

OVERLOOKING THE RITE IN THE NAME OF WHAT'S "RIGHT": THE WEST AND ITS PERCEPTIONS OF FEMALE GENITAL CUTTING

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"A name commonly applied, including by the [World Health Organization] itself, is 'female genital mutilation' but this description may be ethically inappropriate. . . . Evaluatively, the name is not a neutral description but a severely hostile judgment, since it condemns those who seek, authorize and perform such cutting as mutilators of human beings."

—Rebecca J. Cook, *African Journal of Reproductive Health*

On November 1, 2006, in Duluth, Georgia, Khalid Adem was sentenced to ten years in prison and five years' probation for allegedly circumcising his young daughter with scissors. The court determined that he committed the act in 2001, when his daughter was two years old—though his wife did not report the crime until 2003 (Poole and Feagans). Adem denied responsibility, but his daughter ultimately testified that "my dad cut me on my private part" (Mungin, "'Dad Cut Me,' 7-Year-Old Testifies"). An Ethiopian immigrant to the United States, Adem is native to a culture that traditionally practices what is often referred to as "female genital mutilation." In contrast, his wife's country of origin, South Africa, does not partake in the tradition (Hansen). This particular difference between the cultural backgrounds of Adem and his wife seems to support the verdict that was eventually reached; it is illogical to think that someone such as Adem's wife would perform a *foreign* ritual that is quite so distinct and irrevocable.

Nevertheless, when one considers the Adem trial within the larger context of the debate about female genital cutting (FGC), an element of the case rings false. Even if Adem was justly accused, his daughter's experience was atypical of those who undergo female circumcision. In Miss Adem's case, it was her father who enforced and performed the ritual, while in the vast majority of FGC cases, the practice is perpetuated and performed by women. To better understand the larger debate, then, we need to explore the rhetoric of this particular case. Rather than reflecting the reality of the rite, the trial reflected a misinformed model of the tradition in which men are the perpetrators of an institutionalized act of aggression. This discrepancy is significant because it is indicative of a larger issue at play in the United States.

The conversation about female circumcision that is unfolding in the West is unfortunately characterized by an almost willful ignorance of the social and cultural structures and beliefs that encourage FGC within the communities that practice it. Genital cutting is undeniably a violent ritual; consequently, it raises questions about the place that certain belief systems have in the globalized world, as well as about the

extent to which certain cultural traditions can be reconciled with modern society. Yet in attempting to answer these questions, one is inevitably led to pass judgment on foreign cultures and values. This cannot be reasonably attempted without first establishing a firm sense of the culture surrounding the rite in question. If the United States has in fact chosen to enter the debate on female circumcision (and indeed, because the U.S. outlawed it in 1996, this seems to be the country's intention), the nation should avoid treating the practice as a gratuitous act of cruelty. It is vital that the United States regard FGC as a product of a nuanced and deeply rooted belief system that merits just as much consideration as the ritual itself.

Female genital mutilation is a topic of interest and controversy not only because of what it entails but also because of its prevalence. It is practiced in fourteen African countries, including some in which the tradition has officially been banned. Within these nations, the estimated percentages of women that will be subjected to genital cutting are, according to the World Health Organization (WHO), as high as ninety percent in Ethiopia, ninety-seven percent in Egypt, and ninety-eight percent in Somalia. Between 100 and 140 million women in Africa have been circumcised, and two million women are estimated to be at risk each year (Hansen). Furthermore, FGC has been practiced in Asia, Australia and South America—and, indeed, in the United States (Williams and Sobieszczyk 966).

It is crucial to point out, however, that the population of women who undergo FGC is diverse not only in terms of geography, but also in the sense that the women experience a wide range of circumcision practices, all of which are classified by the WHO as “female genital mutilation,” or “FGM.” The most severe and dangerous form of the practice, known as infibulation or Pharaonic circumcision and categorized by the WHO as “FGM Type III,” is probably the one most often imagined when female genital cutting is discussed. Infibulation requires the complete removal of the clitoris, as well as the removal of the inner lips and most of the outer lips of the vagina. What remains of the outer lips is then stitched together, leaving only a tiny hole through which urination, menstruation and intercourse occur—often with great difficulty. Pharaonic circumcision inevitably leads to health problems later in life; infibulated women suffer from chronic urinary tract infections, hemorrhaging, pain during intercourse, and complications during pregnancy (Dreifus). Yet other forms of FGC are prevalent, especially since infibulation has been widely outlawed. The least damaging practice entails a nicking of the clitoris, the only goal being to draw a small amount of blood. The WHO category “FGM Type I” refers to the removal of part or all of the clitoris; this is commonly referred to as sunna, which translates to “tradition” or “duty.” Finally, between the two extremes of Type I and Type III falls a vast range of “intermediate” practices, all of which are categorized as “FGM Type II,” and many of which are associated with some of the same health risks as Pharaonic circumcision (Williams and Sobieszczyk 967).

It is the physical damage associated with female genital cutting that, since the West began to take interest in the tradition in the 1970s, has led outsiders to passionately speak out against the practice. The WHO's position is that "female genital mutilation is universally unacceptable because it is an infringement on the physical and psychosexual integrity of women and girls and is a form of violence against them" (Bell 130). Yet while an acknowledgment of the violence required by female genital cutting is important to discussion of and opposition to the practice, it is critical that the West come to understand FGC within the context of the culture that perpetuates the custom. As it stands, the West discusses female circumcision in terms of pain, horror, and subjugation. As evident in American commentaries and news articles as well as in the case of Khalid Adem, this representation of the issue amounts to a manipulation of what is at stake.

The trial of Khalid Adem is significant in part because it literally brought the issue home to the United States. The case attracted so much attention that a conference on FGC that was originally scheduled to take place in Nairobi, Kenya was moved to Atlanta, the reason being—according to an article in *The Atlanta Journal-Constitution*—that the executive director of the host organization believed the trial created "an incredible opportunity to break the silence about the issue." She went on to clarify that this silence was an affliction unique to the U.S., calling it "disturbing to see progress in Africa while in this country we're not prepared to address the issue" (Shoichet). Indeed, many Americans will be surprised to discover that, according to the Centers for Disease Control and Prevention, an estimated 168,000 African women living in the United States have undergone genital cutting (Hansen).

A consideration of the West's relationship with female circumcision from a historical perspective reveals the equally unexpected fact of the West's own employment of the practice. Kirsten Bell, a professor at Macquarie University, says in her article "Genital Cutting and Western Discourses on Sexuality" that "the conceptual separation underlying Western treatments of male and female circumcision is alien to many Africans" (128). Most of the West has gradually made a prominent distinction between male and female circumcision (thus, the term "female circumcision" is often deemed a euphemism). This is not to suggest, however, that the West has not historically revered the latter. According to Bell, masturbation was perceived to be the cause of a number of ailments in the mid- to late-nineteenth century—asthma, epilepsy and rheumatism, to name a few. In turn, clitoridectomies (as well as male circumcision) were considered a successful cure for excessive masturbation. This belief persisted in America and Australia until the late 1960s (132). Bell asserts that "the history of female circumcision in the West sheds light on the way that changing cultural attitudes . . . may lead to the continuation or cessation of medical practices" (132). She refers here to the way that changes in Western perceptions of the differences between female and male genitalia have been reflected in the Western medical field, but her observation is also relevant to the potential transformation of practices in contemporary African

cultures. A shift in cultural attitudes would likely precede any change in the genital cutting tradition.

Unfortunately, the West tends to avoid becoming familiar with the cultural attitudes that are at the heart of FGC. Instead, it focuses on the horror of the physical manifestation of foreign understandings of femininity, purity, and honor. The conversation about FGC is too often reliant upon an oversimplified and superficial packaging of the issue as simply a gender-specific form of abuse. This rendering of it also happens to be the most visually communicable (if not with the use of actual images, then with the use of vivid descriptions), and the most appealing to passion. In her article “Humanitarianism and the Pornography of Pain in Anglo-American Culture,” Karen Halttunen asserts that “eighteenth-century moral philosophers treated sympathy as a sentiment stirred primarily through sight” (305). Ultimately, however, the act of seeing can be replaced by the act of imagining, fueled by stirring accounts of someone else’s suffering. In her article, Halttunen describes a custom that developed in America in the late 1700s and early 1800s in regard to journalistic publications whose purpose was to record and report on murders. She writes,

the popular account of murder became increasingly visual in its treatment of the violence of the crime, offering detailed verbal descriptions. . . . Readers were expressly invited to envision the murder in question, to reconstruct it imaginatively in their mind’s eye, to watch the violence unfold. (312)

While it may seem that there was an element of entertainment inherent in these historical accounts that cannot reasonably be pointed to in modern literature on female circumcision, Halttunen’s underlying argument is that all accounts of violence, though on some level necessary to generate sympathy, have the potential to leave people more mesmerized than sympathetic.

The first sentence of a published personal account of FGC written by a sixteen-year-old Somali girl living in Atlanta launches into a description of her own circumcision. She describes being pinned down and screaming, the “deep, cold look” on her mother’s face, her own bulging eyes, and the “surge of pain through [her] spine [that] sends [her] head back to the floor” (Hussein). Graphic personal accounts are arguably fundamental to raising awareness about FGC, yet in light of the potential that violent narratives have to appeal to readers’ lurid appetites, an effort should be made to place these accounts within a more objective frame.

It is apparent that the West’s awareness of this contextual frame is lacking. Tragically, this is evident even in the medical field. The need for doctors with an understanding of the beliefs and traditions that facilitate and perpetuate FGC was so dire in 1999 that a Harvard-trained Sudanese doctor founded a clinic at Brigham and Women’s Hospital in Massachusetts specifically devoted to the care of African women. Said one of Dr. Nawal Nour’s patients in a *Boston Globe* feature about the

clinic: “I’ve been trying to get a doctor that will understand the culture and the circumcision problems that I’ve had. I never came across any” (Sege). In an interview conducted for *The New York Times*, Dr. Nour herself was asked about her patients’ experiences with other American doctors. She responded:

I understand that female circumcision is a horrible act and I empathize with the horror of the doctor, but what I ask is that a physician not reveal their emotions and thoughts to the patient. For people who haven’t ever dealt with this, the whole thing may be difficult to understand. One can say, “it’s a horrible practice and it needs to be stopped.” But the practice is very different from the patient. The patient may or may not have wanted it herself, or she may be happy with the way her body looks. (Dreifus)

The last line of Nour’s statement is especially enlightening in that it reveals a complexity often ignored when discussing female genital cutting. There is a focus in the West on the horror of FGC (evident in Nour’s allusion to the doctor’s perspective); furthermore, the West’s understanding of female circumcision is often based on the assumption that genital cutting is always imposed on women against their will. Yet, in the interview, Nour describes her childhood memories of recently circumcised peers basking in the satisfaction of having blossomed into mature women. In a similar vein, Rebecca J. Cook writes in the *African Journal of Medical Health* that “in a society where there is little economic viability for women outside marriage, ensuring that a daughter undergoes genital mutilation as a child or teenager is a loving act to make certain of her marriageability” (7). Perhaps because it is easier to imagine the issue as the oppression of one group (women and girls) at the hands of another (men), the West generally disregards both the female desire to be circumcised, and the reality that the ritual is organized and performed almost exclusively by women, effectively precluding any practical understanding of the procedure within the male population (Gruenbaum 131-2, 134-6).

Within the communities in which female genital cutting is practiced, the tradition is seen as a necessary step in the protection and rearing of one’s daughters. Female circumcision is considered a rite of passage into womanhood; it is what assures the cleanliness and purity of the woman, and it is what defines and signifies her intact and virginal state. Whether or not one finds fault with the belief that a woman is virginal and pure only if her vaginal opening has been made artificially tight and impenetrable, this notion of purity is powerfully ingrained in the collective mind of the male and female communities of the practicing cultures. Anthropologist Ellen Gruenbaum, who has conducted extensive research on FGC in Sudan, writes in her article on the topic that the “altering of less visible parts like the genital area is . . . reinforced by body aesthetics, even if no one but the person herself usually sees or feels it.” She goes on to describe the “way in which Sudanese women praise the smooth, clean character of

the idealized infibulated vulva,” and the fact that “women also express revulsion at the imagined dirty, smelly or wet folds of the open, uninfibulated vulva” (125). Gruenbaum also asserts that certain aspects of FGC, particularly the removal of the clitoris—often considered the female equivalent of the penis—are what “define the child’s sex socially” (126). In practicing communities, many young girls desire to be circumcised for some of the same reasons that American girls seek to acquire Barbie-like proportions—although in the case of circumcision, the perception that the procedure is a prerequisite to marriage and social acceptability is mired in reality (125).

Generally speaking, it is the women who perpetuate and enforce the tradition of female circumcision. In 1997, Cornell professors Lindy Williams and Teresa Sobieszczyk conducted and published a study on the continuation of FGC in Sudan. Although approximately half of the women they asked said they did not know why genital cutting continued to thrive, eighty percent of them attributed their personal decision to circumcise their own daughters to “custom and tradition,” “the practice [being] a ‘good tradition’” and “cleanliness” (974). Given that the ritual is promoted and performed almost exclusively by female members of society, it is not helpful to the American understanding of FGC that the most well-known U.S. case of female genital cutting involved a clitoridectomy carried out by a man.

An article in *The Atlanta Journal-Constitution* written by Lateef Mungin before Khalid Adem was found guilty quoted Adem’s outraged wife: “[My daughter’s] whole life has been changed. . . . She is going to be traumatized psychologically. Parts of her body have been taken away from her without her consent. They need to look at this child the same way they would if she had been raped” (“Rite of Outrage”). In the individual case of her daughter’s experience, Mrs. Adem’s words ring powerfully true—particularly since they come from a woman whose native country does not practice FGC. Indeed, the press represented the story quite accurately. The story itself, however, portrays the larger issue in a way that augments the West’s simplified perception of FGC as a gruesome manifestation of male dominance. For Adem’s trial to have contributed to the West’s superficial understanding of female circumcision is especially dangerous since the well-publicized trial represented mainstream America’s first intimate encounter with the practice.

An examination of the tactics taken on by the prosecution and defense at Adem’s trial seems to support the hypothesis that the West lacks knowledge about the culture surrounding FGC. Mungin covered the trial quite thoroughly in his articles. Ultimately, it was the seven-year-old girl who ensured the conviction of her father. The prosecutor’s argument hung on her brief testimony, and on a series of nightmares in which she had allegedly screamed “No, Daddy. No.” The prosecutor claimed, “She was basically saying her dad was a monster in her dreams. But it is not a dream. He did it in real life” (Mungin, “Mutilation Case Goes to the Jury”). The defense, meanwhile, argued that there was no way Adem would have been able to hide the damage of the procedure from his wife, thus concluding that the mother must have

been responsible. Guilt and responsibility aside, it is worth noting that the jury was ultimately unmoved by the defense's suggestion of maternal neglect, despite the defense's directed questioning: "Now moms, how in the world would you not know that your daughter had been circumcised—for a year and four months?" (Mungin, "Mutilation Case Goes to the Jury"). Might this reflect the common assumption that genital cutting always victimizes women?

Given that Adem's wife was South African and therefore less likely than he was to adhere to the custom of female circumcision, Adem's conviction was probably just. Still, as far as the United States is concerned, the trial introduced a new element to the issue of FGC. The debate is no longer academic and abstract; it is undeniably an issue in our own communities. On some level, this new dimension of the issue gives one the impression that the United States can now divorce the physical act of violence from its cultural context. One might argue that because neither the ritual nor the values associated with it are traditionally American, the United States has no obligation to consider the significance of the belief system that supports the tradition. This, however, is a flawed judgment of the situation. Criminalizing parents who circumcise their daughters, for instance, has—according to an article by Catherine E. Shoichet in *The Atlanta Journal-Constitution*—merely driven the practice underground, while the cultural values that feed it continue to flourish. The outlawing of FGC in the U.S. has done little to facilitate a dialogue about the cultures that see beauty and necessity in the tradition. This dialogue must take place. If the United States intends to approach the issue in a productive manner, it must cease to distort and trivialize the cultural significance of the practice.

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