

INVESTIGATION OF FEMALE GENITAL ALTERATION IN THE UNITED STATES WITHIN NONIMMIGRANT COMMUNITIES

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This research paper seeks to investigate and understand the incidence of “Female Genital Mutilation” (“FGM”) in the United States within non-immigrant communities. Until now, “FGM” studies have only focused on Africa, a few bordering countries, and the migrant ethnic populations from these areas. The World Health Organization makes universalized statements of medical, psychological, and social consequences for a wide range of practices performed by diverse peoples. Type IV “FGM” includes any injury whatsoever to the female genitalia for non-medical reasons. What happens when the Western eye factors out the ethnic-other? What happens when we turn the gaze back to ourselves? This 58-page excerpt is from an 84-page UC Berkeley honors thesis. This ethnography of 12 women utilizes a structured interview method. I hope to enrich and add further dimension to conversations, which are often reductive. The concepts and issues of female genital alteration are complex and how these are shaped through discursive battles over language—framing, naming, and claiming—reveal processes of power. I conclude with approaches of how we may embrace emotionally charged and mutually exclusive ideals, such as respecting diverse cultures and protecting vulnerable individuals.

Keywords: FGM, Female Genital Mutilation, Female Genital Alteration, Female Genital Surgeries, Female Genital Circumcision, Female Genital Cutting, Male Circumcision, Non-Suicidal Self-Injury, NSSI, Shaving, Brazilian Wax, Bikini Wax, Skin Bleaching, Female Genital Piercing, Genital Tattooing, Electrolysis, Personal Grooming, Consensuality, Age of Consent, Multiculturalism, Morality, Moral Relativism, Ethnocentrism, Feminism, Prick Compromise, United Nations, World Health Organization, WHO, UNICEF, UNAIDS, UNIFEM, American Academy of Pediatrics

I. Introduction: My Arrival

For the past 20 years, my interests and studies have focused on how and why we alter the body as cultural practices. In 2013, I attended the American Anthropological Association's (AAA) conference in San Francisco. I walked into the AAA panel "The Practice That Can't Be Named: A Public Health Policy Advisory on Female Genital Surgeries in Africa" with the expectation that this tangential subject matter might inform my ethnography.

This point may sound hokey, but I consider myself a proud liberal and devout feminist. I have always taken for granted that "Female Genital Mutilation" ("FGM") is a barbarous act in which young girls are forcibly held down, horribly traumatized, and robbed of sexual pleasure by having their clitorises cut out. I felt disconcerted by some of the presentations, which seemed aggressive, permissive, or even cavalier with regard to such an atrocious practice. Over the years, I've learned to pause when I'm outraged or sanctimonious and to ask myself, "What is going on here?" I left my first AAA conference committed to finding some answers.

I faced the conundrum of many liberals that the anthropologist Elizabeth Povinelli explores throughout her book *The Cunning of Recognition*, which addresses the longstanding discordance between the believing in and the practicing of multiculturalism in Australia.¹ When embracing emotionally charged and mutually exclusive ideals, such as respecting diverse cultures and protecting vulnerable individuals, how does one hold being accepting of others when what one is holding is unacceptable?

Being the largest cooperative effort on the planet, the United Nations (UN) seemed the most likely place to start looking for answers. In article 1, section 2, the UN charter states its primary purpose: "To develop friendly relations among nations based on respect for the principle of equal rights and self-determination of peoples, and to take other appropriate measures to strengthen universal peace."² In 2008, the public health branch of the UN, The World Health Organization (WHO), in cooperation with 9 other UN agencies, released "Eliminating Female Genital Mutilation: An Interagency Statement."³ The statement was intended to solidify the message of and the support for eradication of "Female Genital Mutilation." WHO et al. acknowledge in this document that "Female Genital Mutilation" is a complex issue with many perspectives; however, their rhetoric unequivocally claims that Female Genital Mutilation is a:

1. Universal human rights problem: "Female Genital Mutilation" violates Human, Woman, and Child Rights including the rights to health, security and physical integrity of the person, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death."⁴ Eradication of "Female Genital Mutilation" is a moral imperative.

1 Elizabeth Povinelli, *The Cunning of Recognition: Indigenous Alterities and the Making of Australian Multiculturalism*, (Durham: Duke University Press, 2002).

2 United Nations. "Charter of the United Nations and Statute of the International Court of Justice," *United Nations*, (1945), <https://treaties.un.org/doc/publication/ctc/uncharter.pdf>.

3 World Health Organization, "Eliminating Female Genital Mutilation: an Interagency Statement: UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO." *World Health Organization*, (2008), <http://www.who.int/reproductivehealth/publications/fgm/9789241596442/en/>.

4 Ibid., 1.

2. Social problem: “FGM” represents “a social convention governed by rewards and punishments.” However, “...social and cultural claims cannot be evoked to justify female genital mutilation.”⁵

3. Patriarchal problem: “The practice reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against women.”⁶ “Female genital mutilation is mostly carried out on girls between the ages of 0 and 15 years...Female genital mutilation represents society’s control over women.”⁷ “It is a form of violence against girls and women...”⁸ These women are in some way forced either physically or culturally. This act is almost always framed as non-consensual. These particular women are trapped in patriarchal societies that make them unable to make decisions of free choice. They must be saved from others within their community and from themselves.

4. Ethnic-other problem: The UN localizes the “Female Genital Mutilation” problem to an alterity. Although the UN states, “Female genital mutilation has been reported to occur in all parts of the world...” the UN only examines and intervenes against practices in Africa and African immigrant communities with some attention to Asia, the Middle East, and “certain ethnic groups in Central and South America...with ethnicity as the most decisive factor.”^{9, 10}

5. Medical and psychological problem without a medical solution: “First and foremost, it is painful and traumatic...The removal of or damage to healthy, normal genital tissue interferes with the natural functioning of the body and causes several immediate and long-term health consequences.”¹¹ Trained health professionals who perform female genital mutilation are violating girls’ and women’s right to life, right to physical integrity, and right to health.”¹² Medical professionals that perform “Female Genital Mutilation” are unethical or confused, motivated by “economic gain...medical personnel misuse the principles of human rights and perform reinfibulation in the name of upholding what they perceive is the patient’s culture and the right of the patient to choose medical procedures...”¹³ The WHO et al. deflect arguments for medicalization: “...when carried out by trained professionals, the procedure is not necessarily less severe, or conditions sanitary.”¹⁴ “There are serious risks associated with medicalization... [it] may legitimize the practice.”¹⁵

I expanded my search for answers to the literature of the United Nations assembly including: the Universal Declaration of Human Rights of 1948, the Declaration of the Rights of the Child of 1959, the Convention on the Elimination of All Forms of Discrimination Against Women of 1979, the Conventions on the Rights of the Child of 1990, and the Declaration on the Rights of Indigenous Peoples of 2006.¹⁶ I was expecting to find some essential a priori principles,

5 Ibid., 5, 10.

6 Ibid., 1.

7 Ibid., 4-5.

8 Ibid., 10.

9 Ibid., 1.

10 Ibid., 4.

11 Ibid., 1.

12 Ibid., 12.

13 Ibid., 12.

14 Ibid., 12.

15 Ibid., 12.

16 United Nations, “United Nations Declaration on the Rights of Indigenous Peoples,” *Official Records of the General Assembly, Sixty-First Session, Supplement No. 53 (2006): (A/61/53)*. part 1, chap. II, sect. A. <http://www.>

some fundamental human rights that brilliant and divergent thinkers from countries around the world had managed to agree upon. It didn't take much actual reading of UN documents before I became troubled by the rhetoric laden with assumptions and contradictions. My own assumption that I would find answer turned out to be romantic and naïve. This initial investigation transformed an intersection of "Female Genital Mutilation" and the United Nations into my primary focus for looking at general processes of sanctioning and prohibiting body altering practices within powers of discourse. As I deconstructed the elements of the various UN documents and supporting research, the process revealed my "taken-for-granted" within the dominant, Western feminist standpoint.

Sometimes, simplifying a subject makes it easier to understand. However, "Female Genital Mutilation" as a definition of anatomical alterations is insufficient. Bruno Latour and others illustrate that human social experiences are complicated and influenced by non-human phenomena.¹⁷ "Female Genital Mutilation" acts as a Latourian network of geographical, spatial, temporal, historiographical, and material, conceptual and social intersections. Complex issues and ideas of equality, democracy, neoliberalism, evangelism, humanism, modernism, tribalism, Westernization, and development all manifest in "Female Genital Mutilation." To further complicate, all these abstractions shift, contract, or expand making them difficult to grasp at times. Throughout this paper, while discussing obvious structures and institutions, I attempt to reveal more obscure implications and repercussions of these processes of power.

"Female Genital Mutilation," as a syntagma, creates associations, emotional responses, and concepts in the English speaker's mind. When conceptualized as and then acted upon as a social problem, "Female Genital Mutilation" creates jobs, policies, and relationships, within and between governmental institutions, NGOs, faith-based charities, feminist activists, attorneys, healthcare professionals, et al. "Female Genital Mutilation" implicates age, race, and sex. "Female Genital Mutilation" sets chains of binaries into motion: female vs. male, rural vs. urban, uneducated vs. educated, poor vs. not poor, third world vs. first world, traditional vs. modern, undeveloped vs. developed, non-Christian vs. Christian, minority vs. majority, victims vs. perpetrators, barbaric vs. civilized, and them vs. us.

Getting down to the specifics of what "Female Genital Mutilation" is as a practice is no less complex or troubling. The World Health Organization has adopted 4 categories of "Female Genital Mutilation." The WHO acknowledges the actual observable data varies from these definitions.¹⁸ The WHO makes universalized statements of medical, psychological, and social consequences for a wide range of practices performed by diverse peoples. Type IV "Female Genital Mutilation" includes any injury whatsoever to the female genitalia for non-medical reasons. What happens when the Western eye factors out the ethnic-other and just looks at the individual, social, patriarchal, medical, and psychological problems? What happens when we turn the gaze back onto ourselves? Countless anthropologists before have challenged that social scientists cannot only study outside cultures, but that they must eventually critique their own culture. Operating within the Western ideology of the autonomous individual, one might dismiss the moral incongruence that being a child, a member of a community, a citizen of a state, or a fellow human being could mean that a parent, a social (ethnic or religious) group, a country, a transnational organization, a friend, or a partner could influence or dictate alteration of an individual's genitalia.

un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

¹⁷ Bruno Latour, "On Actor-Network Theory: A Few Clarifications," *Soziale Welt* 47, no. 4 (1996): 369-381, <http://www.jstor.org/stable/40878163>

¹⁸ World Health Organization. "Eliminating Female Genital Mutilation," 23, 25.

To date, few studies have been done in the US on “Female Genital Mutilation.” US Department of Health and Human Services and African Women’s Health Center at Brigham and Women’s Hospital, both tabulated “at risk” statistics based the ethnicity of immigrants. The anti-“FGM” activist group Equality Now reports, of the 227, 877 potential US cases, but only 2 cases of Female Genital Mutilation are documented in the US, both in Georgia.¹⁹

This research paper seeks to investigate and understand the incidence of “Female Genital Mutilation” in the United States within non-immigrant communities. Until now, “Female Genital Mutilation” studies have only focused on Africa, a few bordering countries, and the migrant ethnic populations from these areas. In this research, I focus on the practices of “Female Genital Mutilation” only, as defined by the United Nations Interagency Statement of 2008; as such I do not include procedures performed by healthcare professionals for medical reasons.

In the next section, I give a detailed account of my methodology for the ethnography. Then, I analyze the language of “Female Genital Mutilation.” Afterwards, I explore concepts of consent. Finally, I will conclude with research findings and thoughts on how to move forward.

In comparing and contrasting “Female Genital Mutilation” as practiced in the US versus in the communities officially recognized by the United Nations, et al. as practicing “Female Genital Mutilation,” will investigate deontological questions such as:

1. *How are practices of physically altering the body either sanctioned or prohibited through the acts of naming, attributing, and associating?*
2. *Who are permitted and who are forbidden to do what and to whom?*
3. *With regards to the body, what and who needs protections and from whom?*
4. *What differentiates consensuality from non-consensuality?*
5. *What are the limits of autonomy and heteronomy as well as ethnocentrism and relativism?*
6. *Who is legitimate to make claims for and to represent for whom?*

What’s at stake goes beyond a battle of ideologies. “Female Genital Mutilation” intersects a “transversal struggle” for power experienced within and between multiple countries along divisions of ethnicity, class, religion, politics, and perhaps most significantly notions of morality.²⁰ The anthropologist Terence Turner finds “the construction of the individual as social actor or cultural ‘subject.’ He continues:

This is a fundamental concern of all societies and social groups, and this is why the imposition of a standardized symbolic form upon the body, as a symbol or ‘objective correlative’ of social self, invariably becomes a serious business for all societies, regardless of whether their members as individuals consciously take the matter seriously or not.²¹

¹⁹ Equality Now, “Female Genital Mutilation in the US Fact Sheet,” April 25, 2014, http://www.equalitynow.org/sites/default/files/EN_FAQ_FGM_in_US.pdf.

²⁰ Michel Foucault, “The Subject of Power,” *Critical Inquiry* 8, no. 4 (University of Chicago Press, 1982):780, <http://www.jstor.org/stable/1343197>

²¹ Terence S. Turner, “The Social Skin,” *HAU: Journal of Ethnographic Theory* 2, no. 2 (1980): 16, <http://www.haujournal.org/index.php/hau/article/view/236>.

All agencies of the United Nations are united in the goal of “eradicating” all forms of “Female Genital Mutilation” within one generation. They have taken a “zero tolerance” stance.²² Agents of the UN implement strategic social interventions including public denunciation that have a troubling historical precedence.²³ The UN lobbies to shape international and national law which reinforces their teleological argument.²⁴ The \$44 million spent on eradication campaign is not being spent on other programs.²⁵ Ethical concerns of offering or withholding healthcare, education, and other resources are based on acquiescence to UN “Female Genital Mutilation” policies. As an example, in 1996, a democratically sponsored Congressional bill passed to withhold billions in funding by international agencies, such as the World Bank, if eradication programs were not implemented in the 28 countries identified by the UN.²⁶

Binaries can be comforting; it is easier to view the world in “either/or” categories than to sort through shifting variations of reality. Even for researchers, questions that can be answered with a finite “yes” or a “no” are easier to tabulate and may save time for problems perceived as more important or more complex. I hope to enrich and add further dimension to conversations, which are often reductive. The concepts and issues of female genital alteration are complex and how they are shaped through discursive battles over language—framing, naming, and claiming—reveal processes of power.

II. Methodology

Since all available US research profiles “at risk” females as immigrants or born of immigrants from particular countries or ethnic populations, for this survey, I selected adult females with a minimum of 3rd generation US citizenship who have had any intentional alteration or “injury” to the genitalia for “non-medical reasons.”²⁷ To avoid institutional ethical issues, the interviews sorted out all minors. To focus the survey, I reduced the variable of gender by looking at persons only with a female reproductive system. I looked only at the United States to give a modicum of generalizability. I make no argument that this is representative of all women in the US. Since all studies of “Female Genital Mutilation” have exclusively looked at women in or from a focused region in Africa, the Middle East, and Indonesia, I specifically wanted to avoid this bias. My ethnography does not look at immigrant populations or select females from countries typically identified by WHO as practicing “Female Genital Mutilation.”

I examined all the intentional activities that were common in American culture that might be “harmful” or “injurious” to the female genitalia and thereby would be classified as mutilation by the UN/WHO. As interviews progressed, I discovered that some forms of alteration, such as pubic hair dyeing with the use of vegetable dyes were in fact not harmful, while on the other hand, trimming pubic hair with a mechanical device could be considered “mutilation” since there are instances when it has resulted in wounds and scarring. The examined practices shared

22 Bettina Shell-Duncan and Ylva Hernlund, *Female “Circumcision” in Africa: Culture, Controversy, and Change*, edited by Bettina Shell-Duncan and Ylva Hernlund. (Boulder, CO: Lynne Rienner Publishers, Inc. 2000): 27.

23 UNICEF. “Eradication of Female Genital Mutilation in Somalia,” *United Nations International Children’s Emergency Fund*, (2004): 36, www.unicef.org/somalia/SOM_FGM_Advocacy_Paper.pdf

24 UNFPA-UNICEF, “Female Genital Mutilation/Cutting: Accelerating Change” (2008): 10-12, <http://www.unfpa.org/publications/female-genital-mutilationcutting-accelerating-change2012>.

25 *Ibid.*, 2.

26 Povenelli, *The Cunning of Recognition*, 26.

27 World Health Organization. “Eliminating Female Genital Mutilation,” 4.

intentionality, accompanied by acceptance and measurement of risks. Some procedures always cause a varying degree of injury, while others if properly executed, will not cause an injury. Procedures were considered in this study if there is precedent of an established risk of injury.

I specifically did not investigate injuries and alterations resulting from medical professionals, since this has already been legally sanctioned in the US. Moreover, there already exists erudite literature questioning the contradictions of medicalized US social norms for non-medically necessary practices such as circumcising male infants while banning the cutting of female infants. Social sciences have also been challenging the claims of necessity for intersex “corrective” surgeries.²⁸

Furthermore, I did not look at unintentional or random accidents, or at the pains and injuries occurring from an assumed a priori “natural” function of the female genitalia, such as tearing of the hymen, masturbation (with or without objects), sexual intercourse, childbirth, or tampon insertion during menstruation, etc.

Structured interviews were conducted in person when possible, as well as over the telephone and through Skype. All interviews were audio recorded with permission. The interviews took place from October 19, 2013 to November 30, 2013. All 12 of the interviewees included in this ethnography met the parameters of the study:

1. They were over the age of 18 to avoid ethical concerns and logistical issues with the Institutional Review Board (IRB).
2. They were born with female reproductive systems.
3. They and both parents were born in the United States and are US citizens.
4. They have all had some manner of intentional alteration performed on their genitalia by a non-medically trained person for a non-medical reason that would involve a self-reported injury that would classify as “Female Genital Mutilation” according to the United Nations/WHO.

I approached two interviewees at an international body modification conference in Germany. Both agreed to be interviewed; however, one woman was outside the parameters of this study since she had a (white) Australian parent. Two additional women were interviewed through a San Francisco tattooing and piercing shop. Another two women were interviewed through referrals from other interviewees.

When multiple types of procedures within specific categories were identified, the interviewees were asked to compare perceptions between the events. This enriched the understanding of the self-reported experiences for both the interviewee and for me. No compensation was offered or exchanged for the interviews. Participants were told they could read a final copy of the paper if they chose.

I asked the same questions every time and for each procedure the interviewee had experienced. Although commonalities appeared, each interview contributed quite different information. Within this small sampling, the 12 American women had a great degree of variability:

28 Alice Dreger, “Ambiguous Sex’—or Ambivalent Medicine? Ethical Issues in the Treatment of Intersexuality,” *Hastings Center Report* 28, no. 3 (1998): 24-36, PDF; K-K Ford, “First, Do No Harm’: The Fiction of Legal Parental Consent to Genital Normalizing Surgery on Intersexed Infants,” *Yale Law & Policy Review* 19, no. 2 (2001): 469-488, <http://www.jstor.org/stable/40239572>; Erika Alm, “Somatechnics of Consensus: Situating the Biomedicalisation of Intersex,” *Somatechnics* 3, no. 2 (2013): 307-328, DOI: 10.3366/soma.2013.0100

physical and athletic performance, anatomy, age, procedural experience, partners' interest, and emotional life events.

Many of these participants were highly educated and understood the general academic processes of research studies. Those that asked for greater specificity and explanation of my motives, parameters, and research questions, I requested that they wait until after the interview so that my answers would not affect our conversation. They retained the prerogative to withdraw from the study even after the post interview conversations; none withdrew.

Self-reporting is known to have its set of issues. Even the UN notes problems with reliably quantifying data that is self-reported: "Studies that include clinical assessment have documented large variations in the level of agreement between self-reported descriptions and clinically observed types of female mutilation," I experienced three interviews in which we resorted to diagramming the female genitalia to clarify the anatomical structures as well as the procedures/treatments being discussed.²⁹ All the surveys I encountered based from a medical standpoint presumed in the wording that occurrences of scarring, bleeding, or pain were negative. However, for several of my interviewees, these occurrences were described as positive.

Had I been gathering information for an organization that had a public policy of "zero tolerance" and "eradication within one generation," I doubt any interviewees would have cooperated. All of these persons engage in at least one form of alteration that they believe should continue. This calls into question the UN sponsored research methods for the disclosure of information for the participant's consent.

Even when the interviewee desires to communicate clearly, extrapolating knowledge from self-reporting is tricky business. Pain and other sensations and concepts can be highly variable from person to person and for the same individual over time. During recall, an interviewee is filtering and reporting the feeling through today's understanding of a past situation influenced by context perhaps more than the actual sensation. During my interview with Jill, she interpreted her genital cutting experience:

Both of these situations where I was cut or I cut myself were for a purpose, and because they were to serve a purpose it was all tolerable and necessary. And so I would say that they were... What was the scale again? "Somewhat painful" or "a little painful."³⁰

I was privileged to exceptionally candid histories. All of these women were savvy and many were strongly identified with a pro-female-genital-alteration stance and livelihood.

III. The Language of Female Genital Alteration

When considering female genital alteration, there are the phenomena of physical processes for altering the genitals of females and then there are the social motivations and interpretations. Language teaches, shapes, and reveals beliefs. This section begins with the examination of the classifications, definitions, and applications of "Female Genital Mutilation" by the United Nations, WHO et al.³¹ This section provides history as well as alternate terms, modes of alteration, and

29 World Health Organization. "Eliminating Female Genital Mutilation," 23, 25.

30 "Jill," interview by Paul King, October 29, 2013, (Part 2, 7:09).

31 World Health Organization. "Eliminating Female Genital Mutilation," 2008.

definitions of associated terms. Finally, I will explore spheres of context including medical, feminist, economic, interpersonal, and mental to reveal the power within these nomenclatures and rhetorical devices.

A. *What is “Female Genital Mutilation?”*

According to the United Nations and their action organizations, “Female Genital Mutilation” comprises all procedures involving partial or total removal of the external female genitalia or any other injury to the female genitalia for non-medical reasons.³² Although they officially support the term “mutilation,” at least two of the action organizations realize the term can be confrontational to the groups they have targeted for eradication, so they have chosen a less pejorative term, “cutting,” for use in the field.³³

The United Nations have established 4 main types of “Female Genital Mutilation,” containing subtypes and one catchall category:

1. “Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).” It is sometimes subdivided further into “Ia” which is the removal of the clitoral hood or prepuce. Of all “female circumcisions,” type “Ia” is perhaps the only alteration anatomically analogous to some types of male circumcision.³⁴ “Ib” is the “removal of the clitoris with the prepuce.”³⁵
2. “Type II: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.” Type “IIa” is the “removal of the inner labia only” (and the clitoris is left intact), where as “IIb” is the “partial or total removal of the clitoris and the labia minora,” and “IIc” is the “partial or total removal of the clitoris, the labia minora and the labia majora.”³⁶
3. “Type III: Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).” Type “IIIa” is the “removal and apposition of the labia minora” and “IIIb” is the “removal and apposition of the labia majora.”³⁷
4. “Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.”³⁸ “Labial stretching might be defined as a form of female genital mutilation because it is a social convention, and hence there is social pressure on young girls to modify their genitalia, and because it creates permanent genital changes.”³⁹ Furthermore, “insertion of harmful

32 Ibid., 4.

33 Ibid., 3.

34 (See Darby’s and Svoboda’s excellent article “A Rose by Any Other Name?” on suggested categorizations of male circumcisions, 2007).

35 Ibid., 24.

36 Ibid., 24.

37 Ibid., 24.

38 Ibid., 24.

39 Ibid., 27.

substances can be defined as a form of genital mutilation, particularly when associated with health risks and high social pressure.”⁴⁰

This paper has a particular focus on this generalized category Type IV, which by explicit definition of any non-medical injury of the female genitalia, includes such Western practices as pubic hair removal and coloring procedures, skin bleaching, tattooing, female genital piercing (FGP) and stretching.

The UN admits to “a broad definition of female genital mutilation in order to avoid loopholes...”⁴¹ However, this standpoint, which might be interpreted as a fallacy of slippery slope, undermines the logic of their argument and magnifies the potential hypocrisy of not campaigning against Western female genital alterations that create injury. Problems with the WHO’s all-encompassing definition that contradict actual practices, as well as their own definition, are left open-ended: “Some practices, such as genital cosmetic surgery and hymen repair, which are legally accepted in many countries and not generally considered to constitute female genital mutilation, actually fall under the definition used here.”⁴²

Several researchers have noted the apparent discrepancies between the typology and the actual practice of “Female Genital Mutilation.” The anthropologists Shell-Duncan and Hernlund assembled a diverse anthology titled *Female “Circumcision” in Africa*. They confirmed Gerry Mackie’s findings that “Female Genital Mutilation” covered heterogeneous practices with a wide variance of the age, alteration, and practice: when it occurred (i.e. at what age), what was done (i.e. the actual alteration), and how it was done (e.g. under what environmental conditions, the expertise of the practitioner, as well as the chosen method). Shell-Duncan and Hernlund noted that realistically, “Female Genital Mutilation” categories should be treated more as continuums; types I and II have been difficult to ascertain in field research and often blend together in statistics.⁴³ Shell-Duncan and Hernlund reported that the Gynecological surgeon Harry Gordon found 95% of Sudan women he reconstructed still had their clitorises intact.⁴⁴

B. Modes of Alteration

The prevalence of US “Female Genital Mutilation” has not been examined outside narrowly focused studies of specific practices (e.g. electrolysis methods, laser hair removal studies, etc.). The term “Female Genital Mutilation” is never used in the US except when talking about immigrant communities that have been identified by the UN as “at risk” populations for “Female Genital Mutilation.” Modification and alteration are neutral, non-judgmental words for categorizing all processes that modify or alter the body. Many researchers have stressed the need for more neutral language regarding the practice of “Female Genital Mutilation,” Janice Boddy⁴⁵, Sheldon and

40 Ibid., 28.

41 Ibid., 28.

42 Ibid., 28.

43 Bettina Shell-Duncan and Ylva Hernlund, “Female ‘Circumcision’ in Africa: Dimensions of the Practice and Debates,” *Female “Circumcision” in Africa: Culture, Controversy, and Change*, edited by Bettina Shell-Duncan and Ylva Hernlund. (Boulder, CO: Lynne Rienner Publishers, Inc. 2000): 4.

44 Ibid., 19-20.

45 Janice Boddy, “Womb as Oasis,” *The Gender/Sexuality Reader: Culture, History, political Economy*, edited by Roger N. Lancaster and Micaela di Leonardo, (New York: Routledge, 1997).

Wilkinson⁴⁶, and Christoffersen-Deb⁴⁷ to name just a few. I see a need for greater specificity and neutrality for *all* agents including: practitioners (self, trained/untrained, apprenticing, medically supervised, medically trained, etc.), actions (cutting, pricking, excising, suturing, lasering, piercing, etc.), and anatomical structures (inner labia, outer labia, clitoral hood, clitoris, etc.). Christoffersen-Deb uses the term “Female Genital Practices.” I will not use that here, since the acronym also used for “Female Genital Piercing” in Western medical literature. I prefer Female Genital Alteration (FGA) to locate and denote the most basic action, what follows is culture.

C. *Untangling the Language*

Many theorists have examined the relationship between power and language including, Mikhail Bakhtin, Adorno Melucci, and Judith Butler. This section will explore the complexity of Female Genital Alteration language within the associative practices of naming practices and framing contexts. Adorno Melucci stressed, “...Third World people are today widely exposed to the media, only they do not have any power to organize this information according to their own needs. Thus, the real domination is today the exclusion from the power of naming.”⁴⁸

The emotional and intellectual significance of the network of practices changes when the name changes: “Female Genital Mutilation” or “Cutting” or “Surgery” or “Circumcision” or “Alteration.” As the linguist Ferdinand de Saussure pointed out, words create values by their associations.⁴⁹ Valuation is an ongoing neurological process of categorizing and ranking by comparing and contrasting for similarities (ex. synonyms, declensions, and homonyms, etc.) and dissimilarities (ex. antonyms, binaries). A word derives its meaning, in part, by the words that are not chosen. Even when we are evaluating a thing, such as “mutilation,” the physical object contains no intrinsic value.⁵⁰ Its value is always relative and relational. Saussure’s ontological process is completed through analyzing syntagmatic and associative (paradigmatic) relations. In the syntagma, a unit of grammatical discourse, valuation occurs from comparing and contrasting the linear, temporal, and sequential relationships of the composite linguistic units.⁵¹ The associative relationship could be considered a result of a neurological recall process that brings forth linguistic units connected through similarity and opposition. This can be both a conscious and an unconscious process linking of linguistic units, including those that are not directly signified. Saussure objectifies this evolving process as an “accumulated store” or “mnemonic group.”⁵² Saussure’s theory specifically allows for the syntagma to those units of speech that create meaning not specifically deducible in the individual units, such as “Female Genital Mutilation” or “female genital alteration.” These linguistic units can be grouped together for *synchronic identity*.⁵³

46 Sally Sheldon and Stephen Wilkinson, “Female Genital Mutilation and Cosmetic Surgery Regulating Non-Therapeutic Body Modification,” *Bioethics*, 12 no. 4, (1998): 263–285, DOI: 10.1111/1467-8519.00117

47 Astrid Christoffersen-Deb, “‘Taming Tradition’: Medicalized Female Genital Practices in Western Kenya,” *Medical Anthropology Quarterly* 19, no. 4 (2005): 402-418, <http://www.jstor.org/stable/3655495>.

48 Melucci, Adorno, *Challenging Codes: Collective Action in the Information Age*, (New York: Cambridge University Press, 1996).

49 Ferdinand de Saussure, *Course in General Linguistics*, (1959: 65-87, 100-125), translated by R. Harris, in *Anthropology 114: History of Anthropological Thought*, edited by Saba Mahmood, 33-60, (Berkeley: U.C. Berkeley, Spring, 2014).

50 *Ibid.*, 110-117.

51 *Ibid.*, 120.

52 *Ibid.*, 122.

53 *Ibid.*, 106-107.

Judith Butler's philosophical arguments proceed from the foundational works of de Saussure, J.L. Austin, and others. Butler's book *Excitable Speech: A Politics of the Performative* examined the nuances of hate speech in racially and sexually derogatory statements and their agency as speech acts.⁵⁴ From a diachronic perspective, Butler analyzes how usage of words both alters and reifies meaning and effect. Butler talks of the implication of Shoshana Felman's observation that speech originates from the mouth and throat of the body. The body is not separate in the transmission of speech. There is no Cartesian split of the recipient's mind and body. The one who hears the words "mutilation" etc. receives the message upon the delicate internal apparatuses of the ear which transmit neural signals that trigger associative memories and physiological responses. These thoughts and feelings then set speech and activity into motion, all of which may or may not have an understanding for the receiver of what the speaker intended to initiate. The UN defining a social group's practice as "mutilation" is an act of violence. According to Butler, my reproducing this term as a rhetorical device invokes all its history and perpetuates this injury. However, Butler and others have recognized the necessity to use a categorical label of identity as reference in order to "interrogate," to have conversations and to challenge meanings, discriminations, power dynamics, stereotypes, etc.⁵⁵ Central to many of the United Nations local eradication campaigns are public acts of denunciation (speech acts). The action organizations and partners of the UN will organize politicians, former "circumcisers," and families with daughters to make public denouncements of abstentions from these practices.⁵⁶ A public speech act, such as coerced denunciation, is a powerful display of ideological interpellation, shifting the identity of individuals, families, and communities.

Mikhail Bakhtin and others have expounded on de Saussure's understanding of language associations. For Bakhtin, schematic language occurred within particular and identifiable spheres of discourse. These genres of language could be analyzed whether textual or spoken.⁵⁷ The UN's usage of words and phrases such as "eradication" and "zero tolerance" frames their "Female Genital Mutilation" campaign in the rhetorical genre of warfare. In the short term, this solidifies and energizes actants, (activists, international and national legislators, and NGOs). In June of 1961, President Nixon declared "War on Drugs." Forty years later, after billions of dollars spent, the US has incarcerated 1% of its population, the largest prison population in the world, 51% comprised of drug convictions. Yet, as the Washington Post notes, the US is no closer to "winning" this social issue.⁵⁸ UNICEF supported local campaigns that publicly utilized "military language" such as, "The time has come to 'disarm' to 'put down the weapons used against girls.'" The mayor of Berbera, the largest port town in Somaliland declared, a "War on FGM."⁵⁹ It remains hard to qualify the unintended consequences set in motion of such polarizing language in such a war-torn country.

54 Judith Butler, *Excitable Speech: A Politics of the Performative*, (New York: Routledge, 1997).

55 Ibid., 122.

56 UNFPA-UNICEF. "Female Genital Mutilation/Cutting: Accelerating Change (Joint Funding Proposal)." UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting. E-book: 3-4, <http://www.unfpa.org/publications/female-genital-mutilationcutting-accelerating-change2012>.

57 Mikhail Bakhtin, *Speech Genres and Other Late Essays*, translated by Vern W. McGee, (USA: University of Texas, 1986).

58 Ezra Klein and Evan Soltas, "Wonkbook: 11 facts about America's Prison Population," *Washington Post*, August 13, 2013, <http://www.washingtonpost.com/blogs/wonkblog/wp/2013/08/13/wonkbook-11-facts-about-americas-prison-population>.

59 UNICEF, "Eradication of Female Genital Mutilation in Somalia," United Nations International Children's Emergency Fund, (2004): 9.

The adjectives “traditional” and “ethnic” have their own histories. In anthropology, these descriptions have roots in the nineteenth century notions of “the savage.” “Traditional” implies undeveloped, uneducated, and uncivilized. What, where, and when is someone a “Traditional Practitioner?” “Traditional” alludes to situatedness in the historic, even prehistoric, and not the modern. “Traditional practitioners” can be relatives, family friends, or strangers. Often they are non-medical specialists with varying degrees of experience, training, and expertise. A “traditional practitioner” can even be oneself. Janey is a professional piercer and she has done all of her own genital piercings. As she explained, “I do enjoy piercing myself, which is why I do most of my own piercings.”⁶⁰ In the US, we differentiate roles as tattooists, estheticians, piercers, laser technicians, lovers, friends, relatives, family friends, or strangers. Jackie’s piercer was also her long-term male partner. Although he is a male, which could perhaps conform to the UN et al.’s claims that “Female Genital Mutilation” perpetuates “gender inequalities and power imbalances,” Jackie saw her alterations as an act of agency.^{61, 62} Seven of the women interviewed had never professionally altered another female’s genitalia and therefore would not be classified as “traditional practitioners.” At the time of the interviews, two women had previously been and three were currently “traditional practitioners.”

UN statements as well as US medical findings (FGP studies) presumed scars were always unwanted, unexpected, and a problem. Scarring, pain, and bleeding are not only subjective, but also sometimes intentional. When confusion arose during my interviews, I learned it was important to include descriptors, such as “unintentional,” “unanticipated,” “unwanted,” “problem,” or “resulting from complications.” This is particularly pertinent in cross-cultural and value discordant research. In order to make sense of the structured survey’s questions about “scar,” I needed to establish each participant’s definitions and perceptions of “scar.” For instance, an earlobe piercings almost always leaves a scar, but most Western women find the scar inconsequential. In the interview with Janey, she revealed a subtle distinction of what scarring meant to her:

I mean, there’s no really hard scar tissue or anything; there’s just a little recessed area there.... I can find where my old piercings were, so like I said, I guess that would qualify as a scar. But, it’s really, really so minimal that I wouldn’t consider it a negative or a drawback, and it definitely is not anything that is extended past where the wound was.⁶³

On the other hand, for Jill and Denise, scars were also an act of communication. At 16, Jill created an intentional scar:

I carved “I hate me” into the side of my vagina, into where my thigh meets my pubic mound. I got in trouble for carving an anarchy symbol into my arm; I got caught by my dad. And when I got caught I immediately moved it to where you couldn’t see. The abrasion where I cut myself, healed in a couple of days, really minor skin irritation, no infection. Scarring, but of course, that was intentional.⁶⁴

60 “Janey,” interviewed by Paul King, November 1, 2013, (part 2, 17:17).

61 World Health Organization. “Eliminating Female Genital Mutilation,” (2008): 10.

62 “Jackie,” interviewed by Paul King, November 4, 2013, (part 2, 46:47, 58:00).

63 “Janey,” interviewed by Paul King, November 1, 2013, (part 2, 7:55, 8:43).

64 “Jill,” interviewed by Paul King, October 29, 2013, (part 2, 6:07).

Jill viewed this action as self-empowering and part of the process of positively altering her self-image.⁶⁵

Denise revealed layers of complexity with her genital cutting on the mons pubis and the resulting scars. During the procedure that took place in the context of BDSM sex, she experienced thrill and increased sexual excitement. After the cutting, the scars became a source of pride and empowerment; they were “battle scars.” “I am a warrior and I have something to show for it!”⁶⁶ Twenty years later, she expressed dread about having to explain the scars to future sexual partners.⁶⁷

D. *The Western Medical Gaze*

In “The Medical Text: Between Biomedicine and Hegemony,” the philosopher and physician Dani Filc states, “every conception of ‘body harmony’ is a social construction, and that personal preferences are a function of social realities.”⁶⁸ Western medicine incorporates these subjective and ethnocentric Kantian ideals of body integrity, naturalness, and cleanliness into its empirical evaluations. Thus, tubal ligation, breast reduction and augmentation, G-Spot Shot, labiaplasty, episiotomy, and vaginoplasty may become medicalized necessities.

Another example is apparent in the writings of cultural psychiatrist Armando Favazza. His books have shaped much of the vocabulary and ideas about relationships of an individual’s body alteration to Western society. He created the category of Non-Suicidal Self-Injury (NSSI). He defines “self-injury” as, “the deliberate, direct alteration or destruction of healthy body tissue without the intent to die.”⁶⁹ He specifically excludes dieting, weight lifting, and cosmetic surgery. He does not offer a reason for these exceptions. It would appear that they fall outside of a presumed pathology because these practices appear “normal” to him. In the 1987, first edition of *Bodies Under Siege*, Favazza referred throughout the book to tattooing and piercing as practiced in modern societies as “mutilation.”⁷⁰ By 1996, these practices had been embraced by the popular culture and the author had gained greater familiarity with the practicing communities. As a result he re-categorized them as “modification.”⁷¹ Social interpretation is embedded in the process that creates the categories of medical and psychological pathology. Over time, diagnoses change not only from advancements in scientific discoveries but also from shifts in social norms.

In her interview, Sarah shared an embarrassing interaction with a judgmental female surgeon who primarily reconstructed the genitals of women whom had been raped. Sarah’s accident resulted from a medically unnecessary procedure—an inner labia piercing. During the interview, Sarah expressed concerns that it may have appeared foolish, therefore in some way self-inflicted and worthy of assigning personal blame. She felt shamed by the doctor. A partner grabbed a tampon string to pull out the tampon and the string caught on the open-style ring creating an extensive tear of the inner labia.⁷² After several surgical attempts, Sarah decided to

65 Ibid., (part 2, 15:29).

66 Surprisingly, this language parallels Alice Walker’s “Warrior Marks.”

67 “Denise,” interviewed by Paul King, November 12, 2013: 10-13.

68 Dani Filc, “The Medical Text: Between Biomedicine and Hegemony,” *Social Science & Medicine* 59, (2004), 1284, doi:10.1016/j.socscimed.2004.01.003.

69 Armando R. Favazza, *Bodies Under Siege: Self-mutilation, Nonsuicidal Self-injury, and Body Modification in Culture and Psychiatry*, 3rd ed., (Baltimore: John Hopkins University Press, 2011), 197.

70 Armando R. Favazza, *Bodies Under Siege*, 1987, 145-188.

71 Favazza, *Bodies Under Siege*, 2011, x-xi.

72 This piercing jewelry style is called a circular barbell.

live with the damaged labia. It had become a part of her and a part of her story. Although the accident was a traumatic event, she did not find the original piercing procedure painful at all.⁷³ Jill also spoke of a traumatic event with medical professionals:

I was like maybe 13 or so, and I had had a UTI, and the nurse decided that I needed to have a radiation test on to make sure that I didn't have cysts, and I have no idea...I was developing into a woman, and I had already begun shaving my pubic mound, and I was very self-conscious. I really wasn't sure what was going on with my body at the time. So, I walked in the room and the two nurses were like, "Oh! We never get people of your age here. Usually this is for younger children or babies.... Undress from the waist down and sit up here on the table." I did what I was told and I had these two nurses standing over me going, "My God, you shave everything! Why do you do that?" I remember sitting on the table being absolutely uncomfortable and saying, "I don't know," and these two women just kept talking to themselves about what I'm doing with my body and anyway, they pumped me full of this fluid and then, I ran over to the other side of the room and they were like, "Okay, well tell me when you start peeing." That was just really traumatic for me to have these two older women stand above me and tell me that shaving was bad and wrong and that I shouldn't be doing it.... It was awful. I cried. I went home and I just locked myself in my room and I felt just horrified.... I was at the doctor's yesterday doing routine check-up and I walked past the room that they had me in, and I still remember that damn room.⁷⁴

In the past several decades, many medical institutions include some cultural sensitivity training. However, even highly trained healthcare professionals are still fallible and subject to displays of their unconscious biases when interacting with patients, designing protocols, or making specific treatment decisions. At one end of the spectrum, a patient may suffer a lingering emotional injury such as shame while at the other end a patient's quality of life and health may be jeopardized.

E. Pathologizing Pain and Alteration

In research that contains questions such as, "what harm (or what benefit) is being done here?" the schema for harm is considered a priori, yet such categories as harm or pain or even benefit are interpretive depending on the researcher's pre-held biases. Medical science tends to identify and to study problems, therefore pain and alteration deemed medically unnecessary are often pathologized. Medicine has sophisticated "pain" scales, such as the National Initiative on Pain Control's diagnostic Pain Quality Assessment Scale (PQAS), which includes a wide variety of sensations. However, these are contextualized into the medical sphere with an implicit understanding that something is "wrong." In another context, many of these exact same descriptions of sensation (for example "throbbing, sensitive, tingling, and radiating") could be interpreted as "pleasurable" and therefore beneficial, instead of "painful" and therefore harmful. Pain is not a physiological fact; getting hit in the face because you are being mugged does not register the same as getting hit in the face because you're a professional boxer in a match. In her interview, when Brenda was asked if her approximate 50 occasions of play piercing hurt, she

73 "Sarah," interviewed by Paul King, November 8, 2013, (part 6, 22:18, 26:20).

74 "Jill," interviewed by Paul King, October 29, 2013, (part 6, 20:15).

smiled and replied, “Yeah! That’s the point.... Some people like to go on shopping sprees and have really large credit card bills. Some of us like piercing.” Although she described the sensation as hurting, she rated piercing on a pain scale as “a little painful” through the clitoral hood and “somewhat painful” through the inner labia. Despite the pain, her outcomes were “enjoyment, personal satisfaction, increased sexual pleasure, better orgasm, and occasionally therapeutic.”⁷⁵ Denise observed during her interview how her perception of pain changed with time:

What hurt me when I was 25 or what didn’t when I was 25 would be very painful when I was 35 or 40. It’s funny that the Brazilian [waxing] hurt more than let’s say, the piercing did, but that’s because I was not aware of my body at all when I was 25 and all that stuff. It’s a weird juxtaposition, because I know we’re going to be asking these same questions about other stuff and I seems like it’s just a different [pain] scale, because I was a different person.⁷⁶

An individual’s interpretations of pain is complicated by confounding factors of unique physiology, past experiences, the processes of remembering, and one’s particular group’s social norms. Since all of these variables shift between individuals and groups, communicating these interpretations remains subjective and somewhat idiosyncratic.

F. The Language of Trauma, Pain, Injury, Violence, and Harm

Could aspects of female genital alteration be exaggerated by traumatic imaginings? The perceptions of others’ trauma, pain, injury, violence, and harm are often central in conflicts over discordant values assigned to social processes of agency and aesthetic. Childbirth can be physically and emotionally traumatic and injurious for the mother. The pain can be dismissed as a “normal” and even expected part of childbirth. In the case of “natural” birth, pain is honored and embraced. However, pain as an element of an action that is judged as unnatural and unnecessary takes on different significance. In her interview, Jackie revealed a complex relationship to physical sensation; occasionally, she viewed “pain” as a process of emotional healing. She shared the story of stretching her vertical hood piercing to 5/8 inch (16mm) diameter:

I was raped when I was in the military. There was a lot of re-engaging with myself and I really did turn to piercing as something that was very private and very healing for me.... Would I go that big again? I don’t think I would but I think that it was perfect for the time period that I needed it for.... There was always some new jewelry; there was always something to focus on and when it stretched, you put the new jewelry in and you kind of savor your body parts. I had a lot of disassociation; of course this is me now looking at it, looking back. I don’t know that I would have really had a name for it. I was very focused on the healing process. That’s probably why I never had any infections because my piercer told me that I needed to be in the shower three times a day with sea salt and doing everything. I followed everything to the T. It became very ritualistic for me in the healing process.... It gave me something to focus on. It was...empowering. It wasn’t the original reason I started getting pierced but it was the reason I think I went so large. I think it was the ability to make choices for my own body because I had that taken from

75 “Brenda,” interviewed by Paul King, October 19, 2013, (part 2, 35:12).

76 “Denise,” interviewed by Paul King, November 12, 2013: 3, (no. 29).

me so that was one piece of it...and it really was about how much pain can I withstand and am I okay.... It definitely was something where I was taking time to push myself and to see that there was nothing I couldn't survive.⁷⁷

Jackie's genital alteration proved a successful strategy to reclaim her sense of well-being after a violent and traumatic event.

Although many of Denise's genital alterations lie outside most Americans' social norms, it was her experience with a widely practiced and socially accepted personal grooming method that caused her pain and emotional trauma:

It's funny for me to hear me say the Brazilian hurt, relative to all the shit I put myself through, a Brazilian hurting is kind of hilarious.... They were people I didn't know that were all down in my junk and it wasn't about playing or sex or anything.... They were touching me in a way that was so impersonal, throwing me around; it was humiliating. The last Brazilian I got, I was like, "I am never doing that again. That is horrible." There [was] no relationship, at all! The person who was doing the waxing didn't want to know me, didn't want to talk to me didn't want to acknowledge that I was a human being. That's where it breaks down, because even with SM stuff, you're negotiating, and you're talking about, "This is what I want and this is what you want." There are two people participating, even if they're slicing the shit out of you, it's a relationship.⁷⁸

Denise's story of a Brazilian wax treatment reveals the importance of context in the perception of pain.

Sometimes, maturation and perspicacity are associated with painful experiences. Monica discussed being able to transfer lessons that she learned from enduring chosen pain:

I like that through varying piercings on my body I've discovered interesting things about myself. With the piercings on my breast I had to learn how to deal with that much pain at once; we'd pierce up to 5 of them. . . . [The piercer] and I came up with a way where I would listen to music, get my breathing in rhythm, once I put my hand out she'd know that I was ready and we could do the whole thing without talking. That technique came in handy when I was in the hospital 3 weeks ago for a laceration to my hand, and while they were stitching me up, my partner turned on music and we sat there and I breathed and sang to the music and I was able to focus on him, instead of the pain in my hand.⁷⁹

Monica shows that sometimes deliberate acts that cause pain do not lead to harm, but rather can be practical lessons in how to cope with the unexpected and the undesired experiences in life.

Bakhtin revealed the contingencies of meaning-making within contextual spheres of language and activity. Pain, harm, injury, or trauma by oneself or another are permitted and deemphasized within "spheres" of sanctioned activities such as sports and entertainment. When a man sewed New York City performance artist Kimbra Pfahler's vagina shut, he was not charged

77 "Jackie," interviewed by Paul King, November 4, 2013, (part 2, 42:52).

78 "Denise," interviewed by Paul King, November 12, 2013: 4, (part 1, no. 34).

79 "Monica," interviewed by Paul King, November 10, 2013: 14, no. 39).

or convicted for violating the US Female Mutilation Act. Though repugnant to many, this action can be accepted as having first amendment “free speech” protection.⁸⁰

Definitions of “injury” are pivotal to “FGM” debates. Yet the word is used without definitional limitations. “Injury” at the hands of a surgeon is a “complication” or “malpractice” depending on the circumstances within this specific context of “injury.” But surgeons are exempt from the UN’s definition of “mutilation” as long as the procedure was carried out for “medical reasons.” Based on the UN’s intentionally unqualified definition of “injury” (Type IV mutilation), any injury, regardless of its severity, is classified within one of the four typologies. In her interview, Alexis brought up “light scabbing,” a common occurrence in many skin injuries.⁸¹ However, US and the WHO studies never mention scabbing; they are concerned with bleeding. All the procedures and treatments I investigated cause some degree of injury and are done for non-medical reasons and most clearly fall within the UN Type IV definition.

G. *The Language of Pain versus Sensation: The Arbitrariness of Internal Objects.*

Through “language games,” the philosopher Ludwig Wittgenstein deconstructed the difficulty in relating to others and validating of others’ internal objects, such as the perception of pain. Within all cultures, humans were taught the qualities of pain through assigning language to observed behaviors. To a degree, this process was culturally relative and varied from individual to individual.⁸²

In my interviews, many variables needed to be compared and contrasted to better understand the interviewee’s experienced sensation, such as: unanticipated accidents versus met expectations, different procedures, similar procedures performed at different times, shifting interpretations of past experiences, procedural contexts, extenuating circumstances, etc.

Fran had her horizontal clitoral hood pierced on two separate occasions. The first time was when she was 38 or 39 and the re-pierce was performed when she was sixty years old, about three years before this interview. The first time she described the piercing as “somewhat painful.” Her experience over 20 years later was dramatically different:

[The first horizontal clitoral hood piercing] was done in the context of a [BDSM] scene that was like so highly sexually charged also you know, when I was younger, maybe it’s the trauma or something, but I didn’t feel shit the way I feel it now, you know, I’m like, “Ow!...*shit*, this *hurts!*” (laughter) and so I think a part is... I’d be whipped...so it was that kind of charge to it. And also I was doing so much playing that I think you get, I don’t know, you could just do it more often, and also I think I’m not as depressed, so I think piercing helped a lot with the serotonin stuff. The second time I just had [a professional piercer] do it over at [a local piercing shop]. It was just like, “Jesus Christ this hurts!” It was like two or three years ago. I was sixty...⁸³

80 *Sewing Circle*, DVD, directed by Richard Kern, (1992; New York City, NY: Shock-O-Rama Studios, 2000).

81 “Alexis,” interviewed by Paul King, November 10, 2013.

82 Ludwig Wittgenstein, *Philosophical Investigations (PI)*, edited by G.E.M. Anscombe and Rush Rhees, translated by G.E.M. Anscombe, (Oxford: Blackwell, 1953), 24, 182, 186, 188.

83 Italics added to indicate interviewee’s emphasis. “Fran,” interviewed by Paul King, November 7, 2013: 12.

Denise also noted a shift in her pain perception:

In my twenties I was super into pain and I could take anything and it didn't matter. And then I hit thirty and I'm "yeah, this hurts" (laughter), "I don't want to do this anymore" (laughter). I was like the world's biggest masochist and I just got to the point where I didn't like it, I didn't need to take the pain. You know, there was something about it where I was proud my body was always covered in bruises and piercings and cuttings and blah blah blah. So it's funny for me to hear me say the Brazilian hurt, relative to all the shit I put myself through, a Brazilian hurting is kind of hilarious!⁸⁴

For Brenda, my structured survey's pain scale adapted from the US female genital piercing (FGP) surveys didn't make sense. She suggested a "1-to-10" scale. Her responses to pain perception varied depending on the context. During sexual arousal, play piercing was not interpreted as unpleasant, "It feels really fucking awesome. I like it!"⁸⁵

For Jill also, the context in which she experienced the pain affected her self-reported perception. Jill said, "Both of these situations were, where I was cut or I cut myself, were for a purpose, and because they were to serve a purpose it was all tolerable and necessary. And so I would say that they were... What was the scale again? "Somewhat painful" or a "little painful."⁸⁶ In some instances, her desiring the sensation of "pain" was the purpose:

When I was a teenager and I had cut myself... I enjoyed feeling the wound while I was walking around during the day. When you feel the painful sensation and you know that it's there and it's healing, it's not negative. Okay, so I enjoyed feeling myself heal throughout the days.⁸⁷

For a more lengthy procedure, such as Jill's two five-hour sessions genital tattoo, Jill reported varied experiences of pain from a "little painful to extremely painful," with nuanced sensations.⁸⁸ When Monica was having her mons pubis tattooed, in certain areas for short moments, she felt a painful sensation in her clitoris, although there was no contact or injury to the internal or external clitoral tissue. When asked whether the procedure was painful or not, she replied, "within the normal parameters of a tattoo, not over all painful. I've definitely had much more painful tattoos. That said, it was close to my sex organs, there were a couple moments where it affected my clit in a painful way."⁸⁹

At first, many of women I interviewed seemed dismissive of the pain of certain procedures. However, in time, I was able to understand and appreciate their acceptance of pain as part of the process. Shell-Duncan and Hernlund write that participants considered the pain of female genital cutting as part of a process preparing the female for childbirth and, further, for all pain in life. A Kenyan woman quoted in the study states that it was "buying maturity with pain"⁹⁰ These researchers found that part of the complexity of studying pain in other cultures was that they have

84 "Denise," interviewed by Paul King, November 12, 2013: 3 (no. 30).

85 "Brenda," interviewed by Paul King, October 19, 2013, (part 3, 35:46).

86 "Jill," interviewed by Paul King, October 29, 2013, (part 2, 7:09).

87 Ibid., (Part 2, 9:24).

88 Ibid., (Part 6, 1:13).

89 "Monica," interviewed by Paul King, November 10, 2013:9, (no. 24).

90 Bettina Shell-Duncan and Ylva Hernlund, "Female 'Circumcision' in Africa," 16.

a different relationship to pain. While the authors agree with the widely held belief that in the West we avoid pain whenever possible. However, this seems to oversimplify Western relationship to pain. Westerners engage in many physically and emotionally painful acts: athletic endurance, dieting, plastic surgery, childbirth, orthodontic work, graduate school, and hair removal, etc. Whether or not a Westerner will avoid or engage in a painful practice is heavily influenced by the varying degree of familiarity with the act and preference for the anticipated outcome, which correlates as acceptable.

H. *What is Missing from the Language*

Although deeply cherished Western ideals of women's equality and liberation are explicit throughout United Nations literature, they pull back from language such as "sexual pleasure" and "orgasm." The ability for women who have had genital alterations, particular excisions, to have sexual pleasure is debated at great length in critiques and research outside the UN. In the US, however, studies show that certain female genital alterations, such as genital piercing and hair removal, improve sexual response and pleasure.^{91, 92}

In "Disputing the myth of the sexual dysfunction of circumcised women," Richard Shweder interviewed Fuambai Ahmadu about her personal experience as well as her research with circumcision. For her people, the Kono of Sierra Leone, the Bondo ritual is an act of women/matriarchal empowerment. This contradicts all the anti-FGM campaign rhetoric. Ahmadu and others insist there still can be sexual satisfaction including orgasm even after a clitoridectomy. She mentioned the findings of Carla Obermeyer from 1999 and 2003 and Linda Morison from 2001, which do not match the medical claims found in the WHO report.⁹³ Further complicating discussions, infibulation, which was described as the most invasive procedure, does not always involve excision of the clitoris. In 2000, Bettina Shell-Duncan and Ylva Hernlund reported that the gynecological surgeon Harry Gordon found 95% of the Sudanese women's genitalia that he reconstructed still had their clitorises intact. Hanny Lightfoot-Klein reported 94% of circumcised women experience sexual satisfaction and orgasm.⁹⁴ Lucrezia Catania et al. working at a Somali immigrant clinic in Italy found circumcised women reported having more orgasms than non-immigrant uncircumcised Italian women.⁹⁵ It is important to give voice to these interpretations of the data that challenge the WHO's skewed claims. However, "circumcision," like "mutilation" and "cutting," can be catch-all categories and many of these studies fail to detail exactly which anatomical structures were altered and to what extent.

Understanding "sexual pleasure" is complicated as well. Janey shared distinctions between physical and mental stimulation between her various genital piercings:

91 Cathy Young, Myrna L. Armstrong, Alden E. Roberts, Inola Mello, and Elayne Angel, "A Triad of Evidence for Care of Women with Genital Piercings," *Journal of the American Academy of Nurse Practitioners*. (2010). DOI: 10.1111/j.1745.7599.2009.0479.x

92 Debby Herbenick, Venessa Schick, Michael Reece, Stephanie A. Sanders, and J. Dennis Fortenberry, "Pubic Hair Removal among Women in the United States; Prevalence, Methods, and Characteristics," *Journal of Sexual Medicine* 7, no. 10 (2010): 3322-30, DOI: 10.1111/j.1743-6109.2010.01935.x.

93 Fuambai S. Ahmadu and Richard A. Shweder, "Disputing the myth of the sexual dysfunction of circumcised women: an interview with Fuambai S. Ahmadu by Richard A. Shweder," *Anthropology Today*, 25 (2009): 14-17, DOI: 10.1111/j.1467-8322.2009.00699.x; World Health Organization. "Eliminating Female Genital Mutilation," (2008).

94 Bettina Shell-Duncan and Ylva Hernlund. "Female 'Circumcision' in Africa"; Fuambai S. Ahmadu and Richard A. Shweder, "Disputing the myth of the sexual dysfunction, 2009, 15.

95 Fuambai S. Ahmadu and Richard A. Shweder, "Disputing the myth of the sexual dysfunction, 2009, 16.

Yeah. I mean, visual stimulation obviously is a big part of it, and then also, sexual stimulation from the [vertical] hood piercings and the “Dianas” and the “Triangle,” and then the “Fourchette,” isn’t so much noticeable, but I think that it’s psychologically a big benefit because I love how it looks. So, sexually, I would consider it beneficial as well.⁹⁶

I. *Language with Sex Partners*

Overall, my interviewees expressed strong commitments to their independent choice for genital alteration. In part, some women would determine partners based on partners’ acceptance of genital alteration. Other women in relationships would sometimes alter their genitals without prior discussions with their partners. However, in many of my interviews, instances of partners’ preferences and desires influenced the women’s decisions to alter their genitalia, similar to those in the WHO’s findings.⁹⁷ Brenda would allow partners to shave her, even though it was “awkward,” because they sexually enjoyed it. Jill discussed how she had a conversation with a sex partner prior to getting her genitalia tattooed. This partner thought the original design was too “aggressive and large.” She changed the design.⁹⁸

Like registers of internal objects such as pain, it can be difficult to interpret a partner’s feedback and even more difficult for a researcher to tabulate nuanced responses into binaries or scales. Jill experienced positive, neutral, and negative responses, sometimes with the same partner and certainly between different partners.⁹⁹ Monica gave explicit examples of the variance of partner feedback:

It’s kind of run the gamut... A lot of people really like it. I have had people be intimidated by it, because there are 13 pieces of metal down there. I’ve had a partner say that sometimes it affects the taste of me, sometimes I can taste a little metallic. I call that “neutral.” I haven’t had anyone say anything outright negative. I’ve had people be surprised. I’ve had people want to play with it, because it’s funny or interesting or part of BDSM play. If they don’t like genital piercings, they wouldn’t have made it that far.¹⁰⁰

Many of my scaled questions within the structured interview were patterned after the 3 female genital piercing surveys. For example, “Have you ever had someone refuse sex because you have not had a treatment or procedure done?” Denise brought up an interesting twist in her answer:

No. You could actually ask those questions in the active sense, where like, “did you ever have someone refuse sex because you didn’t get cut?” or if you didn’t, or the other way around, using the action of cutting instead of the scarring as a result. Do you know what I mean?...Because I was thinking about it in THAT way and then you raised it in this other way...like “If you don’t let me cut you, I’m not going to fuck you,” that kind of thing...because that might actually be a “yes” answer for me. Well just people I played

96 “Janey,” interviewed by Paul King, November 1, 2013, (part 2, 9:12).

97 World Health Organization. “Eliminating Female Genital Mutilation,” (2008).

98 “Jill,” interviewed by Paul King, October 29, 2013, (part 6, 13:28).

99 Ibid., (part 3, 15:51, 16:27).

100 “Monica,” interviewed by Paul King, November 10, 2013:13, (no. 32).

with, just like casual partners, like, “this is what we’re going to do, and if you don’t let me cut you, good bye.” You know like that kind of thing. I played with some mean people. (giggles).¹⁰¹

For a partner’s response to an alteration, the surveys have the option of “neutral.” But what does this mean; is it no opinion, a non-verbalized opinion, or an ambivalent opinion, etc.? What are the study’s assumptions about reported responses of a partner’s opinion of an alteration? I would say that often it’s more telling of the partner and of the process of partner selection/appropriateness than information about the alteration.

J. Language of Economics

For repetitive procedures and treatments, such as hair removal, women will settle into a favorite routine or method, but many females report periods of experimentation. This is usually when the most severe injuries occur. In her interview, Tonya noted that economics was the greatest consideration for her choice—even more than pain. Tonya discussed going through phases of procedural preference:

I go through different methods. So depends on if I was going through my waxing period, then I would get waxed and not use Nair. I bought an Epilady, went through that phase and did that for a while. So it wasn’t a consistent use of depilatories, it’s something I cycle back to occasionally as I do all the other methods... [Epilation] hurts like a motherfucker! It sucks big time. But when you can’t afford to be waxed a lot, because waxing is expensive, then you epilate ‘cause the hair doesn’t grow back as fast, but it’s painful. It’s PAINFUL!¹⁰²

Jackie also selected for time, access, and economics:

I think that when you’re in a hurry and you don’t wanna shave for a couple days; [depilatory cream] is the best way to go if you don’t have time to make it over to a waxer ‘cause shaving only lasts for a little bit of time. I guess I don’t have any feelings one way or another, it’s more about time for me than anything else.¹⁰³ If you are in a hurry and you’ve gotta go quickly and you’ve got time to do it every day, [shaving] is just the cheapest way to go.¹⁰⁴

Finances appear to be a cross-cultural commonality with genital alteration; however, its role is contested and complex. The UN asserted that the women they study lack agency because their countries lack economic development.¹⁰⁵ The UN’s understanding of economic development preferences the global capitalist system in which all male and female adults participate in the

101 “Denise,” interviewed by Paul King, November 12, 2013: 12, (no. 34).

102 “Tonya,” interviewed by Paul King, November 3, 2013, (part 1, 7:23; part 2, 12:11)

103 “Jackie,” interviewed by Paul King November 4, 2013, (part 1, 19:15).

104 *Ibid.*, (part 2, 25:21)

105 World Health Organization. “Eliminating Female Genital Mutilation,” (2008), 15.

workforce. If rural and urban women are provided with more opportunities for work outside their traditional roles, they'll have greater freedom from gender inequalities.¹⁰⁶

In *Plunder: When the Rule of Law is Illegal*, Ugo Mattei, professor of international and comparative law, and Laura Nader, professor of legal anthropology, both cautioned against the exploitative force within a Euro-American centric view that normalized capitalist hegemony in international policies in response to female circumcision. Undermining social cohesion and expanding the workforce also increases access to labor and material resources and expands new consumer markets.¹⁰⁷ Christoffersen-Deb found that females with higher education and greater financial status had an increased demand for the expensive, traditional marriage; “brideswealth and female circumcision still play critical functions in the moral construction of female identities.”¹⁰⁸

K. *Language of the Femin-(ine/ism)*

This study's survey examines women (gender) born with female reproductive organs (sex). An interchangeability of sex and gender is still an injunctive norm for many researchers. For some participants, the binary language of “male or female” was essentializing and troubling. Fran and Denise expressed gender complexities. When Fran was selecting from the structured list of motivations for shaving, she added:

Yeah it's also for, how do I put this, gender dysphoria, like the piercing stuff and the shaving is like trying to figure out my identity, or my presentation.... Yeah, because I was so much more completely male identified with the shaved head, and the piercings, and that whole male..., not trans per se, but that kind of presentation. Then there were times when I wanted to have that mixed in with sort of a reclamation more female, so, that. Yeah.¹⁰⁹

From the structured interview, Denise was asked if one of the outcomes of waxing was “helped me [to] feel feminine.” She reflected:

It probably helped me feel feminine because I didn't really understand what that meant and I thought that was how you do it. I don't know, I mean it had been so long, I hadn't been in a straight relationship in a long time so I was really struggling with “what is feminine?” I don't know, I'll wax my pussy, let's see what happens. Yeah so anyways, I guess it was my own struggle with my sexuality and trying to “pass.” Trying to “pass” that's a good way to put it. I was trying to “pass.”¹¹⁰

The word “feminine” brought forth a strong reaction and confusion from several interviewees. Fran clarified her interpretation:

106 Ibid.; UNFPA-UNICEF. “Female Genital Mutilation/Cutting: Accelerating Change, (2007), 7

107 Ugo Mattei and Laura Nader, *Plunder: When the Rule of Law is Illegal*. Massachusetts: Blackwell Publishing. 2008: 23, 124, 127-8.

108 Astrid Christoffersen-Deb, “‘Taming Tradition’: Medicalized Female Genital Practices, (2005), 412.

109 “Fran,” interviewed by Paul King, November 7, 2013: 7.

110 “Denise,” interviewed by Paul King, November 12, 2013: 4, (no. 38).

...the problem I have is more with the word “feminine” than “female.” A fem boy, that’s what I think of when I think of “feminine,” where as “female” is... like a pro dom... which some would consider feminine, but when I did pro dom stuff it was never that...I hang around with a lot of tough straight rock-n-roll girls. I guess you could say they’re feminine, but they’re fierce! They’re like, “fuck you and the horse you rode in on” ...It’s more like a Kali thing. It’s claiming an aggressive, female-ness.¹¹¹

After extensively modifying her genitalia, Jill made a bold social action:

One of the reasons that I decided to put my vagina on the Internet was to put another one out there and make it easier for, maybe other people to get modifications. Or to make the public more aware, or to have it, maybe be something positive instead of negative, to be feminist and say, “Here is this vagina [chuckle] that’s awesome and looks nothing like yours, and that’s okay.”¹¹²

Who should decide what a “sexually liberated” woman’s genitals should look like? The WHO claims that female genital mutilation is a patriarchal practice, “representing society’s control over women. Such practices have the effect of perpetuating normative gender roles that are unequal and harm women.”¹¹³ For decades in the US, comparable feminist arguments have ensued over how female genitalia should or should not be viewed. Similarly to the US, it is usually women who arrange, execute, and perpetuate most alterations.¹¹⁴

Scanty bathing suit and undergarment fashions demand a “clean” look free of pubic hair. Hirbenick et al.’s study showed the more oral sex a woman has, the more concern she has for a partner’s opinion and the more likely she is to remove her pubic hair.¹¹⁵ More recently protests have focused on the proliferation of the “porn pussy” and the alterations that are sometimes necessary to replicate this smooth, symmetrical, petite, and monochromatic ideal: shaving, labiaplasty, liposuction, and skin bleaching. However, even in the US, a “normal” practice such as shaving can be a complex intersection of social motivation, pressure, and identity. Margaret hadn’t given any thought to shaving until she lost a lot of weight and decided to start dating:

I lost 130 pounds and was a very late bloomer in my dating life... And so I was reading all the posts for dates online. And men were even saying in their posts that they like a “well-groomed” woman, meaning they like, you know, women who shave and wax regularly. And I was like, “What!” I mean I couldn’t see my vagina weighing 130 pounds more, let alone really get at it to shave it, just the bathing suit trim. And how often did I wear a bathing suit? Rarely... I come from that generation of “shame is my game.”¹¹⁶

As previously discussed in this section, for Denise and Fran, shaving was a nexus of gender identity and intimate power exchange. While for Jackie, her habit of shaving was cultivated in the military among the other female soldiers. It was a common practice for practical hygiene and tick

111 “Fran,” interviewed by Paul King, November 7, 2013:9, (part 2).

112 “Jill,” interviewed by Paul King, October 29, 2013, (part 6, 6:52).

113 World Health Organization. “Eliminating Female Genital Mutilation,” (2008), 5.

114 *Ibid.*, 5.

115 Debby Herbenick, et al. “Pubic Hair Removal,” (2010).

116 “Margaret,” interviewed by Paul King, November 4, 2013: 1, (part 1).

prevention and had nothing to do with a patriarchal “male gaze.”¹¹⁷ Again, mirroring questions from past FGP surveys, I asked interviewees, “Did you experience any of the following outcomes from your treatment(s) / procedure(s)?” Denise needed to reflect on the survey’s answer “Helped me feel Independent.” This was not an easy answer for her because it was obvious to her that while she used her alterations to separate herself from others, she was also using these same practices to be a part of a social group, “the underground scene.”¹¹⁸ Likewise, Brenda does not feel “unique” with her alterations, for although she is well aware her group is an outlier of the US norm, within her group her alterations are “typical.”¹¹⁹

If embroiled in the polemics of female genital alterations, what gets lost is the impact of time. Categorized or “framed,” issues, peoples, and practices are essentialized as static categories through declarative styles of discourse: culture, terms, human rights, feminism, patriarchy, ethnic norms, even Western dominance, are all subject to change; everything is. If nothing changed there would be no hope for compromise on anything. Binaries can be just as problematic. Of course, it should be remembered that within every social group and institution there are those that dissent or hold multiple views.

IV. Fields of Consent

The World Health Organization determines what constitutes “Female Genital Mutilation” (“FGM”) through corresponding factors of location, ethnicity, reproductive sex, combined with genital alteration. Throughout the literature, UN agencies assert an *a priori* stance that engagement in “FGM” practices always lacks a capacity of consent: “female genital mutilation represents society’s control over women... anyone departing from the norm faces condemnation, harassment, ostracism.... It is a form of violence against girls and women....”¹²⁰ The UN further states:

Female genital mutilation deprives girls and women from making an independent decision about an intervention that has a lasting effect on their bodies and infringes on their autonomy and control over their lives. The right to participate in cultural life and freedom of religion are protected by international law. However, international law stipulates that freedom to manifest one’s religion or beliefs might be subject to limitations necessary to protect the fundamental rights and freedoms of others. Therefore, social and cultural claims cannot be evoked to justify female genital mutilation.¹²¹

What are the assumed universal liberties contained within these “fundamental rights and freedoms” that the UN so strongly asserts? Since 1895, when Émile Durkheim made famous the “social fact,” in the social sciences, it has been widely understood that all group members operate to varying degrees within the coercive powers of the social. An individual’s culture—the sum of his or her group’s history, institutions, language, family, religion, friends, and other forms of

117 “Jackie,” interviewed by Paul King, November 4, 2013, (part 1, 15:27).

118 “Denise,” interviewed by Paul King, November 12, 2013: 10, (no. 19).

119 “Brenda,” interviewed by Paul King, October 19, 2013, (part 2, 4:26).

120 World Health Organization. “Eliminating Female Genital Mutilation,” (2008), 5, 10.

121 *Ibid.*, 10.

social organization—provides and shapes the choices available to and the decisions made by that individual.¹²² If an adult cannot be recognized as having the ability to consent in the presence of external social pressures, then can an individual ever consent? If there is consent, what is a reasonable measure of consent in a discordant power dynamic?

Disciplines, such as philosophy, bioethics, political science, and law, wrestle with general concepts and specific applications of consent. Much of an American's ability to be acknowledged by others as having consent is determined from legal statute. However, in practice, extenuating factors always complicate ideals of consent. Some forms of consent recognized by US law include: implied, expressed, informed, and unanimous consent. Implied consent operates in fields that are generally recognized to carry certain risks. If you choose to partake in an activity such as contact sports, it can be understood that the individual has consented to the common risk of injury. Some fields of consent are stipulated in the law and must be followed unless they are expressly and contractually waived, such as property rights. Shades of consent can quickly become complicated, such as when one of two adults believes the other has consented to sex when the partner has been drinking. Of course, unanimous consent is the ideal scenario in which everyone involved voluntarily consents.

A central premise of the UN's stance is that women in patriarchal societies do not have the ability to consent. Many activists and scholars have addressed the problems of patriarchy in Africa and in the Middle East as well as in the US. Patriarchy is an important concept and practice to examine, yet particular claims of inequality that negate all female agency must be scrutinized. Many power inequities intersect alongside sex and gender including: age, physical size, temperament, education, life experience, economics, class, and emotional bonding. Whether two people are strangers, acquaintances, friends, roommates, coworkers, boss and employee, parent and child, or lovers impacts the strength of influence. In all of the societies being examined here, interpersonal relationships are more complex than just the binary of male or female.

The issues of autonomy and consent were common themes throughout my interviews. These women shared their complicated experiences of struggle and desire when negotiating whether or not to alter their bodies in an intimate relationship. Denise tried to compromise within a long-term, intimate relationship with a man that had a strong sexual aversion to pubic hair, while simultaneously trying to navigate her aversion to removing it:

I was in a relationship with a guy who didn't like hair and if it wasn't at least shaved really close, it grossed him out. So, it was kind of sad, but often...and I was just "fuck that, I don't feel like waxing or shaving or anything like that so you're going to get my hairy pussy or you get nothing!" (laughter). So we did nothing.¹²³

At times she explored methods of removal that she found painful and humiliating. Under "reasons for having the procedure/treatment done," one of the motivators Denise selected for waxing was: "To please someone else." She elaborated: "I don't feel like I was pressured to do it. I did it of my own [will]. Like, I made a decision to do it. He didn't say, 'Go and get it waxed.' But I did it mostly because I thought that if I looked this certain way, he would be more attracted to me."¹²⁴ Likewise, Jackie shared how her long-term partner would never comment if she kept her genitals smooth,

122 Émile Durkheim, *The Rules of Sociological Method*, 8th ed., translated by Sarah A. Solovay and John M. Mueller, edited by George E. G. Catlin (1938, 1964 edition): 13.

123 "Denise," interviewed by Paul King, November 12, 2013: 3, (no. 35).

124 *Ibid.*, 4, (no. 36).

but “there’s periods in time where you get lazy, right? And that’s when the comments came up because then he was like, ‘What is going on?’”¹²⁵

Altruism troubles UN notions of consent. It is an altruistic act when a person does an action that has an immediate and expected benefit for another individual or the group, but not for the actor. However, WHO et al. have stated their position clearly that expression of culture or religion is not recognized as a legitimate defense for “FGM.”¹²⁶ Yet in the US, it is widely accepted that one gains social status and improved favorable opinion of self when one self-sacrifices. Jackie tells of doing a favor for a friend and suffering a traumatic Brazilian waxing experience:

...one of my friends asked me, “Hey, I’m trying out a girl for my shop, will you come in and be my tester?” It was bad. It was really bad... When this girl was done, I will say that I had huge cuts... These were huge strips of skin gone. [My friend the shop owner] was like, “How was it?” I’m like, “Well, look at this.” She’s like, “Okay. Yeah, we’re not hiring her.”¹²⁷

Isabel revealed her generosity in allowing her friend to experiment on her with a variety of procedures:

Interviewer:

So why do you have sugaring done? What was your motivation?

Isabel:

‘Cause a good friend of mine is an aesthetician. And so she likes to try out different hair removal methods and I was usually her guinea pig due to [my] high pain tolerance.¹²⁸

Isabel’s second genital piercing was received when she was seventeen-years-old. Isabel was training an adult female apprentice and had the woman pierce her as part of the training. It is a common practice during training to have an apprentice practice piercing on friends, coworkers, and supervisors.¹²⁹ What is clear is that altruism is important to the human experience, how one is viewed, and how one views oneself. Complicating discussions of ethics is the fact that at the age of seventeen, Isabel performed “a couple of dozen” genital piercings on adult females and males. Since then, she has performed over 1000 female genital piercings.

All of the twelve women interviewed firmly defended a female’s right to alter her genitalia. Even by their own standards, in hindsight, some of these women judged their choices as mistakes or acts they would not do again. However, they all expressed a similar theme of acceptance for the consequences of their choices. Alexis revealed that over the years, about half of her female friends have taken out their genital piercings.¹³⁰

Despite the UN’s strong assertion to the contrary, choosing and consenting to alter the body, always occurs within the realm of social influence and meaning. Jill shared a powerful story of how even a stranger can impact our decisions and actions:

125 “Jackie,” interviewed by Paul King, November 4, 2013, (part 2, 6:44).

126 World Health Organization. “Eliminating Female Genital Mutilation,” 2008.

127 “Jackie,” interviewed by Paul King, November 4, 2013, (part 2, 0:02).

128 “Isabel,” interviewed by Paul King, November 7, 21013,(part 1, 24:36)

129 Ibid., (part 2, 11:55).

130 “Alexis,” interviewed by Paul King, November 10, 2013, (part 3, 28:15).

When I started developing into a woman I noticed that my inner labia's were a little bit larger than those that I had seen in certain porn magazines, etc. I was probably ...thirteen. I was concerned with my body and I was searching the internet for answers.... So, I go into this chat room and I ask this open question to everybody that's in it, "Why are my inner labia's big?" And one guy in the chat room was like, "Well, if you stop pullin' 'em over your damn head, they wouldn't get so big!" And I took that advice to heart and I thought that I had been doing something wrong, and that my development was a mistake and I became incredibly self-conscious about it. I didn't lose my virginity until after I was 18 and I think a lot of that has to do with how self-conscious I was about my own vagina. I would hear friends talk about some women and "roast beef hanging off of their vaginas" and all these horrible names for women with "loose lips" and yada yada. And so it was this secret that I had... I turned 18 and I looked into getting the procedure [labiaplasty] done, but it's not something that I'd openly talk about even with my parents... and the procedure would cost a couple thousand dollars to do. Anyway, when I turned eighteen, I became a body piercer and I started seeing what other women looked like there, as well as I started piercing my own body. I pierced my nipples and immediately loved the way my boobs looked afterwards. It became this journey to accepting myself for who I am and loving myself. When I had my inner labias scalped, the reason I didn't have them pierced is because I wanted them to be incredibly *larger* than they were before. I didn't want to cut them off; I wanted to make them bigger. If anybody were to find that disgusting then they would not be the partner for me. When I had my inner labia scalped, when I was twenty-six, it was me saying, "This is who I am" and ...becoming a lot more positive about myself and my sexuality.¹³¹

In addition to psychological healing, the positive feedback and the elevated social status that Jackie received from her peers encouraged her to continue to stretch her hood piercing:

It was something that led to a feeling of uniqueness or being special. Especially when my genital project got so big [5/8" or 16mm], it was definitely... Even in APP [Association of Professional Piercers] I was kind of an anomaly. I was like, "Whoa." And it's kind of like a... There's a level of pride you can get with modification and, I don't know, I guess I had that piece.¹³²

For Jill, it mattered why and how a procedure was done and not that it was done:

Myself as a teenager, I was wanting to hurt myself. I felt disgusted with my body and I wanted to punish myself or I don't know, feel something I guess, or... And then as an adult it was more of me accepting my own body. Me adorning that part, it was very positive; it wasn't negative like when I was a teenager....¹³³

131 "Jill," interviewed by Paul King, October 29, 2013, (part 4, 0:03).

132 "Jackie," interviewed by Paul King, November 4, (part 2, 54:54).

133 "Jill," interviewed by Paul King, October 29, 2013, (part 1, 19:48).

A number of the interviewees stressed that some alterations, such as cutting, should be done with others. From Brenda's perspective:

I think [scarification] is intense. It's a very, very intense sensation. I think that it absolutely needs to be done in a very, very clean setting. I think that it must be done by professionals. I think it's definitely something that should be allowed to be continued, but again in a controlled way. I know that there are a lot of people out there that do things that they probably shouldn't be doing and I'm just not sure how to keep those people from doing it... A doctor would be a professional, but a doctor could not perform a scarification or they would lose their license. So, I would say somebody that identifies themselves as a body modification artist or a scarification artist who's had training beforehand... maintain[s] aseptic techniques and environments... and more than anything being of age and it being consensual. I've seen people of age but in non-consensual situations... they're pressured and coerced into it and I don't think that should be allowed. It's my body, I would be upset if somebody told me I couldn't have it, but I don't think that anybody else should be forced to have it.¹³⁴

Although this process was respected as a personal choice, the cutting for scarification was also considered more emotionally beneficial and physically safer contained within the social. For there to be a personal choice in a social action, there must first be informed consent.

A. *Informed Consent*

The doctrine of informed consent for US adults is a relatively recent legal construction, rising from US medical tort in the 1950s as well as from the Nuremberg Code (1947) a set of medical and research guidelines resulting from the Nuremberg Trials.¹³⁵ Informed consent within the medical and research fields acts as a check and balances to the intrinsic power imbalance between doctor and patient or researcher and subject. Like the rest of law in the US, informed consent is continuously shaped through legal challenges and defenses.¹³⁶ The underlying premise is based on the concepts of the legal principle of battery: to "violate bodily integrity without full and valid consent." In 1974, Charles Fried outlined foundational ethical criteria in "Medical Experimentation Policy 14." A patient-doctor medical decision:

1. *informed (and informed of the alternative too)*
2. *voluntary (not coerced)*
3. *understood (the person being performed on must be mentally competent)*¹³⁷

Fran stressed the importance of informed consent, which included a prior understanding of the anatomy:

¹³⁴ "Brenda," interviewed by Paul King, October 19, 2013, (part 2, 18:35)

¹³⁵ Nir Eyal, "Informed Consent," In *The Stanford Encyclopedia of Philosophy*, edited by Edward N. Zalta, (Fall 2012 Edition), <http://plato.stanford.edu/archives/fall2012/entries/informed-consent/>.

¹³⁶ Laura Nader, "The Plaintiff: A User Theory of Law," *The Life of Law*, 168-212, (Berkeley: University of California Press, 2002).

¹³⁷ Charles Fried. *Medical Experimentation: Personal Integrity and Social Policy*. (New York: Elsevier Publishing Co., 1974).

What the fuck? I didn't know what I was doing when I had those done [outer labia piercings]. I *didn't!* "Well you damn fool" [addressing herself]. You know, I didn't know body parts, because I had seen the inner labias [piercings]. There is an inner labia, right? (laughter). *That's* what I wanted! But you know, I'm like, ah fuck, you know, I'm a gal, I'm like okay, great, you know what I mean? I wasn't asking him to stab me in the-you-know...

Interviewer:

Should outer labias be allowed to continue?

Fran:

Yes. So there should be a picture "this is your outer and your inner labia," you know it's that butch thing, you know, what the fuck we're not even gonna talk about that shit. So yes, of course it should be continued.¹³⁸

Public health interventions deemed emergencies don't require informed consent though most medical interventions do. Formalized informed consent is not universally required for all medical interventions; some are so normalized as routine that consent is considered unnecessary such as for a blood draw, an intravenous "prick." Jill has talked about the hypothetical application of a medical notion of informed consent in a non-medical, professional setting:

I have never performed a clitoris piercing, but I am open to the idea. It's just about communication, anatomy, and finding the right client for it. I do all piercings that can be done safely and having consent and informed consent is really important.... If a woman was to come in and wanted me to pierce her clitoris, there is a chance with that piercing that there could be loss of sensation and she has to know that beforehand and she has to understand that. And if she has had many genital piercings done already and if she's got the anatomy for it and if she, what I feel, truly understands what she's getting into, then I would be okay with performing that procedure. But as of yet, I haven't found that perfect candidate. And it's such a rare piercing anyway. We get people, women asking for that maybe two or three times a year.¹³⁹

Jill gave an example of an actual application of her process of professional informed consent:

Recently, I had a girl come in. She's twenty years old and she had never had an orgasm in her life, and she came in with her boyfriend... Her boyfriend was just incredibly frustrated and didn't know what to do, and she came in asking for me to do a horizontal hood piercing thinking that it was gonna change her life and having that conversation of, "This piercing isn't going to be what you're looking for, that this is something that you have to learn yourself." Okay, so, it's nice to talk to women about their sexuality and about their bodies, and help them understand that piercing is not gonna have all the answers, that they have to figure things out for themselves sometimes, too.¹⁴⁰

138 Italics added to reflect speech emphasis. "Fran," interviewed by Paul King, November 7, 2013: 17).

139 "Jill," interviewed by Paul King, October 29, 2013, (part 2, 20:53).

140 Ibid., (25:22).

Monica appreciated the detailed information she received prior to consenting to Alexandrite Laser hair removal even though she didn't have favorable results:

Monica:

It's an extraordinarily expensive option. It does hurt much more than the other options, and on the second treatment I even had numbing cream to help with the burn... what they told me is each time they have to turn the laser up a little higher, so it hurts more. The hair grows in at different time periods so they try and get every 6 weeks to catch each growth cycle and then they up the laser. And again I didn't go through the full 5 or 6 treatments...and I had the perfect hair for it, the thick dark hair...my understanding, if the hair had been lighter they would have to turn the laser up even higher...painful, a little disappointing, and expensive.

Interviewer:

Should these practices / treatments be allowed to continue?

Monica:

Yes. You walk into laser hair removal...and they explain it to you, so you know exactly what you're getting into, so yeah....¹⁴¹

B. Parental Consent

In January 2014, I had dinner with five other male friends. We discussed the recent German court's ruling against infant male circumcision.¹⁴² Nordic countries are suggesting a ban on male infant circumcision unless specifically performed for a medical intervention.¹⁴³ All the men were college graduates, one with a postgraduate degree. Unanimously, they thought female genital alterations in Africa were repugnant. They all agreed there was an analogy when the alterations were done on a child's genitals either here in the US or in Africa, yet three would not hesitate to circumcise their sons. They stated they didn't really care about the ethical issue; male foreskin was "gross." One man said he wouldn't want his son to experience the social pressure of not being cut. Even prominent anthropologists have discussed their struggles with the emotional versus the ethical dilemma of having their male infants circumcised.¹⁴⁴

The American Academy of Pediatrics acknowledged in a statement the complexity of applying various constructions of consent when dealing with minors. Informed consent only works when a person has full capacity to understand. In the law, a minor has restricted capacity to consent and depending on the age and development of the child, when compared to a fully formed

141 "Monica," interviewed by Paul King, November 10, 2013: 9.

142 Kay-Alexander Scholz, "Circumcision Remains Legal in Germany," *Deutsche Welle*, December 12, 2012, <http://dw.de/p/16oDQ>.

143 Hernandez, Vittorio. "Denmark, Sweden Ban Non-Medical Circumcision of Boys." *International Business Times*. January, 29, 2014. <http://au.ibtimes.com/articles/536249/20140129/denmark-sweden-ban-non-medical-circumcision-boys.htm#.U1wgHvldWSo>.

144 Nancy Scheper-Hughes, "Virgin Territory: The Male Discovery of the Clitoris," *Medical Anthropology Quarterly* 5, no. 1 (1991): 25, <http://www.jstor.org/stable/648958>; Richard Shweder, "The Goose and the Gander: the Genital Wars. Symposium on German Court Ruling on Circumcision," *Global Discourse* 3, no. 2 (2013): 348, <http://dx.doi.org/10.1080/23269995.2013.811923>

adult, they may have “diminished decision-making capacity.”¹⁴⁵ “Consent by proxy” poses ethical issues since all medical decisions are deferred to the parents’ judgment. “Assent” acknowledges that attempts should be made to explain actions that will be made on the individual. Assent tries to elicit consent without pressure; however, the choice does not reside with the minor. Likewise, “parental permission” stresses the importance for the doctor and the parents to work together while ultimately acknowledging the doctor can take legal action if necessary if it is believed that a procedure is medically best for a child.

Exploring questions of autonomy and heteronomy in the relationship between a parent and child is riddled with complexities. In shifting degrees, the child is dependent on the parent and the parent is responsible for the child. Dependency is shaped by physiological and psychological development as well as social. A parent’s biology is certainly a variable in nurturing; however, Western societies and the family are in a dance: stepping in, backing out, and circling around to monitor familial responsibilities for the child. In the “modern” nation, the parameters of “family” are primarily shaped by the state. Obligations, protections, and limits of power are mandated by the state legislation, which are in turn shaped by networks of knowledge production such as medicine and psychology, which fall under statute law, as well as enforced through the pressures of social groups of affiliation, which can be called customary law.¹⁴⁶

In US law, parental agency over a child is expressed as:

The Parental-Autonomy Doctrine refers to a principle that parents have a fundamental right to raise his or her child and to make all decisions concerning that child free from governmental intervention, unless the child’s health and welfare are jeopardized by the parent’s decisions. The state can interfere with parents’ right if public health, welfare, safety, and order are threatened by the parent’s decisions. This principle was first recognized in the case *Meyer v. Neb.*, 262 U.S. 390 (U.S. 1923)...¹⁴⁷

The discourse around childhood inoculation illustrates the polemics of sovereignty of who should have the ultimate authority over a child before a child is viewed by society as being able to consent. Childhood inoculation also confronts the notion that the common good supersedes individual or parental agency. The Doctrine of Substituted Judgment is a legal fiction in which a third party can legally advocate for an incompetent person. This doctrine frequently bolsters the argument that a parent’s consent can stand in for a child’s consent.¹⁴⁸ Alexis discussed the limits of parental authority over a child:

Someone came in and wanted to get his twelve-year-old daughter’s nipples pierced, and she did not want it done...When I finally was able to get her alone, I was like, “Okay, so why are you interested in doing this?” And she’s like, “He just really thinks it will be awesome and I guess if that’s what’s cool, that’s what’s cool.” She just was

145 American Academy of Pediatrics. “Informed Consent, Parental Permission, and Assent in Pediatric Practice by the Committee on Bioethics.” *Pediatrics* 95, no. 2, (1995): 315. <http://www.cirp.org/library/ethics/AAP/>

146 Jane Collier, Michelle Rosaldo and Silvia Yanaginsako. (1982). *Is There a Family? New Anthropological Views*, (1982): 25-38. In *Anthropology 114: History of Anthropological Thought*, edited by Saba Mahmood, 21-32. Berkeley: U.C. Berkeley, Spring, 2014.

147 US Legal Forms, Inc., “Parental Autonomy Doctrine” definition, retrieved May 1, 2014, <http://definitions.uslegal.com/p/parental-autonomy-doctrine/>.

148 Harmon, Louise. “Falling off the Vine: Legal Fictions and the Doctrine of Substituted Judgment.” *Yale Law Journal* 100, no. 1 (1990): 1-71. <http://www.jstor.org/stable/796763>

not interested in having the piercing done. And the fact that he even brought her in, someone that maybe wasn't as concerned with, I guess, the morality of the situation might have been like, "Yeah, sure, sweet, I'm gonna make some money anyway," had the legal ramifications not been in place of not piercing a minor. So, and having seen those extraordinary circumstances, at the far end of the spectrum where somebody would abuse the fact that you could pierce a minor, I think...you do have to have social contracts that we all agree to, and if the person chooses to negate or disregard any of those social contracts...they'll have to take responsibility for those actions.¹⁴⁹

C. *Consent and the Child (Age of Consent)*

Although WHO et al. uphold that neither a child (girl), nor an adult (woman) can consent to "FGM," they argue primarily from the more emotionally compelling stance of the non-adult, "girl":

The Convention on the Rights of the Child refers to the evolving capacity of children to make decisions regarding matters that affect them. However, for female genital mutilation, even in cases where there is an apparent agreement or desire by *girls* to undergo the procedure, in reality it is the result of *social pressure and community expectations* and stems from the *girls' aspiration to be accepted as full members of the community*. That is why a *girl's* decision to undergo female genital mutilation cannot be called free, informed, or free of coercion.¹⁵⁰ [Emphasis added].

The anthropologist Carlos Londoño Sulkin explored the research of the anthropologist Fuambai Amadhu, detailed with observational and personal experience of African female alterations. Amadhu challenged activist and UN claims, directly. She asserted that for her people the Kono, the Bondo ritual, which contains elements of clitoral excision, was consensual, "Kono girls in this day and age know well that in Bondo they will undergo a surgical procedure, that it's 'down there,' and that for some it will be excruciating. However, for most of them – even when there is pain and fear—the event as a whole is a very positive and rewarding experience."¹⁵¹ The Bondo ritual "makes them a kind of person that is admirable: informed courageous, capable of dealing with pain, mature and womanly."¹⁵²

Adapted from Euro-American norms, the United Nations defines a "child" as any person under the age of eighteen. Accordingly, a female one day shy of her eighteenth birthday is designated as a "child" (or a "girl"). This point matters for two reasons. First, as discussed throughout the section on language, the words "child" and "girl" do not communicate between message-sender and receiver a female's age or maturity. These words conjure varying mental images from an infant through the teens depending on the context, the individual, and the cultural understanding. Second, because of the language ambiguities, the definition of "child" may feel obvious, however in practice, this socially constructed category is flexible and situational.

149 "Alexis," interviewed by Paul King, November 10, 2013, (part 3, 17:56).

150 World Health Organization. "Eliminating Female Genital Mutilation," (2008). 9.

151 Carlos D. Londoño Sulkin, "Anthropology, liberalism and female genital cutting," *Anthropology Today* 25, (2009): 19, doi: 10.1111/j.1467-8322.2009.00700.x

152 Ibid., 18.

The arbitrariness becomes apparent when looking at Age of Consent for sex laws in the US. They vary from state to state, usually between the ages of sixteen to eighteen. This means that a sixteen- or seventeen-year-old “child” can consent to having sex with an adult in most, but not all, US states. In Alabama, an eighteen-year-old is still a “child” if the “adult” works for the school that the “child” attends. Colorado makes a “close in age” exception: if the “adult” is no more than ten years older than a fifteen- or sixteen-year-old “child,” then sex can be consensual.¹⁵³ In Connecticut, the age of consent is sixteen, unless the sex occurs with the “child’s” coach or piano teacher, then the age of consent is eighteen. However, if there is less than a three-year difference, then sex can be consensual, such as a thirteen-year-old can consent to a fifteen-year-old. If the individual is under twelve, then the law allows for less than a two-year age difference; so, a thirteen-year-old can have sex with a twelve-year-old, but a fourteen-year-old “child” having sex with a twelve-year-old “child” could be arrested and tried as an “adult.”¹⁵⁴ This is only a very small set of examples from US state laws that create logical discrepancies on just this one definitional topic of “child” within just one country. Most of these discrepancies can be accounted for as being parochial. None of these laws have any biological basis. Euro-American statutes that permit “child” soldiers dilute arguments for the moral imperative to protect “children” from harm. The US allows the “child” to join the military with parental consent at seventeen, a decision whereby the “child” may have to kill or be killed. The UN takes a more permissive stance; “children” may join the military at the age of fifteen.¹⁵⁵

Many of the women interviewed agreed with the American social norm of eighteen as the lowest age limit for legal consent and ethical engagement in body altering activities. Yet nine out of the ten women interviewed (75%) engaged in some action that created injury to the genital area while under the age of eighteen. In general, none of these women expressed regret for engaging in genital altering activities as a minor, although for particular events, they would not make the same decisions today. Most of these women saw themselves as exceptions to a good general rule. As these women’s stories affirm, the common US narrative holds some truth; the teenage years are a time of exploring, asserting independence, and thirsting for new identities. All of which is accompanied by a lack of experience.

Alexis staunchly affirmed, twenty years later, her decision at fourteen:

There were no piercers in Vegas. So I got a hypodermic and did my [inner labias]... I didn’t like the positioning....I went down to Southern California and met a woman and was like, “Hey, I would like you to do my inners for me.” And she was like, “Yeah, but you’re not old enough.” I said, “Okay. I’m gonna go home and do this regardless ‘cause I really wanna do it, so can you at least tell me the best way to do it?” And she was like, “God, help me. I can’t believe I’m gonna do this, but...obviously you’re doing it and you’re going to keep doing it.” I put her in what I now realize as a pretty tricky ethical quandary, of you’ve got somebody who’s very young, but I mean at the same time, I had my own apartment, was working full time in addition to going to school. I did not represent myself as the “average fourteen-year-old”.... I think she made the decision that she felt comfortable with that responsibility of piercing me. I’m incredibly glad she did.

153 US Department of Health and Human Services, “Statutory Rape: A Guide to State Laws and Reporting Requirements,” *Office of the Assistant Secretary for Planning and Evaluation (ASPE)*, 2004: (18-3-402[1]). <http://aspe.hhs.gov/hsp/08/sr/statelaws/summary.shtml>.

154 *Ibid.*, (CGS § 53a-71, 46b-120, and 46b-127).

155 United Nations, “Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict [OPAC],” 2000, <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OPACCRC.aspx>.

She handled it in a way that she made me think about it. She made sure it wasn't just an impulse thing, that I wasn't just doing it for the sake of doing it but I really wanted it, and I thought about it, thought about the long-term repercussions, the scarring, and everything else.... We did the six "inners" and then probably about nine months later, we did the four "outers".... I'm very lucky that I met somebody that was awesome enough to take whatever my special situation or non-normality into account, and was willing to trust me and guide me 'cause otherwise, Jesus Christ, I probably would've butchered the shit out of myself.¹⁵⁶

Alexis' story is perhaps unusual. She was a mature and legally emancipated minor. For her, the genital piercing experience was empowering and remained as a fond memory. Alexis' experience certainly challenges the common narrative of the "helpless child." In contrast, although mature at sixteen, in looking back, Isabel felt manipulated into having her clitoral hood pierced by a much older male "professional" piercer. However, by the age of seventeen, Isabel was a proud professional body piercer and pierced adult women's genitalia. Throughout her apprenticeship, starting when she was a minor, she recorded performing more than one thousand female genital piercings. At thirty, she had maintained her career of choice as an established and well-respected body piercer.

V. Bringing It Home

Is a solution to this "moral imperative" even desired? As long as "others" need to be "saved," some participants in this network of "female genital mutilation" can continue to feel superior and altruistic. The actors and institutions that have made the study and/or eradication of "FGM" their mission can continue with purpose and funding. If Americans want answers, then we must first engage with ourselves. Once critically examined, we may accept or reject our own practices of genital alteration. "Accept" may or may not necessarily mean approve, endorse, legislate, or partake; acceptance might mean simply not prohibiting. If transvaluation is possible, Americans may find that the ideology of personal choice and freedom is of greater importance than proscribing emotionally repugnant practices.

Sarah Johnsdotter and Birgitta Essén performed a cross-cultural comparison of European female genital cosmetic surgery contrasted to the European "claims-making" of practices on Africans as "female genital mutilation."¹⁵⁷ The distinction between the practices rested on ethnocentric preferences. After their analysis they found a lingering issue of a European emotional concern for the protection of the child. However, other researchers, including those sponsored by WHO, have shown that Africans are no less concerned with the protection of the "child" and this is in part why they alter the young female's genitals, (concerns of marriageability, cleanliness, social acceptance, etc.)¹⁵⁸

Puberty intersects across my interviews as well as much of the UN data. Puberty is widely perceived as a biologically and emotionally turbulent time in an adolescent's life. Twentieth century anthropologists spent considerable amounts of time documenting and theorizing the

¹⁵⁶ "Alexis," interviewed by Paul King, November 10, 2013 (part 2, 10:23).

¹⁵⁷ Sara Johnsdotter, and Birgitta Essén, "Genitals and Ethnicity: the Politics of Genital Modifications," *Reproductive Health Matters Journal* 18, no. 35 (2010): 29-37, <http://www.ncbi.nlm.nih.gov/pubmed/20541081>

¹⁵⁸ World Health Organization. "Eliminating Female Genital Mutilation," (2008). 5-6.

social interventions of “puberty rites” (Turner, Gennep, Turner, etc.) As Jill mentioned in her interview, perhaps for the US female, having better and more visible information and support resources would be at least a good start towards a solution.

Researchers such as Lori Leonard show the complexity of practices and meanings “over there.” Contrary to UN claims, sometimes genital alteration was a sign of modernity and independence and not a “tradition” steeped in patriarchy. Myabé teenage girls say they participate for the pleasure of the party, gifts, and attention. They believe the practice makes them more beautiful and as Kékéta asserted, “I did it since it was my will.” They leave their home village since it’s prohibited and go to places that have a practitioner.¹⁵⁹ Rather than Human Rights abuse, from a Western perspective, one could just as easily conclude “teenage rebellion” or “risk-taking behavior” in asserting and exploring ones identity. Margaret Lock discussed Janice Boddy’s (1988) research with the Hofriyat in Northern Sudan. Although this is an Islamic culture, with dominant men, the women shape their culture through their bodies with the Zar cult and body practices that include pharaonic circumcision. Boddy and Lock see the Hofriyat’s participation in female genital alteration as “counter-hegemonic discourse that permits women...to renegotiate their sense of self.”¹⁶⁰

Both Shell and Hernlund support Fuambai Sia Ahmadu’s powerful observation: “Protecting the rights of ‘a minority of women who oppose the practice is a legitimate and noble cause ...mounting an international campaign to coerce 80 million adult African women to give up their tradition is unjustified’ (Ahmadu 1995:45).”¹⁶¹ Activist Teju Cole defines the “White-Savior Industrial Complex” as the moral imperative for Westerners to run in and offer help as a projection of our ego. It is a way for Westerners to feel good without really understanding or caring to understand the implications of these often unilateral actions or the greater “constellations” of intersecting peoples and claims.¹⁶²

Western countries and the international organizations they dominate need to reexamine the hyperbole of “zero tolerance” and “eradication.” This type of force does sometimes win but there are always consequences, such as populations countering with increased “FGM” and at younger ages. This is a complex problem with many intersecting moral values; therefore, there will never be a one size fits all equitable solution. Jürgen Habermas and then Gerard Delanty believed a desire for peace is the prerequisite for bridging cultural divides. From this shared intention, both the individual *and* the group can recognize the other, reflect and critique one’s own viewpoint and culture and continue a discourse towards cultural transformation.¹⁶³ This proposal is theoretically possible, yet there is little historical precedent.

Building on some of the foundational thought of David Hume’s moral philosophy (1711–1776), Jesse Prinz argues that morals are emotionally determined and culturally learned. There is no universal (in the objectivist sense), *a priori* moral truth. Drawing from research and practice in anthropology, psychology, philosophy, neuroscience, and child development, in his book *The*

159 Lori Leonard, “Adopting female ‘circumcision’ in southern Chad: The experience of Myabé,” in *Female ‘Circumcision’ in Africa*, edited by Bettina Shell-Duncan and Ylva Hernlund, (Boulder, CO: Lynne Rienner Publishers, Inc. 2000): 12.

160 Margaret Lock, “Cultivating the Body: Anthropology and Epistemologies of Bodily Practice and Knowledge,” *Annual Review of Anthropology* 22, (1993): 140-141, <http://www.jstor.org/stable/2155843>.

161 Bettina Shell-Duncan and Ylva Hernlund. “Female ‘Circumcision’ in Africa,” 2.

162 Teju Cole, “The White-savior Industrial Complex,” *The Atlantic*, March 12, 2012,4, <http://wmbranchout.files.wordpress.com/2011/12/the-white-savior-industrial-complex-international-the-atlantic.pdf>.

163 Gerard Delanty, “Habermas and Occidental Rationalism: The Politics of Identity, Social Learning, and the Cultural Limits of Moral Universalism,” *Sociology Theory* 15, no. 1 (1997): 54, <http://www.jstor.org/stable/202134>.

Emotional Construction of Morals, Prinz contends that all values are at their base emotional attitudes. Values are taught, beginning with the cognitively undeveloped infant, through emotional modeling and negative and positive reinforcement from the parent. Social groups, including the family, continue this shaping of morality. Moral reasoning is only effective in the identifying of and the appealing to already established learned emotional sentiments. Therefore individuals and groups can declare value preferences, but must realize a moral can be right to the individual and/or group, without having a foundation as a universal human right. “Morality is a human construction that issues from our passions.”¹⁶⁴ Morality rests on concepts of good, bad, right, and wrong, which are subjective.¹⁶⁵ These concepts are constituted from learned emotional responses.¹⁶⁶ As social constructions, these concepts are subject to variance and change. Since “moral emotions derive from non-moral emotions,” for Prinz, morality is entirely subjective.¹⁶⁷ Prinz draws from recent studies in the field of psychology that show:

When we provide a reason for thinking that some behavior is wrong, we imply that its wrongness consists in the fact that it has a particular property that makes it wrong.¹⁶⁸ We decide whether something is wrong by introspecting our feelings: if an action makes us feel bad, we conclude that it is wrong.... We deliberate about moral dilemmas by pitting emotions against emotions. Conflicting rules have different emotional strength, and the stronger emotions win out.¹⁶⁹ Basic values provide reasons, but they are not based on reasons.¹⁷⁰

Prinz reported the research findings of Greene et al. that “diminishing the emotional intensity of killing doubles the approval rating.”¹⁷¹ In separate studies, the researchers Schnall, Haidt, and Blair found that “Consistent with this, people’s moral judgments can be shifted simply by altering their emotional states.”¹⁷² Prinz notes, historically, the appearance of cross-cultural alignments of morality is often the result of one group such as a nation or a religion, dominating another.¹⁷³

Of course we can look for common ground when negotiating with each other, but these shared understandings need to be recognized as not being concrete facts throughout all time and place. We may or may not choose to tolerate others’ behaviors, but we must not delude ourselves with ideations of moral superiority. An individual, group, or nation may choose to tolerate an “other” in the spirit of Jacques Derrida’s notion of “conditional hospitality.”¹⁷⁴ This notion of conditional hospitality sets ground rules for how we can cordially interact with difference without denying or embracing moral incongruity.

Alison Renteln, a professor of political science, anthropology, and law believed that different social systems have discreet moral systems that were sometimes opposed; however,

164 Jesse Prinz. *The Emotional Construction of Morals*. Oxford University Press. Kindle Edition, 2007, 2.

165 Ibid., 8.

166 Ibid., 23.

167 Ibid., 9.

168 Ibid., 32.

169 Ibid., 25.

170 Ibid., 32.

171 Ibid., 25.

172 Jesse Prinz, “Morality is a Culturally Conditioned Response,” *Philosophy Now* 82, (2011):3, https://philosophynow.org/issues/82/Morality_is_a_Culturally_Conditioned_Response.

173 Ibid., 2.

174 Kevin O’Gorman, “Jacques Derrida’s Philosophy of Hospitality,” *Heriot Watt University* 8, no. 4 (2006): 50-57, https://pureapps2.hw.ac.uk/portal/files/4162817/Jacques_Derrida_s_philosophy_of_hospitality.pdf

there may still be overlap and common ground. She held that reasoning and biology were weaker than ethnographic study to look for intersections of values through a process of adduction. Renteln asserted that we can be cultural relativists and have an opinion and even intervene if we feel we must, but we are doing it with the knowledge that we are ethnocentric and our ideas are not universally held.¹⁷⁵ I think that ethnography as a tool to explore commonalities of values is worthwhile. I think we need to be careful of arguments that rely too much on ethnographic data or else researchers run the risk of essentializing a people's values, meanings, and practices, which can shift with time.

In her quest for answers into the irreconcilable ideologies of multiculturalism and self-determinism within Australia's dominant culture and the subaltern Aborigines, Elizabeth Povinelli reached an impasse of "moral alterity."¹⁷⁶ There was no universalizing ethos. Confronted with the realization that morality systems can be fundamentally dissimilar resulted in a conundrum. The two of the most cherished ideals of Western liberalism, embracement of group diversity and personal liberty, are, at their core logic, mutually exclusive, since some groups do not consider personal autonomy a positive value.

In reviewing the literature, much of the language of female genital mutilation reveals simplified understandings and overgeneralized viewpoints to promote ideological missions. When contrasting and comparing cross-cultural female genital alteration (the practices, the motivations, and the outcomes), universalized moral arguments fall apart. These moral claims left without clear logic collapse into emotional outrage and disgust.

I appreciate Fuumbai Sia Amadhu's claim, "I am neutral," however, I am more ambivalent.¹⁷⁷ In a conversation about female genital alteration with the anthropologist Lawrence Cohen he stated, "One has to choose between violences."¹⁷⁸ I don't think women *should* get their genitals altered and I don't think they *should not* get their genitals altered. I do think they should be allowed to decide and that their decision must be respected. We should serve specifically those asking for help.

If asked, a reasonable alternative to more invasive procedures could be offered, such as the "prick compromise." This is a medicalized solution. In his paper, "Medicalization and Social Control" Peter Conrad defines medicalization:

Medicalization consists of defining a problem in medical terms, using medical language to describe a problem, adopting a medical framework to understand a problem, or using a medical intervention to "treat" it. This is a socio-cultural process that may or may not involve the medical profession, lead to medical social control or medical treatment, or be the result of intentional expansion by the medical profession.¹⁷⁹

The "prick compromise" has been attempted before in Seattle (1996), the Netherlands

175 Alison Renteln, *International Human Rights: Universalism Versus Relativism*, *Frontiers of Anthropology* 6, (London: Sage Publications, 1990), 77.

176 Elizabeth Povinelli, *The Cunning of Recognition: Indigenous Alterities and the Making of Australian Multiculturalism*, (Durham: Duke University Press, 2002), 264-6.

177 Fumbai S. Ahmadu, "Rights and Wrongs: An Insider / Outsider Reflects on Power and Excision," In *Female "Circumcision" in Africa*, edited by Bettina Shell-Duncan and Ylva Hernlund, (Boulder: Lynne Rienner Publishers, Inc., 2000), 305.

178 Lawrence Cohen, in conversation with Paul King, May 1, 2013.

179 Peter Conrad, "Medicalization and Social Control," *Annual Review of Sociology* 18, (1992): 211, <http://www.jstor.org/stable/2083452>.

(2008), and by the American Association of Pediatrics (2010). The AAP stated that, “This [nicking of clitoral hood skin] is no more an alteration than ear piercing.”¹⁸⁰ The AAP also acknowledged that a “nick” procedure would be less invasive than a male infant circumcision.¹⁸¹ Another medicalized alternative for female genital alterations could involve the proliferation of training and licensing for non-medical practitioners. In America, midwifery and body piercing have both continued to alter female genitals but with greater oversight of training and practice.¹⁸²

All the participants of this research reported enjoying the interview process. Some found it “clarifying” and self-reflective. During our interview, Monica said, “I didn’t realize how much attention I’d given myself down there!”¹⁸³ My report is already the past. Issues will continue to change. These twelve interviewees’ perspectives will continue to be informed and shift by their continuing life experiences. I can speak only to the moment.

What does it mean to help? This is so basic yet so difficult to answer. I don’t think we Americans are going to change our basic ideal of generosity anytime soon, but we must investigate our motivations to help. Perhaps institutionalized giving needs a paradigm shift. I would assert Americans should help when asked. We should help in ways that are helpful. We should help in ways that we are willing to give and in ways that are willingly received. We should give freely or convey our expected contingencies.

Searching for universal values is a noble cause. However, I think universals will always fall prey to the problem of time and context. To declare anything as “universal” removes the element of change and all individuals and communities change. Perhaps just as important as trying to decipher cross-cultural universals is growing an understanding and acceptance of difference; at the end of any journey we should return home, hopefully with new perspectives of our own lives. In looking back to my first AAA conference, I’m reminded that none of us can hear what we are not ready to hear. Having kindness and patience in our communications with each other might be a good start.

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180 American Academy of Pediatrics. “Ritual Genital Cutting of Female Minors by the Committee on Bioethics.” *Pediatrics: Official Journal of the American Academy of Pediatrics* 125, (2010): 1092, DOI:10.1542/peds.20100187

181 Ibid., 1092.

182 Katherine Beckett, and Bruce Hoffman, “Challenging Medicine: Law, Resistance, and the Cultural Politics of Childbirth,” *Law and Society Review*, 39, no. 1 (2005): 125-170, DOI: 10.1111/j.00239216.2005.00079.x

183 “Monica,” interviewed by Paul King, November 10, 2013: 2.

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