

## **“Unspeakable Atrocities”: The Psycho-sexual Etiology of Female Genital Mutilation**

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Most recent estimates indicate that 70,000,000 African and Near Eastern females, ranging in age from a few days to beyond puberty, are currently the victims of 'ritual' genital mutilation. This article, designed to provide an introduction to the problem, describes the three main types of surgery ("sunna" circumcision, clitoridectomy/excision, and infibulation), lists the immediate and long-term (gynecological and obstetrical) health results, names those geographical areas affected, and attempts to understand the significance of these 'rites' through the analysis of rationalizations given to justify them. These rationalizations serve to cover up the underlying reasons, regarded by this author as mainly psycho-sexual in nature. Since the most significant justification for genital mutilation is the male's refusal to marry a non-excised woman, fear of female sexuality appears as a powerful but unacknowledged force which, along with the weight of tradition and the economic interests of the operating classes, is responsible for the longevity of this form of ritual torture.

Often under the guise of religious initiation rites, millions of women and girls, ranging in age from a few days to beyond puberty, are still subjected to a hideous form of mutilation. Euphemistically spoken of in Africa as "circumcision," the practice of female genital mutilation is in reality quite distinct from the removal of the foreskin as practiced among boys. French ethnologist Annie de Villeneuve (cited in Lantier, 1972), gives an eye-witness account of what actually does happen to females:

Among the Somalis the initiation rites take place in the home among the women relatives, neighbors and friends. The father stays outside the door as a symbolic guard. The mother officiates, or her place is taken by an older woman. At each ceremony only one little girl is mutilated, but all girls without exception must undergo this operation before they are married. The ritual itself is not accompanied by any religious ceremony or medicinal preparation — it is performed similar to castrating an animal.

The little girl sits down on a stool that is not even wiped and several women hold her down firmly. After separating her outer and inner lips (labia majora and labia minora) with her finger, the old woman attaches them with large thorns onto the flesh of each thigh. With her kitchen knife the woman then pierces and slices open the hood of the clitoris and begins to cut it out. While another woman wipes off the blood with a rag, the . . . operator digs with her fingernail a hole the length of the clitoris to detach and pull out that organ. The little girl screams in extreme pain, but no one pays the slightest attention. . . .

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If the little girl faints, the mother blows pilipili (spice powder) into her nostrils to revive her. . . .

[And] this is not the end of the torture. The most important part of the ritual begins only now. After a short moment the woman takes the knife again and cuts off the inner lips (*labia minora*). The helper again wipes the blood with her rag. Then the mother with a swift motion begins to scrape off the skin from the inside of the large lips. . . .

With the abrasion of the skin completed according to the rules, the woman closes the bleeding large lips and fixes them one against another with large acacia thorns.

At this stage of the operation the child is spent and exhausted and generally stops crying but usually has convulsions. One then forces down her throat a concoction of plants.

The operator's chief concern is to achieve as narrow an opening as possible, just enough to allow the urine and the future menstrual flow to pass. A small splinter of wood is usually inserted to keep the wound from closing entirely. The honor of the operator depends on making this opening as small as possible, because among the Somalis the smaller this artificial passage is, the higher the value of the girl. (She is traded by her father, usually for goats, as soon as she starts menstruating . . .)

Once the operation is finished, the mother washes the sex area of the girl and wipes her with a rag. Then the girl is freed and is ordered to get up. The neighbors . . . help to immobilize her thighs with ropes of goat skin. A solid bandage is then applied from [the girl's] knees to [her] beltline [and] is left in place for about two weeks. The girl must remain immobile stretched on a mat for the entire time while all the excrement evidently remains with her in the bandage.

After that the girl is released and the bandage is cleaned. Her sex organs are closed artificially and this is preserved until her marriage. Contrary to what one would assume, death is not a very frequent result of this operation. One does, of course, deplore the various complications which frequently leave the girls crippled and disabled for the rest of their lives. (p. 277)

This child, a victim of "pharaonic circumcision" or infibulation, is one of the 70,000,000 females in Africa and the Near East today who have been subjected to some form of genital mutilation.<sup>1</sup> In addition to infibulation, there are two 'milder' types of surgery. The most frequent is excision or clitoridectomy, which means amputation of the clitoris sometimes accompanied by the removal of all or part of the external genitalia. The other operation is known as "sunna circumcision," a delicate intervention

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<sup>1</sup>The estimate of 70,000,000 stems from Fran Hosken, advisor to the World Health Organization and recognized authority on genital mutilation who has published widely on the subject. Her articles are generally pragmatic and informative; she describes the 'rites' at length, focusing especially on the health results. She tends to avoid speculation concerning deep psychological motivations, apparently content to account for the overt reasons given by those involved. But one specific observation of importance for our attempt to understand the causes of this phenomenon is the apparent link between polygamy and clitoridectomy: where a man may have more than one wife, female sexuality will prove even more threatening. And polygamy is indeed a significant social factor in those societies where genital mutilation is practiced: Infibulation is practiced throughout Somalia, in the Sudan (with the exception of the Southern province), in Ethiopia, northern Kenya, southern Egypt, Djibouti, northern Nigeria and throughout Mali. Excision can be found in the Sudan, Ethiopia, Kenya, northern Tanzania, parts of Uganda and Egypt. In West Africa, the countries represented are Nigeria, Ghana, the Ivory Coast, Sierra Leone, Guinea, Senegal, Gambia, Mali, Gupper Volta, Mauritania, Togo, Benin, Liberia and North Cameroon; in the Central African Republic, Niger, Chad, Central Africa and northern Zaire. On the Arabian peninsula, cases of excision have been reported in South Yemen as well as the southern part of Saudi Arabia.

requiring a significant degree of surgical skill. This is intended to effect the removal of the clitoral prepuce only, but it is questionable whether the 'ideal' is achieved by the majority of tribal operators, working with primitive instruments in wholly unsanitary conditions.

### Health Results

Having read the eye-witness account of one such "ritual," we can understand why feminist philosopher Mary Daly (1978) writes of "unspeakable atrocities," and why Fran P. Hosken (1980), an authority on genital mutilation, notes that this constitutes the most carefully guarded secret in Africa today. Nevertheless, the greatest threat to the health and well-being of African women and their offspring stems from these medically unjustifiable interventions. It is therefore from the point of view of women's health that the problem is being attacked. As Fran Hosken states: "The right to health is a basic human right that cannot be abridged." Her publications in numerous scientific journals emphasize the devastating effects of these operations.

Immediate post-operative problems include faintness and nose-bleeding, which often accompany the initial shock. Retention of urine as well as bladder infections are common. The latter result from the frequent cutting of the urinary tract and perineum during the excision itself. In addition, the girl's desperate struggles may occasion unintentional wounding of the uterus, lower abdomen and thighs. 'Surgical' instruments include knives, razors, or pieces of glass which have not been sterilized. This often leads to tetanus or septic anemia, if the amputee has not already been the victim of a fatal hemorrhage.

Long-term health results include both gynecological and obstetrical complications, such as painful menstruation and difficulties in passing menstrual blood, chronic infections of the uterus and the vagina, the anal and urinary passages, and, of course, excessively painful intercourse. Additional noxious side effects include cysts, which may grow as large as soccer balls, keloid formations, and infertility due to chronic infections. Furthermore, in later life, the mutilated woman may become incontinent due to fistula formation (rupture of the vagina), which means that she is continually dribbling urine and is, accordingly, ostracized.

These operations also have a significant negative effect on child-bearing, making it even more dangerous. The scar tissue which now composes the female genitalia is almost totally inelastic, increasing the pain and risk of hemorrhaging during parturition. There can also be a marked delay in the second stage of delivery, due again to this inelasticity, which may cause lack of oxygen and therefore result in brain damage to the infant. Dilation is in general inhibited, and infibulated women must, of course, be assisted by a midwife. For example, in some parts of Somalia, parturient women dangle from a beam in the ceiling while the midwife cuts a passage for the child. Finally, a particularly atrocious side-effect should be noted, the development of a nevroma at the site of the excision where the nerve is cut:

If the midwife is clumsy, if her eyesight is poor, if the instrument is too blunt, if the "patient" twitches at just that fateful instant, or — if the exciseuse considers it desirable — then the cut will be made so deep that the main nerve is hit and exposed. (El Masry, 1963, p. 36, author's translation)

At the slightest touch, these women suffer excruciating spasms, like those associated with other severed limbs. Denied not only a source of intense pleasure, they have also been inflicted with a source of constant pain.

For the victims of genital mutilation, sexuality is associated with torture whose effects on a woman's general state of health have been reviewed; the psychological dimension of castration, however, has not been examined by most experts. As Fran Hosken claims, "the trauma . . . from prolonged pain (anesthetics are not used), from coital problems and acute childbirth complications . . . [as well as] the damaging effects of . . . frigidity have been ignored so far" (Hosken, Note 1). But African women, in contrast to the 'experts', place significant emphasis upon the severe psychological difficulties resulting from these "rites." Benoitte Groult (1979) quotes the Egyptian author Nawal el Sadaawi who, in her book on women in the Arab world, notes that the majority, if not all of the amputees developed, as a direct result of this "aggression against their most intimate selves" (p. 50, author's translation), sexual neuroses or other serious mental problems. Additional testimony is provided by Asha, a Somalian woman whose cousin, after marriage, became a "vegetable." Asha's sardonic comment: "With such wives, husbands have nothing to fear. Their women are calm, tranquil, disincarnated" (cited in Groult, 1979, p. 53, author's translation). This total loss of self is not surprising when one considers that extreme pain is associated with all aspects of an infibulated woman's heterosexual experience. When she marries, she must be re-opened — frequently with a knife or a razor. And her husband is advised to use her as often as possible during the first few days so that the passage does not have a chance to close. Also, following childbirth, she may again be sewn to create a tighter, more comfortable fit for her owner. As one Sudanese woman commented on the seventeen births of a neighbor: "They cut it, and they sewed it, and they cut it and they sewed it, as if it were a piece of cloth" (cited in Braun, Levin, and Schwarbauer, 1979, p. 11).

### Rationalizations

We can only agree with Benoitte Groult who writes, "One's own genitalia ache on reading this . . . One aches in the depths of oneself" (1975, p. 100, author's translation). All this is just too terrible, and we are sorely tempted to deny our knowledge that such horror exists. For we, too, are implicated: we sense that the causes are so laden with parallels to our own destinies as women and men in phallogocratic culture that we do not want to accept the defilement of the human spirit which these ritual mutilations represent. Granted, we may not treat the female sex organs as though they were pieces of cloth, belonging not to a living, sentient being but rather to a lifeless object. And yet, androcratic culture does indeed deny full humanity

to women, symbolically castrating them in many ways; genital mutilation merely serves to translate misogyny into fact. For clearly, these operations effect an irreversible reduction of the victim, making her into an acquiescing slave. As Fran Hosken notes: "The operation is meant to reduce the sexual sensitivity of women so that they do not dominate male sexual performance. [But] it also [and perhaps more importantly] has psychological implications of complete acceptance of male dominance not only in matters of sex but also in all other activities" (Hosken, 1978, p. 152). From these facts we can posit a tenacious *need* on the part of men to effect the absolute subjugation of women, and it is this need which provides the ultimate object of our inquiry into these customs. For despite the use of women as operators ("token torturers," notes Mary Daly, 1978), their mandate clearly proceeds from the demands of men, whose refusal to marry "gaping" or "whole" women represents the most important single force behind the survival of these "rites." But marriage is often absolutely necessary for economic survival in traditional cultures where the family still functions as the major producer of food. An ostracized woman therefore may have to face consequences even more devastating than mutilation — death through starvation, for example.

Clitoridectomy thus appears to assuage male fears of female potency, fears explicitly recorded in the folk beliefs of several tribes where these rites prevail. According to the Mossis of Upper Volta "the clitoris kills children at birth and can be a source of impotence" (cited in Daly, 1978, p. 60). Similarly, the Bambaras claim that the protuberance can wound and even kill a man (Groult, 1975, p. 102). A comparable preoccupation with virility is expressed by the Dogon of Mali, for whom excision and circumcision serve to "cure" girls and boys of an essential hermaphroditism (Daly, 1978, p. 160). As one Nandi chieftain clearly stated: "We don't want such a hanging down thing in our women!" (cited in Bettelheim, 1962, p. 141).

These traditional explanations distinguish themselves from the utterances of more recent commentators mainly by virtue of their honesty, for they acknowledge male responsibility. In contrast, among researchers, government officials, western journalists and other males who have recently made pronouncements on the subject, the tendency is to blame the women. E.G. Davis cites a male ethnologist's claim that the clitoris "sometimes acquires an astonishing magnitude, and we have proof on record of women with large clitorides who have seduced young girls . . . It is to avoid such unnatural connections that the Asiatic nations . . . are in the habit of removing the clitoris" (cited in Davis, 1971, p. 156). The dangers of female depravity also appear to have influenced the General Director of Hospitals in the Egyptian Ministry of Health who said in 1970 that these operations are desirable in order to "relieve women" and "to limit their sexual appetite" (Groult, 1975, p. 103, author's translation). Jomo Kenyatta, in complete agreement, adds that "not a single Gikuyu worthy of the name wants to marry a non-excised woman because that

operation is the basis of all moral and religious instruction" (cited in Groult, 1975, p. 105, author's translation). And the Grand Muphti of Mecca assures us that these operations are "agreeable to Allah"<sup>2</sup> (Groult, 1975, p. 102, author's translation).

Underlying these assertions is the all too familiar myth of the insatiable female who, since Biblical times, has dominated Western images of women. According to this view, descendants of Eve are driven by archaic impulses inimical to any rule of law; they must therefore be tamed, or society itself will crumble. The moralists draw their inspiration directly from the myth of feminine evil and find themselves confirmed by colleagues in the sciences. For example, sexologist Pierre Hanry, speaking before the *Congres Internationale de Sexologie Medicale* in 1974 derived his argument from a supposed opposition between female sexuality and a harmonious (patriarchal) social order. He notes that "excision is a coherent attempt to favor the sexual integration of the woman in accordance with strictly social criteria. The vocation of the Guinean woman is motherhood. Excision suppresses the organ of pleasure which is sterile, hence asocial, in order to leave only the organ of pleasure which is fertile, hence social" (cited in Groult, 1975, p. 105, author's translation). Indeed, a very widespread — and clearly mistaken — belief is that child-bearing is impossible *without* clitoridectomy. This rationalization serves, of course, as a very powerful motive in women whose respectability depends on the number of children they bear. However, as we have noted, the opposite is true: genital mutilation can be a major cause of sterility.

The most compelling reason for these "initiation rites" is recognized by Asha, a Somalian woman who notes that the major point of excision is to prevent women from having free sexual relations. Clearly, men wish to suppress and control female sexuality. As one tribal chief and magician related quite openly to Jacques Lantier:

[God] has given the clitoris to the woman so that she can use it before marriage in order to experience the pleasure of love while still remaining pure. . . .

The clitoris of very little girls is not cut off because they use it for masturbating. The clitoris of girls is sliced off when they are judged ready for procreation and marriage. When it has been removed they no longer masturbate. This is a great hardship to them. Then all desire is transferred to the interior. Thus they then attempt to get married promptly. Once married, instead of experiencing dispersed and feeble sensations, the concentrate all [desire] in one place, and the couples experience much happiness, which is normal. (cited in Daly, p. 168)

This passage is remarkable for its similarity to Freud. Just as the Freudian cannon functions not only to describe but also to prescribe the transference of feeling from the clitoris to the vagina, making this adjust-

<sup>2</sup>The majority of Moslems mistakenly believe that the custom is anchored in, if not prescribed by, the *Coran*. However, this is not the case. According to tradition, Mohamet is reported to have come upon an operator engaged in excising a young girl and to have advised that she "cut, but not too deep." This anecdote is often interpreted as explicit religious approval of the practice, when in fact the *Coran* itself mentions neither female nor male circumcision.

ment a moral prerequisite for maturity, so, too, does the "primitive" rite of passage serve a comparable end. The theory expressed above presupposes further that, before maturity, a female doesn't need a male. But a male needs a vagina. Mutilation therefore provides him with one and, in the case of infibulated women, it provides one made to order.<sup>3</sup> Clearly, it is from the male perspective alone that the medicine man posits mutilation as a "marvelous prelude to the 'great happiness' to come. . . . [For] by now," notes Mary Daly drily, "we are in a position to guess the nature of this happiness" (Daly, 1978, p. 168).

### Unacknowledged Motivation

At this point it does not seem too far-fetched to suggest that male insecurity in matters of sex is in large measure responsible for the tenacity of these customs. And tenacious they are. Benoitte Groult, in *Ainsi soit-elle*, gives a short history of attempts to abolish them. For example, in 1881 Catholic missionaries in Abyssinia tried to outlaw excision. Their decree provoked a revolt of such magnitude among the indigenous males that the pope was forced to send a special delegation to examine the question on the spot, and, in order not to lose converts, the papal commission approved the practice. In 1958, the British colonial authorities in Aden made clitoridectomy illegal. Once again, faced with male opposition, they were forced to reinstate it the following year. In Kenya, the revolt of the Mau-Mau was in part directed against similar attempts to outlaw genital mutilation; and in the struggle, the tribesmen dramatized their views by excising a number of captured Englishwomen. In 1963, one of Kenyatta's first official acts as Kenyan head of government was to reinstate permission to mutilate the female. Of those two dozen nations where clitoridectomy is practiced today, only the Sudan and Egypt have outlawed these rites.

The male intellectual elite, whether of the left or the right, all too often share Kenyatta's view. Benoitte Groult quotes the Malian writer Yambo Oulogem: "Many men, on the occasion of their marriage, take pleasure in experiencing a new sadistic thrill as they deflower their mistress, her sex pierced with needles and her thighs splashed with blood, herself enraptured and more than half dying of pleasure and fear" (cited in Groult, 1975, p. 109, author's translation). Male writers often point to female masochism as an important factor behind the longevity of these customs, attempting to excuse them on this basis. In 1965, for example, the French scientific journal *Psychopathologie africaine* reasoned that "excision is desired by the girls themselves; if not, they would defend themselves" (cited in Caravello, 1977, p. 33, author's translation). Granted, under peer pressure and in almost total ignorance of the facts, the girls may appear to desire circumcision. But as Fran Hosken notes, there is a marked tendency to

<sup>3</sup>Mary Daly (1979) cites a village in the Nile Valley where the female operator would in fact measure the future husband's penis, produce a replica out of clay or wood and then use it to determine the future size of the victim's vaginal opening. (p. 164)

lower the age at which the rite is performed, because the younger the child, the more docile and helpless she will be (Hosken, Note 2). Older females, in contrast, are considered by patriarchal wisdom to be both strong-willed and sex-starved. As the traditional folk belief of Guinea expresses it: "an incomplete excision does not constitute a sufficient guarantee against profligacy in girls." This attitude is shared by two French ethnologists who, in their film *Girls and Boys*, recommend the importation of these customs into Europe: "We can learn from these methods, since they would allow our children to grow up innocently — without all the temptations that young people today have to deal with" (cited in Caravello, p. 33, author's translation). Unfortunately, there is nothing really new in this. Clitoridectomy has been performed in both Europe and America. Throughout the nineteenth and into the twentieth century it served the same purpose as the African rite: to extinguish female sexuality.

This observation leads once again to the question, why do men require women's subjugation, and why have they proven so reluctant to recognize and acknowledge — in order to extirpate — this need? Surely there must be powerful, unconscious reasons for phallocratic culture's ubiquitous lack of insight into its own motives, a willful ignorance most striking in the recent debates about clitoridectomy in the framework of the U.N. (WHO)-sponsored conference on "Traditional Practices affecting the Health of Women and Children" in Khartoum (1979). There the male delegates argued not for abolition, but for institutionalization, that is, for the continuation of genital mutilation under aseptic conditions in hospitals and clinics. This point of view was justified with reference to the sanctity of tradition, but the hypocrisy behind this stance is clear when we realize how many less dangerous traditional practices have been relinquished without resistance under the influence of industrialization (including many customs which had in fact reserved an important social role for women). "Only the custom of 'circumcision' for girls, like a resistant virus, continues to thrive," notes Bettina Gebhardt (1980, p. 5, author's translation). Why? Can it be true then, as Gerhard Zwang writes, that "hatred of the clitoris is almost universal" (cited in Groult, 1975 p. 109, author's translation)? Surely this conclusion is implied by the fact that genital mutilation is independent of religious affiliation, practiced not only by Moslems, but by Christians, animists, and most ethnic groups residing in those areas where the custom is prevalent.

### Ambivalence

It thus appears that male insistence on the necessity of clitoridectomy, excision, and infibulation is the crudest and most barbaric evidence of a basic ambivalence and enmity on the part of men toward women. — an ambivalence probably dealt with successfully by most of our personal friends who are males and which therefore tends to be repressed within the discussion of less gruesome forms of female oppression. And yet, if we recognize the essential economic, political and cultural impotence of



women as a group, our quasi universal powerlessness which shows no respect for national boundaries, then we are led to consider whether the pain inflicted on our Arab and African sisters might not symbolize a process to which non-African women are also subjected. This hypothesis becomes clearer if we try to explain these operations with reference to the desired effect: for example, they break the young girl's will; they limit her independence; they make her unconditionally obedient; they establish her personality on the basis of castration (Janssen-Jurreit, 1976, p. 542, author's translation). Is this really so very foreign to our experience as women, unknown to those of us raised in countries where genital mutilation does not take place? I think not. On the contrary, this IS our experience, too. Men in our society clearly share the desire, if not to see us physically mutilated, then at least to see our sexuality crippled and placed firmly under their control.<sup>4</sup>

Certain remarks by Bruno Bettelheim himself tend to corroborate this view. In his chapter on "Girls' Rites" in *Symbolic Wounds* he notes: "In reviewing the literature one receives the impression that female introcision [ritual rape] and excision are imposed on the girl by men . . . It is possible to consider [female mutilation] as male efforts to gain control over female sex functions" (1962, pp. 141-2). In fact, documentary films exist in France, showing men at work with razors and knives. And yet Bettelheim continues: "I am unwilling and unable to believe that female rites were devised and kept up for centuries simply . . . to wreak men's revenge on the female genitalia . . . The male is satisfied with a token command over the external female genitals that does not interfere with the woman's fertility or her sex enjoyment" (p. 142). Indeed! Bettelheim's own bad faith ("sex enjoyment"?) is itself a cogent argument in favor of a theory of revenge, for, considering the evidence — persecution of the witches, foot-binding, acts of gynecological sadism, in short, the enforced inferiorization of women in nearly every society on earth — it appears that men have had very little better to do than "wreak revenge" on women, not only in preliterate but also in highly literate civilizations.

What then have men been avenging themselves for? Here the concept of womb-envy comes to mind. Margaret Mead, in *Male and Female*, sheds light on this hypothesized relationship between male envy and female mutilation when she points out how extraordinary childbirth really is:

In Bali, little girls between two and three walk much of the time with purposely thrust-out little bellies, and the older women tap them playfully as they pass. 'Pregnant,' they tease. So the little girl learns that although the signs of her membership in her own sex

<sup>4</sup>In my opinion, one not unrelated expression of male desire for control over female sexual functions may be found in men's opposition to the liberalization of abortion. For freedom of choice means that a woman who so desires can indeed prevent her man from becoming a father, and this represents a form of veto power whose psychological impact should not be underestimated. Hatred of the clitoris may be similarly motivated: men fear our capacity for sexual self-gratification as they are intimidated by women's natural superiority in procreation, because in both instances, their own contribution is minimal or non-existent.

are slight, her breasts mere tiny buttons no bigger than her brother's, her genitals a simple inconspicuous fold, some day she will be pregnant, some day she will have a baby. And having a baby is, on the whole, one of the most exciting and conspicuous achievements . . . in these simple worlds. . . . Furthermore, the little girl learns that she will have a baby not because she works and struggles and tries, and in the end succeeds, but simply because she *is* a girl and not a boy. (1950, p. 97)

Boys, it is implied, must indeed "work and struggle and try," thus engaging in "over-compensatory ceremonial to rescue themselves," (p. 99) "to assert [the] endangered certainty of their manhood" (p. 98). Women, it seems, have a more self-assured gender identity; the male in contrast feels compelled to confirm his.

This compulsion manifests itself in the values of patriarchal culture, its literature and ethics. According to Chesler (1979) womb envy can be seen as a source of male creativity, which Chesler regards as a compensatory gesture for the inability to create the wonder of new life.<sup>5</sup> Chesler sees a desire for female biological endowment in the ubiquity of phallic symbolism, calling the erect organ a "pregnant" penis. But this pregnancy proves itself illusory. Men cannot bear children. The warrior, however, paragon of maleness, has often been known to destroy them, and this martial gesture is implicitly condoned by the code of honor still very much with us, extolling military virtue. As Simone de Beauvoir points out, "Man raises himself above the animals not by giving life, but by risking his life; which is why superiority has been accorded not to the sex that conceives but to the one that kills (1949, p. 84). But militarism and humanist pretensions do not make happy bedfellows, and this tension at the heart of patriarchal ethics takes its toll in guilt. Thus, in Chesler's view, infanticide and cannibalism, recorded in the early myths of all cultures, represent a form of original sin whose pressure is so great that it must be projected by men onto women. The myth of feminine evil may well have its roots in this unconscious experience of male anatomical inadequacy."<sup>6</sup>

This observation reinforces Mead's essential insights into the morphological advantages women enjoy. These advantages include the greater degree of protection accorded the female genitalia, safely ensconced within the confines of the body. And were the situation not so very grim, one might be tempted to point out the extraordinary irony implied in the explicit castration of females, for women, unlike men, need not be afraid of losing their organs through accident or mishap. The penis, in contrast, is indeed exposed, and castration anxiety can be seen as a realistic response to an objective threat. The myth of the *vagina dentata*, known to all continents except Europe, appears once again as a distorted projection of

<sup>5</sup>The metaphorical association of creativity with childbirth has largely been indulged in by male writers. Witness Balzac as a male mother, describing his profession in terms of "bring[ing] the idea to birth, . . . rais[ing] the child laboriously from infancy, . . . put[ting] it nightly to sleep surfeited, . . . kiss[ing] it in the morning with the hungry heart of a mother" (Olsen, 1972, p. 102).

<sup>6</sup>I am indebted to Gabriele Geiger for many of the insights given expression in the preceding paragraph.

male fear onto women: there are teeth in her vagina which, if not surgically removed, will bite off the penis (Hays, 1964, pp. 42-45).<sup>7</sup> And we should remember that certain tribes who practice genital mutilation see the clitoris precisely in this light, as a potentially lethal weapon. Clitoridectomy thus serves to relieve castration anxiety. The extirpation of the offensive organ is in this sense a defensive maneuver, destined to exorcise any possible threat to male integrity. Chesler offers an interpretation of the male experience in sexual intercourse which corroborates this hypothesis. She holds that penetration involves an attempt by men to anticipate and conquer death; by means of their most important but also most vulnerable organ, they hope to realize superiority, self-control, and self-definition. However, the act is all too often disappointing; it fails to bring about the longed-for confirmation. Men have therefore risked much but gained very little, and the bitterness of disappointment is once more transferred to the female (Chesler, 1979, p. 80).

#### **Toward the Abolition of Genital Mutilation**

These tendencies in the male psyche — ambivalence and fear — which are apparently responsible for clitoridectomy, excision, and infibulation, should be explicitly recognized and denounced. However, it is not my intention to alienate those male readers of good faith, many of whom share the feminist cause and are outraged at the inhumanity of their brothers. Many are also lifting their voices in protest. Amnesty International considers genital mutilation to be a form of torture and is calling for its abolition. Edmond Kaiser, General Secretary of the Geneva-based organization *Terre des Hommes* called a press conference in 1977 to demand that U.N. member nations put an end to “the torture of children.” He further proposed intervention by the World Health Organization, whose official position for many years had been one of non-interference in an area con-

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<sup>7</sup>The *vagina dentata* myths are dealt with in some detail by H.R. Hays (1964, 42-45). One such myth, taken from the Wichita Indians, may serve as a paradigm for the genre. It is narrated by Hays as follows: “One day the hero encountered two women, one of whom invited him home, hospitably urging him to marry her daughters. As it happened, she was a witch, named Little Spider Woman. Her companion, also a witch, whose name was Buzzard Woman, took the young man aside and privately warned him that the two daughters had teeth in their vaginas which would cut off his penis. ‘When you lie with them you must not have intercourse even though they try to persuade you. You will hear the gritting of the teeth in their vaginas. You must not sleep at night either because the old woman will come to see what you are doing. If you do not have intercourse with the girls, she will ask them why you don’t. Therefore watch, for if you sleep you will be destroyed’. Nothing daunted, the hero resolved to follow her advice. . . . The daughters proved enticing as he slept, or rather pretended to sleep, between them. They attempted to titillate him but he controlled his ardor. . . . The next day Son of a Dog secretly met with Buzzard Woman, who gave him two long whetstones. He was advised to pick the girl he found most attractive and to render her harmless by grinding off the vaginal teeth with one whetstone. The other girl he was to kill by thrusting the second whetstone up her vagina instead of his penis. . . . The following night Son of a Dog killed one girl . . . [and] ground off the teeth in the other girl’s genital, thus making her fit for male use” (41-2).

cerned with "social and cultural attitudes" it hypocritically claimed were beyond its jurisdiction. Nevertheless, under pressure from activists like Kaiser and Fran Hosken, this stance has been abandoned and concrete action initiated at the already-mentioned Khartoum conference. Attended by delegates from Egypt, Somalia, Djibouti, Kenya, Nigeria, Upper Volta, Oman, and South Yemen, approximately half the available discussion time was devoted to the question of ritual mutilation. Two principal strategies were the focus of debate: should governments be urged to abolish these practices entirely, or should the operations be allowed to continue if carried out under medical supervision? In fact, in most important cities, the latter is already the case. In Mogadishu, for example, Fran Hosken reports that "the excision and infibulation operations are carried out on little girls aged from four to six in public hospitals by specially trained male nurses once a week on a production line [basis]" (Hosken, 1978, p. 154). However, despite male support for this option, the majority of delegates were for abolition and urged government compliance with the following:

- (1) Adoption of a clear national policy for the abolition of female circumcision.
- (2) Establishment of national commissions to coordinate and follow up the activities of the bodies involved, including, where appropriate, the enactment of legislation prohibiting female circumcision.
- (3) Intensification of general education of the public, including health education at all levels, with special emphasis on the dangers and the undesirability of female circumcision.
- (4) Intensification of educational programs for traditional birth attendants, mid-wives, healers and other practitioners of traditional medicine, showing the harmful effects of female circumcision, with a view to enlisting their support in general efforts to abolish the practice. (Hosken, Note 3)

As part of the proposed media campaign, Fran Hosken is currently designing a series of sex education manuals aimed at women who cannot read. These will make use of photographs and drawings to explain female anatomy, the birth process, conception and gestation, human sexuality, and the devastating effects of genital mutilation (Hosken, Note 4). In addition, as a result of increased attention focused on this problem by the feminist press, women's groups in Europe and America are starting to form in order to lend support and encouragement to female activists in Africa struggling against these practices. While emphasizing the necessity of tact in expressing our indignation at the sluggishness of African regimes, unwilling to legislate change, Robin Morgan and Gloria Steinem in their article "The International Crime of Genital Mutilation" (1980) nevertheless urge American women to bring this issue to the attention of U.S. representatives whenever human rights are discussed. According to Morgan and Steinem, such groups as the Voltaic Women's Federation and the Somali Women's Democratic Organization, as well as individuals like Dr. Fatima Abdul Mahmoud, Minister of Social Affairs of the Sudan, and Mehani Saleh of the Aden Ministry of Health have been waging isolated campaigns against these customs. But, as Fran Hosken notes, their efforts have not met with the massive international support which they deserve

(Morgan and Steinem, p. 100).

This support can come from concerned individuals everywhere who recognize, with Benoitte Groult, that

"the modern world's last colony" will only win respect for its rights if women discover solidarity. Solidarity with all women — excised, sewn, veiled, repudiated, sequestered, prostituted or sold the world over: Conscious of the fact that every woman who is exploited, mutilated, or subjugated, even 10,000 kilometers from home, subjugates and mutilates us all. (cited in Thiam, 1978, p. viii, author's translation)

Morgan and Steinem warn against protest which can be interpreted as evidence of neo-colonialist or racial supremacist attitudes. We should also expect to encounter opposition to change from many of the victims themselves, and especially those in the midwife profession, whose immediate economic interests lie in the continuation of "circumcision." But education aimed specifically at these special obstacles can still be effective. And caution means neither indifference nor silence. As one Sudanese woman assured reporter Caravello: "Here almost all young girls are castrated, but nobody says anything about it. The newspapers are silent. Television. Radio. Our only hope is in protest from outside" (cited in Caravello, p. 33, author's translation). We can and should respond to the hope of our African sisters, if not for their sakes, then for our own. As Mary Daly notes, "It is in the interests of women of all races to see African genital mutilation in the context of planetary patriarchy, of which it is but one manifestation" (p. 154). And Asha of Somalia shares this view, reminding us that "even in the West, the mirror of woman is man. Everything is done to satisfy his vanity. You don't cut off the clitoris, but you do suffer psychological excision. When I see you walking on your high heels, in uncomfortable clothes, giving birth without human warmth in hospitals like factories, or having to abort in backrooms, butchered like us, [I can only come to the conclusion that] we are all excised" (cited in Groult, 1979, p. 53, author's translation).

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