_\_. 1929. *The Sexual Life of Savages*. New York: Harcourt Brace Jovanovich.

Maloba, Wunyabari O. 1993. *Mau Mau and Kenya: An Analysis of a Peasant Revolt*. Bloomington: Indiana University Press.

Mani, Lata. 1990. Contentious Traditions: The Debate on Sati in Colonial India. In *Recasting Women: Essays in Indian Colonial History*. Kumkum Sangari and Sudesh Vaid (eds.), 88-126. New Brunswick: Rutgers University Press.

Masters, William H., and Virginia E. Johnson. 1966. *Human Sexual Response*. Boston: Little, Brown and Company.

McCarthy, Sheryl. 1996. Fleeing Mutilation, Fighting for Asylum. *Ms.* 7(1):12-16.

McDowell, Linda, and Joanne P. Sharp. 1997. Editor's Introduction. In *Space, Gender, and Knowledge: Feminist Readings*. L. McDowell and J. P. Sharp, 201-208. New York: Arnold.

McNay, Lois. 1992. *Foucault and Feminism*. Boston: Northeastern University Press.

Merchant, Carolyn. 1980. *The Death of Nature: Women, Ecology and Scientific Revolution*. New York: Harper Collins.

Mohanram, Radhika. 1999. *Black Body: Women, Colonialism, and Space*. Minneapolis: University of Minnesota Press.

Mohanty, Chandra Talpade. 1991. Under Western Eyes: Feminist Scholarship and Colonial Discourses. In *Third World Women and the Politics of Feminism*. C. Mohanty, A. Russo, and L. Torres (eds.), 51-80. Bloomington: Indiana University Press.

Mohanty, Chandra Talpade, Ann Russo, and Lourdes Torres (eds.). 1991. *Third World Women and the Politics of Feminism*. Bloomington: Indiana University Press.

Mol, Annemarie, and John Law. 1998. Situated Bodies and Distributed Selves: On Doing Hypoglycaemia. Presentation at Workshop on Theorizing Bodies. Ecole des Mines. Paris. September 9-11.

Mudimbe, V. Y. 1994. *The Idea of Africa*. Bloomington and London: Indiana University Press and James Currey.

\_\_\_\_\_. 1988. *The Invention of Africa*. Bloomington: Indiana University Press.

Muriuki, Godfrey. 1974. *A History of the Kikuyu, 1500-1900*. London: Oxford University Press.

Nandy, Ashis. 1995. History's Forgotten Doubles. *History and Theory: Studies in the Philosophy of History* 34(2):44-66.

Ngũgĩ wa Thiong'o. 1965. *The River Between*. Nairobi and London: Heinemann.

*Nightline*. 1996. Female Genital Mutilation and Political Asylum. ABC, May 2.

Njambi, Wairimu Ngaruiya, and William E. O'Brien. 2000. Revisiting "Woman-Woman Marriage:" Notes on Gikuyu Women. *NWSA Journal* 12(1):1-23.

Ogot, B. A. (ed.). 1976. *Kenya Before 1900*. Nairobi: East Africa Publishing House.

Okin, Susan Moller. 1999. *Is Multiculturalism Bad for Women?* Princeton: Princeton University Press.

Olamijulo, Samuel K., and Gabriel A. Oyedele. 1983. Female Child Circumcision in Ilesha, Nigeria. *Clinical Pediatrics* August: 580-584.

Oyewumi, Overonke. \_\_\_\_\_. *The Invention of Women: Making An African Sense of Western Gender Discourses*. Minneapolis: University of Minnesota Press.

Payne, Michael. 1993. *Reading Theory: An Introduction to Lacan, Derrida, and Kristeva*. Oxford and Cambridge, USA: Blackwell.

Perelman, Chaim. 1982. *The Realm of Rhetoric*. South Bend, IN: University of Notre Dame Press.

Pickering, Andrew (ed.). 1992. *Science as Practice and Culture*. Chicago: University of Chicago Press.

- Prakash, Gyan. 1992. Can the "Subaltern" Ride? A Reply to O'Hanlon and Washbrook. *Comparative Studies in Society and History* 34:168-184.
- Queensland Law Reform Commission. 1994. *Female Genital Mutilation*, Report No. 47. Queensland, Australia: Queensland Law Reform Commission.
- Rathmann, W. G. 1959. Female Circumcision: Indications of a New Technique. *General Practitioner* 20:115-120.
- Reaves, Malik Stan. 1997. Alternative Rite to Female Circumcision Spreading in Kenya. *Africa News Online*. [http://www.africanews.org/specials/19971119\\_fgm.html](http://www.africanews.org/specials/19971119_fgm.html)
- Roberts, Dorothy. 1997. *Killing the Black Body: Race, Representation, and the Meaning of Liberty*. New York: Panteon Books.
- Robertson, Claire. 1996. Grassroots in Kenya: Women, Genital Mutilation, and Collective Action, 1920-1990. *Signs* 21(3):615-642.
- Romany, Celina. 1997. Ain't I a Feminist? In *Critical Race Feminism: A Reader*. A. Wing (ed.), 19-26. New York and London: New York University Press.
- Rosaldo, Renato. 1989. *Culture and Truth*.
- Ross, Loretta J. 1999. Epilogue: African American Women's Activism in the Global Arena. In *Still Lifting, Still Climbing: Contemporary African American Women's Activism*. K. Springer (ed.), 325-339. New York and London: New York University Press.
- Rueben, Richard C. 1996. New Ground for Asylum: Threatented Female Genital Mutilation is Persecution. *ABA Journal* Vol. 82: 36. August.
- Said, Edward. 1978. *Orientalism*. New York: Vintage Books.
- Schech, Susanne and Jane Haggis. 2000. *Culture and Development: A Critical Introduction*. New York: Blackwell.
- Schienbinger, Londa. 1989. *The Mind Has No Sex? Women in the Origins of Modern Science*. Cambridge, MA: Harvard University Press.
- Schroeder, Patricia. 1994. Female Genital Mutilation -- A Form of Child Abuse. *The New England Journal of Medicine* 331(11):739-740.

Seidman, Steven. 1994. Introduction. In *The Postmodern Turn: New Perspectives on Social Theory*. S. Seidman (ed.), 1-26. New York: Cambridge University Press.

Selden, Raman, and Peter Widdowson. 1993. *A Reader's Guide to Contemporary Literary Theory*, 3rd ed. Lexington: University of Kentucky Press.

Shaw, Carolyn Martin. 1995. *Colonial Inscriptions: Race, Sex, and Class in Kenya*. Minneapolis: University of Minnesota Press.

Shilling, C. 1993. *The Body and Social Theory*. London: Sage.

Sillah, Memuna M. 1996. Bundu Trap. *Natural History*. August 42-53.

Silverman, Hugh J. (ed.). 1989. *Derrida and Deconstruction*. New York: Routledge.

Slack, Alison T. 1988. Female Circumcision: A Critical Appraisal. *Human Rights Quarterly* 10:437-486.

Spanier, B. 1995. *Im/partial Science: Gender Ideology in Molecular Biology*. Bloomington: Indiana University Press.

Spivak, Gayatri Chakravarty. 1990. *The Post-Colonial Critic: Interviews, Strategies, Dialogues*. New York: Routledge.

Stoler, Ann Laura. 1995. *Race and the Education of Desire: Foucault's History of Sexuality and the Colonial Order of Things*. Durham and London: Duke University Press.

Swann, Catherine. 1997. Reading the Bleeding Body: Discourses of Premenstrual Syndrome. In *Body Talk: The Material and Discursive Regulation of Sexuality, Madness and Reproduction*. J. M. Ussher, 176-198. New York: Routledge.

Terry, J., and J. Urla (eds.). 1995. *Deviant Bodies: Critical Perspectives on Difference in Science and Popular Culture*. Bloomington: Indiana University Press.

Tiffin, Chris, and Alan Lawson (eds.). 1994. *De-scribing Empire: Post-colonialism and Textuality*. London: Routledge.

Toubia, Nahid. 1996. Female Genital Mutilation: A Radio Interview with Dr. Nahid Toubia. "New Paradigms KMUD/Garberville, CA. December 26. (Available at Noharm <http://www.noharmm.org/toubiaradio.html>)

\_\_\_\_\_. 1994. Female Circumcision as a Public Health Issue. *The New England Journal of Medicine* 331(11):712-716.

\_\_\_\_\_. 1993. *Female Genital Mutilation: A Call for Global Action*. New York: Women, Ink.

Traweek, Sharon. 1992. Border Crossings: Narrative Strategies in Science Studies and among Physicists in Tsukuba Science City, Japan. In *Science as Practice and Culture*. A. Pickering (ed.), 429-466. Chicago: University of Chicago Press.

Trinh T. Minh-ha. 1989. *Woman, Native, Other: Writing Postcoloniality and Feminism*. Bloomington: Indiana University Press.

*Urology Times*. 1997. Is Early Vaginal Reconstruction Wrong for Some Intersex Girls? February, pp.10-12.

Ussher, Jane M. 1997a. Introduction: Towards a Material-Discursive Analysis of Madness, Sexuality and Reproduction. In *Body Talk: The Material and Discursive Regulation of Sexuality, Madness and Reproduction*. J. M. Ussher, 1-9. New York: Routledge.

\_\_\_\_\_. 1997b. Framing the Sexual "Other": The Regulation of Lesbian and Gay Sexuality. In *Body Talk: The Material and Discursive Regulation of Sexuality, Madness and Reproduction*. J. M. Ussher, 131-158. New York: Routledge.

Walker, Alice. 1994. Interview on *Bravo*.

\_\_\_\_\_. 1992. *Possessing the Secret of Joy*. New York: Harcourt Brace Jovanovich.

Walker, Alice, and Pratibha Parmar. 1993. *Warrior Marks: Female Genital Mutilation and the Sexual Blinding of Women*. New York: Harcourt, Brace and Company.

Walley, Christine J. 1997. Searching for "Voices": Feminism, Anthropology, and the Global Debate over Female Genital Operations. *Cultural Anthropology* 12(3): 405-438.

*What to Expect the First Year*. 1989 New York: Workman Publishing. (Arlene Eisenberg et al.)

Welsh, Stephanie. 1996. Breaking the Silence about Genital Mutilation. *Chronicle of Higher Education*, May 31, 1996.



WHO. 1998. World Health Organization Tells Third Committee Debate on Advancement of Women Female Genital Mutilation Could be Eliminated in Three Generations. Press Release GA/SHC/3477. October 19.

\_\_\_\_\_. 1997. Female Genital Mutilation, Fact Sheet N 153. Geneva: World Health Organization. (Available at <http://www.who.int/inf-fs/en/fact153.html>).

\_\_\_\_\_. 1982. *Female Circumcision -- Statement of WHO Position and Activities*. Geneva: World Health Organization.

WHO/UNICEF/UNFPA. 1997. *Female Genital Mutilation: A Joint WHO/UNICEF/UNFPA Statement*. Geneva: World Health Organization.

Wing, Adrienne Katherine (ed.). 1997. *Critical Race Feminism: A Reader*. New York: New York University Press.

\_\_\_\_\_. 1997a. Race and Anti-Essentialism: Ain't I a Woman? In *Critical Race Feminism: A Reader*. A. K. Wing (ed.), 7-10. New York: New York University Press.

Winter, Bronwyn. 1994. Women, the Law, and Cultural Relativism in France: The Case of Excision. *Signs* 19(4):939-974.

Worthman, Carol M. and John W. M. Whiting. 1987. Social Change in Adolescent Sexual Behavior, Mate Selection, and Premarital Pregnancy Rates in a Kikuyu Community. *Ethos* 15(2):145-165.

Young, Iris Marion. 1997 [1990]. The Scaling of Bodies and the Politics of Identity. In *Space, Gender, and Knowledge: Feminist Readings*. L. McDowell and J. P. Sharp, 218-231. New York: Arnold.

## *Curriculum Vitae*

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#### **Education**

Ph.D. 2001. Virginia Polytechnic Institute and State University, Blacksburg, VA. Science and Technology Studies.

M.S. 1994. Virginia Polytechnic Institute and State University, Blacksburg, VA. Family and Child Development (Family Studies concentration).

B.S. 1991. Virginia Polytechnic Institute and State University, Blacksburg, VA.  
Major: Family and Child Development (Human Services concentration)  
Minor: Sociology  
*Magna Cum Laude, Graduated with Honors*

#### **Honors and Awards**

- Graduate Teaching Assistant Excellence Award Recipient, Virginia Tech, 2000
- Frank Beamer Award for Outstanding Leadership in Teaching, Omicron Delta, Virginia Tech, 2000
- Sporn Award Nominee (Student Nominated Teaching Award), Virginia Tech, 2000
- Cultural Diversity Award Nominee, College of Arts and Sciences, Virginia Tech, 1999
- Commonwealth Graduate Fellowship (Commonwealth of Virginia), 1994-1996.
- Who's Who Among Students in American Universities and Colleges, 1991-1992.
- Instructional Scholarship, Department of Family and Child Development, Virginia Tech. 1992-1993.
- Family and Child Development Achievement and Service Award, Virginia Tech, 1992-1993.
- Virginia Tech Honor Society
- Certificate of Academic Achievement, Delta Sigma Theta Sorority. (Awarded to Black students at Virginia Tech who demonstrate academic excellence.)

#### **Employment**

**Assistant Professor.** Fall 2000 - present. Women's Studies and Sociology. Honors College. Florida Atlantic University.

**Instructor.** Summers 1998-1999. Women's Studies Program. Center for Interdisciplinary Studies. Virginia Tech.

**Instructor/Graduate Teaching Assistant.** Fall 1998 - Spring 2000. Black Studies Program. Center for Interdisciplinary Studies. Virginia Tech.

**Instructor/Graduate Teaching Assistant.** Fall 1997 - Spring 1998. Women's Studies Program. Center for Interdisciplinary Studies. Virginia Tech.

**Graduate Teaching Assistant.** Fall 1996 - Spring 1997. Science and Technology Studies Program. Center for Interdisciplinary Studies. Virginia Tech.

**Tutor.** 1993-1995. Athletic Advising Center. Virginia Tech. (Tutoring student-athletes.)

**Graduate Teaching Assistant.** Fall 1991 - Fall 1992. Department of Family and Child Development. Virginia Tech.

### **Courses Taught**

**Honors Introduction to Sociology** (SYG 1000). Honors College, Florida Atlantic University

**Honors Special Topics in Women's Studies: Representation of Female Bodies: Science, Medicine, and Culture** (WST 4930). Honors College, Florida Atlantic University

**University Honors College Forum** (IDH 1020). Honors College, Florida Atlantic University

**Honors Freshman Seminar: Race, Gender, Sexuality and Science** (SYG 1933). Honors College, Florida Atlantic University

**Honors Introduction to Women's Studies** (WST 3015). Honors College, Florida Atlantic University

**Introduction to Women's Studies** (WST 3015, SEQ# 6812-MAC). MacArthur Campus, Florida Atlantic University

**Race, Gender, and Science Issues in Black Studies** (BLST 4984). On-line course offered for undergraduate and graduate credit. Black Studies Program, Center for Interdisciplinary Studies. Virginia Tech. URL: <http://www.cis.vt.edu/blst/4984/>

**Introduction to Women's Studies** (WS 1824). Women's Studies Program, Center for Interdisciplinary Studies, Virginia Tech.

**Introduction to Black Studies** (BLST 1714). Black Studies Program, Center for Interdisciplinary Studies. Virginia Tech.

### **Participated as Teaching Assistant**

*Engineering Cultures.* (HST/HIST 2054). Department of Science and Technology Studies. Center for Interdisciplinary Studies. Virginia Tech. (Assisted in preparing and grading writing assignments and exams for this course, taught by Dr. Gary Lee Downey.)

*Introduction to Humanities: Science and Technology.* (HST 1504). Department of Science and Technology Studies. Center for Interdisciplinary Studies. Virginia Tech. (Taught Friday discussion sessions, assisted in preparing and grading writing assignments for this course, taught by Dr. Franz Foltz.)

*Human Development I: Childhood and Adolescence.* (FCD 1004). Department of Family and Child Development. Virginia Tech. (Taught laboratory sections)

## **Publications**

2001. Njambi, Warimū Ngarūiya. Book Review of *Doing the Dirty Work? The Global Politics of Domestic Labor*. Gender and Society (forthcoming).
2000. Njambi, Wairimū Ngarūiya, and William E. O'Brien. Revisiting 'Woman-Woman Marriage:' Notes on Gikūyū Women. NWSA Journal (Journal of the National Women's Studies Association), 12(1):1-23.
1999. Takeshita, Chikako, William E. O'Brien, and Wairimū N. Njambi. Biodiversity Conservation and Bioprospecting: An Analysis of Benefits Sharing Proposals (Abstract). Virginia Journal of Science 50(2):145.
1996. Njambi, Wairimū. 'African Female Circumcision:' A Postcolonial Critique (Abstract). In Nursing, Women's History and the Politics of Welfare, Conference Handbook, p. 98. Department of Nursing and Midwifery Studies, University of Nottingham.

## **Presentations**

2001. "The Critical Functions of Women's Studies, Black Studies, and Oral Studies from the Ghetto of Interdisciplinary Studies (with Melissa Sprenkle). Symposium: Paradigms Lost and Paradigms Gained: Negotiating Interdisciplinarity in the 21<sup>st</sup> Century. University of Calgary, Alberta, Canada, May 9-12. (Upcoming)
- 2001 "Problem with Naturalized Bodies in FGM Discourse." South East Women's Studies Association. Florida Atlantic University, March 17.
2000. "Female Circumcision in Africa." Dreyfoos School of the Arts. West Palm Beach, FL, October.
2000. "Female Genital Mutilation from an African Woman's Perspective." Womanspace. Women's Network at Virginia Tech. Blacksburg, VA, April 26, 2000.
1999. "Biodiversity Conservation and Bioprospecting: An Analysis of Benefits Sharing Proposals." 77th Annual Meeting of the Virginia Academy of Science, Old Dominion University, Norfolk, VA, May 27, 1999.
1999. "Women's Bodies in FGM Discourse." 72nd Annual Meeting of the Virginia Social Science Association, Radford University, Radford, VA, March 26-27, 1999.
1998. Commentator on the paper "Narrating Childbirth," by Madeline Akrich and Bernike Pasveer. Conference on "Theorizing Bodies in Medical Practice." September 9-11, 1998. Ecole des Mines, Paris, France.
1996. "African Female Circumcision Discourse: A Postcolonial Critique." Conference on "Nursing, Women's History and the Politics of Welfare." September 18-21, 1996. Nottingham, UK.
1995. "African Female Circumcision Discourse: A Postcolonial Critique." Graduate Student Feminist Forum. September 20, 1995. Virginia Tech, Blacksburg, VA.

1995. "AIDS in Africa: The Construction of Scientific Promiscuity." STS Meeting and Tenth National Technological Literacy Conference. March 2-5, 1995. Arlington, VA.
1994. Panel Chair. "Polio Vaccines and the Origins of AIDS: Dissent in Science and the Role of the Media, the Law and Social Science." Joint Conference for the History of Science Society, Philosophy of Science Association, Society for Social Studies of Science. October 12-16, 1994. New Orleans, Louisiana,
1993. "Women Marrying Women in Kenya's Highlands: An Unacknowledged Life-choice in the Discourse of Family Diversity." 64th Annual Meeting of the Eastern Sociological Society Conference. Theme: The Body. Its Embodiment In Praxis, Politics, and Policy. March 17-20, 1993. Baltimore, Maryland.

### ***Web-Site Constructions***

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### **Language Proficiency**

- English -- Spoken and written fluency
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