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Postcolonial feminist body studies: the case of female genital practices

Amanda Kennedy

POSTCOLONIAL FEMINIST BODY STUDIES:

THE CASE OF FEMALE GENITAL PRACTICES

by

Amanda Kennedy

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This thesis was prepared under the direction of the candidate's thesis advisor, Dr. Wairimũ Njambi, and has been approved by the members of her supervisory committee. It was submitted to the faculty of The Honors College and was accepted in partial fulfillment of the requirements for the degree of Bachelor of Arts in Liberal Arts and Sciences.

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ABSTRACT

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In this thesis, I argue that all bodies are material-semiotic entities, produced by *both* natural and cultural processes. Western anti-FGM discourse is predicated upon the belief that the body must be kept in its "natural" or "pristine" state, and that any practice which violates the body's natural "perfection" is mutilation. Implied by this discourse is the false notion that Western bodies are given and left unaltered. By drawing comparisons between Western genital practices and non-Western genital practices, I undermine the ideology that erases the working of culture on Western bodies while highlighting the "mutilating" powers exercised on the bodies of Others. Current imperialist hegemony perpetuates the view of African women as passive victims of barbaric tradition in need of rescuing by Western liberated women. We must, instead, work toward theories that account for differences in experience and history, rather than those which posit universal understandings of patriarchy and domination.

To feminists and activists everywhere…YIPPIE!

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Introduction

> [T]he purpose of the present study is in fact to show how deployments of power are directly connected to the body—to bodies, functions, physiological processes, sensations, and pleasures; far from the body having to be effaced, what is needed is to make it visible through an analysis in which the biological and the historical are not consecutive to one another…but are bound together in an increasingly complex fashion in accordance with the development of the modern technologies of power that take life as their objective. Hence I do not envisage a 'history of mentalities' that would take account of bodies only through the manner in which they have been perceived and given meaning and value; but a 'history of bodies' and the manner in which what is most material and most vital in them has been invested. (Foucault, 1990: 151-152)

A 2003 federal court ruling decreed that "intelligent characters with 'extraordinary and unnatural powers,' beings with 'tentacles, claws, wings, or robotic limbs,' 'highly exaggerated muscle tone,' or 'exaggerated troll-like features,' are 'nonhuman creatures'" (Baard, 2003). The aforementioned ruling was actually in regard to a tax on comic book toys, but it is nevertheless revealing. In an era of genetic modification and other rapidly expanding biotechnologies, the definition of "human" may be in jeopardy. But what does it really mean to "be human"? Few people would classify wings and claws as human attributes but then again, most people think that Wolverine (a mutant from the X-Men series) is only a comic book character when in fact, through new body modification techniques, humanity now has its own living, breathing Wolverine (A).[1]

A. 

[1] Image location: http://holamun2.com/bodega/news/?tag=alcohol

The idea of genetically engineering human beings, of crafting and molding human bodies, may be upsetting to some individuals who see these as examples of scientists "playing God." They see these technological alterations as sins against "nature." For these alterations to be "sins" in this sense, it must first be true that human bodies are completely natural entities, free from human intervention. But is this the case?

In the present thesis, I argue against this naturalistic way of conceptualizing the body. Like Donna Haraway, "I feel aligned with ways of getting at the world as a verb, which throws us into worlds in the making and apparatuses of bodily production—without the categories of form and matter, and sex and gender…" (Haraway, 2004: 330). "Getting at the world as a verb" requires a more complicated understanding of human and nonhuman, nature and culture, organism and machine. It means that we must not think in terms of "being" but of "becoming" which is why we must speak not of "bodies" but of "bodily production." Moreover, it means rethinking the categories we use to classify bodies: gender, sex, race, and so on. As Haraway further argues,

> Communications technologies and biotechnologies are the crucial tools recrafting our bodies. These tools embody and enforce new social relations for [people] worldwide. Technology and scientific discourses can be partially understood as formalizations, i.e., as frozen moments, of the fluid social interactions constituting them, but they should also be viewed as instruments for enforcing meanings. The boundary is permeable between tools and myth, instrument and concept, historical systems of social relations and historical anatomies of possible bodies, including objects of knowledge. Indeed, myth and tool mutually constitute each other. (Haraway, 2004: 23)

So, this thesis is about various modes of bodily production, some of which are more obvious than others, all of which make and mark our bodies in historically and culturally specific ways.

In chapter 1, "Western Body-Making Practices," I begin by exploring Western techniques of body-making. Drawing heavily on the work done by Donna Haraway, Judith Butler, Suzanne Kessler, and Bruno Latour, among others, I attempt to situate Western bodies. What does it mean to be male or female in our society? The answer to this question is often oversimplified via technologies of imaging and imagining ourselves in the womb. We are not born "male" or "female" but, because the process of our becoming male or female begins before our birth and is sedimented with the proclamation of "It's a boy" or "It's a girl," it appears as if our gender is exclusively biological. I also explore new developments in plastic surgery, those that literally sculpt genitals and, as a result, our genders. These are techniques for "dealing with" intersexed infants; they are also those cosmetic surgeries that reshape, alter, and construct "perfect" genitalia. For evidence on cosmetic surgery, I turn to the media, specifically to the E! Channel's show "Dr. 90210," which provides a window through which to view the behind-the-scenes aspects of bodily production. The active construction that takes place during these surgeries is later erased as surgeons and patients declare the post-op body "natural" and "normal." However, the popularity of shows like Dr. 90210 has brought publicity to our body-making practices and has made it much more difficult to re-naturalize our bodies.

I dedicate chapter 2, "Regulating Otherness: Western Anti-FGM Discourse," to exploring the common arguments used by anti-FGM feminists and activists when they champion the eradication of African genital practices. I trace the arguments given by individuals like Fran Hosken and Allison Slack regarding the alleged health risks and sexual side effects of the practices, as well as the claim that African women and girls are

forced (either physically or by tradition) to undergo genital operations. I explore the equivalent Western practices and the supposed risks and side effects associated with them to highlight the similarities between Western and African genital practices. In this discussion, I avoid making claims about the "rightness" or "wrongness" of either set of practices, since I find that these claims often ignore the complexities that structure individual experience. I am not interested in the black and white arguments that are common in the debate (though I am interested in "black" and "white" since these are the racial lines that underline the debate). If, for instance, African women are said to be un-free as a result of African genital practices, then American women must also be un-free as a result of Western genital practices. But I also believe that the positive version of this statement is true; namely, if American women can find liberation through Western genital practices, so too can African women find liberation in their practices. I maintain that the specific arguments utilized in mainstream Western FGM discourse are only superficial arguments; when we look more closely, I argue, we find more insidious motives. The ultimate trajectory of my work is to bring these motives to light.

In chapter 3, "Colonizing the Body," I utilize the theoretical frameworks provided by postcolonial feminists and theorists to argue that denunciations of female circumcision and of the victimization of third world women are part of a continuing Western imperial and colonial project, one to which mainstream feminism uncritically adheres. I draw on historical examples from the age of formal empire to show rhetorical and strategic continuities. I maintain the anti-FGM discourse is actually motivated by racist notions of Africans as irrational and savage barbarians. Moreover, I argue that the ultimate goal of

this kind of discourse is the maintenance and perpetuation of Western ways of body-making and classifying.

The conclusion to this discussion is motivated by my own desire to write a new story about bodies. Drawing on critical feminist theories of race, gender, and science, I argue that "global sisterhood" can no longer serve as a basis for collective feminist action. Global sisterhood has meant that Western "sisters" stand up and speak for their victimized third world counterparts; even when those Others speak up, they are ignored, deemed irrational or brainwashed, or tokenized. We must instead strive for a more nuanced, complex basis for collectivity, one which does not ignore race, ethnicity, sexuality, and history as structures of experience.

The moral of my story is this: We are all monsters, mutants, cyborgs, and freaks. We must embrace the open-endedness of our partial and fractured selves rather than claiming a transcendent identity. And it is only upon this partial and fractured foundation that any real feminist collectivity can be forged.

Chapter 1—Western Body-Making Practices

> Bodies do not exist in terms of an a priori essence, anterior to techniques and practices that are imposed upon them. They are neither transhistorical sets of needs and desires nor natural objects preexisting cultural (and, indeed, scientific) representation. They are effects, products, or symptoms of specific techniques and regulatory practices…Knowable only through culture and history, they are not in any simple way natural or ever free of relations of power. (Urla and Terry, 1995: 3)

Introduction

In Western thought, the body is imagined to be a product of only natural processes: the splitting of cells, the interacting of various chemicals, and the coursing of blood, among other things. Based on such a view, the body is conceptualized as pristine, natural, and given. The information it provides us is untouched, untainted by culture. In this chapter, I challenge this essentialist ideology by showing how, through various practices, the body is created and rendered intelligible. According to Jacqueline Urla and Jennifer Terry,

> Within the crosscutting traditions of Enlightenment science and humanism, the body has been understood to be given by nature, and thus to be real and objective, capable of overriding even the most abstruse attempts of an individual to disguise his or her true self. Palpable and visible, the body's contours, anatomical features, processes, movements, and expressions are taken to be straightforward, accurate indications of an individual's essence and character. Paradoxically, even as they are understood to be self-evident, bodies continue to require expert interpretation. Thus they become surfaces onto which physicians, scientists, and lay people can inscribe and project powerful cultural meanings and moral prohibitions. (Urla and Terry, 1995: 6)

In what follows, I explore the processes by which these bodily surfaces are created. Some of the processes are less obvious than others. For example, I begin by discussing how, even prior to our birth, our bodies are being read and written upon in accordance with ideals of whiteness, maleness, and heterosexuality. I move on to discuss cases of "problem genitalia," like those belonging to intersexed infants. I end by focusing our

gaze on a rapidly growing Western medical industry: cosmetic surgery, specifically genital cosmetic surgery. I have chosen these specific examples because they tell a story of normalization. They narrate the uniquely Western battle to create the "natural," to construct norms. Moreover, these examples demonstrate the ways in which Western medical science and empiricism rely on visible markers to determine normality and deviance. The clinical gaze enables us to recognize "abnormalities" and control them (Urla and Terry, 1995: 10). Through these tales, I show that bodies, in all of their gendered, sexed, and racialized glory, are material-semiotic entities; that is to say, they "are 'real' in the ordinary everyday sense of real, but they are also simultaneously figurations involved in a kind of narrative interpellation into ways of living in the world" (Haraway, 2000: 140).

Congratulations! It's A Girl!

It is important to understand that gender in the West is dichotomized rigidly into male (superior) and female (inferior) and that sexuality is dichotomized in heterosexual (normal) and homosexual (deviant). These categories demarcate specific roles and status in the world. As Donna Haraway argues, "'Gender' does not refer to preconstituted classes of males and females. Rather, 'gender'…is an asymmetrical, power-saturated, symbolic, material, and social relationship that is constituted and sustained—or not—in heterogeneous naturalcultural practice" (Haraway, 2004: 208). Because we define heterosexual and homosexual by looking at the gender of the sexual object choice, I argue that our definitions of gender must have preceded our definitions of sexuality; however, at this point, each reinforces the other—gender is reinforced to maintain

heterosexuality and heterosexuality is reinforced by the presence of two opposite genders. According to Judith Butler, "*gender is a kind of imitation for which there is no original*; in fact, it is a kind of imitation that produces the very notion of the original as an *effect* and consequence of the imitation itself" (Butler, 1993b: 643). She explains that,

> the matrix of gender relations is prior to the emergence of the 'human.' Consider the medical interpellation which…shifts an infant from an 'it' to a 'she' or a 'he,' and in that naming, the girl is 'girled,' brought into the domain of language and kinship through the interpellation of gender. But that 'girling' of the girl does not end there; on the contrary, that founding interpellation is reiterated by various authorities and throughout various intervals of time to reinforce or contest this naturalized effect. (Butler, 1993a: 7-8)

With the advent of modern imaging technologies, a child's gender can be "determined" well before the birth and the "girling" to which Butler refers. This determination relies on visual cues the doctor can identify, the most telling of which is the presence (or lack) of a penis. Once the "girling" or "boying" takes place, the child's name, clothing, nursery décor, and toys will continue to reinforce the gendered norms that are supposed to make the child a viable "being." In our society, a person *must* be assigned a gender and sex; indeed, it is hard for us to imagine an individual who lacks these because, "'Sex' is…not simply what one has, or a static description of what one is: it will be one of the norms by which the 'one' becomes viable at all, that which qualifies a body for life within the domain of cultural intelligibility" (Butler, 1993a: 2). Butler argues that,

> coherent gender, achieved through an apparent repetition of the same, produces as its *effect* the illusion of a prior and volitional subject. In this sense, gender is not a performance that a prior subject elects to do, but gender is *performative* in the sense that it constitutes as an effect the very subject it appears to express. (Butler, 1993b: 645)

We are constantly reinforcing the regulatory norms of sexuality and gender. However, this does not mean that every individual locates themselves in these particular categories. Indeed,

> oppression works not merely through acts of overt prohibition, but covertly, through the constitution of viable subjects and through the corollary constitution of a domain of unviable (un)subjects—*abjects*, we might call them—who are neither named nor prohibited within the economy of the law. Here oppression works through the production of a domain of unthinkability and unnameability. (Butler, 1993b: 642)

Those who do not choose from the Standard Brands of gender and sexuality are relegated to the status of bodies that do not matter. The lines we draw to exclude the illegitimate bodies define what we take to be "real" human bodies. And, in a society that dichotomizes gender into male/female, individuals who do not fit clearly into one of these two categories must be made to fit, if at all possible.

What to Do with Ambiguous Genitals: The Case of Intersexed Infants

In the case of intersexed infants, or children born with ambiguous genitalia, the medical construction of gender becomes even more evident. An intersexed child is recognized because, visually, it is neither male nor female. Its "problem genitalia" must be "fixed." It is important to note that the intersexed baby is not yet "human" because is has yet to be "girled" or "boyed" in Butler's sense—we must make it one or the other if it is ever to become a body that matters. "[I]ntersexuality is now considered a treatable condition of the genitals, one that needs to be resolved expeditiously" (Kessler, 1990: 6) and one that requires surgeons to literally sculpt gender norms onto the bodies of intersexed infants. When a child is born with ambiguous genitalia, initial tests are run to determine the genetic sex of the baby and,

> If the baby is XX, then the phallic tissue is reduced in size, labia are made, and a vagina is eventually created if there is none. If the baby is XY, a decision is made about whether the phallic tissue is large enough, or will be large enough if given hormonal treatment, to be a 'good' penis. If 'yes,' then surgery is done to 'improve' the phallus and testicles. If 'no,' then surgery is done to create a clitoris and labia. About 10 percent of intersexed infants are assigned to the male gender, the remaining are assigned to be female. (Kessler, 1997: 154)

What is important to note here is that the line between sex and gender is blurred and, even for the doctors, the visible appearance of the genitals often overrides the need for the genitals to match the genetic sex. Moreover, the judgment of a penis as being either "good" or "bad" depends largely on heterosexist norms, rooted in a historically-specific notion of masculinity as dominant, assertive, and, in this case, insertive. Equally important is the way the doctors themselves discuss the procedures. Doctors believe that a gender assignment ought to be made decisively and irrevocably and, once the decision has been announced, they must stick to it. This implies that the "natural" and appropriate gender has been found (Kessler, 1990: 8). Indeed, once the "real" gender is determined,

> the 'bad' genitals (which are confusing the situation for everyone) will be 'repaired.' The emphasis is not on the doctors creating gender but in their completing the genitals. Physicians say that they 'reconstruct' the genitals rather than 'construct' them. The surgeons reconstitute from remaining parts what should have been there all along…The gender always was what it is now seen to be. (Kessler, 1990: 16)

What we see in this discussion is a very strange combination of biological determinism and construction; the doctors speak of discovery while they actively create, assign, and alter. As Suzanne Kessler explains,

> This balance relies fundamentally on a particular conception of the 'natural.' Although the deformity of intersexed genitals would be immutable were it not for medical interference, physicians do not consider it natural. Instead, they think of, and speak of, the surgical/hormonal alteration of such deformities as natural because such intervention returns the body to what it 'ought to have been' if events had taken their typical

> course. The nonnormative is converted into the normative, and the normative state is considered natural. The genital ambiguity is remedied to conform to a 'natural,' that is, culturally indisputable, gender dichotomy." (Kessler, 1990: 24)

In this way, doctors are able to maintain the Western gender dichotomy and its biological underpinnings. They lend further credibility to genitals as "natural" markers of identity. Moreover, they teach us that "viable" identities are only those that are marked by genitals which conform to Western aesthetic standards.

Going Under the Knife: Dr. 90210 and the Medical Construction of the Body

The particular conception of the "natural" that Kessler describes is also applicable to another set of surgical practices: genital cosmetic surgeries. When used to correct damage from an injury, one might be able to construe cosmetic surgery as returning the body to its "natural," pre-injury state. However, when driven by purely aesthetic motivations, it is not so easily construed as a natural process. And yet, doctors and patients often manage to see the newly (re)manufactured body as perfectly "natural" and "normal." This is another case of doctors and patients seeing their newly (re)formed bodies as what they "ought to have been" but, the "ought" in cosmetic surgery is slightly different than the "ought" in cases of intersexuality. It is not that the patient suffered from ambiguity; rather, their genitalia do not conform to the social standards of gendered genital aesthetics that have been successfully naturalized. Ideals of symmetry, labial length and thickness, tightness of internal vaginal muscles, and so on have become norms. Taking these norms to be "self-evident" or "given," individuals whose bodies deviate from culturally indoctrinated standards feel that their bodies are abnormal or

unnatural. We need to move away from this kind of biological determinism and instead, see our genitals themselves as performative.

What is perhaps most fascinating about cosmetic surgery is that both doctor and patient reimagine the post-operative body, seeing it as free from cultural manipulation rather than as the product of multiple manipulations. According to Bruno Latour, modernity makes this "reimagining" possible through two sets of seemingly distinct practices; the first, "by 'translation', creates mixtures between entirely new types of beings, hybrids of nature and culture. The second, by 'purification', creates two entirely distinct ontological zones: that of human beings on the one hand; that of nonhumans on the other" (Latour, 1993: 10-11). In the cases of intersexed surgeries and plastic surgery, translation constructs bodies by applying medical procedures to the already materialized matter of the body. Then, through "purification," the actions of the social/cultural are obscured and the body is deemed natural. Purification silences stories of their hybridity.

In this section, I discuss several episodes of Dr. 90210, a show on the E! Channel that takes viewers through the surgeries, from initial consultation, into the operating room, and to the post-op meetings. This show allows us to hear conversation between patient and doctor that would otherwise be confidential. The show is, in Haraway's terminology, a zone of implosion, "where the technical, mythic, organic, cultural, textual, oneiric (dream-like), political, economic, and formal lines of force converge and tangle, bending and warping both our attention and the objects that alter the gravity well" (Haraway, 2004: 207). Certainly each of the bodies has already been purified, sedimented, and naturalized prior to any surgical intervention but this show gives us a chance to see them in the moments that they are actively worked upon by "culture," we

see that when the surgery is over, when the doctor deems the bodies "ideal" and "natural" once again, when the patients feel "normal" and "right," that these are moments of purification, of forgetting the processes that made and formed their materiality.

> *Episode: Boobs, Dogs and Snakes: Man's Best Friends*
> "In this episode, three beautiful sisters decide to get breast augmentation from Dr. Rey at the same time. The results will have you seeing double. Or triple. Also, we meet the Omidi brothers, Michael and Julian, and watch as a fire-breathing snake enthusiast comes looking for liposuction. Need more? Of course you do: Find out what happens when Dr. Rey goes looking for a big dog."[2]

Dr. Rey commonly encourages women to increase the size of their desired implants so that they will be more satisfied with the results. However, it often seems as though it is he who is more satisfied with the results. Note the title of this episode—boobs are man's best friends. I am not implying that cosmetic surgery is wrong or that it violates a woman's natural, beautiful, God-given body; indeed, the men and women who pursue these surgeries have bodies that are already both material and semiotic, as was shown earlier in my discussion of Haraway's and Butler's perspectives. Because these surgeries have the capability of offering new ways of performing one's body, gender, or sexuality, they strike me as potentially subversive in that they could help us move away from the naturalized, essentialized notions of the body, gender, and sexuality that we currently hold. However, despite their subversive potential, these surgeries are deeply embedded in the regulatory norms of gender and heterosexuality and as such they fail to challenge prevailing views of bodies and sexuality. The new bodies that are made available are only those that conform to Western standards: D-cup breasts, tiny labia,

[2] http://www.tv.com/dr.-90210/boobs-dogs-and-snakes-mans-best-friends/episode/589430/summary.html?tag=ep_list;title;2

tight vagina, small waists, toned legs, perfect noses and so on. To be a woman, by these standards, one must convert oneself into an object of desire. And yet, many of the patients are convinced that they chose the double-D-cups for their own satisfaction.

Episode: If It Ain't Fixed, Don't Break It

> "Love, marriage and labial tearing. This episode runs the gamut, as Dr. Alter, Dr. Diamond and Dr. Nassif hit the golf course to whack some balls and talk about love and life. Back in the office, Dr. Alter operates on a woman who has torn her labia—and who talks throughout her surgery. Then we meet a transsexual who comes to Dr. Alter for breast implants. And we spend time with Dr. Nassif at a medical convention, track the progress of Dr. Diamond's upcoming nuptials (plus, we meet the father of a very famous pop star) and then sit in for a very special game of poker. Don't miss this one!"[3]

The transgender body is not a body that matters. At least, not until it is fixed and made "normal" and "natural." When Dr. Alter works on a transgender patient, however, he ignores the subversive aspect and seeks only to make them fit into one pole or the other—they must become either male or female. He says, "My goals in SRS surgery are to create as normal a vagina and introitus as possible, provide maximal clitoral and vaginal sensation, furnish a deep vagina allowing satisfactory sexual intercourse, and minimize disfiguring scars."[4] During the procedure he "spend[s] considerable time performing intricate maneuvers that give the genitalia a more normal appearance and minimize scars."[5] The surgery he performs is rendered possible by compulsory heterosexuality. Moreover, it is obvious that he adheres to the dichotomy between nature and culture by ignoring his presence as an actor working to create a particular kind of body.

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[3] http://www.tv.com/dr.-90210/if-it-aint-fixed-dont-break-it/episode/603116/summary.html?tag=ep_list;title;4

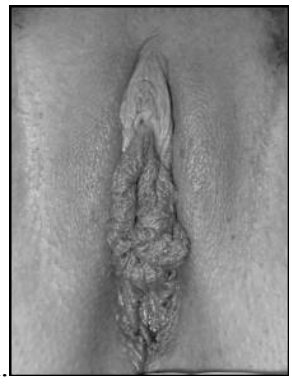
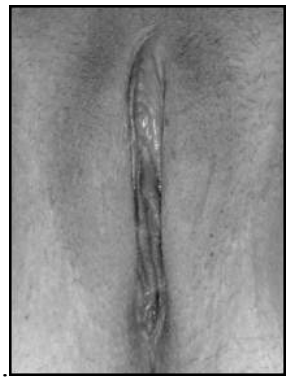
[4] http://www.altermd.com/Transsexual%20Surgery/male_to_female.htm

[5] Ibid.

According to Dr. Alter's website,

> awareness of female genital aesthetics has increased owing to increased media attention, both from magazines and video. Women may feel self-conscious about the appearance of their labia majora (outer lips) or, more commonly, labia minora (inner lips). The aging female may dislike the descent of her pubic hair and labia. A large pubic fat deposit may be unsightly. Because very few physicians are concerned with the appearance of the female external genitalia, many women seeking help are frustrated.[6]

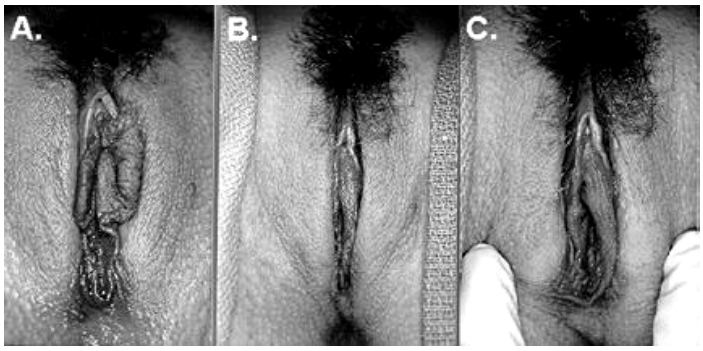
Women opt for genital plastic surgery, often in an attempt to create a more aesthetically pleasing genital region. Western science, with its religious and political background, has constructed the "ideal" genital as one that conforms to rigid guidelines of symmetry, labial and clitoral size and shape, amount and placement of hair, depth of the vaginal cavity, and so on. Many women have been taught to feel that their bodies are irregular, unnatural, ugly, and deformed and thus, they seek surgical techniques that will help them achieve regularity, naturalness, beauty, and perfection. The first set of images are the pre- and postoperative pictures belonging to a female with supposedly "enlarged labia minora and clitoral hood. She had discomfort in clothes and with sports and also disliked the appearance."[7]

A.  B. 

A. Labiaplasty preoperation
B. Labiaplasty postoperation

[6] http://www.altermd.com/female_genital_surgery.htm
[7] Image location: http://www.labiaplastycenters.com/before_and_after_photos.htm

The next set of images are those of a woman "who was self-conscious with her enlarged, asymmetrical labia minora since childhood. Her left labium is much larger than the right."[8]



A. Preoperation Labiaplasty
B. Postoperation Labiaplasty—3 months
C. Postoperation Labiaplasty—3 months

What is interesting in both sets of images is that the resulting labia are strikingly similar. We see the aesthetic norms at work, constructing themselves and our bodies simultaneously.

In the episode, "If It Ain't Fixed, Don't Break It," the patient, Carla, claims that she is not having her labia operated on for purely aesthetic reasons; rather, her labia was torn during childbirth and now it is incredibly painful for her to wear tight clothes or to have sex with her husband. During the course of her consultation meetings with Dr. Alter, she decides that, in addition to having the tear fixed and scar tissue removed, she will have the other labia reduced in size so that both labia appear symmetrical. Dr. Alter describes the tissue on the uninjured labia as "excessive," commenting that after her surgery, Carla will be back to normal. Dr. Alter developed a new technique of labiaplasty called the "Alter labia contouring" procedure, which preserves the "normal contour,

[8] Image location: http://www.labiaplastycenters.com/before_and_after_photos.htm

color, and anatomy of the labia minora edge."[9] Her labia will be *more* natural and *more* aesthetically appealing because they will be symmetrical and because Dr. Alter is able to preserve the "natural contour." According to Judith Butler,

> 'sex' is an ideal construct which is forcibly materialized through time. It is not a simple fact or static condition of a body, but a process whereby regulatory norms materialize 'sex' and achieve this materialization through a forcible reiteration of those norms. That this reiteration is necessary is a sign that materialization is never quite complete, that bodies never quite comply with the norms by which their materialization is impelled. (Butler, 1993a: 1-2)

In Carla's case, the injury she sustained interrupted the forcible materialization of her sex and of her body; the surgery was intended to restart the process and Dr. Alter's suggestion that Carla resize and reshape her labia reveals the workings of the "regulatory norms" to which Butler refers.

I cannot help but think of African female genital practices when I think about genital plastic surgery. Though both terms are reductive insofar as they refer to multiple practices under a single heading, there is a major difference. Genital plastic surgery is an acceptable practice by Western standards because it follows the rules and regulations established by Western science for creating "ideal" femininity. What many frequently miss in this discussion is that the ideal female form is set aside and reserved for white females. While many of the practices portrayed on Dr. 90210 are nearly identical to those in Africa, the two categories are never considered equal because, "The symbolic—that register of regulatory ideality—is also and always a racial industry, indeed, the reiterated practice of *racializing* interpellations" (Butler, 1993a: 18).

What is significant in this discussion is that both sets of practices are precisely that—they are practices that form the materiality of the body. They do not refer to some

[9] http://www.altermd.com/Female%20Genital%20Surgery/labia_minora_reduction.htm

"natural" standard, some universal truth of what the body ought to look like, though the Western practices, as described above, continually *imagine* that the norms of symmetry and heterosexuality that they impose are more than mere norms: they thus elevate "normalcy" to the status of the body's "nature." Nevertheless, the body is always and already a material-semiotic entity that is continually being reformed and renegotiated—a fact which the presence of these practices makes it all the more obvious.

Conclusion

Despite the existence of multiple body-making practices that produce Western bodies, many people from Western societies continue to see their bodies as free from cultural intervention. In his book, We Have Never Been Modern, Bruno Latour describes the process by which this is possible. We create hybrids, then purify them and deem them either wholly natural or wholly social. Modernity depends on the modern Constitution which creates a divide between nature (nonhumans) and culture (human beings) and stabilizes them as real, but separate, realms. To be modern, we must adhere to this dichotomy and trust it wholeheartedly. We are taught to see nature as untainted by social elements. According to Latour,

> The essential point of this modern Constitution is that it renders the work of mediation that assembles hybrids invisible, unthinkable, unrepresentable. Does this lack of representation limit the work of mediation in any way? No, for the modern world would immediately cease to function. Like all other collectives it lives on that blending. On the contrary…, the modern Constitution allows the expanded proliferation of the hybrids whose existence, whose very possibility, it denies. (Latour, 1993: 34)

By ignoring hybrids, the modern Constitution has allowed for their extreme proliferation. There are so many hybrids that it has become increasingly difficult to continue ignoring

them (Latour, 1993: 49). We have always created and recreated our bodies but these processes are now being publicized. We have extremely popular TV shows in which the bodies of men and women are manipulated by surgeons, cut away and reshaped by the forces of what we would call culture. While the surgeons and patients may insist that the bodies leave the operating room in their natural state, it is difficult to see them as wholly untouched or pristine. All we can hope to do is make the construction less visible. This is why we oppose extreme forms of body modification. In previous decades, tattooing and piercing were seen as unnatural, revolting, and mutilating. They have lost that stigma as newer, more noticeable modifications have been developed. Scarification, branding, tongue splitting, sub- and transdermal implants, and eye jewelry have become new centers of controversy. The Lizardman (A)[10] is one of the most recent and famous results of such extreme body modification. His transformation required traditional tattooing and piercing techniques as well as subdermal implants and tongue splitting. The result is blatant hybridity:

A. 

We can continue to justify the purification of bodies and sexuality as long as they continue to appear "normal"; that is, if they continue to conform to our aesthetic norms.

[10] Image location: http://www.bmeworld.com/amago/bodmod/index.html

When they deviate from these norms, when the constructive forces of culture become too apparent, we are outraged. They are freaks, monsters; they are not normal or natural in the way that women with breast implants, or butt implants, or liposuction are. What they do to their bodies is too much, too obvious, too blatant. Like Frankenstein's monster, the Lizardman and others like him appear "as monstrous because he/it is situated on the borderline between human and non-human. The mixture of human and non-human dimensions is what constitutes the monster's monstrosity" (Lykke, 2000: 76). We draw the "natural" line so that it does not include practices that offend our aesthetic sensibilities and norms. Likewise, we call African female genital practices unnatural, revolting, and mutilating. That is the subject of the next chapter.

Chapter 2—Regulating Otherness: Western Anti-FGM Discourse

> [A]ny deviant body is always constructed in close proximity to the observing expert's body, even as the latter is never subjected to the bright, blinding gaze he is trained to focus on others. (Urla and Terry, 1995: 12)

Introduction

Despite the prevalence of a variety of body-making practices in Western societies, Western feminists have devoted much of their energy to discussing the body-making practices of Others.[11] Liberal Western feminists decry the supposed oppressiveness of the veil in Muslim societies, footbinding in China, and, the topic of this chapter, what they have termed "female genital mutilation" (FGM) in Africa and the Middle East.[12] In this chapter, I discuss the common arguments that these feminists offer against African female genital practices. I begin by summarizing their contentions: the types of practices recognized by these feminists and how they describe the surgeries as well as the purported risks. Dealing with each of these aspects separately, I draw comparisons between these practices and those discussed in the previous chapter. It becomes obvious that each argument given against African female genital practices could easily be applied to genital cosmetic surgery and yet, more often than not, cosmetic surgery is considered to differ fundamentally. Cosmetic surgery is seen as better, safer, cleaner, and perhaps even healthier. In laying out the similarities between these sets of heterogeneous practices, I highlight the contradictions and inconsistencies within the Western anti-FGM position. If, for example, African practices ought to be stopped because they alter

[11] See, for example, works by Fran Hosken, Mary Daly, and Alice Walker.

[12] I will not be utilizing the terms "female genital mutilation" or "FGM" unless I am referring to Western discourse's uses of these phrases. Following Wairimũ Njambi, I will instead be using her term "female genital practices" which, she explains, works "to render problematic the notion of 'female genital mutilation,' and to undermine the normative sense of 'genitalia' that is presumed by eradication advocates to exist independently of its various discursive formations. Genitalia, whether circumcised or not, are partly products of particular cultural, political, and historical performances that continue to give them not only their meanings but also their materiality" (Njambi, forthcoming 2007c: 207-208).

"natural" bodies and sexuality, as it is often argued by many Western feminists, then one would assume that these same feminists would oppose genital cosmetic surgeries that are practiced in Western societies. Or as Kirsten Bell explains, "the particular arguments being produced here to condemn female genital cutting can be used equally to condemn male circumcision. Each operation involves an unnecessary bodily violation that entails the removal of healthy tissue without the informed consent of the person involved" (Bell, 2005: 130). But this is not the case. As Simone Weil Davis notes, legislation banning female genital practices now exists in several states; these laws

> use only language that addresses the 'ritual' or custom and belief-based cutting of African immigrant bodies. Meanwhile, this legal language either elides or okays both the 'corrective' cutting of the intersexed child and the surgery sought by the unsettled consumer who has been told by plastic surgeons that her labia are unappealing and aberrant. Thus American law marks out relations between the state and its citizen bodies that differ depending on birthplace, cultural context, and skin color. (Davis, 2002: 21)

Ultimately these laws, like the feminist fundamentalists who lobby for them, have an underlying agenda, one that is not often recognized or voiced, one that places Western body-making practices (and Western bodies) in a privileged position relative to those of its Others.[13]

[13] United States law criminalizes "FGM," except when the operation is, "(1) Necessary to the health of the person on whom it is performed, and is performed by a person licensed in the place of its performance as a medical practitioner; or (2) Performed on a person in labor or who has just given birth and is performed for medical purposes connected with that labor or birth by a person licensed in the place it is performed as a medical practitioner, midwife, or person in training to become such a practitioner or midwife." It goes on to say that, "no account shall be taken of the effect on the person on whom the operation is to be performed of any belief on the part of that person, or any other person, that the operation is required as a matter of custom or ritual." (18 United States Code Section 116 http://law.onecle.com/uscode/18/116.html)

Descriptions of Female Genital Practices[14]

Despite the variety of genital practices in African and the Middle East, most Western FGM discourses recognizes only three or four main subdivisions. Fran Hosken, perhaps the foremost crusader in the fight to end FGM, delineates three types of practices.[15] The first is sunna circumcision and it is, according to Hosken, the mildest operation. She defines it as "Removal of the prepuce and the tip of the clitoris" (Hosken, 1995: 16). Next in the progression from mild to severe is excision, or clitoridectomy, which Hosken explains is the most common of these kinds of operations. It involves "Removal of the clitoris and often adjacent parts including the labia minora and all exterior genitalia. In some areas, additional cuts into the vagina are added" (Hosken, 1995: 16). Finally, she describes the most severe operation—infibulation, or Pharaonic Circumcision—in the following terms:

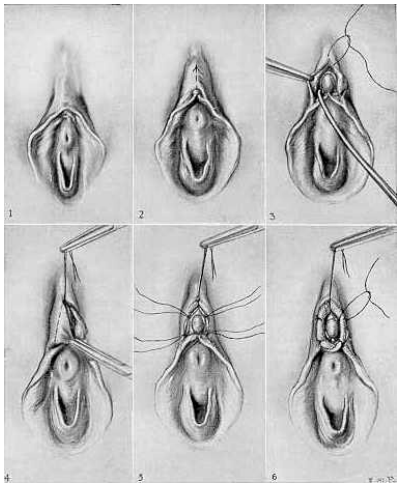
> After the removal of the clitoris and labia minora as well as parts of the labia majora, the two sides of the vulva are closed over the vagina. This is done by fastening together the bleeding sides of the labia majora…A small opening is created…to allow for the elimination of urine and later menstrual blood. The legs of the child are then tied together, immobilizing her for several weeks or until the wound is healed, closing the opening to the vagina. (Hosken, 1995: 16)

To this list, Allison Slack adds what she calls ritualistic circumcision in which "the clitoris is merely nicked" (Slack, 1988: 441).

[14] The images contained in this chapter will only depict Western practices. First of all, I feel that the Western gaze has long enough been trained on African men and women and their bodies; I do not wish to continue this legacy. Secondly, Bruno Latour argues for a kind of comparative anthropology that would require bringing the anthropologist home from foreign places to study the practices and people here, specifically those individuals in the sciences since they are the main producers of knowledge in our society. By restricting my use of images to Western practices, I am enacting this comparative anthropology and bringing my gaze home.

[15] Hosken's descriptions are echoed in international laws and standards. Her works forms the foundation of the WHO's policies regarding FGM.

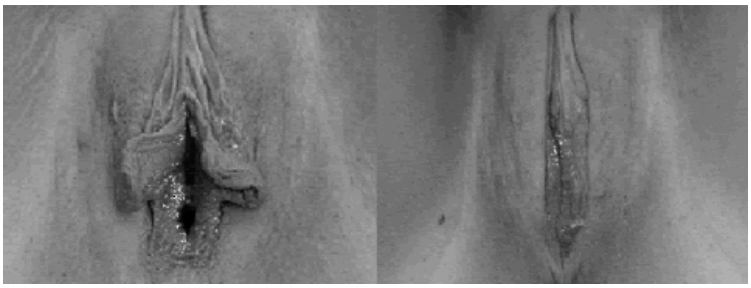
Even if we looked no further than the reductive descriptions given by these activists, we could easily find similarities between the operations labeled "FGM" and the so-called "surgeries" performed in the West. Clitoropexy (A),[16] or clitoral hood reduction, "repositions the protruding clitoris and reduces the length and projection of the clitoral hood. It is also indicated in the woman with mild clitoral enlargement who does not want to undergo a formal clitoris reduction."[17]

A. 

Clitoral reduction was developed because, "Women may develop unsightly and uncomfortable clitoral enlargement from hormonal abnormalities, ingesting steroids, or birth. The head (glans) or shaft of the clitoris can be surgically reduced in size while maintaining sensitivity."[18] These surgeries, which are growing in popularity in the West, are similar in scope to the ritual circumcision Slack describes and the sunna circumcision Hosken identifies. Sometimes a labiaplasty is performed in conjunction with one of these surgeries. Labiaplasty (B)[19] is "a relatively recent plastic surgery procedure that involves

[16] Image location: http://www.geocities.com/hoodectomy/Hoodectomy.jpg
[17] http://www.altermd.com/clitoropexy_clitoral_hood_reduction.htm
[18] http://www.altermd.com/Female%20Genital%20Surgery/clitoral_reduction.htm
[19] Image location: http://www.cosmeticsurgery2.com/cs-female1_labiaplasty.htm

trimming away labial tissue and sometimes injecting fat from another part of the body into labia that have been deemed excessively droopy" (Davis, 2002: 7).

B. 

Dr. Gary Alter developed his own labiaplasty technique because he was unsatisfied with the techniques used by most gynecologists and plastic surgeons; he claims that these other methods "essentially amputate the labia minora (inner vaginal lips) and leave a long suture line instead of the normal labial edge…That scar can cause chronic discomfort and disfigurement."[20] Utilizing Alter's method,

> The protuberant labium is excised in a 'V' manner and *the upper and lower edges are sutured together*. Therefore, the only suture line visible on the edge is a small transverse line instead of a longitudinal vertical suture line. This results in normal labia minora in which surgery is essentially undetectable. Excess skin on the sides of the clitoral hood can also be removed without visible scars. (emphasis added)[21]

Finally, through labia majora remodeling/reduction, large and unsightly labia majora are reduced "by removing a crescent shaped portion of each inner labium. The scar is hidden in the concavity between the inner and outer labia."[22] While these practices are not called "infibulation," there are indeed similarities to be found in the doctors' descriptions: trimming away excess skin, suturing the edges together, removing portions of skin, and so on.

[20] http://www.labiaplastycenters.com/labioplasty_labia_minora_reduction_surgeon.htm
[21] http://www.altermd.com/Female%20Genital%20Surgery/labia_minora_reduction.htm
[22] http://www.altermd.com/Female%20Genital%20Surgery/labia_majora_remodeling.htm

Although the Western surgeries are described in apparently value neutral, clinical terminology, the procedures being outlined are similar to those lambasted by activists like Hosken. While my point is not that these sets of practices are identical—to argue this would be to continue to ignore the complexities I am trying to highlight—I am indeed arguing that there are significant similarities. The point of this comparison is to show that the supposedly barbaric, savage, mutilating practices performed in Africa and the Middle East have strikingly similar counterparts in the U.S., Great Britain, and other Western societies, counterparts which are permitted by law and endorsed by medical authorities like the American Society of Plastic Surgeons and the Board of Plastic Surgery.

Purported Health Risks

Most of the work by anti-FGM activists stresses the potentially horrific and deadly complications that can arise from African genital practices. Many of these risks, they argue, are exponentially increased as a direct result of the unhygienic conditions under which the surgeries are performed. Allison Slack claims that

> The instruments used to perform female circumcision range from kitchen knives, old razor blades, broken glass, and sharp stones used in villages, to scalpels used in local health clinics. These instruments are rarely sterilized before the operation, and, except in certain urban areas, anesthesia is almost never used in the process…The wounds are frequently treated with animal dung and mud to stop the bleeding. (Slack, 1988: 442)

Similarly, Hosken alleges that "All the operations are performed without anesthetic, often on struggling children held down by force, frequently on the ground under highly septic conditions, using a variety of tools" (Hosken, 1995: 16). Moreover, various activists argue that these "risks" are exacerbated further by the operators' "lack of knowledge of anatomy," explaining that "While these operators may be skilled in traditional medicine,

their knowledge of anatomy and hygiene is generally minimal" (Kouba and Muasher, 1985: 100). Many activists argue that when the operations are performed in "traditional" conditions, without anesthesia and sterile instruments, women and girls risk severe pain and possible infection. Some activists argue that, without anesthesia, the intense pain causes the children to struggle and this squirming may lead to the accidental removal of more than the intended amount of flesh. Other risks that are commonly mentioned include shock, complications during childbirth, and death. Environmental conditions are, arguably, the main difference between female genital practices in Africa and those conducted in the West, which are performed in "sterile" hospital rooms. It would seem logical then, that these activists would be pleased by a change in the conditions in which the operations take place. Prior to her claim that "all the operations are performed without anesthetic," Hosken discusses the "medicalization of FGM," arguing that this is an "international concern that has become a growing and increasingly threatening issue" (Hosken, 1995: 5). She explains that "the main hospital in Mogadishu had developed a program to infibulate little girls in the main operating rooms once a week on a veritable production line…Specially trained male nurses in gowns and masks did the operations and gave out antibiotics to be taken home to prevent infection" (Hosken, 1995: 7). Kouba and Muasher note that, increasingly, "operations are performed by paramedical personnel. These people do use local anaesthesia [sic], sterile instruments, and have some knowledge of anatomy. However, because of the anaesthesia [sic], the child is apt to struggle less and more tissue may be cut away" (Kouba and Muasher, 101). Ultimately these activists are not concerned with the health of the women and girls undergoing

various female genital practices; they are only interested in eradicating them, certainly not understanding or embracing them.

All operations come with their own risks and, while the probability of such complications can be reduced, they can never be eliminated. The risks associated with most plastic surgeries include

> sensory change in or around the operation site, decolourisation [sic] of the skin, tissue necrosis, asymmetry, infection, formation of bad scar tissue, and allergic reactions on the sedation. The consequences of these complications can usually be corrected by one or more additional operations. Exceptionally, a remaining aesthetic blemish, permanent functional damage or even death may be the result.[23]

Indeed, Western surgical procedures are not free from complications and, as is true of any surgical procedure, horror stories abound. One of the most horrific of these potential dangers is anesthesia awareness, a phenomenon that has gained some media exposure. While any use of anesthesia is risky—it can cause "abnormal heart rhythm, blood clots, airway obstruction, brain damage, heart attack, stroke, temporary paralysis, and even death"[24]—a patient who suffers anesthesia awareness has the experience of "being mentally alert (and terrified) while supposedly under full general anesthesia. The patient is paralyzed, unable to speak, and totally helpless to communicate his/her awareness. Actual cutting pain may or may not be present."[25] Supposedly, such an experience can lead to lifelong post-traumatic stress disorder.

Despite the risks associated with cosmetic surgery and anesthesia, it is unlikely that Hosken, Slack, Kouba, or Muasher would argue for their eradication. More than likely, they would claim that the benefits of both outweigh the potential risks. They

[23] http://www.wellnesskliniek.com/E_risks.htm
[24] http://www.aboardcertifiedplasticsurgeonresource.com/plastic_surgery/risks.html
[25] http://www.anesthesiaawareness.com/

would not, however, make or allow similar claims for African female genital practices. But, as Carla Obermeyer argues,

> while we would consider female genital surgeries as both unnecessary and hazardous—unnecessary because they have no health benefit, and hazardous because the risks they are associated with are considered high—these two convictions, in fact, constitute fundamental points of disagreement. In the societies where they are practices, female genital surgeries may be considered necessary for reasons that have nothing to do with health but that are thought to be crucial to the definition of a beautiful feminine body, the marriageability of daughters, the balance of sexual desire between the sexes, or the sense of value and identity that comes from following the traditions of the group. (Obermeyer, 1999: 94)

Moreover, it is likely that the "risks" associated with African practices have been overemphasized, as Carla Obermeyer explains:

> On the basis of the vast literature on the harmful effects of genital surgeries, one might have anticipated finding a wealth of studies that document considerable increases in mortality and morbidity. This review could find no incontrovertible evidence on mortality, and the rate of medical complications suggests that they are the exception rather than the rule. This should be cause to ponder, because it suggests a discrepancy between the forceful rhetoric, which depicts female genital surgeries as causing death and disease, and the large number of women who, voluntarily or under pressure, undergo these procedures. (Obermeyer, 1999: 92)

Cosmetic surgery is just as medically "unnecessary" as other genital practices. And yet, for many men and women undergoing plastic surgery, it often feels necessary (see, for example, Morgan, 1998). Indeed, the availability and popularity of plastic surgery have changed Western definitions of a beautiful feminine body. Labia majora reduction, for example, is often done for purely aesthetic reasons: "The outer lips of the vagina can be enlarged with excess skin and tissue. This enlargement causes an embarrassing bulge in pants or swimsuits. The labia majora may be enlarged from birth, secondary to childbirth,

or due to aging."[26] Likewise, cosmetic surgery helps to construct sexual desire between the sexes through procedures like vaginal rejuvenation: "Women may develop looseness of the vaginal wall after childbirth or with age. Tightening of the vagina may enhance sexual pleasure of the woman and her male partner."[27]

What this discussion makes clear is that arguments against African genital practices that cite serious health risks, can just as easily be applied to practices of genital cosmetic surgery. That these anti-FGM activists do not see similarities between these two sets of practices suggests that these activists have other reasons for opposing FGM.

The Supposed Sexual Consequences of African Genital Practices

According to many anti-FGM activists, "A terrible fate is in store for those who do not follow tradition. No man will marry a girl who is intact, and that is critical: there is no choice, all daughters are 'done'" (Hosken, 1995: 4). According to many of the writers, Africa and the Middle East are composed of male-dominated societies in which women "have no rights to the land and no rights to the houses where they live, no rights to the crops they grow and no rights to their children. It is the father who decides to whom his daughters are given in marriage in return for the brideprice paid to him: all decisions are made among men" (Hosken, 1995: 4). Thus, they argue, male control over women's sexuality is perpetuated by these practices and, what is worse, the practices will likely continue because they are mandated by men.

Allison Slack argues that, "In contrast to male circumcision, which is in no way an attempt to inhibit sexual pleasure, performance, ability or desire, one of the most

[26] http://www.altermd.com/Female%20Genital%20Surgery/labia_majora_remodeling.htm
[27] http://www.altermd.com/Female%20Genital%20Surgery/vaginal_rejuvenation.htm

frequently given reasons for female circumcision is the control of the sexuality of females" (Slack, 1988: 445). Many anti-FGM activists, especially those that consider themselves to be feminists, see these practices as oppressive and patriarchal. They allege that women are kept in a submissive role relative to men and are denied pleasure during intercourse. In discussions of this type, activists are likely to compare the practices to the complete removal of the male penis, to some drastic form of "penisectomy." Hosken likens the various procedures to sexual castration, saying,

> The effects of sexual castration (which these operations actually are) on the personality development of a girl have also been quite ignored. Yet it is clear that the permanent deprivation of a human being's most powerful instinct has deeply depressing psychological results, especially since in Africa and the Middle East a woman's chief purpose in life is to serve the sexual satisfaction of her husband and to bear 'his' children. (Hosken, 1995: 21)

They almost unilaterally declare that "mutilated" women are unable to derive pleasure from their sexual encounters. Because we understand the clitoris to be the source of the female orgasm, the very epicenter of female sexual pleasure, any practice that tampers with this privileged sexual organ is seen as potentially disastrous (see, for example, Laquer, 2000, Maines, 1999). Like many others, Hosken argues that, "Lack of orgasm is reported where studies on this subject were made. Women in many societies are not aware that intercourse can be pleasurable for them. Painful coitus is the most frequent result of the operations, and sexual intercourse recalls the pain of the mutilation" (Hosken, 1995: 20). Although this claim is incredibly disturbing and widely reported, it is not necessarily correct. Slack points out that, "It is generally believed that female circumcision does successfully reduce a woman's sexual response and pleasure. There is

evidence, on the other hand, that even women who have been severely mutilated can still experience pleasure and sensation from sexual intercourse" (Slack, 1988: 456).

Because these writers try to differentiate female genital practices from male circumcision (which they claim does not reduce male sexual enjoyment), I believe it is important to explore the practice of male circumcision further to see if such differentiation is accurate. While we commonly assume that male circumcision has no effect on male sexual enjoyment, there is some evidence that this is, at the very least, an incomplete assumption. In her work on "genital cutting," Kirsten Bell gives accounts of circumcised men's testimonials regarding their experiences of circumcision. These testimonials, found on a pro-circumcision website (www.circlist.com), indicate that some men do notice some changes in their sexual enjoyment. One man explains, "I have no regrets about being circumcised. The somewhat reduced sensitivity of the head is made up for by prolongation of sexual intercourse. My wife approves of the circumcision. I find sex much more prolonged and enjoyable" (quoted in Bell, 2005: 137). This shows that, contrary to popular belief, male circumcision may affect male sexual pleasure and sensitivity but, as Bell goes on to insightfully argue,

> many men clearly believe that any loss of sensitivity that accompanies circumcision is compensated by their enhanced sexual performance. Indeed, what is interesting here is how irrelevant the issue of reduced sensation is for both the men who have this operation and their sexual partners. This poses a striking contrast to the dominant discourses surrounding female genital cutting, there the idea of a woman undergoing genital surgery to enhance her partner's sexual pleasure (while concomitantly reducing her own level of sensation) strikes most observers as 'barbaric' and misogynistic. (Bell, 2005: 138)

It is possible that, like some circumcised men, some "mutilated" women may find alternative sources of sexual pleasure. Like anti-FGM activists, many opponents of male circumcision

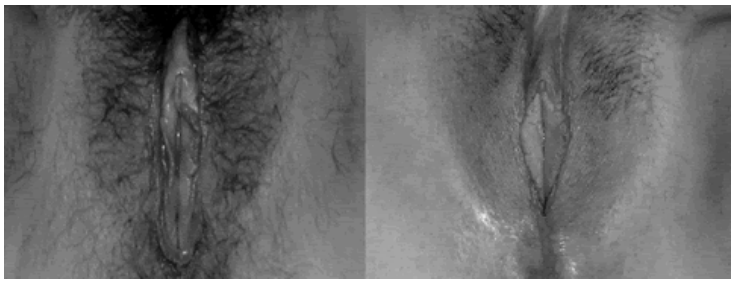
> equate the reduced sensation accompanying the removal of the foreskin with a corresponding reduction in sexual pleasure. According to this logic, the more of the penile skin removed, the greater the decline in sexual satisfaction. However, as discussed, for many men, reduced sensation cannot be unproblematically linked with reduced sexual pleasure—hardly surprising when pleasure and performance are so inextricably linked in the minds of most men (and women). Once again, this demonstrates the fundamental problems in attempting to separate the physiological from the cultural dimensions of sexuality or, worse still, ignoring the cultural elements altogether. (Bell, 2005: 139)

To assume that *all* circumcised women or *all* circumcised men have the same experience of sexual intercourse after their surgeries is to ignore the kinds of complexities that Bell's work brings to light.

Similar complexities arise when looking at genital cosmetic surgery. Like any surgical procedure, these surgeries carry the risk of nerve damage and decreased sensitivity.[28] Nerve damage in the genital region could lead to reduced sexual pleasure depending on what nerves are damaged and the severity of the damage. This is important to remember because, like most of the risks associated with Western surgical procedures, this risk is written off as unlikely and uncommon and when the risk becomes a reality, it is considered an anomaly; however, when sensitivity is reduced as a result of non-Western surgeries, it is rarely viewed as anomalous. Perhaps more intriguing are the cosmetic surgeries which purport to increase sexual pleasure. For example, for example, vaginal rejuvenation and vaginoplasty (C)[29] are both purported to increase sexual pleasure for women. Vaginoplasty "tightens and restores the vagina and supporting

[28] http://www.plastic-surgery.net/risks-plastic-surgery.html
[29] Image location: http://www.cosmeticsurgery2.com/cs-female1_vaginoplasty.htm

structures to a 'pre-pregnancy' state, thereby reestablishing friction that increases sexual gratification for both women and men!"[30]

C. 

Look closely at the post-op photo (on the right) in image C—the suture line that closes the vagina is visible as a scar. Could one not argue that infibulation, like vaginoplasty, tightens the vagina and increases women's sexual gratification?

Clitoral hood reduction/removal, which is, as readers may remember from the description given earlier in this chapter, similar to sunna circumcision and ritualistic circumcision, is reported by some plastic surgeons to increase sexual satisfaction for women. The reason for this increase, doctors say, is that, "for many women, the clitoral hood interferes with sexual arousal and pleasure. Some women have found that by removing the clitorial [sic] hood, or reducing it, increases sexual pleasure."[31] Testimonials from women who have undergone this procedure report increased sexual pleasure, with one woman claiming that, "I think that all women should consider have their hoods removed as it would aid in cleanliness of the area and greatly [sic] improving orgasm! I'm totally satisfied!"[32] Describing her experience, another woman said of the side effects: "As far as the hypersensitivity issue, it's more a matter of getting used to the feeling and mentally putting it out of your mind until you have sex."[33] The side effects of

[30] http://www.cosmeticsurgery2.com/cs-female1_vaginoplasty.htm
[31] http://www.labiaplastycenters.com/clitoral_reducation.htm
[32] http://www.circlist.com/femalecirc/anatfemale.html
[33] http://www.circlist.com/femalecirc/anatfemale.html

this procedure are overlooked because of the sexual benefits. It is unlikely that anti-FGM activists would be willing to see that similar effects might result from any of the practices they deem "mutilating" even though, given the similarities between the various practices, it would seem that if one set could increase pleasure, the other would have that same potential.

FGM: An Irrational Practice?

Fran Hosken and her fellow anti-FGM activists are quick to cite the supposedly irrational justifications given for the continuation of what they see as a barbaric practice. They consistently argue that practitioners lack the necessary knowledge of anatomy and modern medicine to perform the operations and that the practices are grounded in absurd mythology and religion; they maintain that, "Reasons given for the circumcision of females, other than 'it is the custom,' seem to be consistent in most African societies and are, for the most part, based on myths, an ignorance of biological and medical facts, and religion" (Kouba and Muasher, 1985: 103). The explanations most commonly reported by these activists include: the belief that "the operation is a biologically cleansing process that improves the hygienic and/or aesthetic condition of the female genitalia" (Slack, 1988: 447); the belief that the operation will "control the sexual waywardness of girls" (Hosken, 1995: 19); the belief that the practices are necessary for childbirth or the notion that the clitoris is "a dangerous organ that will kill the baby during childbirth and therefore must be removed" (Hosken, 1995: 23). Each of these reported justifications are worded in such a way as to make them appear absurd. This rhetoric reveals an underlying

assumption that any practice that does not conform to Western medical and scientific "truths" is irrational, backward, and ought to be eliminated.

What these activists fail to recognize is the extent to which our own "rational" practices are based on certain deeply entrenched myths. According to Hosken, "Hypertrophy of the clitoris—which means an unusual enlargement of that organ which will, it is claimed, protrude between a woman's legs if not cut off—is cited as a reason for excision in Ethiopia and parts of Nigeria…though gynecologists working in Africa have never been able to find any evidence of this claim" (Hosken, 1995: 24). Because Western gynecological exams did not support this line of reasoning, Hosken sees the reasoning as faulty and flawed. Cosmetic surgeon Dr. Alter, on the other hand, sees hypertrophy as a justification for an operation he performs. According to his website, one reason women choose to undergo clitoral hood reduction is that "Some women are bothered by the size of the clitoral hood and the clitoris shaft or head (glans). The hood may protrude too much causing the woman to be self-conscious or irritated. She may feel that the protruding hood and clitoris cause a bulge in her clothing or the appearance of a small penis."[34] Similarly, myths about hygiene abound in Western medicine as justification for male circumcision; while popular belief still supports the claim that a circumcised penis is easier to keep clean than an uncircumcised one, the hygiene argument has come under close scrutiny and is, arguably, rooted in Victorian era beliefs connecting physical hygiene and morality (Bell, 2005). The difference between African genital practices and Western genital practices is *not* that one is "belief-based" rather than "science-" or "medicine-based"; rather, it is that one is rooted in non-Western belief systems rather than Western belief systems.

[34] http://www.altermd.com/clitoropexy_clitoral_hood_reduction.htm

According to Allison Slack,

> The procedure is often accompanied by elaborate ceremonies and joyous celebrations. The event is one that young girls look forward to in excited, and even in some cases pleasurable, anticipation. There may be days of preparation, including cleansing, praying, consuming special food and drink, and performing rituals, such as dancing and singing. (Slack, 1988: 450)

The significance of the rituals and ceremonies varies but several writers note that "Female circumcision, like male circumcision, was originally an initiation rite in Africa signalling [sic] that a child was passing from puberty into adulthood thus becoming a full member of the tribe" (Kouba and Muasher, 1985: 102). Hosken argues that the traditions and ceremonies surrounding the practice serve to conceal the terrible truth of the practices themselves, explaining that "the mutilations in many places are disguised by celebrations and loud noise to cover up the shrieks of the little victims" (Hosken, 1995: 4). These activists explain that the prevalence of the surgeries, coupled with the strength of tradition and mythology, create a situation in which women and girls act under the influence of false consciousness and thus, the surgeries are done without true consent.

The false consciousness argument usually goes something like this:

> Their mothers do not know that any other way of life is possible or that women in most of the world are not mutilated in this terrible way. As the stories of the women show, FGM is always presented as an essential part of each woman's life. For a person who has no contact beyond her village and community, who cannot read or knows no language but her local dialect, who has no human connection with the strange world outside, the very idea of change is unknown, or worse, anything new is threatening" (Hosken, 1995: 4);

or like this:

> girls have very little choice. Given their age and their lack of education and resources, they are dependent on their parents, and later on their husband, for the basic necessities of life…Because of their lack of choice and the powerful influence of tradition, many girls accept circumcision as

> a necessary, and even natural, part of life, and adopt the rationales given for its existence. (Althaus, 1997: 132)

These arguments are grounded in the supposition that there is something that can truly be called "free choice" and that women in Western societies have the ability to give free or informed consent while their African or Middle Eastern counterparts do not. Yet, as many feminists have convincingly argued, the notions of consent and choice are highly constructed and, in the West, our "free choice" is often severely constrained.

Frances Althaus argues that, "Girls' desires to conform to peer norms may make them eager to undergo circumcision, since those who remain uncut may be teased and looked down on by their age mates" (Althaus, 1997: 132). For Althaus, this peer pressure forces little girls to undergo a procedure that, in the absence of such pressure, the little girls might forego. What is at once apparent to me in this argument is the striking resemblance it bears to the arguments often given in support of male circumcision, namely, the dreaded "locker room syndrome." The threat that locker room syndrome poses is enough to justify, in the minds of many Westerners, circumcising young boys without their consent. Yet such reasoning is not acceptable in cases of female circumcision. Equally interesting is the fact that few people question doctors who alter the genitals of intersexed infants because the situation is considered to be "a 'psychosocial emergency.' These modifications have been shown to leave behind serious psychological scarring; often enough, the surgeries profoundly compromise the sexual sensation of the people forced to undergo them" (Davis, 2002: 17).

Simone Davis presents a strong argument showing specifically how consent is manufactured. In her study of genital cosmetic surgery in the West, she argues that,

> The relative mainstreaming of the sex industry…and the blurring of the lines between hard-core and advertising imagery…have led to a perpetually increasing sense of pressure among many women, the pressure to develop and present a seamlessly sexualized, 'airbrushed' body. [Plastic surgeons like] Drs. Alter, Stubbs, and Matlock want that sought-after body to include a specific labial look, one desirable enough to be worth 'buying.' Before people will spend money on something as expensive and uncomfortable as cosmetic surgery, they need to be motivated not only by desire but by concern or self-doubt. Bringing the authoritative language of medical science to the aestheticization of the vagina is one key way to trigger such anxiety. (Davis, 2002: 10)

The imagery does, indeed, abound now that the surgeries are widely advertised (D).[35]

D. 

She maintains that anxiety caused by this imagery leads to the creation of inferiority complexes. These complexes are then "treated" by cosmetic surgeons, "cured" by plastic surgery. One need not look very far to find even more evidence in support of Davis's claims. Plastic surgeon Dr. Robert Rey, for example, refers to himself as "a psychiatrist with a knife."[36] If that does not convince you, simply look to Dr. Alter's labiaplasty website where the emotional appeal is blatantly obvious: "If large labia bother you either physically, or emotionally then it simply doesn't make any sense to live with these

[35] Image location: http://www.nytimes.com/2004/11/28/fashion/28PLAS.html?ex=1259384400&en=0d49428121489fb0&ei=5088&partner=rssnyt

[36] http://www.eonline.com/on/shows/dr90210/castbios/index.jsp

physical or emotional pain. Why would you wait? After labiaplasty, your self-esteem and anatomical form will be corrected."[37] Moreover, plastic surgery has its own set of ceremonies and celebrations in which patients may participate. While these are not represented as ceremonies in the same way that African rituals are, it cannot be ignored that they structure the patient's experience of surgery. For most patients, the anticipation and excitement begins with the initial consultation, during which the patient is encouraged to envision what they will look like with the surgical alterations. The excitement builds as the surgery draws near and often, the patient's excitement is echoed by her friends and family (who sometimes get so excited about the surgery that they throw the patient a pre-surgery party).[38] The night before surgery, patients must perform specific pre-surgery rituals: cleansing with special anti-bacterial soap, removing jewelry and nail polish, refraining from eating or drinking for whatever period of time the doctor mandates, and so on. Finally, on the "big day," patients are often accompanied by a friend or family member who holds the patient's hand in support and wishes them well; this person is usually the same person who will care for the patient during the recovery period. Like the customs that accompany African female genital practices, cosmetic surgery is accompanied by elaborate rituals that prepare the patient for the upcoming procedure.

As Davis explains,

> we must also look at the social and cultural means whereby consent is manufactured, regardless of age, in the West…In the North American popular imagination, the public address of advertising is not understood as infringing upon our power of consent. Indeed, the freedom to 'pay the money that is [one's] own' is too often inscribed as the quintessential

[37] http://www.labiaplastycenters.com/labiaplasty_q_a.htm
[38] Evidence of this can be found on any of the popular cosmetic surgery TV shows (Dr. 90210, Extreme Makeover, etc.)

> exemplar of life in a democracy. Perhaps due to that presumption, beauty rituals hatched on Madison Avenue or in Beverly Hills do not bear the onus of 'barbarism' here, despite the social compulsions, psychological drives, and magical thinking that impel them. (Davis, 2002: 22)

Thus, although freedom of choice is an ideal that Westerners hold dear, it may be nothing more than an ideal. If anti-FGM activists insist on condemning these genital practices because women and girls are not given a chance to consent to the procedure, then they must similarly oppose male circumcision, intersexed operations, and cosmetic surgery.

Conclusion

Allison Slack presents what she feels is a value-neutral account of "female circumcision." Unlike other anti-FGM activists, she recognizes the potential for comparison between African genital practices and Western genital practices saying,

> A telling comparison to female circumcision in Africa might be cosmetic surgery in the United States. What would a Sudanese woman think if she were to hear about the women of America who have their ribs removed to appear thinner, their faces lifted to appear younger, and their noses made smaller and breasts made larger, all in the desire to become more attractive? How, in turn, would these American women feel if they were told that their actions were barbaric or immoral, or if they were prohibited by law to have such operations? (Slack, 1988: 463)

Unfortunately, she concludes this comparison with the following:

> The frequency of cosmetic surgery in the United States cannot be compared to the frequency of circumcision in Africa. Furthermore, there is no social requirement for women to undergo cosmetic surgery in the United States; nor are such operations as medically dangerous as infibulation under 'traditional' conditions. Yet, all surgery carries with it some degree of risk. At what point then, should we dismiss the cultural predisposition (and legal rights) to perform this potentially dangerous surgery and respond to pressure—either domestic or international—by imposing restrictions? Should we simply accept some degree of morbidity and mortality at the price of our cultural (and aesthetic) freedom? (Slack, 1988: 463-464)

In this chapter, I have argued that conclusions like Slack's are flawed. Not only are the statistics such conclusions rely on potentially incorrect,[39] they are based on unstated assumptions that privilege Western practices and beliefs. This is obvious from the fact that, although the arguments against African genital practices could be easily used against male circumcision, intersexed surgeries, and cosmetic surgery, the Western practices go largely uncriticized. Even when these practices are critiqued, they are not accused of being barbaric, mutilating, castrating, irrational, or savage. As I will argue in the next chapter, the discrepancies outlined above suggest that Western anti-FGM feminists are motivated by concerns other than those being consistently voiced.

[39] As Carla Obermeyer points out, "[Fran] Hosken frequently does not cite her sources, nor does she indicate whether they come from anecdotal evidence, primary case reports, or population-based studies…In addition, there are numerous methodological shortcomings in her extrapolations from samples to national populations (including simplistic assumptions about the age and sex distributions of the populations), and her calculations of the global estimates of female genital mutilation are flawed as a result" (Obermeyer, 1999: 99).

Chapter 3—Colonizing the Body

> There is nothing about being 'female' that naturally binds women. There is not even such a state as 'being' female, itself a highly complex category constructed in contested sexual scientific discourses and other social practices. Gender, race, or class consciousness is an achievement forced on us by the terrible historical experience of the contradictory social realities of patriarchy, colonialism, and capitalism. (Haraway, 1993: 600)

Introduction

As the previous chapters have shown, bodies are not given; rather, they are constructed according to historically and socially specific guidelines. In the West, bodies are forcibly materialized through the matrices of binary gender and compulsory heterosexuality. While not every Westerner undergoes blatant processes of construction (circumcision, cosmetic surgery, etc.), every Western body is a product and must never be seen as given or "natural." And yet, as I discussed earlier, we tend to see our bodies as free from social or cultural intervention. This is possible because of the processes of translation and purification defined by Bruno Latour. Modernity and modern science depend on these processes. By adhering to the modern Constitution, our scientists are able to discover "facts of nature" and because these facts are supposedly free from cultural mediation, we can call these facts "true knowledge." There is a second divide brought about by the modern Constitution: moderns (*us*) and premoderns (*them*, the Others). According to the "logic" of the modern divides,

> we are the only ones who differentiate absolutely between Nature and Culture, between Science and Society, whereas in our eyes all the others—whether they are Chinese or Amerindian, Azande or Barouya—cannot really separate what is knowledge from what is Society, what is sign from what is thing, what comes from Nature as it is from what their cultures require. Whatever they do, however adapted, regulated and functional they may be, they will always remain blinded by this confusion; they are prisoners of the social and of language alike. Whatever we do, however criminal, however imperialistic we may be, we escape from the prison of the social or of language to gain access to things themselves through a providential exit gate, that of scientific knowledge. (Latour, 1993: 99)

Premoderns do not make a distinction between nature and culture and thus, they are incapable of having true knowledge. The premoderns, according to this argument, are unable to distinguish between fact and fiction, truth and myth, reason and tradition.

According to Latour, we are in a period of crisis. We have allowed for the extreme proliferation of hybrids, so many hybrids that we can no longer really ignore their existence. If we cannot maintain the divide between nature and culture, then we can no longer claim to have access to truth and we can no longer see ourselves as superior to the Others. Latour explains that when we send an anthropologist to study these Others, we

> get a single narrative that weaves together the way people regard the heavens and their ancestors, the way they build houses and the way they grow yams or manioc or rice, the way they construct their government and their cosmology. In works produced by anthropologists abroad, you will not find a single trait that is not simultaneously real, social and narrated. If the analyst is subtle, she will retrace networks that look exactly like the sociotechnical imbroglios that we outline when we pursue microbes, missiles or fuel cells in our own Western societies. We too are afraid that the sky is falling. We too associate the tiny gesture of releasing an aerosol spray with taboos pertaining to the heavens. We too have to take laws, power and morality into account in order to understand what our sciences are telling us about the chemistry of the upper atmosphere. (Latour, 1993: 7)

As Latour points out, there are striking similarities between *us* and *them*. There are similarities between their beliefs and ours, their practices and ours. Indeed,

> Divides do not describe reality…but define the particular way Westerners had of establishing their relations with others as long as they felt modern. 'We', however, do not distinguish between Nature and Society more than 'They' make them overlap…Premoderns are said never to distinguish between signs and things, but neither do 'We'. (Latour, 1993: 103)

We are desperate to keep our modern-ness by any means possible. We do not want to become *them*, we do not want to live as the Other, nor do we want to recognize the ways

we are already like *them*; indeed, this is why opponents of these practices "almost always exclude references to the fact that clitoridectomies were at one time performed by physicians in the United States…Clearly, [their] interest is to expose what [they] perceives to be the backwardness, unintelligence and even cruelty of African practices" (Russell-Robinson, 1997: 55). This is, I believe, one of the important motivations for the continued domination of non-Western societies through imperialism; if we can "modernize" them, then we can reassert our superiority and the superiority of our knowledge. We justify this imperialism by arguing that we can improve their lives by rescuing them from their own backwardness, savagery, and primitive patriarchy. What we are really doing, however, is attempting to perpetuate our way of life, our values, our practices, and our networks.

In what follows, I argue that anti-FGM discourse is an attempt to bolster the modern Constitution and the two divides that it created and upon which it now depends. As discussion in the previous chapter revealed, there are distinct similarities between many Western practices and those labeled "FGM." Despite those similarities, activists continue to decry the "mutilation" of little African girls. This does several things: firstly, it perpetuates the view of a civilized West and a barbaric Africa; secondly, it presents Westerners as enlightened bearers of truth and Africans as helpless victims of false consciousness; finally, it supports the belief that our bodies are natural entities, free from the taint of society. Like every imperial and colonial endeavor that preceded it, this new form of cultural imperialism relies on an important power: "the power to narrate, or to block other narratives from forming and emerging" (Said, 1993: xiii). The anti-FGM discourse that prevails in the West is only one of the possible narratives but it is delivered

with such rhetorical force that opposing views are silenced: how could someone be in favor of butchering innocent children? What is needed, what I try to provide here, is an alternative narrative, one in which bodies are seen as the product of naturalcultural practices and processes like the various operations discussed thus far and one which recognizes the imperial history that sustains the current debate.

Our Own Civilizing Mission

Edward Said notes that,

> Neither imperialism nor colonialism is a simple act of accumulation and acquisition. Both are supported and perhaps even impelled by impressive ideological formations that include notions that certain territories and people *require* and beseech domination…the vocabulary of classic nineteenth-century imperial culture is plentiful with words and concepts like 'inferior' or 'subject races,' 'subordinate peoples,' 'dependency,' 'expansion,' and 'authority.' (Said, 1993: 9)

Although our terminology today might be more subtle—phrases like "inferior races" would offend our sense of political correctness—we continue to believe that certain groups of people are more capable of ruling or of making decisions or of producing knowledge than others. We perpetuate our sense of superiority by pointing out the barbarity of Others, a tactic that has an incredibly long and well-documented history. As Donna Haraway argues,

> Racial, class, sexual, and gender formations (not essences) were, from the start, dangerous and rickety machines for guarding the chief fictions and powers of European civil manhood. To be unmanly is to be uncivil, to be dark is to be unruly: Those metaphors have mattered enormously in the constitution of what may count as knowledge. (Haraway, 1997: 30)

Charles Darwin helped to naturalize distinctions between Western and non-Western nations, which he referred to as civilized and barbarous nations, respectively. Darwin

asserts that he would rather trace his evolution back to a monkey or baboon than to "a savage who delights to torture his enemies, offers up bloody sacrifices, practices infanticide without remorse, treats his wives like slaves, knows no decency, and is haunted by the grossest superstitions" (Darwin, 1874: 707). John D'Emilio and Estelle Freedman recount numerous examples of similar descriptions given by Europeans exploring the New World. D'Emilio and Freedman argue that,

> In every region in which Europeans and Indians came into contact,…the Europeans, applying the standards of the Christian tradition, judged the sexual lives of the native peoples as savage, in contrast to their own 'civilized' customs. Thus Spanish and French missionaries attempted to eradicate 'devilish' practices, such as polygamy and cross-dressing, and condemned the 'heathen friskiness' of the natives. Elaborating on the differences between native sexual customs and their own provided one basis for the Europeans' sense of cultural superiority over the Indians. It also served to justify efforts to convert the native population to Christianity. (D'Emilio and Freedman, 1997: 6)

Interestingly, it appears that the Europeans, like most colonizing powers, were less concerned with the "natives' friskiness," and more concerned with justifying European rule and instituting European values. Likewise, the American colonists

> attempted to impose the sexual values of the northern middle classes upon native peoples. In California, for example, female missionaries condemned polygamous marriage among the Chinese who immigrated at mid-century and sought to convert them to the ideal of the Christian, nuclear family. Elsewhere, missionaries called for intervention in the lives of Indians on the grounds that young people too easily engaged in premarital sexual relations, women learned to be sexually assertive, or married couples performed varieties of sexual acts. They defined these Indians as pagans who had to be converted to the 'missionary' position—man on top, woman on bottom—and taught them to repress their 'uncivilized' sexual practices. (D'Emilio and Freedman, 1997: 93)

What is important to note here is the underlying assumption that Europeans/Americans are civilized and thus are qualified to judge the level of civilization attained by Others. Equally significant is the invocation of sexual difference. Heterosexuality and binary

gender distinctions are taken as normal and natural and any other sexuality or gender classification is considered to be deviant and uncivilized. These themes prevail in anti-FGM discourse.

Throughout her work, Fran Hosken relates the personal narratives of female circumcision's "victims." She culls these narratives from every region where some type of "mutilation" is conducted yet, interestingly, most of the stories represent only the tales of infibulated women. The stories contain similar themes: young girls forcibly held down; terror and screams; copious amounts of blood; pain so intense that many girls faint. Eve Ensler's *The Vagina Monologues* acts as a public forum for this particular kind of narrative in the "Not-so-happy-vagina-fact":

> Female genital mutilation has been inflicted on approximately 130 million girls and young women. In the 28 countries where it is practiced, mostly in Africa, about three million youngsters a year can expect the knife—or the razor or a glass shard—to cut their clitoris or remove it altogether. In a man it would range from amputation of most of the penis, to removal of all of the penis. Short-term results include: tetanus, hemorrhages, cuts in the urethra, bladder and vaginal walls. Long term: chronic uterine infection, increased agony and danger during child births, and early deaths. (Ensler, 2007: 26)

Since these are the stories that are most often voiced, I will not delve into them more deeply. My principle intent here is to criticize the unevenness in Western accounts of African genital practices as well as to point out how selective their citation of evidence is. The stories Hosken, Ensler, and others never tell are those in which barbarism and savagery are absent. Anthropologist Ellen Gruenbaum describes a circumcision she witnessed in Sudan:

> "[Besaina, the circumciser] prepared her instruments on a small table to one side, placing a new razor, hypodermic needle, suturing thread, and a small scissors…A kettle of water was heating on a low charcoal stove outside so she could sterilize these instruments with boiling water when

> the time came…After cleansing the area to be cut, Besaina prepared the xylocaine injection and administered it slowly and carefully into the labia and clitoris. The girl cried out at the prick of the needle and cried as she felt the pain of the tissues swelling as the medication entered…The girl no longer struggled because she could not feel the cutting…[Besaina] stitched carefully with the black suture thread, checking that the tissues met well so that the wound would heal easily and the scar would be smooth…then washed the wound, daubed it with gauze, and sprinkled it liberally with antibiotic powder. (Gruenbaum, 2001: 55-57)

Gruenbaum's description is not of barbarism and savagery but rather, of a sophisticated operation being carried out with skill, dexterity, and attention to detail. Such a story is not easily mobilized by those who wish to tell a tale of uncivilized brutality, nor does it perpetuate the divide between "us" and "them," and that is precisely why this kind of narrative is absent from mainstream anti-FGM discourse.

Hosken's success depends on her use of inflammatory rhetoric; she popularized the phrase "female genital mutilation" and, despite many criticisms, she continues to defend the phrase saying,

> Since some African and Arab traditionalists still object to calling these female genital operations a mutilation, the definition of the word should be examined. According to Webster, to mutilate (from 'mutilus'—maimed) means 'to cripple, to injure, to damage, or otherwise make imperfect, especially by removing an essential part or parts.' The term mutilation quite correctly describes what is done by the operations—which remove the most sensitive organ of the female body, without medical indication. The female genitalia that are created 'perfect' are deliberately crippled and altered according to custom. (Hosken, 1995: 15)

She equates the practice to torture, explaining "I simply could not believe it at first; how could anyone even think up such a dreadful way to torture a child?...Why would anyone do such a terrible thing and then make it into a regular practice to which all girl children were subject?" (Hosken, 1995: 1). This is not new terminology. Darwin, too, believed that the barbarous nations relied on mutilating practices to beautify themselves. He

claims that, "In the Old and New Worlds the shape of the skull was formerly modified during infancy in the most extraordinary manner, as is still the case in many places, and *such deformities are considered ornamental*" (Darwin, 1874: 655; emphasis added). He goes on to say that,

> Hardly any part of the body, which can be unnaturally modified, has escaped. The amount of suffering must have been extreme, for many of the operations require several years for their completion, so that the idea of their necessity must be imperative…certain mutilations are connected with religious rites, or they mark the age of puberty, or the rank of the man, or they serve to distinguish the tribes. Among savages the same fashions prevail for long periods and thus mutilations, from whatever cause first made, come to be valued as distinctive marks. (Darwin, 1874: 657)

Mutilation, deformity, torture—these terms

> carry the legacies of historical themes from the age of formal empires, which outlawed various cultural practices by reconstituting them textually to appear horrifying to the intended audiences. These discourses imply that Africa is a dangerous place for girls and women due to Africans' tenacious commitment to 'barbaric' cultural practices, and that intervention from more 'enlightened' external actors is the only hope for change toward civilization…the interveners were and are proud to be part of this mission and wonder aloud why any rational person would question their motives and impacts. (Njambi, forthcoming 2007c: 206-207)

We begin to understand why these activists do not oppose male circumcision, gender reassignment surgeries for intersexed infants, and cosmetic surgery with the same fervor that they do the "mutilation" found in Africa. To them, it does not matter that the practices are similar, that the risks are often equivalent, or that the outcome can be either positive or negative; what matters is that they consider themselves civilized and Africans uncivilized. According to this "logic," African practices must be uncivilized as well.

Perpetuating a Narrative of Victimization

In addition to depicting Africa as a dangerous and barbaric place, anti-FGM discourse portrays Africans as unenlightened, backwards, and ignorant. They are ruled by myths and superstition, rather than by reason and fact. Moreover, according to this argument, these myths are used to perpetuate patriarchy; thus, according to most mainstream anti-FGM activists, African women, on the whole, are assumed to be passive victims while African men are seen as active aggressors and both groups are understood to be motivated by false consciousness.

Allison Slack, like many anti-FGM activists, claims that the main reasons African societies continue to practice female circumcision are traditions and myths. She explains that, while myths are present in all societies, the power of these myths will vary "depending on how 'modernized,' or removed a culture is from traditional customs and rituals…It would seem…that myths are more important in less developed, or less modernized societies" (Slack, 1988: 460). Of course, the implication is that modern societies have access to "truth" while other societies (the majority of Africa and the Middle East) have mere superstition. This is exactly the divide Latour postulated—it is the belief that we (moderns) are superior to them (premoderns). This is the same ideology that was often invoked by imperial powers as justification for their occupying presence around the world. Joyce Russell-Robinson maintains that, "The on-going Western interest in female circumcision clearly echoes a missionary mentality in the worst sense of the term. The voices of the missionaries seem to be saying once more, 'Let's rescue those Africans. They are backward'" (Russell-Robinson, 1997: 56). Just as Catholic missionaries sought to bring light to the dark corners of the world by spreading the "word

of God" and "salvation" to the heathens in Africa, India, the Middle East, North America, and so on, many colonizing powers claimed to be vanquishing ignorance by spreading Enlightenment values and institutions.

Practices and institutions that fell outside the realm of the colonizer's "rationality" were banned and the colonized people were expected to conform to Western standards. If the colonized failed to comply with the new rules, they were seen as being stubbornly irrational and it was the colonizer's duty to force them into compliance "for their own good." Customs like sati, footbinding, and genital practices were targeted by many colonial governments who saw them as irrational. Condemning these practices had the added benefit of making the colonizers appear benevolent and morally superior, since they were portrayed as being part of a patriarchal structure that victimized native women. In North America, for example,

> Europeans and Americans…expressed horror at the practices of polygamy and premarital sex among Indian tribes. In the case of the Plains Indians, for example, whites wrote that polygamy demeaned women. In fact, women in these tribes enjoyed a fairly high status, and polygamy, often the product of an unbalanced sex ratio after wartime losses, offered women the benefit of sharing domestic work with other wives. (D'Emilio and Freedman, 1997: 87)

Interestingly, while the Americans and Europeans condemned these practices as oppressive, they consistently referred to Native American women in derogatory terms and, worse still, often took advantage of them in violent ways. Frantz Fanon describes similar tactics used by Algeria's French occupiers who condemned the veil worn by Algerian women. Fanon explains that the French seized upon the supposed oppression

> as a theme of action. The dominant administration solemnly undertook to defend this woman, pictured as humiliated, sequestered, cloistered…It described the immense possibilities of woman, unfortunately transformed by the Algerian man into an inert, demonetized, indeed dehumanized

> object. The behavior of the Algerian was firmly denounced and described as medieval and barbaric. (Fanon, 1965: 38)

The symbolic unveiling conducted by the French was an incredibly violent tactic, one that was motivated by the colonizer's desire to possess and control Algerian women.

Likewise, as Wairimũ Njambi notes, the colonial bans on female circumcision (part of *irua ria atumia*, or women's initiation) were part of "a persistent colonial legacy that is embedded well within the feminist discourse of eradication: one that presumes a non-reciprocal right of a 'civilized' west to intervene in the (presumably backward) cultural practices of its Others" (Njambi, forthcoming 2007a: 5). These bans, which were not extended to *irua ria anake*, the male initiation, were represented as liberating African women from the oppressive grip of African men. The image of the passive female, abused by a strong and aggressive male, is nothing new. Darwin paints such a picture when he claims that "the Kafirs buy their wives, and girls are severely beaten by their fathers if they will not accept a chosen husband" (Darwin, 1874: 683). So does Fran Hosken when she writes that "FGM is a marriage requirement demanded by men, therefore the practice continues. It is as simple as that. If tomorrow African men were to publicly declare they will not marry mutilated brides, FGM would stop" (Hosken, 1995: 3). According to Hosken, African men will not make such a declaration for several reasons: first, setting such an example with their own families "takes real leadership, which so far African men have quite failed to demonstrate" (Hosken, 1995: 4); and second, because they are deluded by inaccurate cultural mythology and tradition.

Because Africans are incapable of progressing without the help of the West, it is up to "heroes" like Fran Hosken to save them. She holds that,

> The myths told—and believed—about FGM and the related beliefs in magic and evil spirits have no place in the world today, especially when used for sexual attacks on children. This is a challenge: surely our ever-expanding communication technology can find ways to teach all people the basic facts about their own bodies and reproduction. (Hosken, 1995: 12)

Allison Slack reiterates this message, saying,

> these myths, which are *not* based on factual information, serve to perpetuate a harmful, and sometimes life-threatening custom; it would seem, therefore, that the myths should be dispelled. Then, as with religion and health issues, once they are educated, people could knowledgeably decide for themselves whether they want to continue the practice. (Slack, 1988: 461)

For each of these activists, no motivation could possibly justify these practices—it is far too irrational, barbaric, and savage. Thus, when Slack says that Africans could "decide for themselves" if they wanted to continue to practice female circumcision, she is obviously certain that they would choose not to. It is important, here, to note Slack's tone; her arrogance echoes that of colonizing powers who assumed the authority to *allow* savages to make their own decisions. For Slack, rationality will win the fight against irrationality; or, in Hosken's words, "Once you see the light, once women realize that there are other better ways and there is hope for change, there is no way we can be forced back" (Hosken, 1995: 10).

Hosken, Slack, and others believe "that these practices amount to a mutilation not only of genitalia, but also of women's sexuality. The assumption underlying all is that such harmful practices are vestiges of tradition that have no place in a world that is moving rapidly toward modernization" (Njambi, forthcoming 2007a: 2). These are precisely the assumptions used to justify imperial expansion and colonization during the

age of formal empire. They are precisely those assumptions made possible by the modern Constitution's great divide between moderns and premoderns.

Western Mythology Reigns

As I have already pointed out, there is no body that can be deemed free of cultural intervention. Western science has, however, created its own mythology by positing a natural and pristine human body. This mythical creature is taken as biological fact. It has infiltrated textbooks just as quickly and vigorously as it infiltrated the popular imagination. Wairimũ Njambi shows how Western science homogenizes and universalizes the body by portraying it as a static, biological entity. In textbooks and other scientific publications the male body is white, the penis is circumcised; the female body is white, the genitals are uncircumcised. Both sets of genitalia are naturalized equally yet one of them is obviously marked by a cultural practice (Njambi, 2004). Even though a scientific illustration professes objectivity and impartiality, "as with most 'realism,' anything we see has already been filtered through multiple cultural, technical, and personal channels" (Heinrich, 1999: 241). In this case, Western culture not only accepts but encourages male circumcision and thus a circumcised penis can easily be naturalized. According to Fuambai Ahmadu,

> The aversion of some writers to the practice of female circumcision has more to do with deeply embedded Western cultural assumptions regarding women's bodies and their sexuality than with disputable health effects of genital operations on African women…One universalized assumption is that human bodies are 'complete' and that sex is 'given' at birth. A second assumption is that the clitoris represents an integral aspect of femininity and has a central erotic function in women's sexuality. (quoted in Bell, 2005: 138)

Both of these assumptions are evident in Hosken's phrase, "female genital mutilation," which implies that a circumcised female body is incomplete and that circumcision cripples female sexuality.

Hosken scoffs at the fact that "women have come to believe that the mutilation of their genitals are [sic] 'necessary.' Indeed, many women think that they are done all over the world. Thus, they are accepted as 'natural.' Some African women even now cannot believe that the operations are not done in other parts of the world" (Hosken, 1989). That anyone would consider a circumcised set of female genitals natural is beyond comprehension as far as Hosken is concerned. Equally unthinkable for Hosken is the possibility that circumcised women can have pleasurable sexual experiences. Hosken and other anti-FGM activists assume that the clitoral orgasm, the most privileged of orgasms in the West, is the only true orgasm. Supposedly proven by science, the link between the clitoris and the female orgasm has been popularized by mainstream feminists who see the clitoris as a symbol of female liberation (Obermeyer, 1999: 96). The emancipatory power of the clitoris is heralded by Eve Ensler in her "Happy Vagina Fact":

> The clitoris is pure in purpose. It is the only organ in the body designed purely for pleasure. The clitoris is simply a bundle of nerves: 8,000 nerve fibers, to be precise. That's a higher concentration of nerve fibers than is found anywhere else in the male or female body, including the fingertips, lips, and tongue, and it is twice, twice, twice the number in the penis. Who needs a hand gun when you've got a semi-automatic? (Ensler, 2007: 17)

Given the incredible amount of significance Western mainstream feminists place on the clitoris, it is not surprising that "when women involved in female genital practices declared that such practices do not take away their ability to be sexually stimulated, their knowledge was dismissed and or characterized as ignorance, myths, and superstitions that must be corrected with western modern education" (Njambi forthcoming 2007b: 16).

As Carla Obermeyer explains, "ethnographic evidence suggests a very different conception of the link between an intact clitoris and orgasm, and the questions it raises can be unsettling because they imply that what is presented as an indisputable physiological reality may itself be socially constructed" (Obermeyer, 1999: 96). Such questions are indeed unsettling for, as Latour might argue, they blur the line between nature and culture, a line upon which our future as "moderns" depends. It would, perhaps, require us to take seriously the idea that "Genitalia, whether circumcised or not, are partly products of particular cultural, political, and historical performances that continue to give them not only their meanings but also their materiality" (Njambi, forthcoming 2007c: 208). Moreover, if Westerners were to support this blurring, it might mean the end for our system of binary gender distinctions, our understandings of sexuality, and our particular conception of the body, all of which are necessary for the continued survival of our racist, sexist, imperialist, homophobic/heterosexist institutions.

Conclusion

In his critical race science fiction narrative, "The Pretended," Darryl A. Smith imagines a future American society that has decided to replace its black population with black robots. After some time passes, the white people decide that they are unhappy with the robots and order them to be destroyed. The following is a conversation between two young, black robot females:

> "Yeah? You pretend you're black *and* people at the same time. They tried to make it so you can't do that. But they couldn't. You always doin both. Cause they the same thing. Can't no robot pretend two things is different when they aint. But people? People can pretend two things is different when they aint sure enough. They can pretend anythin they want.

> Even if it don't make no sense. So they got to get rid of you so there won't be nothin to remind em they been pretendin, see?"
>
> "But why they wanna pretend black can't be people when there was black people around sure enough?"
>
> "Cause they could pretend there weren't black people *even* when black people was around. Fact, it was easier to make believe black people wasn't people *then* than after they was all gone."
>
> "How?"
>
> "Because when black people was all gone—before people builded us—people stopped pretendin. People started seein that they was jes pretendin all along before bout black not bein people. They start seein that black musta been people and they couldn't deal wit that. Funny thing bout pretendin is, if you stop, that's when you know you was jes makin stuff up the whole time. So you gotta keep on pretendin. Keep on pretendin even harder than before. So you can go back and keep believin in sumthin."
>
> "So they builded us. So to pretend even harder than before."
> (Smith, 2000: 362)

Indeed, people are talented pretenders. We pretend that our bodies are given at birth even when we actively create them daily. We try to pretend that there are fundamental differences between female circumcision and genital cosmetic surgery. We pretend that the great divides that Latour describes actually exist. And now that those lines are being blurred, we are beginning to panic. By campaigning to eradicate female genital practices, we were hoping to bolster the belief that our bodies are natural. Instead, we have started to notice the similarities between our practices and their practices and it is becoming more evident that our bodies are constructed. We have reached the point where a decision is necessitated: we must choose to embrace our constructedness or we must pretend even harder. So the eradication campaigns have been revamped, the goal now being to force others to make their bodies in the same ways that we make ours. Perhaps then we will not be forced to confront our own unnaturalness. So we build them. So to pretend even harder than before.

Conclusion—The Problems of Global Sisterhood

> [T]he evidence on female genital surgeries is not simply a collection of objective facts. It is part of ongoing political struggles about legitimacy and authority, at both the local and global levels. (Obermeyer, 1999: 90)

According to Fran Hosken, "'I am my sister's keeper' is what binds us together in solidarity. As long as some of us are not free, none of us are free" (Hosken, 1995: 9). What is fascinating about this comment is what it reveals about the notion of global sisterhood that has dominated mainstream feminist thought since the 1980s. Here Hosken is claiming control over the lives of other women as if it is Hosken's responsibility to care for, make decisions for, and protect her sisters. As Njambi clearly states,

> the universal story of women's oppression continues to be simple and uncomplicated: practices such as female genital practices, veiling, purdah, polygyny, sati, and footbinding, practiced mostly in third world countries, are understood as symbols of universal male domination. Predictably, such presumptions of universal victimhood allow relatively powerful women in dominant countries to speak unproblematically on behalf of, and to define problems (as well as solutions) for, women in less privileged positions. (Njambi, forthcoming 2007a: 20-21)

Global sisterhood has become the new paternalism. In this final chapter, I discuss the problems of global sisterhood, the criticisms offered by postcolonial feminists, and how these criticisms can inform the discourse surrounding issues like female genital practices.

Chandra Mohanty distinguishes between imperial and anti-imperialist feminisms, a distinction that is helpful in this discussion (Mohanty, 2006: 18; see also Amos and Parmar, 1984). Imperial feminisms are those that reduce all women to a single category of analysis. It is Hosken's kind of feminism, one which posits a universal notion of patriarchal oppression and one which seems to justify feminist cultural imperialism. As Mohanty explains,

> What binds women together is a sociological notion of the 'sameness' of their oppression. It is at this point that an elision takes place between

> ‘women’ as a discursively constructed group and ‘women’ as material subjects of their own history. Thus, the discursively consensual homogeneity of ‘women’ as a group is mistaken for the historically specific material reality of groups of women. (Mohanty, 2006: 400)

It is the “historically specific material reality of groups of women” that makes global or universal sisterhood an inappropriate theoretical framework for feminist activism. More than that, it is a violent framework because it leads to the production of what Mohanty calls “‘third world difference’—that stable, ahistorical something that apparently oppresses most if not all the women in these countries. And it is in the production of this ‘third world difference’ that Western feminisms appropriate and ‘colonize’ the constitutive complexities which characterize the lives of women in these countries” (Mohanty, 2006: 398). Through this act of colonization, the heterogeneity of women’s lives is suppressed (Mohanty, 2006: 397).

Anti-FGM discourse suppresses the heterogeneity of the multiple practices it tries to eradicate as well as the multiplicity of experiences of participants and practitioners. Despite the fact that they oppose female genital practices, Stanlie James and Claire Robertson recognize the reductive nature of anti-FGM discourses, saying

> First, they reduce Africa’s fifty-four countries and hundreds of cultures to one uncivilized, ‘traditional’ place outside of history to be compared with the ‘modern’ ‘West.’ Second, they reduce Africans, and African women in particular to the status of their genitals, to being malicious torturers or hapless victims. Finally, uniform depictions reduce all cutting of female genitals to the most severe practice—infibulation. The cumulative effect of these reductions is that all African women are represented as having been infibulated due to unreasoned adherence to tradition and/or malicious ignorance. (James and Robertson, 2002: 5)

As Carla Obermeyer explains, “In practice, the different categories are not clearly separate, and each term may cover a broad range of operations. In addition, the techniques of practitioners vary in different regions and practices change over time. Thus

any general classification is to a certain extent inaccurate" (Obermeyer, 1999: 82). The significance of and meanings attached to the diverse practices also vary widely and cannot be understood fully when divorced from their historical context. For example, Njambi's work highlights the role the female genital practices played in anti-colonial struggles in Kenya; she argues that, "Rather than being a site of women's oppression and domination, *irua ria atumia* (women's initiation) promoted an ethic of boldness and courage that provided a socio-historical platform for women to engage in militant anti-colonial activity in ways that were perceived as coequal with men" (Njambi, forthcoming 2007a: 3). Indeed, she maintains that "*irua ria atumia* can be read as a truly feminist practice aimed at women's equality, promoting a bravery that contemporary feminists should embrace, rather than disparage" (Njambi, forthcoming 2007a: 4). The complexities of race, colonialism, and history in general are overlooked by the restrictive lens of global sisterhood.

We must begin to counteract these colonizing, reductive, and violent theoretical tendencies. As Mohanty argues, "Male violence must be theorized and interpreted within specific societies, in order to understand it better and to effectively organize to change it. Sisterhood cannot be assumed on the basis of gender; it must be forged in concrete historical and political practice and analysis" (Mohanty, 2006: 402). The first step we can take is to begin recognizing the agency of the Other. Mainstream feminism has historically chosen to speak (and decide) for the Other. A more recent trend has been allowing the Other to "speak for themselves" through the collection of testimonials (as in Hosken's work) or through documentary style films, like Alice Walker's *Warrior Marks*. Trinh Minh-ha criticizes this new trend: "Making a film on/about the 'others' consists of

allowing them paternalistically 'to speak for themselves' and, since this proves insufficient in most cases, of completing their speech with the insertion of a commentary that will objectively describe/interpret the images according to a scientific-humanistic rationale" (Minh-ha, 1991: 60). She goes on to say that,

> people from remote parts of the world are made accessible through dubbing/subtitling, transformed into English-speaking elements and brought into conformity with a definite mentality. This is astutely called 'giving voice'—literally meaning that those who are/need to *be given* an opportunity to speak up never had a voice before. Without their benefactors, they are bound to remain non-admitted, non-incorporated, therefore, unheard. (Minh-ha, 1991: 60)

When we hear the voices of the Other, it is only through those channel authorized by Western power. Anti-FGM feminists, who see themselves as heroes for rescuing "victimized African women and girls," refuse to acknowledge the agency of the women about whom they speak. They ignore important work being done by African activists, either in support of or in opposition to female genital practices. To recognize this agency would require Western mainstream feminists to move away from current research methodologies and question accepted imperial, racist ideology (Amos and Parmar, 1984: 4). A better approach will only be found by taking seriously the complexities that structure women's lives globally and, as Njambi notes, "In the case of female genital practices, taking complexity seriously means in part paying close attention to local voices and their accounts, not because they represent unmediated 'truth' but because they are often pushed to the back seat, as the 'more pressing' need to keep genitalia in their 'natural' state is considered paramount" (Njambi, forthcoming 2007a: 21).

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