

THE POLITICS OF THE MARKED BODY:
AN EXAMINATION OF FEMALE GENITAL CUTTING
AND BREAST IMPLANTATION

by

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A DISSERTATION

Presented to the Department of Political Science
and the Graduate School of the University of Oregon
in partial fulfillment of the requirements
for the degree of
Doctor of Philosophy

June 2009

University of Oregon Graduate School

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"The Politics of the Marked Body: An Examination of Female Genital Cutting and Breast Implantation"

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An Abstract of the Dissertation of
Courtney Paige Smith for the degree of Doctor of Philosophy
in the Department of Political Science to be taken June 2009
Title: THE POLITICS OF THE MARKED BODY: AN EXAMINATION OF FEMALE
GENITAL CUTTING AND BREAST IMPLANTATION

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This project is a critical and comparative investigation of Western and non-Western practices of body modification. Situated in the realm of feminist political theory, the project engages the literature and debates concerning embodiment, or the symbolic and concrete meanings of women's bodies. I specifically explore two examples of the physical construction of women's bodies: breast implantation in the United States and female genital cutting (FGC) in Senegal. I demonstrate that each of the practices molds bodies into preexisting naturalized forms.

For this project, I conducted eighty in-depth, open-ended, and semi-structured interviews with women and men in twelve different locations in Senegal. Then, I carried out sixty-five in-depth, open-ended, and semi-structured interviews with American men and women from twenty-one different cities.

I argue that the information that emerges from looking at body normalization comparatively allows me to make two important claims. The first is that the material that originates from interviews in this comparative study disrupts existing hegemonic discourse on sex-based body modifications. In particular, the comparative findings challenge the viewpoint that espouses a “Western women are free, African women are oppressed” binary.

Second, examining FGC in Senegal alongside breast implantation in the US can uncover normalization that is invisible within social fields, or in the lives of women and men. Normalization is hard to see when in it, but easier to see if an individual steps outside of herself, her context, and her patriarchy. Thus, though many women do not recognize the normalizing structures within their own lives, they often are able to see these hegemonic structures in the lives of others. Women stepping outside of their own contexts can provide fresh, critical eyes that recognize embedded normalizations and oppression in other contexts. Further, this realization also can push them to return that critical gaze onto their own environment, which is the beginning of locating mechanisms of control within their own field. The construction of sex and the imprinting of gender norms upon bodies are manifestations of regulation and normalization that occur within socio-cultural contexts, and which individuals can potentially locate through a comparative conversation of this type.

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Smith, Courtney. "Creating Spaces: Challenging Conventional Discursive Norms Surrounding the Markings of Women's Bodies." *The Finnish Journal of Ethnicity and Migration*, 3:2 (October 2008), 54-64.

Smith, Courtney. Encyclopedia Entry: "Andrea Dworkin". In *Encyclopedia of the Culture Wars: Issues, Voices, and Viewpoints*. Ed. Roger Chapman. Armonk, NY: M.E. Sharpe, December 2008.

Southwell, Priscilla and Courtney Smith. "Equality of Recruitment: Gender Parity in French National Assembly Elections". *Social Science Journal* 44:1 (January 2007), 83-90.

ACKNOWLEDGEMENTS

I would not have finished this project without the encouragement, insightful critique, or mentorship of Julie Novkov, nor would it have been as much fun. Deborah Baumgold was always willing to provide sage advice, an open ear, and a glass of wine. Lennie Feldman provided invaluable theoretical guidance and inspiration. I would also like to extend appreciation to Stephen Wooten, particularly for the fantastic advice on conducting interviews. I am thankful as well to Dennis Galvan for introducing me to Senegal, and for pushing me to collect a hefty amount of interview material. Rose Diop was my lifeline in Senegal and an incredible translator and friend.

I was logistically able to conduct research for this project thanks to the Center for the Study of Women in Society, the Center on Diversity and Community, the Department of Political Science, and Carrie and Sinclair Smith. Thank you all for the generous support of this project.

Many heartfelt thanks also go to Sarah Cribbs and Shannon Cocke. Their nutritious meals and spiritual mantras sustained me, especially near the end. Shannon Bell supplied protein, laughs, and friendship at the most helpful of times. Lora Vess was my dissertation cheerleader, muse, and sender of funny cards. Our dissertation-writing group was instrumental in completing this project and thus my thanks go to Jenny Hehnke, Ryan Smith, Sean Parson, and Bruno Anili for holding me accountable, giving helpful feedback, and fueling my love for bloody marys. Bruno Anili has also been the best officemate and friend I could hope for.

I owe much gratitude to Laurel Kincl and Esther Caballero-Manrique, my wonderful running partners and friends for the many miles during which they allowed me to work through issues, all while agreeing to go up one more hill, just for fun. Thank you as well to my running coach, Joe Henderson, for getting me hooked on long-distance running – the links between marathon running and dissertation writing are scary.

Acknowledgements must also go to my family for their patience and confidence. My father in particular reminded me what is truly important. He is a warrior. Lastly, thank you to Jason Gettel, for everything he did for me at the end of this long process. His help and love were instrumental in completing this project.

For the women and men who were kind enough to share their experiences and thoughts with me. May we all feel safe, comfortable, healthy, and beautiful in our bodies.

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CHAPTER I

INTRODUCTION

1 - Body Meanings and Markings

This project, *The Politics of the Marked Body: An Examination of Female Genital Cutting and Breast Implantation*, is a critical and comparative investigation of Western and non-Western practices of body modification. Situated in the realm of feminist political theory, the project engages the literature and debates concerning embodiment, or the symbolic and concrete meanings of women's bodies. I specifically explore two examples of the physical construction of women's bodies: breast implantation in the United States and female genital cutting (FGC) in Senegal. These two forms of body modification affect sexual and reproductive organs, differentiate "female" from "male" bodies, and are not performed for the medical benefit of women. In fact, certain functions of the body parts involved – the breasts and various parts of the genitalia – are often diminished, if not destroyed, by the procedures.

I demonstrate that each of the practices molds bodies into preexisting naturalized forms. In the United States, "normal" and "healthy" women are expected to have two proportional, ample-sized, round breasts. Breast implantation is one way for women to obtain this form. In communities that practice FGC in Senegal, "real" and "worthy" women do not have phallic clitorises or excess folds of skin in their genital region. They also have unpenetrated genitalia until marriage. Female genital cutting removes the

“abnormalities,” helps prevent pre-marital penetration by reducing female sexual desire, and physically constructs the body to fit a “proper” and “clean” female model. Bodies in both of these environments are normalized; they are made to appear as the form women’s bodies should take.

In examining these two practices, I do not draw a direct comparison between them. I do not argue that female genital cutting and breast implantation are equivalent procedures. The element of choice, present in one, absent in the other, cannot be overlooked, as well as the environmental conditions in which they occur, the long-term physical ramifications, the age of the person undergoing the procedure, and the consequences for female sexual pleasure. Because of these differences, it would be inappropriate to equate the two. I do examine the practices as two different exemplars of the construction of women’s bodies; a construction aimed at achieving naturalized female ideals. I examine both practices within the same project because they demonstrate the ways that gender, economics, and sexuality mold physical bodies. The actual markings in both cases are symbolic of how particular patriarchies operate. Studying them within the same rubric then allows us to more clearly locate links between patriarchal forces and female bodies, rather than seeing the practices as isolated, context-specific, occurrences. Female genital cutting and breast implantation are again not equivalent practices. They are put in the same frame of reference because they both mold female bodies in specific ways in their respective contexts. To emphasize, the two practices shape bodies *not* in similar ways, but rather in *specific* ways.

The naturalized ideal body types for women in Senegal and the US differ significantly. The expectations on the female physical form vary and specific body parts are emphasized over others in each respective context. The differing ideals originate from the perceived purposes of a woman's body. In the United States, American women reported feeling pressure to have substantial, proportional, and non-maternal breasts. According to women I spoke with for this project, breasts of this type are symbols of health, normalcy, youth, and sexuality. American women are assisted in acquiring or maintaining breasts of this type, via bras (padded bras, push-up bras, Miracle bras, "normal" bras, etc.), baby formula, which can be used in the place of breastfeeding in order to avoid drooping breasts, surgical breast lifts, and breast augmentation. The central purpose of a woman's body is not reproduction, but primarily as an object for the male gaze. Iris Marion Young explains this understanding of the female body as object as she writes:

...The woman lives her body as *object* as well as subject. The source of this is that patriarchal society defines woman as object, as a mere body, and that in sexist society women are in fact frequently regarded by others as objects and mere bodies. An essential part of the situation of being a woman is that of living the ever-present possibility that one will be gazed upon as a mere body, as shape and flesh that presents itself as the potential object of another subject's intentions and manipulations, rather than as a living manifestation of action and intention (1990: 155).

We should not take Young's description of the female body as object as the only interpretation of the female body in the United States. Women's bodies are recognized for their reproductive functioning as well. As I will work through in detail in chapter four, however, interviewees expressed that this conception of the body as commodified

object does often trump the pressures of biological reproduction placed upon the female body.¹ Theorists who examine the representation of the breasts also reinforce the opinions of the respondents concerning the emphasis on the appearance and not the functioning of the breasts. Breast implantation is an example of this, as it serves another subject's intentions – the gaze – rather than one of its own intentions – breast-feeding.²

This is different from the meaning of women's bodies in Senegal, where reproduction and reproductive fitness underlie the pressures upon women's bodies. Interviewees expressed the idea that reproductive capacity is what defines women; A woman *is* a woman through her role as mother and wife, and practices such as female genital cutting are carried out to ensure the use of her body for fulfilling that role. A woman in Senegal explained, "A woman must be married, must have kids. That's a woman, the definition" (Interview 31) and all steps should be taken for her to achieve that status. In this case, removing her clitoris, thus emphasizing sex for procreation and guarding her body as a pure, untapped reproductive resource, is how women are assisted in meeting this standard. In chapter three of the dissertation, I will develop this idea further.

¹ In *Molding Women's Bodies: Surgeon as Sculptor*, Alice Adams adds that in the United States, "an approach to whole-body perfection, through dieting, exercise, and surgery, makes some women far more competitive than others on the heterosexual market," (76). I place breast implantation within this approach and believe that it is part of making the commodity of the female body more competitive on a patriarchal marriage or mating "market."

² For example, I asked interviewees in the United States the direction question of whether they view breasts as aesthetic body parts or functional organs. The majority of women and men responded "aesthetic body parts."

2 - Theoretical History and Location

The comparative examination of breast implantation and female genital cutting is theoretically rooted in feminist embodiment literature. This literature unpacks the symbolic and cultural meanings of bodies and deconstructs lived experiences in physical bodies (Bordo 1993; Young 1990; hooks 1992; Riley 1988). Within embodiment theory, I specifically focus on the category of sex, understood as socially constructed (Butler 1990, 1993; Laqueur 1990) and how that category is used as a regulatory, disciplinary mechanism for compulsory heterosexuality (Rich 1986; Wittig 1992). Female genital cutting and breast implantation fit into this discussion in that each constructs sex identity on a concrete, physical level, (Boddy 2008; Gruenbaum 2001; Davis 2003; Young 1990) and in doing so reifies the normalized female body.

The dissertation examines the cultural meanings of women's bodies in this manner, and also theoretically concentrates on transnational feminist critiques of Western feminism. There has been a long held tension between scholars and activists from the West (Nussbaum 1995, 2000; Walker 1993) and their "subjects" in other environments (Mohanty 2003; Narayan 1997). This is evident in the resistance of non-Western feminists to the imposition of Western values and definitions when dealing with human rights, women's liberation, and equality (Anzaldúa 1999; Charusheela 2006). Historically, issues of ethnocentrism and hegemonic discourse within academic scholarship have often been overlooked, particularly in discussions of practices such as female genital cutting (Daly 1978; Hosken 1979; Walker 1993; Lightfoot-Klein 1989).

Feminist activists and intellectuals have long voiced their opinions on FGC, detailing the origins of the practice (Asefa 1998; Ras-Work 1997; Abdalla 1992), the social significance of cutting (Boddy 2008; Shell-Duncan and Hernlund 2000; Lightfoot-Klein 1989), as well as efforts to eradicate the practice (Boddy 1991; Dorkenoo 1995; Dugger 1996; Mackie 2000). Few feminist scholars, however, have dedicated as much energy towards unpacking practices of sex-based body modification in Western societies, such as breast implantation.³ Further, not only do feminist scholars dedicate significantly less time into studying practices of body modification within their own social environments, the discourse that is used in discussions of the practices of others, such as female genital cutting, has traditionally been culturally insensitive.

For example, Fran Hosken displayed blown up pictures of bloody vaginas to groups of African women; Alice Walker produced a documentary that reduced Gambian women (even women from non-FGC practicing communities) to forlorn victims with mutilated genitalia; Mary Daly published a text with a chapter dedicated to unveiling the horrors of “African Genital Mutilation” and its “unspeakable atrocities.” Even the widespread use of the term “mutilation” when referring to FGC is emblematic of the bias that frames the debate regarding the practice.

³ With notable exceptions such as Jacobson (2004), Chambers (2008), Wolf (1995), and Young (1990). Also, in chapters four and five, I discuss the concept of autonomous choice and how it serves as a “normative transformer.” When individual choice is assumed to exist, I argue, Americans accept practices of body modification. This is perhaps one explanation why scholars have paid relatively less attention to practices within their own cultures such as breast implantation. Also, by “sex-based body modification,” I mean permanent alterations to the physical body that are not sex neutral. Tattooing is one example of body modification that is, for the most part, sex and gender neutral. Both breast implantation and female genital cutting are specific to one sex.

In critiquing the approaches of these scholars, however, I do not want to ignore the gravity and consequences of female genital cutting. The three main forms of cutting, excision, sunna, and infibulation, are harmful practices that are largely forced upon children. The average age of girls who experience female genital cutting is between four and eight (Gruenbaum 2001: 3) and they do not have a choice whether to undergo the procedure. Respondents in Senegal told me directly that they and their daughters suffer health consequences from the cutting. I do not ignore or belittle these facts and experiences. I am instead attempting to point out three critiques.

First, the mainstream historical discourse surrounding FGC has characteristics of ethnocentrism and insensitivity. I am by no means the first feminist to make this argument. The recent and highly regarded works on FGC such as Boddy (2008), Shell-Duncan and Hernlund (2000, 2007), and Gruenbaum (2001) each assert similar claims.

Second, this discourse has not aided activists and scholars like Hosken, Walker, and Daly in achieving their own goals of lowering rates of FGC (Boddy 2008; Gruenbaum 2003; Thomas 2000; Coleman 1998; Tamir 1997; Robertson 2002; Obiora 1997). For instance, Christian missionaries in the 1950s influenced the Kenyan colonial government to enact legislation banning female genital cutting. Based on the “barbaric” nature of the “mutilating” practice, this legislation did not fulfill its aims of eradicating the practice. In fact, a steady, if not increased, rate of cutting resulted (Robertson 1996; Thomas 2000). Similar situations occurred in Sudan, again under British colonial rule (Boddy 1991) and in several immigrant communities of Western nations, including the United States (Coleman 1998). I am not making a normative claim here that FGC *should*

be eradicated.⁴ I am instead critiquing activists who use ethnocentric rhetoric concerning FGC, and pointing out that their approach is not successful on their own terms.

Third, the continuation of culturally insensitive discourse reinforces colonial hierarchies in today's globalized world. Continuing to allow the discourses of Walker, Hosken, and Daly to shape understandings of FGC in the West, in my opinion, is similar to writing or talking about Africa and only including references to "tribalism," "darkness," "safaris," "mutilation," and "savagery" (Wainaina 2005). This rhetoric and framing does not provide a complete understanding of the complex societies in "Africa" (ibid), some of which practice FGC. There is much more to a community in Senegal, for example, than primordial people practicing mutilating acts upon women.

3 - Searching for an Alternative Discourse

This work uncovers what can be accomplished through locating alternative approaches to discussing body modification such as female genital cutting. The issues I address and the conversations in which I engage concerning body modification utilize discourse created from the experiences of women who are affected by body normalization and who modify their bodies in various ways. I use specific theories to interpret the opinions and experiences of interviewees, yet the actual material from which this project grows originates with the women themselves. The discourse does not begin with or does not privilege Western normative conceptions of women's bodies, but it also

⁴ With this said, I do argue that both FGC and breast implantation are patriarchally driven practices. My standpoint on the body modification practices is one of critique, though I am far from arguing that either should be eradicated.

is not another form of cultural relativism. It is based on dialogue between women, and seeks to create an environment where reciprocal analysis of body modification practices can take place.

The discourse is based upon the concept that Seyla Benhabib terms a “global dialogical moral community” (Benhabib 1995: 235 – 255). To Benhabib, human rights and development discourse, is *not* based on a top-down, colonialist model. Rather, it is focused on open communication and inclusivity. Benhabib formulates this “community of conversation across cultures,” through the recognition of:

...The right to equal participation among conversation partners; the right to suggest topics of conversation, to introduce new points of view, questions, and criticism into the conversation; and the right to challenge the rules of the conversation insofar as these seem to exclude the voice of some and privilege those of others. These rules of conversation can be summed up with the norms of ‘universal respect’ and ‘egalitarian reciprocity’” (1995: 251).

This “global dialogical moral community” is similar to Habermas’s utopia of an ideal speech situation (1984). I am not claiming to have created either of these communities in this project. I am rather asserting that it is to these ideal dialogic models that I am trying to move the discussion of body modification. The simultaneous examination of practices of body modification from different cultural contexts and the specific interview spaces of this project are the two specific ways I attempted to operationalize this type of discourse and thus shift the discursive framing of body modification.

I discussed female genital cutting and breast implantation, for instance, with women identifying with varying social classes, religions, economic statuses, ethnicities,

sexualities, nationalities, levels of development, and family structures, in an effort to open the conversation about cultural practices to include normally excluded women's voices. Instead of having a unidirectional lecture on the "atrocities of genital mutilation," and the "sexual blinding of women," this approach is based on listening to women who experience FGC and learning from *their* experiences. What I mean by this is that I aimed to talk with women in practicing communities, and have them tell me, what I should know concerning their lives.

Similarly, in regard to breast implantation, women who experience their breasts, as well as those who have undergone breast surgeries provide the foundational material for this study. I do not derive knowledge of the practice exclusively from medical practitioners, cultural images, and academic writing. As reported in interviews, women's experiences and opinions are often excluded from feminist debates about bodies; an exclusion I actively seek to reverse in this study. Further, including breast implantation in the discussion opens space for women in FGC practicing communities to judge the practices of others, rather than permanently remain scrutinized by Westerners. The goal with this is not a tit-for-tat judging game that further divides women, or as a way to pass around and try on the imperialist hat, but to provide the space for all women to look beyond their own situations, which hopefully results in new insights into their own. I situate myself as attempting to construct these conversation between cultures.

4 - Methodological Approach

Thanks to two grants received from the Center for the Study of Women and Society (CSWS) and one research grant from the Center on Diversity and Community (CODAC), I spent six months of 2005 and one follow-up month in 2007 in Senegal, West Africa. There I conducted eighty in-depth, open-ended, and semi-structured interviews with women and men in twelve different locations across the country.⁵ Then, I spent eleven months in 2007 and 2008 carrying out sixty-five in-depth, open-ended and semi-structured interviews with American men and women also about the two practices. I conducted these American interviews in five different cities, as well as over the telephone and via email.⁶ The size of the United States compared to Senegal, logistical restrictions both on myself and on interviewees and different normalized methods of communication are all factors in the addition of telephone and email interviews in the American set.⁷ In each country, I interviewed as many different people as possible as the goal was to garner an inclusive understanding of the ways in which people experience their bodies and view

⁵ Senegalese Interviews were conducted in: Dakar, Sedo Abass, Kaatooté, Kongheul, Koo Socé, Koungheul Socé, Douba, Thiakho, Keur Lamine, Koumbidja, Ablaye Fanta, and Ida Gedega. I also conducted one interview with a Senegalese man living in Marseille, France.

⁶ American Interviews were conducted in Eugene, Albany, Portland, Seattle, and Las Cruces, New Mexico, as well as on the telephone and via email.

⁷ For myself, these restrictions included a teaching contract, funding constraints, and the difficulty/expense of traveling to various locations throughout the United States. The restrictions for the interviewees mainly involved time and convenience. Eight interviewees expressed willingness to participate in interviews because they could be conducted in about twenty minutes just over the phone. Seven interviewees preferred to respond to questions via email, as they could respond when they wanted and thus found that medium more convenient. Though the email interviews in particular differ in dynamic and flow from in-person and telephone interviews, I left ample space in the email interview for respondents to ask questions and add thoughts and opinions. For example, I ended up having extended email conversations with two of the email respondents, as they had more questions for me about the nature of the project, and thought of other things to add after the completion of the interview.

the bodies of others. I will discuss the participant selection process, which was meant to ensure a wide range of interview subjects, in sections IVa and IVb.

The semi-structured interviews were comprised of approximately fifteen open-ended questions. During each interview, I encouraged women and men to first discuss topics related to their identities, social, familial, and economic roles, beauty, marriage, and their own physical bodies. I then asked about the specific practices of female genital cutting (in Senegalese interviews) and breast implantation (in American interviews). I asked respondents why they believed the respective practices exist in their societies, where the practices developed, what their personal opinions were regarding the procedures, etc. I asked these questions and conducted this type of interview in order to be able to offer ethnographic accounts of the practices within the contexts of daily life and experiences in both environments.⁸ Presenting open-ended questions about various aspects of gendered life, as well as about the particular practices of body modification, I argue, is a sensible approach to discussing the sensitive issues at hand, and in doing so, to gaining a context-rich understanding of women's experiences.⁹

⁸ This type of research methodology was utilized because ethnography is "a scientific approach to discovering and investigating social and cultural patterns and meaning in communities, institutions, and other social settings," (Schensul, Schensul and LeCompte 1999: 1). Semi-structured interviews in particular "combine the flexibility of the unstructured, open-ended interview with the directionality and agenda of the survey instrument to produce focused, qualitative textual data...(ibid: 149). Political scientist Oisin Tansey similarly asserts: "As opposed to surveys, interviewing allows researchers to ask open-ended questions and allows respondents to talk freely, without the constraint of having to answer according to fixed categories," (Tansey 2007).

⁹ This type of ethnographic methodology is well-described by Michael Genzuk as relying "heavily on up-close, personal experience and possible participation, not just observation...The ethnographic focal point may include intensive language and culture learning, intensive study of a single field or domain, and a blend of historical, observational, and interview methods. Typical ethnographic research employs three kinds of data collection: interviews, observation, and documents. This in turn produces three kinds of data: quotations, descriptions, and excerpts of documents, resulting in one product: narrative description" (2003).

After demonstrating appreciation for the knowledge and information passed on by the interviewee concerning these topics, I then changed the direction of the interviews by asking the respondent for his or her opinion on a practice occurring outside of their community. In Senegalese interviews, I asked women and men about the practice of breast implantation. In American interviews, I switched the conversation to the topic of female genital cutting. In these cases, I explained the “other” practice and answered questions that arose. In Senegal, I presented each interviewee with photos of before-and-after pictures of women’s bodies undergoing breast implantation, and of the actual silicone or saline implanted in the chest.¹⁰ In the US, I did not show photographs of Senegalese or African girls being excised or infibulated.¹¹

I then asked several questions regarding why the respondent believes that women undergo the “other” practice, what the “other” practice accomplishes, if there is a similar practice in the interviewee’s own environment, and if the “other” practice should be eradicated. This was done with the hope of opening up space for the interviewees to “introduce new points of view, questions, and criticism into the conversation” (Benhabib 1995: 251), as well as to step out of their own cultural environments.

My research, similar to that of Christine Walley, thus attempts to produce this product of narrative description of body modification and of the societies that practice various forms.

¹⁰ The photos were mainly of white women’s bodies, though there was one picture of an African American woman. The reason for this is that African American women constitute only 6.3% of all plastic surgeries in the United States. Source: American Society for Aesthetic Plastic Surgeons 2007 Annual Report.

¹¹ Available pictures that I found of female genital cutting often included the faces of the girls undergoing the practice. The photographs that I did find that depicted only genitalia offered no explanation of whether women and girls consented to having images of their bodies distributed. For these reasons, I did not feel that it was ethical to show the photographs to interviewees. Regarding breast implantation, the photographs came from plastic surgery offices with consent of the women.

4a - Interviews in Senegal

Neither sexuality nor female genitalia is openly discussed within the Senegalese communities where I conducted research. The taboo placed on discussing sexuality is particularly evident among older generations of Senegalese and those residing outside of the urban areas of Dakar, Thiès, and Kaolack. There was a noticeable urban/rural split in perceived interviewee levels of comfort discussing FGC, and in the ways in which they did address the practice. As a trend, men spoke more freely when discussing women's bodies, though in an objectifying sense. Men in the study were hesitant or uncomfortable speaking about the specific practices of FGC and about female sexual agency, though seemed quite at ease expounding their views on the desirability of women, judgments of beauty, and what is important about women's bodies.

The existence of a translator in the majority of Senegalese interviews also plays an important role in constructing the interview environment. I speak rudimentary Wolof and could roughly follow some sections of certain interviews. I also learned the customary greetings in Halpulaar and Mandinka, which allowed me to politely greet interviewees who speak those languages. I had three different translators for the interviews who translated responses from three different languages into French. A married Halpulaar man served as my translator for the twenty-six interviews conducted in Halpulaar communities. A divorced Mandinka woman translated the twenty interviews of Mandinka men and women. A single Serer woman translated twenty-two interviews from Wolof to French. Though this translator's native language is Serer, she has spoken Wolof

since she was six years old, uses Wolof, the “de facto national language of Senegal,” (Galvan 2004: 77) in her every day life as she lives and works with Wolof speaking people, and is therefore fluent in Wolof, Serer, and French. Finally, twelve interviews were conducted directly in French, thus removing the need for translation. In all of the interviews, I had to then translate the French responses into English, which increased the potential loss of meaning and/or miscomprehension of the responses.

I did have concerns about the presence and role of a male translator in terms of how the gender difference would affect the comfort and openness of respondents, particularly in discussing sexuality and genital cutting. One counterbalance to the potential discomfort of interviewees, however, is that all interviews translated by the Halpulaar man were conducted with participants of Tostan’s program. Tostan is a non-governmental organization in Senegal, directed by an American woman named Molly Melching who has lived in Senegal for over thirty years. The NGO focuses on the informal education of women (and men), and the abandonment of female genital cutting. Tostan works with women in villages, towns, and cities across Senegal. As a volunteer for the organization during a three-month time period, I had access to participants who were willing to have conversations about the topics of this dissertation. These participants were more accustomed to speaking about FGC publicly and less hesitant to discuss related issues, even with a male translator or a white foreigner.¹²

¹² It is important to note that even though Tostan participants were more habituated to speaking about sensitive topics such as FGC, not all participants espoused the beliefs of the organization. In the module on FGC, the Tostan program speaks only about the health aspects of the practices and it provides relatively neutral social analyses of the practices. Individuals theoretically come to their own opinion of FGC. In communities that practice FGC and have Tostan programs, I spoke with interviewees who have become opposed to the continuation of cutting, but I also spoke with women who would like to continue the

During interviews in Senegal, I asked questions regarding female genital cutting with the goal of learning about the practice from the women who are affected.¹³ I conducted interviews with people in FGC practicing communities, non-practicing communities, women who have abandoned the practice, women who fight to continue the practice, NGO employees working for the abandonment of FGC, actual circumcisers or *exciseuses*, husbands with cut wives, men who had been sexually intimate with both cut and intact women, etc.¹⁴ I conducted the interviews more as conversations, using specific questions as a basis for beginning the conversation, but then followed the lead of the interviewee who determined to certain degree where the discussion traveled. Further, I asked follow up questions of the respondent, based upon her or his comments, opinions, and interests.

For instance, when I was interviewing a scholastically motivated high school student in Sedo Abass, it was apparent that she wanted to discuss her schooling and her

practices. I also spoke with individuals in communities that do not practice FGC that have Tostan programs. Their opinions also varied.

¹³ FGC is a community-wide phenomenon. It is not individuals or only specific families who practice FGC, but rather ethnic or geographic communities. An example of communities practicing FGC is found in the small town of Koungheul. In Koungheul, at least seven distinct ethnic groups inhabit the town, not all of which practice FGC. Within the Halpulaar ethnic group of Koungheul, however, who all live in a specific area of the town and intermarry, all women are cut. In the Serer neighborhood just east of the Halpulaar in Koungheul, no women are cut. In terms of geographic communities, the state of Somalia is an illustrative model. In Somalia, approximately 98% of all women are cut, regardless of ethnic identification.

¹⁴ I selected these “non-targeted” interviewees based upon contacts I had in the communities. For example, I lived in Koungheul for over three months and interviewed a neighbor who worked at the hospital, a mother in the house I lived in, and another housemate. I also interviewed several neighbors I became acquainted with during those three months. There was much curiosity as to my reason for being in a small town in the middle of Senegal, and over the course of my time in Koungheul, conversations about my research often arose, which lead to interviews. Aside from seeking actual circumcisers to speak with, I did not restrict interviewee selection based upon occupation, ethnic community, class, or any other factor. The sample of interviewees did vary according to religion, ethnicity, geography, occupation, education, and marital status.

future plans of attending the university. Thus, our conversation revolved around how her understanding of her body, her physical health, and her sexual choices would affect her future academic goals. I also interviewed a farmer in the village of Thiakho, who was most interested in explaining to me his take on the prioritization of issues within his community, which included the need for an irrigation system for crops, an expanded market, and more functioning wells. The conversation did involve excision at some point, though it mainly focused on these other issues that were important to him. Therefore, though I did begin with an intentional set of questions, the interviews traveled from a prescribed script that solicited specific answers. The motivation for utilizing this form of methodology was so that I could uncover the values and ideas of the interviewees, whether female genital cutting was a main part of the interview or not.¹⁵

4b - Interviews in the United States

I carried out sixty-five interviews in the United States during eleven months of 2007 and 2008. My goal in these interviews was to replicate to the best of my ability the interview methodology used in Senegal. I interviewed men and women from various geographical areas of the United States, people from differing socio-economic backgrounds, men and women who practice different religions, women who have had

¹⁵ During Senegalese field research, I also conducted participant observation. I attended events in various communities, such as soccer matches, religious holiday celebrations, cultural events, as well as immersed myself in daily activities of Senegalese women. I spent hours at the market, attended informal education classes in specific communities, and lived with a large Senegalese family. Harvey Bernard writes that “participant observation lets you in the door so you can collect life histories, attend rituals, and talk to people about sensitive topics,” (1999: 318). I conducted participant observation to achieve just this, as well as to better understand the material collected through interviews.

breast surgeries of various sorts, and plastic surgeons. Similar to the Senegalese interviews, I recruited these interviewees using two different sampling strategies.

First, I utilized convenience or availability sampling and spoke with women and men with whom I am personally connected. For instance, I interviewed a local friend who survived breast cancer, had a single mastectomy, and chose not to have reconstruction. I also interviewed a former student who desires breast reduction surgery and has had two consultations with plastic surgeons about the procedure. Another interview was conducted with an out-of-state acquaintance, who did have breast reduction surgery at the age of 18. Social ties connected me with six women who have breast implants, and three other breast cancer survivors. Thirteen total respondents have undergone some sort of surgical procedure on their breasts, either breast augmentation, breast reduction, mastectomy, or reconstruction.

I also selected participants based upon specific target groups. For example, I interviewed a woman who spent two years in the Peace Corps in a Mandinka village in the Gambia, and thus had exposure to female genital cutting. Likewise, I selected three interviewees who identify as lesbian in order to hear perspectives of non-heterosexual individuals, whether or not their responses varied from self-identified heterosexuals. I also sought out African Americans, Asian Americans, and Latinas in order to have different ethnic identities represented. Based upon the 2000 US Census data, my sample is not perfectly representative of the US population in terms of ethnicity, but it is fairly

close.¹⁶ A detailed table of demographic information of interviewees is presented in the appendix.

I also utilized purposive sampling through the solicitation of interviewees. I posted advertisements on the internet site craigslist, under the sections “volunteers” and “discussion.” I posted the advertisement in Las Vegas, Atlanta, and Phoenix. I received responses from interviewees in both Atlanta and Phoenix. These interviewees, unlike the interviewees selected by convenience sampling, were offered twenty dollars for their time. This is because women did not respond to my first attempt at solicitation in Las Vegas. I hypothesized that this was due to the lack of incentive offered. With the addition of a small monetary incentive, I received five interview responses within approximately three weeks. The demographic information regarding the sixty-five interviewees is included in the appendix, following the data for the Senegalese interviewees.

One final method for understanding the participant selection process is through a direct comparison with the Senegalese interview set, based on different parameters. In the Senegalese case, I selected participants who were involved with Tostan’s programs, as well as those with no connection at all to the organization. Those interviewees who are members of the organization can be considered “targeted” participants, as they had exposure to discussions of female genital cutting and human rights through Tostan’s program and were therefore habituated to speaking publicly about sensitive issues. Of the

¹⁶ For the purposes of a brief overview, the Census bureau reports that the US population in 2000 was 69% White identified, 12.5% Hispanic/Latino, 3.6% Asian, and 12% African American/Black. The interviewees of this project were 72% White identified, 14% Hispanic/Latino, 6% Asian, 6% African American/Black, and 1% Other.

eighty interviews, fifty-one (or 63%) are targeted participants. Twenty-nine interviewees (or 37%) were recruited through personal and social connections.

In the United States, I attempted to match this proportion of targeted/random interviewees. In the American case, participants were considered targeted based upon their experiences with their bodies. I specifically recruited interviewees based on prior experiences including: having had breast augmentation, breast reduction, or breast cancer; having direct experience in African communities that practice FGC; having a particular occupational status, and; being of a certain age, ethnicity, or gender. In this set, thirty-five of the interviewees (54%) were targeted based upon these categories, while thirty (46%) were randomly recruited.

5 - Interpreting Interview Findings

In the United States, interviewees repeatedly emphasized the concept of autonomous choice in regard to both FGC and breast implantation. According to many interviewees, the perceived existence of free choice either trumps the harm women experience or, when it is absent, renders a practice immoral. As one interviewee states: “Here in the US women are free to make whatever choice they want regarding their bodies. I feel sorry for women who feel like they have to get implants, but I respect that it is their choice” (Interview 21A). Another woman noted that “what is really bad about FGM is that it is done on children who have no choice in the matter” (Interview 3A). Breast implantation is sad yet acceptable because it is a woman’s choice, while female genital mutilation is unacceptable because choice does not exist, both because it is forced and because it occurs on children.

The common theme of choice was prevalent throughout American interviewees concerning both of these practices. Particular scholars, however, caution us against swallowing the rhetoric of choice as the main determinant of acceptability. Development scholar Martha Nussbaum asserts, for example, “we should critically evaluate structures of choice and desire” (Nussbaum 1999:256). Claire Chambers agrees because “choice does not *suffice* to render an outcome just: there are circumstances in which a chosen practice remains unjust, and this is because practices are inherently social and thus do not depend on individuals’ choices” (Chambers 2008:39, italics original). The concept of individual choice that repeatedly surfaced in interviews will be explored throughout the dissertation with this critical lens in mind.

On the other hand, a thread running through Senegalese interviews is fundamental gender identity. Unlike the Americans who view women as individual agents with autonomous choice, Senegalese interviewees most often emphasize that women are by definition wives and mothers. Women are women only through their roles as child bearers, which when done appropriately requires marriage first. FGC enhances this woman-as-mother identity and can be seen as inscribing these social norms upon women. Female genital cutting physically and symbolically protects the body from pre-marital sex by reducing sexual sensation in the case of excision, and by creating a physical barrier to penetration in the case of infibulation.

When cut, the perceived hypersexuality of women is diminished, which some interviewees argue helps them to remain virgins until marriage, thus reserving their bodies for procreative use and fully realizing their identities as women. A woman in

Dakar stated: “If women have money, and have everything, they are still nobody without a husband and children. To be a real woman, you have to bear children” (Interview 6), which demonstrates the extent to which a woman’s identity is based on her childbearing role. Her body should be reserved to that end. Christine Walley concludes: “...female genital operations also play an important role as markers of social, ethnic, religious, and other forms of identity” (Walley 2002:31).

In terms of breast implantation, one of the most common responses from Senegalese interviewees was discomfort and disgust with the practice, based on potential impediments to breast-feeding. According to Senegalese interviewees, the central purpose of breasts is the nourishment of offspring.¹⁷ Breast-feeding is part of being a woman and fulfilling the role of the mother. For instance, one concrete symbol of the role of breastfeeding is the gesture of grabbing one’s breast to signify a mother-child relationship. The fact that breast implantation often destroys the capacity to breast-feed is problematic and disturbs the established gender identity. Further, Senegalese interviewees also were disturbed that women would *choose* to destroy this important element of gender.

I argue that the information that comes out of looking at body normalization comparatively and unpacking these important themes of choice and identity allows me to make two important claims. The first is that the material that emerges from interviews in this comparative study disrupts existing hegemonic discourse on sex-based body

¹⁷ Certain respondents recognized the sexual aspect of breasts, though even in these cases the breast-feeding function of breasts trumped sexual pleasure that could be derived.

modifications. In particular, the comparative findings challenges the viewpoint that espouses a “Western women are free, African women are oppressed” binary.

Second, examining FGC in Senegal alongside breast implantation in the US can uncover normalization that is invisible within social fields, or in the lives of women and men. Normalization is hard to see when in it, but easier to see if an individual steps outside of herself, her context, and her patriarchy. Thus, though many women do not recognize the normalizing structures within their own lives, they often are able to see these hegemonic structures in the lives of others. Women stepping outside of their own contexts can provide fresh, critical eyes that recognize embedded normalizations and oppression in other contexts. Further, this realization also can push them to return that critical gaze onto their own environment, which is the beginning of locating mechanisms of control within their own field. The construction of sex and the imprinting of gender norms upon bodies are manifestations of regulation and normalization that occur within socio-cultural contexts, and which individuals can potentially locate through a comparative conversation of this type.

5a – Preview of Claim 1: Disrupting Otherizing Viewpoints

The first contention that this project compels me to make is based on the disruption of ethnocentric rhetoric. This claim is the basis for chapter five and will be worked through in detail in that chapter. In this section I would like to preview what that chapter will discuss, as it is one of the major contributions of this project. Motivated by the comparative findings, I challenge the particular viewpoint of “Western women are

free, African women are oppressed” that is prevalent throughout the US interviews and is also supported in some of the academic writings on body modification. Interviewee reactions to female genital cutting such as “that would never happen in the United States” (Interview 31A), “all I can say is that I’m glad I wasn’t born in one of those countries” (Interview 47A), and “at least here in this country, you do have choices” (Interview 49A) all represent the belief that there is a qualitative difference between the two societies at hand. Interviewees in the US presume that Africans live without agency or free will, while they believe that in the US individuals hold the right to make autonomous decisions in their own interest. Further, many interviewees take in stride the radical modifications made to the bodies of American women as mere efforts to attain the ideal beauty standards of American society.

Interviewees are also not alone in holding this viewpoint. Scholars have frequently compared FGC only with practices such as Indian *sati* and Chinese footbinding, (Mackie 2000; Daly 1978; Nussbaum 1995) which demonstrates a Western bias in that only “African,” “oriental,” or “barbaric” customs are considered. In these examinations, scholars present FGC as an uncivilized practice carried out by undeveloped cultures. However, when I discussed breast implantation with Senegalese women, some of whom experience female genital cutting, many of them reacted using the same rhetoric of barbarism that is traditionally used to describe FGC. Their words challenged the notion that American women are simply freely choosing individuals attempting to meet standards of beauty, while they remain controlled, agency-less beings.

For example, one Halpulaar woman commented upon breast implantation, “I have never heard of this practice and never in my life do I want to know about it. Women who do it aren’t really women. It must be caused by a sickness” (Interview 26). She is clear here that not everybody believes American women are, in fact, “free.” Further, Senegalese respondents communicated disbelief; disbelief that people would travel across the globe to fight female genital cutting in foreign lands while the horrid, unnatural, and ungodly practice of breast implantation exists in their own homes. Senegalese conceptions of bodily integrity clashed directly with Western notions of liberty and rights.

Along these same lines, I emphasize throughout this project the necessity of understanding the economic, religious, historical, and developmental system in which women live. There is not one Patriarchy oppressing all women. Physical bodies have quite different symbolic meanings and the forms of sex normalization in each society are distinct. Only by comprehending the context-specific structures of power can we accurately pinpoint forms of oppression. As interview responses demonstrate, Senegalese and American women define oppressions differently. Whereas activists such as Alice Walker (1993) present the image of women in FGC practicing communities as sexually blinded victims, an interviewee in Senegal noted “we are just fine with excision but what we really need is a well” (Interview 28).

Therefore this comparative study illustrates that the potential for improving the lives of women lies in avoiding carrying Western presuppositions into the lives of others. We should instead follow the lead of scholars such as Charusheela (2006), Mohanty

(1997, 2003) and Narayan (1997) in unpacking the “workings of gender oppression in the concrete cultural contexts in which it exists” (Butler 1993:6). If this woman does not want feminists to fight against FGC, then we should listen to her and support her stated needs (in this case, a well). If a woman from a different community, who stated “excision has major consequences and is a negative practice” (Interview 69), wants to abandon the practice, then we should support her. Western activists should follow and support other women, rather than direct and lecture them. Again, I work through the empirical basis of this claim in chapter five.

5b – Preview of Claim 2: Providing a Space for Reflection

The comparative interview responses also allow me to recognize the ways in which the interview process could be used by interviewees as an exercise in critical and cultural self-reflection. Some women outside of specific cultures are able to identify forces that regulate the bodies of women more easily than women inside the culture because they have not gone through the same processes of normalization. For example, American women with implants explain their motivations for seeking implants and do not see their motivations as products of oppressive social structures or unequal hierarchies. For example, one woman with breasts implants explained that she simply wanted to look “normal and proportional” (Interview 51A).

On the other hand, Senegalese interviewees often understood why a woman would want larger and firmer breasts, but expressed concern about where that desire came from. Comments such as “no man should ever push his wife to do that” (Interview

62), and “perhaps these women are prostitutes” (Interview 76), clearly communicate that perhaps underlying motivations for breast implants lie other issues related to patriarchy, marriage, sexuality and economics. I look further into whether outside voices are identifying normalization that is invisible to women within societies, or whether they are evidence of cultural distance, difference, and unfamiliarity. I do not claim that Senegalese interviewees are locating what is “truly” behind breast implantation, but perhaps as outsiders, they can shed light concerning naturalized social structures that American women do not see because they are, after all, “natural.”

Likewise, certain Senegalese interviewees view female genital cutting as protecting the virginity of girls. Preserving the purity and honor of girls until marriage by reducing recreational sexual pleasure is a logical and loving action to take. Within many Senegalese societies, marriage carries with it enormous economic significance, as well as social acceptance and normalized gender roles. The removal of the clitoris during excision then assists in the protection of the honor and purity of girls, requirements for attaining marriage in many Senegalese contexts. For some Senegalese women and men, “excision helps protect girls from boys – they can stay away from them after excision” (Interview 73).

To the majority of American interviewees, however, girls are not being assisted or protected by excision. They are rather being stripped of “their natural right” (Interview 54A) to sexual pleasure, and are forced to endure a painful and dangerous procedure. Americans view FGC as a “castration of women” (Interview 5A) that does nothing but reinforce “women as property of men” (Interview 41A) and “keep them down in their

society” (Interview 5). I do not assert here that American women can see the “truth” behind FGC, whereas Senegalese women cannot. I am asserting, however, that listening to people outside of particular “fields” can potentially provide a “non-normalized” perspective into what occurs within that field.

Through the interviews, I took steps towards creating a “global dialogical moral community” that is based on open dialogue and equality. This resulted in certain interviewees taking a fresh look at their own traditions and environments. Women and men had the opportunity to reflect on practices that occur in their environments through new, outside eyes. One interviewee stated: “When I think about it, plastic surgery is kind of similar to genital cutting. Sort of like, you are cutting your body to fit a mold, to define who you are through physical attributes. A lot of women who are older get botox – they want to be attractive and beautiful and young again. Who told you that that is how to do it?” (Interview 50A).

Like this woman, many respondents in both contexts began to reconceptualize the markings of women’s bodies in their respective societies as related in some way to other forms of body modifications. A Mandinka woman in Douba expressed the idea that “In Senegal, excision is similar to breast implantation because something is changed or taken away from the woman in both of them” (Interview 61). Statements like this point to the idea that the female body is being altered in diverse ways, and that body parts are being “changed or taken away” on and from women in various environments. This is happening to women across the globe. Corporeal oppression of women is not happening in “underdeveloped” or “backwards” locations. It is happening in different locations and

in different manners. As a development worker in Senegal asserted, “If there are health consequences, there are health consequences. There aren’t western consequences and African consequences and there aren’t American women and African women. There are just women whose bodies are being transformed” (Interview 44). Seyla Benhabib argues that by using this type of methodology, “we allow explicitly for the possibility that we will learn from our encounters with other human societies to recognize things about ourselves that we had not seen before” (1995: 74).

Again, outsiders discussing the practices of others could help to uncover societal expectations that are placed upon women. Another way of understanding this main benefit of this comparative study is by considering it in terms of reflection. When interviewees were asked questions about the practices of another culture, did they use that exercise as a type of mirror with which to then reflect back upon normalization that occurs in their environments? Or, was the exercise of discussing foreign practices more of a window, through which one could gaze upon others and judge their practices, all while maintaining physical, emotional, and analytical distance?

The answers to these questions are not cleanly divided based upon geography or social context. Some interviewees reflected in the mirror through this exercise and redefined some of their own experiences as oppressive, while others remained at a safe distance from critical self -investigation or relational application. There are respondents in both interview groups who did use this experience as a stepping-stone to their own cultural deconstruction. If women are more able to critically analyze their own conditions of sexed life, they are more likely to recognize institutional structures that do not benefit

them, and perhaps challenge those structures, even if on an individual basis. I argue this is one way for women to improve their own lives however they see fit, and also to work toward creating the moral dialogical community that Benhabib presents. For, she argues, “as the participants of other cultures and societies themselves begin to question their social order and assume the attitude of observer *vis-à-vis* their own value systems, they engage in a moral conversation with us and draw us into their circle of meaning and value” (1995: 241).¹⁸

6 - Roadmap of Dissertation

The project is divided into seven chapters, beginning with this introduction. Chapter two lays out the theoretical framework through which the two practices of body modification are examined. This chapter delves into issues of embodiment, or the significance and social meaning of women’s bodies. I argue that sex is a historically and contextually contingent classification that is intrinsic to the production and maintenance of hegemonic systems of power. The identification of sex is not only constructed, it is constructed in a particular heterocentric way, and for the benefit of those in power.

The second theoretical concept that this chapter addresses is the resistance of non-Western feminists to Western hegemonic discourse. Discussions of body modification have not focused sufficiently on cultural variations and environmental contexts. They

¹⁸ I would like to emphasize here that I count myself as one of the participants of other cultures that Benhabib addresses. In this project, I am attempting to create spaces in which conversations between cultures can take place, but do recognize myself as non-neutral in doing so. I have undergone my own culturally specific processes of normalization and situate myself as theoretically part of the American interviewee set. I do see myself as having experienced the interviews as reflective opportunities and as I conducted so many and lived with this project for years, I have become a woman constantly carrying around a mirror in which I gaze.

have tended to remain Western-driven, and have relied upon Western frameworks, definitions, and biases. This has resulted in a very skewed and incomplete understanding of the practices of body modification under study. This section of the chapter therefore presents the ways in which scholars such as Mohanty (2003), Narayan (1997), Boddy (2008), Gruenbaum (2001), and Benhabib (1995) have been working towards altering the discussion of FGC in particular and body modification in general. The focus is on locating alternative discourses based on open dialogue between all women.

In the third and fourth chapters, this discussion of female bodies is extended by examining the particular cases of female genital cutting and breast implantation, as these practices are demonstrative of the modification of women's bodies in order to meet their expected social forms and meanings. I argue that each of these practices literally constructs women's bodies in order to fit a phallically derived notion of normalcy and beauty. The staunchly embedded sex categories and normalized aesthetic standards thus affect women in terms of marriage, economic success, group acceptance, sexual function, and desire. Further, I discuss not only the actual body modification practices, but also the specifically female body parts – genitalia and breasts – more generally in order to uncover the pressures and expectations placed upon their form, function, and look. As a major part of these two chapters, I turn to the first hand material collected from the field in 2005, 2007, and 2008. Normalcy, an important issue in both situations, is carefully considered, in terms of sex categorization, the intelligibility of bodies, and prescribed beauty standards. I also identify aspects of the specifically operating patriarchies in both Senegal and the United States in order to unpack each practice within its context.

In the fifth and sixth chapters of the dissertation, I delve into the main strengths of this comparative study. Analyzing interview responses, locating themes present throughout the interviews, and privileging the interviewees in the two contexts, allows me to make two important claims. I first argue that the prevalent binary of “African women are oppressed while Western women are free” is not true when we listen to African women. Both interviewees and scholars from the West communicate ideas based on this dichotomy. When the discussion of this issue was opened up to include the other half of the binary, the discourse changed shape. Further, when the discussion of sex-based body modification was opened in a comparative manner, interviewees could and often did use the interview as a space for reflection on their own cultures and practices. The interview environment provided women room to serve as the authorities on the physical normalization they face in their respective contexts, and also allowed them to step out of their own social field.

The seventh conclusion chapter returns to the questions at the heart of the dissertation: In what specific ways do the actual physical markings of women’s bodies serve to reify normalized sex and gender roles in various societies? How do women in the two societies at hand experience their bodies? Finally, what is an ethical and appropriate method for studying the two practices at hand as well as the issue of body markings more broadly? Addressing these interlocking questions leads us to a more complete understanding of women’s bodies, patriarchal control, and the connection between the two. The physical construction of women’s bodies leads directly to the normalization of sex and gender roles, which many believe are the basis for the oppression of women.

CHAPTER II

THEORETICAL FOUNDATIONS

1 - Introduction

This aim of this chapter is to present the theoretical framework with which female genital cutting and breast implantation will be analyzed. Under the umbrella of theories of embodiment, or the social meaning of and lived experiences in bodies, the chapter addresses the concept of sex and gender as social constructs. I put forth the argument that both sex and gender categories are historically and contextually contingent and that the regulation of these categories has served to reify patriarchal power structures. I work through the practices of breast implantation and female genital cutting as empirical examples of the molding of bodies into sex categories as well as the physical imprinting of gender norms upon bodies. Through this discussion and with these examples I aim to demonstrate specific ways that deployments of power are directly connected to the body.

The final section of this chapter switches the focus from categories of sex and gender to a retheorizing of the association between the categories of “first world” or Western women and “third world” women. Here I want to engage with the resistance of non-Western feminists, particularly Chandra Mohanty, to explore Western impositions of universalized concepts such as justice, liberty, and even “women” on non-Western cultures. Certain Western texts have “discursively colonize[d] the material and historical heterogeneities of the lives of the women in the Third World” (Mohanty 2003: 19), which has erased the complexities and intersecting identities of women, only to replace them with homogenized, Western-derived presuppositions about women in general and women

in the Third World in particular.¹⁹ In this section of the chapter, then, I introduce this important movement within academic feminism that challenges universalistic strategies for understanding oppressions of women.

This final theoretical focus, which is applied in depth in chapter five, is important for this project in two specific ways. First, challenges to the hegemony of Western feminism remind us to examine the two cases of body modification within their heterogeneous and complex contexts. Female genital cutting does not happen in uniform, primordial societies. African women who undergo cutting have varying opinions and experiences with the practices and identify with different ethnicities, economic classes, religions, etc. They cannot be assumed to constitute a “coherent group with identical interests and desires” (Mohanty 2003: 21), particularly a group that is “backwards” and essentialized. Likewise, American women with breast implants do not comprise an immutable group whose members are all affected in the same way by colliding systems of capitalism, patriarchy, and gender. Women have unique experiences with their bodies and we should not try to retrofit their experiences into an already existing analysis of women.

Second, the final section of this chapter provides theoretical impetus to resist naturalized discourses of the West. What I mean by this is that I conduct this examination

¹⁹ Mohanty takes issue with the Zed Press “Women in the Third World” series in her work. She writes: “Since I focus primarily on the Zed Press Women in the Third World series, my comments on Western feminist discourse are circumscribed by my analysis of the texts in this series. This is a way of focusing my critique. However, even though I am dealing with feminists who identify themselves as culturally or geographically from the West, what I say about these presuppositions or implicit principles holds for anyone who uses these methods whether Third World women in the West or Third World women in the Third World writing on these issues and publishing in the West....I am trying to uncover how ethnocentric universalism is produced in certain analyses” (2003: 21). I critique the mainstream Western FGC scholarship in mine, particularly liberal and radical feminists who rely upon universalist claims of womanhood. Common to both of our critiques is Fran Hosken’s work on “FGM.”

in a non-reductionist manner, both in terms of the consideration of the “groups” of women under study, and in not utilizing exclusively Western, “universal” definitions of human rights, freedom, and equality.²⁰ Avoiding a reductionist trap, I argue, will aid in uncovering disciplinary structures within social fields that can potentially go undetected using only the discourse and framing of universalist feminism.

I assert throughout this dissertation that discourse is a normalizing force in women’s lives, especially concerning their bodies. I thus deconstruct the ways distinct discourses operate in order to understand women’s embodied experiences. I apply this deconstruction to the way that I study FGC and breast implantation myself. I engage Mohanty’s criticism of certain forms of Western feminism in continually verifying that this project does not become another normalizing force. I do not want to approach this study using liberal, universalizing feminism, because not only would I fail at fully comprehending the social forces at play in the United States and Senegal, I would also be contributing to a colonialist legacy within feminist scholarship. Mohanty writes that there is “the need to forge international links between women’s political struggles” (2003: 20), and I seek to identify possible links, rather than subsume the political struggles of “other” women under my own. Another way of communicating this strategy is that I am seeking to situate myself and this project “in such a global economic and political framework” (Mohanty 2003: 20) in which women operate.

²⁰ The reason I set “universal” in quotations is because the definitions and frameworks that are applied in discussions of Third World women, global oppressions of women, and of sex-based body modification, are not “universal” per se. They are constructed and directed by scholars from the West, and rely upon Western liberal conceptions of human rights and liberty. Universalist scholars claim that the definitions, frameworks and ideologies are “universal,” though Mohanty and others assert that they are *not* universally created and agreed upon, and rather are ideological impositions.

2 - Sex and Gender as Social Constructs

The social construction of sex and gender is the first theoretical concept with which this dissertation engages. The term “sex” in this context is understood as the categorization or identification of humans into two groups - male and female – based upon biological organs and potential reproductive capabilities. The dichotomy created by these two biological groupings is one of the central institutional relationships of any given society. The naturalness or “truth” of the dichotomy has been historically and continually used to exclude, persecute, and otherize members of communities who do not embody the dichotomy.

Before exploring further this concept of sex as a social construct, I want to take a step back and look at the broader systems of gender that operate on both practical and theoretical levels. Feminist scholars have often agreed upon the claim that *gender* is a constructed identity based upon the behaviors, attitudes, appearance, mannerisms, and expectations of individuals in communities at specific historical moments. Gender is considered in this sense as a fluid, historically varying identity that does not have its genesis in any essential or biological component of an individual in a community. Rather, it is an identity that requires repeated socialization and regulation.

Not all academic feminists agree with a constructivist view of gender. Difference feminists such as Carol Gilligan (1982) argue that men and women are ontologically different in terms of rationality, behavior, and morals and thus have inherent diverging gender identities. Also, some radical feminists (Rich 1986; Firestone 1970) and lesbian feminists (Lorde 1984) assert that women and men have essential gender differences. I

appreciate many elements in the work of these feminists, such as the naming of compulsory heterosexuality, reclaiming the female erotic, and locating women's oppression in biology, but do not travel with them into an essentialized understanding of gender. I instead locate myself with the first identified group of feminists who view gender as socially constructed.

Perhaps the most well known illustration of this idea of gender as a social construct is found in the work of Simone de Beauvoir. De Beauvoir famously argues "one is not born, but rather becomes, a woman" (1989: 267), emphasizing the idea that gender is not something inherent, or a characteristic that one is born with, but is rather an identity that is acquired. De Beauvoir recounts in detail the gendered socialization process that occurs in this "becoming a woman," beginning with the initial "It's a girl!" moment in the delivery room when a child is born.²¹

Social constructivists like de Beauvoir who deny the naturalness of a gender dichotomy believe that there is no "girl" that exists prior to the naming of the newborn baby as such. Put differently, the baby will not act in feminine ways because of a natural or biological constitution, but will be socialized to exist and behave as this "girl" she was named. It is the act of appellation and the socialization process that creates the existence of "girl." Judith Butler elucidates this idea as she writes: "Because there is neither an 'essence' that gender expresses or externalizes nor an objective ideal to which gender aspires; because gender is not a fact, the various acts of gender create the idea of gender, and without those acts, there would be no gender at all. Gender is, thus, a construction

²¹ Advances in reproductive technology could imply that gender socialization begins before birth, when the sex of the developing fetus is determined through ultrasound.

that regularly conceals its genesis” (1990: 273). In Nietzschean terms, Butler explains that there is “no doer behind the deed.” Rather, the deed is everything. It is the deed – in this case the “various acts of gender,” which Butler terms the “performativity” of gender – that create the idea of gender itself (1990: 33).

This performativity of gender is regulated by a dichotomous system with clear parameters. In other words, an individual cannot become or perform *any* gender one desires, but rather is restricted to designated genders within a social field. Further, gender depends upon repeated performances, and continuous processes of socialization to reinforce boundaries and regulations. Performativity exists in the form of language, dress, behavior, and occurs by every person, every day. A Foucauldian viewpoint can be employed in this interpretation as well. Jana Sawicki explains that “Foucault described how power grips us at the point where our desires and our very sense of the possibilities for self-definition are constituted” (1991: 10). Our available options for self-definition have already been designated, including our understandings of what genders are possible. Further, the dichotomous system’s power is fully operationalized the moment at which the performing individual does not recognize it as a performance. At that moment, the performance becomes naturalized, the regulation internalized, and the body disciplined.

Althusser expresses a similar idea of performativity, though he utilizes the concepts of interpellation and hailing. Interpellation, according to Althusser, operates when ideology transforms individuals into subjects. Althusser writes, “*all ideology hails or interpellates concrete individuals as concrete subjects*, by the functioning of the category of the subject” (1971: 173 emphasis his). Ideology, he continues, transforms

individuals into subjects through the process of hailing – many times in the literal sense of calling to somebody and having her respond to the call. The example given by Althusser to illustrate this idea of interpellation is that of a police officer on the street shouting “Hey you!” to a person. That person automatically acknowledges that she is the subject at whom the officer is yelling. This response of the hailed individual is what then determines her as the subject. It is because she recognizes that it was she who was being called that she acquires self-awareness as a subject.

Integrating a sexed component to this idea, Denise Riley provides the example of “you” walking down a street and a passing car “shouts comments on your expression, your movement” (1988: 96 -97). Riley explains how this situation leads to “sexed self-consciousness” as she writes, “You have indeed been seen ‘as a woman’, and violently reminded that your passage alone can spark off such random sexual attraction-cum-contempt, that you can be a spectacle when the last thing on your mind is your own embodiedness” (1988: 97). The individual or group in the passing car “hailing” you is what creates your subjectivity as a woman. Before the hailing, you may have been thinking of countless things other than your sex, Riley continues, but the particular shouting “pushed you into this female gender” (1988: 96).

The gendered socialization that individuals experience does not originate with experiences like this. The hailing that happens in the everyday lives of individuals is part of the repetition process that is required for the gender identity to continue. The shouters in the passing car, in other words, are participating in a cycle that is already in motion. Gender socialization instead begins with the birth of the child, as de Beauvoir asserts,

becoming more institutionalized with each stage of life the gendered being enters. As a small child, “girls” in this instance are given specific toys with which to play, are taught appropriate manners and behavior according to their gender, and are expected to follow prescribed paths of maturation. Further, adults and other children interact with individuals as girls and expect that they will interact with others as girls. The constant reinforcement from others who receive and in turn expect gendered performances is an important aspect of the performative process.

Both female genital cutting and breast implantation can be seen as two specific manifestations of gendered socialization. FGC operates as a socializing force directly upon the bodies of girls, implanting gender norms such as virginity and clear “femaleness” upon individual bodies. Breast implantation also can be viewed as assisting movement along these paths of maturation. When girls go through puberty, they should grow noticeable breasts. If for some reason a woman feels lacking in her adult breasts, or never benefited from growing “normal” breasts during puberty, breast implantation can help her obtain a natural, adult, female body. The procedure can be viewed as assistance along the path of becoming a “full,” or “real,” woman.

3 - Challenging the Naturalness of Sex

Some theorists take this constructivist view of gender further, as they posit the notion of *sex* as a social construct as well as gender. Two scholars in particular, Judith Butler and Thomas Laqueur, have dedicated much effort to challenging the assumed naturalness of sex. First, Butler puts forth the argument that gendered acts affect

individuals in such material, physical ways that even our perception of corporeal sexual differences are affected by social conventions. The binary of sex most often accepted as natural, she asserts, is actually itself created by gendered acts. In other words, gender is a social construct, sex is also a social construct, and, most importantly, sex is constructed *by* gender.

In developing this argument, Butler asserts that gendered expectations in society – most notably compulsory heterosexuality – are what in turn dictate sex categorization.²² There exists a hegemonic ideology centered on heterosexual reproduction and behavior, an ideology so entrenched in gender that rarely is its naturalness questioned. She explains that “the supposed obviousness of sex as a natural biological fact attests to how deeply its production in discourse is concealed. The sexed body is established as natural and an unquestioned fact, and is often used as the alibi for the construction of gender and sexuality” (1990: 10).

Thomas Laqueur utilizes a historical approach to also challenge the idea that sex is a natural, ahistorical, and unchanging fact. Laqueur works through medical texts and discourse within the last five centuries in particular to uncover how sex has been constructed and promulgated in various ways by “science.” Through this inquiry, Laqueur comes to the conclusion that “sometime in the eighteenth century, sex as we know it was invented” (1990: 149). One way that he arrives at this conclusion is by historically locating the conceptual switch in medical and philosophical understandings of the physical body from “one-sexed” to “two-sexed” bodies.

²² See Adrienne Rich, *Compulsory Heterosexuality and Lesbian Existence* (1986) and Monique Wittig *The Straight Mind and Other Essays* (1992) for a more detailed discussion of compulsory heterosexuality.

Laqueur explains that before the “invention” of sex, physicians and scientists saw sexual difference as a set of rather unimportant differences of degree within “the one-sex” body.²³ According to this understanding of sex, female sexual organs corresponded to male ones, only inverted. Laqueur painstakingly details the medical texts, physician accounts, and scientific experiments that demonstrate this conception of humans, not as “males” and “females,” but rather as one-sexed individuals with corresponding body parts. The vagina was designated an interior penis, or a penis “envelope,” the womb as a scrotum, and the ovaries as testicles. Consequently, the ovaries were labeled “stones of woman,” or “feminine testicles,” fallopian tubes were “deferent vessels,” and the vagina was a “sheath or scabbard” (1990: 158). Bodily fluids like semen, blood, and milk, were mostly interchangeable and composed of the same basic matter. Since women were wetter and colder, however, they could not produce the “regenerative liquid” of semen, which was evidence of women’s inferiority. In essence, in the “one-sex” model, females and males were not considered two different sexes. Females were simply imperfect versions of males, whose anatomy and physiology were construed accordingly.

This conception changed, as Laqueur argues, “sometime in the eighteenth century.” He first locates a linguistic separation in medical and scientific accounts between male and female bodies. Doctors and scientists began replacing the term “feminine testicles” with “ovaries,” “penis sheath” with “vagina,” and also began identifying differences between eggs and sperm. Female orgasms were no longer

²³ It is important to note here that Laqueur is operating in a Western (European and North American) field of research. The medical and philosophical texts and discourses he examines do come entirely from the West. One perhaps unintended by-product of this geographic and ideological focus is that it silently universalizes the construction of sex and gender. Unfortunately, a Senegalese or West African “History of Sexuality” or “Making Sex” has to my knowledge not been written.

considered equivalent to male ejaculation – and thus necessary for conception – and though females were still considered inferior to males, they were not simply inverted, colder versions of men. Instead, beginning in the eighteenth century scientists and popular culture came to understand the differences between the sexes as simply incommensurable.

The point of Laqueur's identification of the historical shift from a "one-sex" to a "two-sex" understanding of human bodies, is that "sexual difference in the centuries after the scientific revolution was no more stable than it had been before. Two incommensurable sexes were, and are, as much the products of culture as was, and is, the one-sex model" (1990: 153). Science, rather than existing as the objective production of fact, is driven by culture, influenced by politics, and operates within epistemological boundaries.

Specifically regarding sex categorization, Laqueur asserts that "at any given point of scientific knowledge a wide variety of contradictory cultural claims about sexual difference are possible" (1990: 175). Rather than accepting sex categorization as biological and ahistorical, Laqueur wants us to recognize that "Anatomy, and nature as we know it more generally, is obviously not pure fact, unadulterated by thought or convention, but rather a richly complicated construction based not only on observation, and on a variety of social and cultural constraints on the practice of science, but on an aesthetics of representation as well" (1990: 164). The historically varying conceptions of sex demonstrate that what some assume as the biological, historically constant "truths" of the body, have actually changed over time.

Both Laqueur and Butler do recognize, however, that human bodies differ biologically. Some are able to perform particular functions in the reproductive process, and individuals have assorted body parts that interact with others to biologically reproduce. Heterosexual reproduction occurs and both Butler and Laqueur acknowledge this fact. Yet Laqueur maintains that he wants to avoid “translating facts about reproduction into ‘facts’ about sexual difference” (1990: 175), which is “precisely the cultural sleight of hand” (ibid) he wants to expose. Butler also recognizes biological differences between individuals, but continues to take issue with the fact that humans are divided up into strict groupings based upon potential reproductive capacities. Pre-pubescent girls are female despite not being able to reproduce. Post-menopausal women are female as well, despite also not being able to reproduce. Infertile men, or men with erectile dysfunction are still categorized based upon an expected ability to impregnate. Also, individuals who choose not to procreate and have no personal association whatsoever with reproduction are still identified based upon their own biological potential. “I do not deny certain kinds of biological differences,” Butler explains, “but I always ask under what conditions, under what discursive and institutional conditions, do certain biological differences - and they're not necessary ones, given the anomalous state of bodies in the world - become the salient characteristics of sex?” (in Osborn 1996: 113).

Monique Wittig is another theorist who problematizes the categorization of individuals based upon heterosexual reproduction. Wittig is well known for making the

controversial assertion that “lesbians are not women” (1992: 32).²⁴ By writing this, Wittig was calling for lesbians to reject the sexed and gendered categorization that is based upon heterosexual reproduction. “Women” only exist in a system that divides people and bodies based upon heterosexual relationships. Thus, if one desires to reject the imposition of this hegemonic order, then one way of doing so is by refusing sexed and gendered labels that only exist within this order.

4 - Empirical Examples of Sex Construction

With its power of determining what form bodies should take, sex categorization operates as a key normalizing and regulatory force within societies. It is through sex categorization that individuals become intelligible and how their bodies and selves are produced. Further, it is an essential component of how one understands and interprets one’s own identity (Butler 1993: 122). But how exactly does this process of disciplining bodies into sex categories occur? One way of identifying the disciplining of bodies is to examine concrete examples of the marking of sex categories upon bodies, and the ensuing physical construction of identity. Two of these examples are female genital cutting and breast implantation.

²⁴ The full quote is: “...and it would be incorrect to say that lesbians associate, make love, live with women, for ‘woman’ has meaning only in heterosexual systems of thought and heterosexual economic systems. Lesbians are not women” (Wittig 1992: 32).

4a - Female Genital Cutting in Senegal

Female genital cutting is a first example of how physical bodies are constructed into sexes. When practitioners of FGC modify the body through cutting, they are constructing female anatomy so that it fits into its perceived “normal” or “correct” sexed form. In practicing communities, genitalia must look and function a certain way in order to fit normalized conceptions of female bodies. Practitioners remove and/or reconstruct women’s genitalia so that they will rightfully fit into their sex category. For instance, in some practicing communities, the clitoris is considered a masculine, phallic organ that must be removed in order to fully locate the individual in the category of female. Excision leaves women with only “female” organs and in the process eliminates the assumed masculine and hypersexual clitoris. The clitoris in this sense is seen as a phallic organ that must be removed from women, much like the foreskin of men in practicing cultures is seen as soft, labia-like tissue that also must be removed. Circumcision traditions exist for each sex with the goal of transforming the body from ambiguous sexual form into clear categories of “male” and “female.”

In the United States, genital modification also exists, and is likewise tied to the reification of sex categorization. Cases of medical surgeries to “correct” intersex conditions are well documented in academic discourse. Cheryl Chase is one researcher who addresses this issue of physically modifying genitalia so that it fits into culturally established sex categories. She writes, “The fact that this system for enforcing the boundaries of the categories “male” and “female” existed for so long without drawing criticism or scrutiny from any quarter is an indication of the extreme discomfort that

sexual ambiguity excited in our culture” (2002: 131). Intersex corrective surgeries are seen as necessary procedures for clarifying sexual ambiguity. Similarly, some practitioners of female genital cutting view the practices as ways to differentiate the sexes and “clean up” the categories of male and female.²⁵

I also want to highlight the link between the physical construction of female genitalia and the roles and expectations of women. As I will discuss at length in chapter three, the practices of FGC directly connect with the behavioral and social expectations placed on women, such as pre-marital virginity, fidelity, and the control of feminine sexuality. Because virginity is an expectation of women, the “phallic,” “hypersexual,” and “unfeminine” clitoris must be removed.²⁶ The constructions of gender, in this case, are constructing sex – through determining the form that female genitalia should take. Gendered expectations such as female virginity and fidelity are required in many practicing groups, and altering the genitalia by carving it into a clear, feminine, sex, is one immediate way of enforcing these expectations.

²⁵ Blackless, et al. in *The American Journal of Human Biology* report that the frequency of births of children who deviate from female and male may be as high as 2% of all live births. The frequency of individuals receiving “corrective” genital surgery, however, is between 1 and 2 per 1,000 live births (in the West). There were over 4,253,544 live births in the US in 2008 (CIA World Factbook), which could imply that over 4, 253 individuals underwent corrective genital surgery in 2008. To put in comparison, female genital cutting occurs on an estimated 2 million girls a year (WHO). Thus, FGC occurs at a much higher frequency than intersex surgery. I do not want to imply that the two practices are absolutely comparable. I am rather highlighting similarities in part of their reasoning and using them both as examples of the construction of sex categories.

²⁶ Empirical examples supporting this claim include interviewee responses such as: “Long ago, men had to walk far to work, so in order to control the wife and prevent adultery, one had to excise girls so they would wait until their husbands came home” (Interview 25); “Excision is to control women, to suppress their sexual desire. If your husband leaves, you can stay even 2 years without wanting to go outside” (Interview 5), and others.

4b - Breast Implantation in the United States

Breast implantation is a practice that also plays a role in the construction of sex categories. As will be discussed in chapter four, many Americans understand breasts as the most outward evidence of physical and physiological sex differentiation. Breasts are theoretically strictly female body parts that “stand as a primary badge of sexual specificity, the irreducibility of sexual difference to a common measure” (Young 1990: 82). All females “should” naturally have breasts in order to clearly situate themselves physically and physiologically as women.²⁷ If a woman’s breasts are “too small,” asymmetrical, or “misshapen,” then implantation is an option for her, which could result in her more visibly fitting into her sex category.²⁸

In interviews conducted for this project, respondents both in Senegal and the United States communicated opinions supporting the idea of breasts as defining sex. A merchant from Kounqheul, Senegal explained that with breasts, “People can see that you are a woman, but without breasts, they can’t tell if you’re a man or a woman” (Interview 52). Another woman in Kounqheul added that “without breasts, one isn’t a real woman. There must be something sticking out to form the chest” (Interview 54). Both of these statements reinforce the idea that breasts can be a clear indicator of sex difference.

Women have breasts and men do not.

²⁷ The reverse is also true: males *should not* have breasts, which is evident in the fact that surgery for gynecomastia (enlarged male breasts) was the fourth most prevalent cosmetic procedure for men in 2007. Source: American Society for Aesthetic Plastic Surgery Cosmetic Surgery National Data Bank.

²⁸ For example, one female respondent noted that she “know[s] women who have really needed breast implants. After they breastfed, their breasts were just sacks of skin. So I can understand that” (Interview 49A). To this interviewee, breast implantation could *return* women to their sex category.

Interviewees in the United States also supported this idea that breasts play a large part in female identity. Some interviewees, mainly those with breast implants, added that breast implantation can help to create this identity, if an individual does not naturally embody it. One woman with implants responded to the question of how she felt after her surgery by explaining, “I do feel more like a woman, having breasts” (Interview 51A). Before her surgery, she wore padded bras on a daily basis in order to create the outward appearance of having “proportional” breasts to her body. Now that she has undergone implantation, she does not “have to” wear padded bras, can “fill out shirts,” and “just looks natural” (ibid).

Another woman with implants explained: “I love mine. They make me feel feminine and like a woman. And it has nothing to do with sex or men” (Interview 54A). Breasts to this woman are essential components of her identity as a woman. To this woman, her identity formation, and the role that breast implantation plays in this formation, exists independent of the interests of men or of sexuality. Similar to the difference feminists mentioned earlier, she is expressing an essentialized understanding of women. She adds a post-structural reversal, however, by asserting that a body can be artificially molded in order to reach an essential state.

An 18 year-old woman in a small town discussed her mother’s experience with breast implants. The young woman explained that her mother “was depressed because she had boobs but then lost them after having kids. It was like she lost her womanhood” (Interview 4A). According to her daughter, she was much happier and “felt like a woman again” after she underwent the breast augmentation. Ironically, her mother felt as if she

had lost her womanhood through the process of childbirth and cosmetic surgery restored what had been lost. It is interesting to note in this situation how womanhood is being defined. In this certain instance, the actual functioning of reproductive organs does not seem to be the defining attribute of sex. Rather, it is the appearance and form of the breast that is defining sex.

Breast implantation and female genital cutting both serve as practices that can mold women into their “normal” bodies. Different constructions of gender in each context are constructing different sexed bodies. In Senegal, interviewees explained that “women” have the gendered expectations of virginity, mothering, breastfeeding, and fidelity. Their bodies therefore are imprinted with these norms. In the case of female genital cutting, gender *is* literally constructing sex in an immediate way.

Breast implantation can be seen as a mechanism of locating women into a clearly female body. The physical construction in this case appears less directly dictated by gender norms per se, but rather by a particular social order that includes a mix of norms of what women’s bodies “should” look like, what the normalized ideal female form is, and expectations stemming from a commodified, capitalistic system. The point remains that in the cases of female genital cutting and breast implantation, physical bodies are cut and molded in specific, culturally dictated manners. Both gender and sex categorization play important roles in the dictation and in the two practices themselves.

5 – Critiques of Universalist Feminism: Unpacking the Category of “Third World”

In this final section, I would like to turn briefly to Chandra Mohanty’s critiques of some Western feminism, particularly the works that have focused on “Third World

Women.”²⁹ Mohanty argues that these Western feminist works on women in the Third World are largely characterized by “assumptions of privilege and ethnocentric universality, on the one hand, and inadequate self-consciousness about the effect of Western scholarship on the Third World in the context of a world system dominated by the West, on the other” (2003: 19). As a feminist from the West doing cross-cultural work, I want to be certain to avoid adopting any of these assumptions and also to remain self-conscious about the roles that my own scholarship could play in the lives of women. In order to therefore locate my own scholarship and to unpack part of Mohanty’s criticism, I will first address the construction of “Third World” women, and second the discursive colonization on the part of universalist feminists.

5a - Third World and Western Women

Like the feminist theorists we discussed in section II, Mohanty also deconstructs the category of “woman,” but does so from a global, sociological standpoint rather than a biological or essentialized perspective. Mohanty takes issue with the way that the monolithic categorization of “women” has been used as the basis of feminist scholarship and political activism. She highlights several reasons why she finds the utilization of “women” as a category of analysis problematic, including the fact that it “refers to the crucial assumption that all women, across classes and cultures, are somehow socially constituted as a homogenous group identified prior to the process of analysis” (2003: 22).

²⁹ Again, when she critiques “Western feminism” Mohanty clarifies that she is addressing certain books in Zed Press’s “Women in the Third World” series, Mary Daly, Robin Morgan, and a few others. She is not implying that all feminist scholarship produced in the West is problematic and colonizing.

Women may face similar oppressions as other women, or may find connections between their lives and the lives of others, though these links should not be assumed before the “process of analysis” has taken place.

Some feminists who work on issues in the Third World have utilized women as a category of analysis in this way that Mohanty finds problematic. In the case of female genital cutting, for example, opponents of the practices have utilized the rhetoric of “women’s rights” and the “protection of women” in their eradication efforts. They largely failed to recognize that Westerners designated the rights that apply to this constructed universal group of “women.” Individuals did not have a choice on whether to include themselves in this group and thus have their rights declared and protected for them.

Further, certain feminists have employed strategies “that codify others as non-Western and hence themselves as (implicitly) Western” (2003:18), which adds another layer of colonial construction of the subject into feminist scholarship. When feminists label all women from the global South “Third World Women,” it implicitly disregards the vast array of experiences, identities, and particularities of women. Along with homogenizing the identities of an enormous number of women and relegating them to an already constituted category rife with assumptions, the designation of “Third World” women also inherently solidifies the subject as Western. This critique is applicable to much of mainstream Western FGC scholarship. Not all “African” women who experience cutting have the same experiences. A professional woman in Cairo likely has had different experiences with FGC than a Senegalese woman in the village of Sedo Abass, an isolated and rural community. Also, in the process of discussing the practices, some

Western feminists have implicitly made themselves the neutral Western subject who is free from patriarchal practices like FGC and have thus reified the category of Third World Woman as an oppressed, agency-less object.

As Homi Bhabha argues, this “monolithic distinction between the West (liberal) and the Rest seems to consign the South to a kind of premodern customary society devoid of the complex problems of late modernity” (in Okin 1999: 82). Particular constructions of women in the South or Third World take this idea of a “premodern customary society,” and also add in a gendered element. For example, Mohanty provides a description of the portrayal of women in the Third World in the Western feminist texts under criticism. She writes:

This average Third World woman leads an essentially truncated life based on her feminine gender (read: sexually constrained) and her being ‘Third World’ (read: ignorant, poor, uneducated, tradition-bound, domestic, family-oriented, victimized, etc.). This, I suggest, is in contrast to the (implicit) self-representation of Western women as educated, as modern, as having control over their own bodies and sexualities and the freedom to make their own decisions (2003: 22).

Mohanty thus calls for feminist scholarship and activism to avoid this reduction and mislabeling of Third World women and its implicit reification of Western women. Chapter five of this project deals directly with the binary that is constructed between “oppressed and ignorant” Third World (particularly African) women, and “liberated, autonomous” Western women. Not only is the dichotomy false in its inaccurate reduction of “the Third World,” it also problematically creates another category of analysis, “women of Africa,” or “women of the Third World,” whereas there is not and would not

be a discussion of “men of Africa” or “men of the Third World” in the same sense (Mohanty 2003: 25).

What I am attempting to do in this project is recognize the particular ways that identities are formed, patriarchies operate, and both women and men experience their lives. Bhabha explains, “‘Patriarchy’ in India, for instance, intersects with poverty, caste, illiteracy; patriarchy in liberal America is shored up, among other things, by racism, the gun culture, desultory welfare provision” (in Okin 1999: 81). I look then to the distinct characteristics of societies to explain the operations of patriarchy, rather than reducing the societies to their positions in the broad and faulty dichotomy of the West and the Third World. This way, we will be more likely to understand what actually is occurring in India, or in the US, for example.

5b – Discursive Colonization

Mohanty also criticizes the colonization of discourse about Third World women, which is a occurs in the work of some universalist feminists. Before working through her critique, I would like to clarify that throughout this project, I am using the terms “colonial,” “colonialist,” and “colonization” in the same manner as Mohanty. Like her, I am using these terms in a primarily discursive sense, and am focusing “on a certain mode of *appropriation* and *codification* of scholarship and knowledge about women in the Third World through the use of particular analytic categories employed in specific writings on the subject that take as their referent feminist interests as they have been articulated in the United States and Western Europe” (2003: 17, emphasis mine). In terms

of the broader project, the idea that universalist feminists have appropriated scholarship on FGC, and also that (African) bodies and practices have been codified by Western research, are particularly helpful. Further, the articulation of Western feminist interests in terms of sexuality, “human rights,” and womanhood have directly impacted both scholarship and activism surrounding female genital cutting. Mainstream Western FGC scholarship clearly illustrates Mohanty’s conception of discursive colonization.³⁰

Taking a step back, then, Mohanty asserts that, “colonization has been used to characterize the production of a particular cultural discourse about what is called the Third World” (2003: 18). The imprecise binary is thus created through a colonial production of discourse. The Western feminists that Mohanty critiques, as well as those who I challenge in chapter five, have either knowingly utilized their relative positions of power to “encode and represent cultural others” (2003: 21), or rather simply failed to acknowledge their own “subjectivity as implicit referent” and thus their power in exercising and producing discourse (ibid).

Mohanty further details what she labels “the colonialist move” within scholarship. She argues that when Western feminist writing contrasts the representation of Third World women with the implicit or explicit representation of Western women, Western women become the true subjects, while Third World women “never rise above the debilitating generality of their ‘object’ status” (2003: 39). Third World women, or in my

³⁰ The term “imperialist” could also be used in a similar sense, though I will almost exclusively utilize “colonialist” in order to adhere more closely with Mohanty’s theory, and also to concentrate on the historical and cultural significance of the term.

case, African women, remain the objects of study, while Western women are unscrutinized or even invisible as the subjects, the normal, and the essential.

Mohanty thus challenges feminists to recognize and reverse the ways in which “we colonize and objectify our different histories and cultures, thus colluding with hegemonic processes of domination and rule” (2003: 125). This task is one of the greatest challenges that feminists face (*ibid*), and is becoming ever more necessary in the interdependent and globalized world of today. If feminists do want to build a “universal sisterhood,” the recognition by Western feminists of their colonialist moves, their subject status, their discursive power, and the objectification of Third World women must first take place.

I address Mohanty’s challenge through disrupting the subject status that Westerners hold. By introducing Western women as the object in the context of interviews in Senegal, the discursive power concerning body modification is momentarily flipped. My assertion here is that the act of destabilizing the subject/object boundary could provide the fissure needed for women to begin readjusting their positionality in our globalized hierarchy. In other words, this could lead Senegalese and American women to reassess their respective positions in that hierarchy. I did find that there was reluctance on the part of many Americans to relinquish their privileged status, but there was evidence of movement on both sides.

Further, I do understand my own work as moving beyond the objectification of Third World women that Mohanty criticizes. As I work through in chapter five, I actively seek to confront the literature and discourse, particularly concerning female genital

cutting, that objectifies African women and reduces them to either mutilated genitalia or to agency-less victims of traditional cultures. A rejection of this objectifying rhetoric is one of the main reasons that I included the practices of Western women – myself included in that category – into this study.

6 - Conclusion

This chapter began with a deconstruction of both gender and sex categories. I established the historically and contextually contingent nature of these categories. I examined female genital cutting and breast implantation as two exemplars of how sex and gender identities are imprinted on the bodies of women. Finally, I have worked through highlights of Chandra Mohanty's important contribution to feminist scholarship, which critiques the consideration of Third World women by certain forms of Western feminism.

In this project, I aim to meld these two strands of feminist theorizing. I continually examine the ways that sex categories are constructed, how gender norms regulate the body, and how deployments of power are connected to the body. Chapters three and four in particular focus on this theoretical enterprise. I also want to recognize the ways that discourse shapes perceptions of “women,” embodied experience, and equality. With the case studies in this project, the dominant discourse surrounding both practices is Western-derived, and therefore unpacking and locating this discourse is one of the greatest challenges that I face. I seek to disrupt the established subjectivity of only Western women within this discourse and to identify the colonialist move within scholarship on the two practices when I see it. Most importantly, I must be diligent in

avoiding the continuation of colonial discourse within Western feminist scholarship on Third World women, which is too common within work on body modification. Chapters five and six of this project work through the ways in which I actively seek to accomplish this self-awareness and self-location.

CHAPTER III
FEMALE GENITAL CUTTING &
THE IMPRINTING OF GENDER NORMS UPON BODIES

1 – Introduction

Female genital cutting is linked in particular ways to female embodiment, sex and gender roles, and the physical and psychological construction of “women.” In this chapter I argue that female genital cutting specifically constructs female bodies based upon patriarchal social expectations and physically imprints the norms of gender onto the body. In order to develop this argument, I first present an empirical overview of female genital cutting that includes the various forms of the practice, the health consequences, the physical and psychological reasoning for FGC, and the history of the practices. I then examine the roles that the practices play in reifying fundamental gender identity in practicing communities, which, for women, is based upon the requirement of childbearing and rearing.

Before beginning this examination of FGC, I first would like to clarify my choice of terminology when discussing these practices. Whenever possible, I attempt to use the particular type of procedure that is carried out. I will use “excision,” “infibulation,” “sealing,” or “sunna” in instances where I am aware of the form of the practice. When speaking more generally about the practices, or when I am uncertain of the particular type carried out, I will refer to the practices as “female genital cutting.” The widely accepted referent to the practices is “female genital mutilation” (Gruenbaum 2001: 3), and though

this terminology in some cases is technically correct in that healthy tissues and organs are removed or permanently altered (ibid), I find its usage problematic. “Mutilation” implies intentional injury or harm, which I believe is an inaccurate interpretation of the practices. Also, I do not use the term “breast mutilation” when discussing breast implantation, even though healthy tissues and organs are permanently altered in this case as well.

I am also not inclined to use “female circumcision” as the only actual cutting that is arguably a form of “circumcision” is sunna, the least common form of the practices. Also, I find that this terminology reinforces the experiences of males through male circumcision as the subject, and “female circumcision” as a female version of a male practice. I choose therefore to utilize “female genital cutting” because it is a more value neutral description of the procedures. Though it does not encompass all that occurs in each form – such as the reconstruction of the genitalia in infibulation – it emphasizes the cutting or excision of female genitalia. The excision of the clitoris in particular is the most common act in FGC, and thus focusing on the “cutting” aspect of the practices, to me, is accurate.

2 - Unpacking the Practices of Female Genital Cutting

The broad definition of female genital cutting is any procedure involving “partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or non-therapeutic reasons” (World Health Organization 1997: 3). Approximately two million girls and women are “at risk” for undergoing some form of female genital cutting each year (Dorkenoo 1995: 5; Gruenbaum 2001: 7). The

practices occur in 28 different countries in Africa, as well as in parts of Indonesia and South Asia (Gruenbaum 2001: 7).

Within this broad definition, there are three main types of FGC that are practiced. The first type, *sunna*, is considered the mildest form of cutting as it includes the removal of just the prepuce, which is the hood of the clitoris. Because only “excess” skin is removed, and physiological functioning is not believed to be affected, *sunna* is arguably analogous to male circumcision (Gruenbaum 2001: 2). *Sunna* is thought to be the type of cutting recommended by Islam by practitioners of this form, as the word *sunna*, which is used in many other circumstances, means ‘following the tradition of the Prophet Mohammed.’ *Sunna* is the least common form of cutting and is practiced mainly in parts of Sudan and Egypt (El Dareer 1982: 121) but is also reported in Indonesia and Malaysia (Abdalla 1982: 12).

The second type of female genital cutting is excision or clitoridectomy, which entails the excision of the clitoris and sometimes part or all of the labia minora or inner vaginal lips. The outer labia (labia majora) are kept intact and the vaginal opening remains untouched. Excision occurs in several countries in Africa, including: Chad, Ghana, Togo, Benin, The Ivory Coast, Senegal, The Gambia, Sierra Leone, Mauritania, Kenya, Tanzania and Ethiopia (El Dareer 1982: 121). This form of cutting is the most widespread of the three, constituting approximately eighty percent of all genital cuttings (Dorkenoo 1994: 5).

The third and most severe type of cutting is called infibulation and involves the removal of all external genitalia, including the prepuce, clitoris, labia minora, and labia

majora. The two sides of the outer labia are sewn together usually using thorns in the open flesh and silk or catgut for suturing. There are reports that infibulated women may retain parts of the clitoris beneath the infibulated seal (Johansen in Shell-Duncan and Hernlund 2007: 268), though the prevalence of this is unknown. A small reed or other similarly shaped object is inserted into the soon-to-be enclosed vaginal orifice (Gruenbaum 2001: 3). This insertion ensures that there will remain an orifice left open for urination and menstruation. The anatomy in this sense is reconstructed so that girls have one orifice for both functions, rather than an orifice for urination and another for menstruation. With infibulation, the terminus of both the urethra and the vaginal canal are unaltered, but the sewing together of the sides of the labia majora underneath the ends of both openings create a sort of artificial cavity. Here, both blood and urine collect and exit the body through a newly constructed orifice.

Midwives or circumcisers normally conduct the infibulation, often with crude instruments and without anesthetic (Gruenbaum 2001: 4). After the infibulation procedure, a girl's legs are then bound together from ankle to hip in bandages and cloth and she remains lying down from fifteen to forty days (El Dareer 1982: 121). When an infibulated woman marries, her husband usually either calls upon a circumciser to disinfibulate her by cutting through the scar tissue, or he cuts through the tissue himself. Repeated penetration is then necessary so that the tissue does immediately grow together again. Although in broader discussions of FGC all cutting is often reduced to this severe form of infibulation, it actually occurs only slightly more often than *sunna* and is mainly

limited to various ethnic communities in the states of Sudan, Somalia, Djibouti, Eritrea, Egypt and northern Kenya (El Dareer 1982: 121 and Abdalla 1995: 10-12).

I conducted interviews in a community in northeastern Senegal called Sedo Abass, where women practice a form of FGC similar to infibulation called 'sealing.' Like infibulation, 'sealing' involves the removal of all external genitalia, yet rather than sewing the open flesh of the genitalia closed, women are 'sealed' shut, using a mixture of sand, herbs, and clay on the wound. Once the genitalia heals, hard scar tissue remains with a small orifice, akin to the result of infibulation. The women who practice this related form of cutting literally are sealed shut (Interview 23).

3 - Physical and Psychological Effects

The physical and psychological effects of these procedures are numerous. Among the immediate physical complications are shock, hemorrhage, infection and urine retention (Gruenbaum 2001: 5). Delayed consequences, more often associated with infibulation than with excision or *sunna*, include keloid scarring, vulval cysts and abscesses, chronic pelvic infections, urinary tract infections, infertility, coital difficulties and obstetric complications (Abdalla 1982: 21-28). Recent researchers have found difficulty in obtaining unbiased medical data, because women are often reluctant to seek medical attention due to modesty and cultural taboos, and also many women who live in rural areas do not have easy access to health services (Shell-Duncan and Hernlund 2000: 15). Therefore, other consequences of the practices go untreated and thus unreported.

There are also psychological ramifications of the practices, which are often connected to the physical effects. Infibulated women tend to have anxiety during monthly menstruation, as passing menstrual fluid through an opening approximately the size of a matchstick can be difficult, especially considering the existence of clots of blood in menstrual fluid. Infibulated women also suffer physically and psychologically due to the forceful penetration necessary during intercourse to break through the scar tissue covering a woman's orifice. Other psychological consequences of cutting include excessive sexual taboos, sexual frigidity, marital difficulties, and the loss of trust in family members, female family members in particular (Abdalla 1982: 28). On the other hand, however, cut women who support the practice have reported feeling cleaner, more feminine, sexually attractive and womanly, as well as being accepted as an official member of the adult community. For some women, the removal of external genitalia, particularly the clitoris, is ultimately what symbolizes the separation of women from men both physically and psychologically (Shell-Duncan and Hernlund 2000: 21).

4 - Reasoning for Female Genital Cutting

As over two million girls a year are cut in one of these ways, there are a variety of explanations for why the practices occur, depending on the type of cutting, the background of the practicing community, and the socio-cultural contexts in which they occur. Scholars of FGC have grouped explanations of the practices, as practitioners have reported them, into three particular categories: psychosexual, hygienic, and socio-cultural. Some communities that practice FGC provide rationales for their practices that

combine elements from the three constructed groups, while some communities emphasize one explanation over the others. In the following sections, I will work through all groups in order to better understand the ideological, sociological and cultural underpinnings of the practice.

4a - Psychosexual Explanations

Psychosexual explanations focus on the notions that women require cutting in order to control hypersexuality and desire, to maintain chastity and virginity before marriage, to ensure paternity, and also to increase male sexual pleasure during intercourse. First, the idea of mastering hypersexuality is evident throughout discussions of female genital cutting. One Mandinka woman from a village in central Senegal explained, “an uncut woman cannot be prudent because what is cut off is what excites her, so if it isn’t cut off, she will always be excited” (Interview 62). This reinforces the notion of hypersexuality and its perceived location in the clitoris. Similarly, several Pulaar women and men communicated this idea of women’s inability to control their sexualities, which physically manifests in their genitalia. One woman clearly explained that non-excised girls “chase after men,” (Interview 29) while another provided more specific detail by stating that it was “previously thought a girl was willing to run 50 kilometers at any time to chase a man, but after being cut, she could remain calm” (Interview 32).

A young man in the village of Kaatooté, who, because he is male, is normally an outsider to the practice of female genital cutting, demonstrated his comprehension of this reasoning in his statement that “excision occurs so that girls can stay calm until marriage” (Interview 34). Some people in practicing communities view female genitalia, and the clitoris in particular, as the source of unmanageable sexuality and unrestrained desire. Calmness then, is in contrast to the sexual excitement that is housed in female genitalia. Consequently, the excision or removal of the clitoris is considered a logical, rational, and preventative measure for the protection of the morality and future of women in practicing communities.

When women are cut, they can theoretically control their own hypersexuality and desire. Cutting is a way for women to master the desires of the flesh, and to control their physical and sexual urges, by directly removing the source of those desires. Women are then more likely to remain “calm” as the interviewees explained, or virgins until marriage, a requirement in nearly all of the practicing communities. Most respondents during the interviews conducted mentioned the protection of female virginity as the main motive behind FGC. They expressed this notion of the guarding of virginity in many different ways and though their ideas varied in terms of what the community deemed was necessary for the ensuring of virginity, the expectation or requirement of female virginity itself had a constant presence in the societies under study.

For instance, a female university student in Dakar expressed the importance placed on pre-marital virginity, as she stated it “is a proud victory for the mother. The husband says on the day of marriage ‘Thank you, you have raised your daughter well, she

is well brought up.’ It is a source of pride for the whole family” (Interview 1). Implicit in this description is that the sexuality of a woman in certain practicing societies is in many ways not hers in the individual sense. Though practitioners purport that cutting is carried out so that a woman can control her own desires, I believe that a woman’s sexuality becomes controlled by others through the cutting of sexual organs.

A woman’s sexuality and virginity status are directly monitored by not only her own kinship network, but also by the kin of potential husbands. The same young woman from Dakar elucidated this external monitoring and drew the connection with direct, physical expression of the monitoring. “If,” she notes, “on the day after the marriage, the woman isn’t walking funny, all of the relatives take notice,” (ibid). If remaining a virgin until marriage is a “source of pride for the whole family,” engaging in pre-marital sexual relations (and thus not “walking funny” the day after consummation) therefore shames the family and disrespects the structures of kinship that exist in, and in many ways create, a woman’s world. Linking this woman’s theory back to the practices of FGC, we can see that excision could assist women in refraining from sexual intercourse until marriage. Infibulation all but assures that a woman will “walk funny” the day after marriage.

A young girl in Sedo Abass, herself approaching marrying age in the village, echoed this importance of virginity. She described: “It’s good to be a virgin until marriage – it is respectful” (Interview 21). She did not elucidate who remaining a virgin is respectful *to* exactly, though considering the social environment in which she operates, one can infer that she is not simply referring to self-respect, but rather a broader kin-based notion of respect and expectations. During the discussion, this young woman was

emphatic about her intention to remain a virgin until she married, as it was the right thing to do.

Linked with this idea of self-control and respect is the idea that girls and women need protection or assistance in the preservation of their virginity. Girls are not simply pressured by the principles of society – they are given mental and physical guidance and assistance for remaining virgins. A male student from Koungheul remarked that “A pregnant girl outside of marriage dishonors the family, so the older women of the village will do whatever possible to keep her a virgin” (Interview 80). That he switches between the dishonoring of the *family* and the willingness of the women of the *village* to do whatever possible in protecting a girl’s virginity is indicative of a particular understanding of family. It is not only the immediate relatives of the girl that are concerned with her morality and preservation. Rather, it is in the interest of the village as a whole that girls abstain from intercourse until marriage. This is why, in some cases, excision occurs. A woman in the small village of Koumbidja explained that “Excision was done to keep young girls away from boys – to protect them” (Interview 73). Female genital cutting is seen as a measure taken to assist girls in controlling their sexualities, mastering their desires, and thus being able to remain chaste until marriage. It is an act of protection and support.

This emphasis on virginity was also transmitted in another, more personal, sense by some interviewees. A single young man from Sedo Abass said that he personally “Wants to be the first to visit the room of his wife. You know that she won’t betray you that way, she’ll truly be yours” (Interview 12). This type of response perhaps symbolizes

a sense of ownership of women through their sexualities. If a woman waits until marriage to have sexual relations, then this act of giving herself sexually to her husband could demonstrate the power he gains over her. Also, women are clearly required to be faithful, monogamous wives during marriage. The rhetoric of being able to control one's desires and restrict sexuality to procreation, illustrates this expectation.

One additional response given by an interviewee connects this idea of obligatory virginity and the construction of sex and gender identity. A man from Koungheul explained that, "A woman must be a virgin before marriage, though that isn't the case for men because with women, one knows if she is a virgin. But for men, there is no way to know" (Interview 80). A woman's body – whether or not she has a hymen, in the case of excision, is theoretically indicative of her virginity. If she is infibulated, her body is even more telling as to whether she has attempted to have intercourse. I say this because it is physically impossible for her to be penetrated being infibulated, unless she is disinfibulated, or cut open. Therefore, the physical body of a woman in terms of the status or form of her genitalia simultaneously constructs and is constructed by her gender identity and behavior. In other words, the gender expectation of virginity is marked upon a woman's body, while cut genitalia in various forms in turn reifies this gender-based norm.

I want to also address in this discussion the relationship between FGC and marriage. Eleven respondents emphasized the necessity of virginity not as a virtue in itself necessarily, but as a requirement for marriage. Marriage is an institution at the crux of Senegalese society. The social system and relationships in the community, as well as

the identities of women, are based on the existence of heterosexual marriage. One woman in Sedo Abass iterates this point, “A woman isn’t a real woman without a husband and kids” (Interview 11), demonstrating the role that marriage has on the identity of women. A woman is neither fully accepted as a woman, nor considered complete or normal, if she never marries.³¹ I will examine this concept further at the end of this chapter.

Marriage is a patriarchal tradition in the Senegalese communities at hand, where the interests of men are protected, particularly considering the existence of polygyny. Virginity and fidelity of women is expected in order to ensure the paternity and inheritance of men. Men, on the other hand, do not face the restriction of fidelity and often times are intimate with other women as they seek other wives. “Women have to do more because men search for wives and they can always search for others” (Interview 71), explained a woman from Keur Lamine. Women must take good care of themselves, remain loyal, and follow the norms prescribed by the community in order to “keep their husbands” (Interview 64), while men retain the freedom to engage in sexual relations and court other women.

One man in Dakar illustrates this idea of the restriction of female sexual desire, “FGC occurs to control women, to suppress their sexual desire. If your husband leaves, you can stay even two years without wanting to go outside. This is why the tradition occurs” (Interview 7). This man emphasizes the operation of women’s sexualities within the confines of marriage. If a woman is cut, she could control her own sexual desire and

³¹ Respondents inferred that this necessity of marriage in identity formation is true for men as well. There did seem to exist more leeway for men in the case of impotence, but by and large men were expected to marry and father children as well.

theoretically wait “even two years” without participating in extra-marital sexual relations. With the assistance of female genital cutting, women can remain virgins until marriage, faithful during marriage, and can theoretically improve their chances of keeping their husbands. Again, altering the bodies of women reinforces the social expectations placed on them as a gender class.

In a related vein, a woman in a Halpulaar village in the northeastern part of the country emphasizes the idea of ensuring paternity, as she states “long ago, men had to walk far to work, so in order to control the wife and prevent adultery, one had to excise girls so they would wait until their husbands came home” (Interview 13). Because of inheritance and birthright, it is in the husbands’ best interest to ensure that the children their wives are having are indeed theirs. Therefore, FGC is carried so that women can control their sex drives and solely copulate with their husbands. I do not want to imply here, however, that this interpretation based on ensuring paternity is the only explanation for the existence of FGC. Other motivations, such as retaining purity, differentiating the sexes, aesthetics and hygiene, and others, also play important roles in the practice. The maintenance of virginity and the consequent paternity guarantee, is simply one of the most commonly reported rationales for the practice, both from the respondents in the project and in the work of other scholars of FGC.

Female genital cutting also creates a distinction between women’s sexuality for the purpose of *procreation* versus women’s sexuality for *recreation*. FGC, it is argued, allows women to control their urges for “recreational” sex, while still allowing them to emphasize their fertility and carry out reproductive functions (Shell-Duncan and

Hernlund 2000: 21). The main function of the clitoris is to provide sexual pleasure for women rather than to serve any direct procreative function, thus removing it decreases independent, partner, or homosexual sexual pleasure and excitability.

The vagina, unlike the clitoris, is essential in the reproductive process and is left intact during cuttings, consequently protecting the vaginal canal for childbirth (Abdalla 1982: 50).³² In some practicing societies, the vaginal canal and the internal female organs like the cervix and uterus are not considered sexual organs, but reproductive organs. Female sexuality is largely located in the clitoris, which women must learn to control, or are “helped to control” through cutting. Scholars and practitioners have also argued that infibulation in particular is used to “symbolically and physically enclose the womb, thus emphasizing the protection and sacredness of a woman’s reproductive center” (Shell-Duncan and Hernlund 2000: 21). The reproductive organs of women are protected and respected, while the sexual organs like the clitoris, are diminished and feared.

Unfortunately, infibulation does have major consequences upon childbirth, which seems to go against the intended emphasis upon procreation as the purpose of women’s genitalia. Infibulation leaves the vulva with fibrous, inelastic tissue, which must be cut when a woman gives birth. This can lead to obstructed labor, which Gruenbaum identifies as “the most severe, life-threatening, long-term complication” of the practice (2001: 5). Though infibulation is intended to restrict female genitalia to reproductive purposes, rather than to sexual pleasure, it actually harms the health and reproductive capacities of women’s bodies.

³² Except in births involving caesarian section, which are rare in many areas of Senegal (Interview 44).

One man interviewed in Dakar recounted his sexual experience with both cut and intact women, which highlights the relative difficulty cut women experience in attaining sexual pleasure. He said: “I’ve been with circumcised women and they can still have pleasure but it takes a lot more time. They don’t react much when touched. Their sexuality is definitely diminished. All girls should have the same sensation – if it’s taken away, she can go for years without pleasure if the man isn’t strong” (Interview 6). The cut women with whom he was sexually active had been excised, not infibulated, and thus penile penetration was still possible. Without “strong men,” these partners could have a more difficult time experiencing sexual pleasure.

Finally, both infibulation and excision are intended to increase the sexual pleasure of men, as male sexual sensations are supposedly increased by the artificially contracted genital organs of the woman (Abdalla 1982: 50). In the instances of excision, the man is presumed to have less obstruction to penile penetration and easier access to the vaginal orifice. With infibulation the opening of the vagina is artificially restricted and extremely tight, thus increasing the sexual sensation of the man during penile penetration. This is another example of how the genitalia of women are manipulated and marked for the purposes of others.

4b - Hygienic Explanations

Along with these psychosexual explanations for the prevalence of female genital cutting, there is a base of hygienic or aesthetic reasoning which supports the practices. Hygienic arguments rely on the idea of external female genitalia as dirty and unsightly and thus requiring removal to promote hygiene and improve aesthetic appeal. Essentially,

the clitoris is considered dirty and impure with offensive discharge and smell (El Dareer 1982: 73). A circumciser from Koungeul, Senegal illustrates this idea in her response to the question of why FGC occurs. She explains, “The clitoris is cut off because it is smelly and dirty. If a woman goes one day without washing, she’ll stink. Nobody can eat an uncut woman’s food because it smells so bad” (Interview 79). The link to food and cooking is important in the context of Senegal, as the ability to cook is a constitutive feature of womanhood.

Uncut women could not cook, but “they couldn’t even pray or do other things because they weren’t clean” (Interview 37), as one woman in Ablaye Fanta pointed out. The genitalia of women, particularly when intact, as well as biologically female processes such as menstruation indeed have the stigma of impurity and uncleanness.³³ The connotation of female biological processes as dirty is not unique to Senegalese society. Certain American respondents also highlighted this conception. One American woman noted that in many places around the world, “there is a general consensus that women’s bodily processes are dirty and something that you clean up and stay away from” (Interview 35A). In the US specifically, the prevalence of vaginal deodorants and douche illustrate the conception of female genitalia as unclean. Even the labeling of menstruation products as “sanitary” supplies, such as sanitary pads and sanitary napkin disposals in bathrooms, signify the connection between menstruation and dirtiness.

³³ For example, during the holy month of Ramadan, women who are menstruating cannot take part in the fasting or other religious traditions. They must wait until they are finished bleeding and then “make up” the days missed during their periods.

Female genitalia is also considered offensive or ugly because of the “masculine” nature of the clitoris. A Mandinka woman reported that “the clitoris can swell really big and only excisors know how to cut it off” (Interview 46). Both excision and infibulation could alleviate this problem and render the genitalia of cut women not only the correct size, but also beautiful and clean. Without the removal of the odorous, swelling clitoris, women’s bodies remain so that “If you look at the women’s genitalia frequently by day you will go blind” (El Dareer 1982: 73), as practitioners say in parts of the Sudan.

Senegalese interviewees and scholars of FGC also report that the practices are a sanitary measure because they remove folds of skin that trap dirt and odor and allow for easier cleaning. This is similar to male circumcision in the United States, where the removal of the foreskin is often touted as creating a cleaner penis. The desire for a clean, smooth body is thus evident in FGC, particularly in the case of infibulation. The aim of infibulation is to produce a smooth skin surface and the highest level of cleanliness (Dorkenoo 1995: 40). In Senegal, several women made the connection between health and hygiene, one of who explained that “An uncut person is seen as unclean. A disease definitely comes to women who are uncut because of their dirtiness” (Interview 46). These hygienic drives contribute to the psychosexual reasoning for female genital cutting and are intertwined in the traditions of the communities that practice FGC.

4c - Socio-cultural explanations

Socio-cultural reasons for female genital cutting include identification with the cultural heritage and tradition of a community, the initiation of girls into womanhood, requisites for marriage, and spiritual beliefs. First, both FGC scholars and interviewees

assert that the practices occur as part of cultural tradition. In her study of FGC in Sudan, for example, Asma El Dareer explains that traditional practices continue because they are firmly woven into the social fabric. Attempts to abandon traditional customs such as female genital cutting, then, “would be met by the disapproval of society manifested in ostracism and insults – especially in the case of circumcision” (1982: 69). In Sudan, she demonstrates, the expression ‘son of an uncircumcised mother’ is the strongest possible insult (ibid).

Many interviewees in Senegal echoed this understanding of FGC as part of a cultural tradition. Explanations of the practices beginning with phrases such as “Excision comes from oral tradition” (Interview 12), “Our grandparents practiced excision” (Interview 24), “Genital cutting is an ancestral custom” (Interviews 59, 64, 65), and “Infibulation is an ancestral practice with an education of womanhood” (Interview 73) all point to the embeddedness of the practice in the histories and continual construction of communities. The strength of tradition in practicing societies is thus recognized as one of the grounds for the perpetuation of female genital cutting.

4c1 – Rites of Passage

The initiation of girls into womanhood is another reason for FGC. The development of girls into adulthood begins, in many practicing societies, with the rite of “circumcision.” FGC usually occurs on girls between the ages of four and eight (Gruenbaum 2001: 2), or importantly, before puberty (James and Robertson 2002:11). Often times this rite includes an elaborate ceremony, special songs, foods, dances and

chants, all intended to teach girls the duties and desirable characteristics of a good wife and mother (Dorkenoo 1995: 39). In the Kikuyu community in Kenya, the initiation involved with excision is a form of knowledge transfer, where traditions, laws, manners, the duty of wives, along with other knowledge necessary to function as a successful female adult in Kikuyu society is taught to the initiates (Robertson 1996: 621).

Girls in various parts of Senegal likewise often go through a process of knowledge transfer. One respondent from the southern region of Senegal, Casamance, explained, “Cutting is how a girl learns to be a woman. It’s a school in itself – when the girls learn how to keep a house, how to carry herself in front of men and how to be a mother of a house. It’s the passing of information and not just cutting” (Interview 46). During the cutting ceremonies, the female relatives of the initiates, along with a circumciser, take the girls to a specified location, securely hold them down and then perform whichever form of cutting is practiced in their community. During the healing process afterwards, most girls are kept isolated from the rest of the community. When they emerge from isolation, they are then on their way to becoming women.

The Conagui, a Catholic community that mainly lives in Guinea Bissau have their own circumcision tradition that roughly follows this outline. The women of the community take the girls into the sacred woods (*bois sacré*). In the sacred woods, there is a ceremony that includes three days of dancing directly after the cutting, which in this case is excision. Girls wear distinctive blessed necklaces, hold and wave fans made by the women, and wear bells on various body parts like ankles and wrists while continuing to dance to drumming and harmonicas throughout the three days. During this ceremony,

the circumciser explains, “the girls receive a secret education never to be revealed” (Interview 79). Though the interviewee was clear that she would not divulge any elements of the secret education, she did infer that it is an education in becoming a proper Conagui woman.

4c2 – Differentiation of Sexes

Another socio-cultural explanation for female genital cutting is the belief that the removal of the clitoris is necessary for physiologically creating womanliness or femaleness. The Dogon and the Bambara communities in Mali, for instance, hold the belief that both the female and the male sex exist within each person at birth (Dorkenoo 1995: 35). The clitoris represents masculinity in young girls and is a phallic organ. On the other hand, the foreskin of male penises represents femininity and is analogous to the outer labia of females. Therefore, both the clitoris and the foreskin must be excised to clearly differentiate the sex of a person (ibid).

Abdalla also illustrates this idea, “...the male soul in girls was located in the vestigial phallus, i.e. the clitoridial eminence; and the female soul in boys was placed in the prepuce, taken to represent the labia. According to that view, young individual adolescents had to shed their heterosexual outfit before qualifying as integral members of their sex community” (1982: 77). If the clitoris is seen as a mini-penis incorrectly placed in girls, the removal of it can be understood as a logical step allowing for the proper sex categorization. Likewise, the soft labia-like foreskin on little boys must be removed so that all traces of femininity that they bear from birth can be erased. Thus, genital cutting

can be seen as a way to demarcate the sexes and reinforce the sex categories of communities.

4c3 – Female Genital Cutting and Virginity

Female genital cutting as a requisite for marriage comprises a third explanation for the practices within the socio-cultural grouping. When women are relieved of their clitorises and thus their perceived hypersexuality, they are less likely to participate in premarital sex. In the case of infibulation, women are faced with the physical incapability of having penetrative sex unless they undergo the process of disinfibulation. This process is neither easily accessible nor painless and is therefore rarely used before the consummation of marriage. El Dareer notes, “Excision of the sensitive parts will decrease sexual desire, and the small opening left [from infibulation] will make sexual intercourse painful, and thus a girl will fear sexual intercourse” (1982: 75), consequently helping her to ensure virginity.

The requirement of virginity before marriage is so strong in many societies that non-excised girls are ridiculed and often ostracized from the community. Also, regardless of virginity, they have little to no chance of marriage (Dorkenoo 1995: 35). Thus, in order to ensure their marriagability, many women undergo cutting, remain virgins until marriage and consequently bring honor to their families. In some communities, FGC also relates to the dowry element of marriages. One scholar explains this connection: “Young girls thus protected [cut] are reputed to have very high moral values, an added advantage on which parents can capitalize by demanding a substantial dowry” (Ras-Work 1997:

141). The perceived moral and economic value of girls, largely based on virginity, is better guaranteed through cutting.

4c4 - Religion

Spiritual belief constitutes a final socio-cultural explanation for female genital cutting. Various religious groups including Muslims, Christians, and Indigenous religions practice FGC. In terms of Islam, female genital cutting is not explicitly mentioned in the Koran, but some Muslims interpret the Hadith of Om Attiya as supporting FGC. In this Hadith, Prophet Mohamed told a circumciser, “Touch, but do not destroy. It is more illuminating to the woman and more enjoyable to the husband” (Abdalla 1982: 82). Particular Muslims have expressed the view, “As good Moslems we must be circumcised. That way we will be ensured to have a proper Moslem burial ceremony. As wives we need to be cleaned by the circumcision ritual in order to be able to prepare food for our husbands” (Ras-Work 1997: 141). Implicit in this statement is the aspiration to follow the tenets of Islam and to fulfill the proper role of a woman, which, as discussed earlier, includes preparing food.

An Islamic leader in Egypt in the 1950s named Grand Mufti Fadilat, provides a related interpretation of the connection between Islam and FGC. He proclaimed:

Female circumcision is an Islamic practice mentioned in the tradition of the Prophet and sanctioned by Imams and Jurists, in spite of their differences on whether it is a duty or a *sunna* (tradition). We support the practice as *sunna* and sanction it in view of its effect on attenuating the sexual desire in women and directing it to the desirable moderation, (Ras-Work 1997: 83).

This leader then views female genital cutting as an “embellishment” or “ennobling” for women as it properly controls their sexual desire (ibid).

A man from northeastern Senegal provided yet another perspective on the link between Islam and female genital cutting. He noted: “Mohammed asked an excised woman and an uncut woman how long they could wait. The cut woman said one year and the uncut woman said six months. With all of the wars of the time, it was necessary that she wait as long as possible” (Interview 23). By “waiting,” this man meant waiting for sexual contact until the husband had returned. He did not explain where he had learned this story of Mohammed or the origins of it exactly, though he did inform me that his own wife was excised – perhaps interesting considering that his job caused him to travel often and to be away from home.

Muslims are not the only practitioners of female genital cutting. Certain interpretations of the Bible have led some Christians to believe that FGC is a tenet of their faith. Most of these Biblical interpretations stem from the legend of Abraham. Abraham was a man who was married to both his cousin Sarah and a slave named Hagar. Sarah allowed for the marriage between Hagar and Abraham, as she could not bear children. Hagar was able to conceive and thus had a son by Abraham, who was named Ismail (Abdalla 1982: 81). The relationship between the wives deteriorated up to the point where Sarah excised Hagar out of jealousy and banished her and Ismail from the house.

Ismail grew up to be very handsome and blessed by God. Vowing to marry only those cut like his mother, Ismail married twelve circumcised princesses. Circumcision

thus spread in that country and in the neighboring areas as well (ibid). This legend of Abraham demonstrates the ways in which the Bible, much like the Hadiths, has been interpreted as encouraging followers to adhere to certain traditions such as genital cutting. The Christians that I interviewed for this project did not reference this particular Biblical story, though only one Christian who I interviewed practiced FGC.³⁴ She is the Conagui circumciser mentioned earlier, and did not actually mention religion in our discussion.

Practitioners of female genital cutting have also been motivated by interpretations of Indigenous religions. These interpretations include beliefs such as the clitoris wielding the power to kill a newborn child should his or her head touch the clitoris during birth, and the power of the clitoris to render a man infertile should it come into contact with his penis (Abdalla 1982: 77). One belief, reported from the Bambara of Mali, is that the clitoris of the female and the foreskin of the male contain an evil force called 'Wanzo.' Wanzo obstructs intercourse between the sexes and also prevents individuals from entering adulthood. Therefore, Wanzo must be removed to affirm sex differences and to allow for maturity (ibid). Spiritual beliefs such as this one held by the Bambara remain part of the driving force behind the practices of FGC.

³⁴ Senegal is approximately 94% Muslim (CIA World Factbook 2009). 96.25% of my interviewees were also Muslim. One result of this high percentage of Muslim respondents is that I was not able to learn much about the particular motives of Christian practitioners of FGC, and whether or not they differ from the rationale of Muslims.

5 - Mutability of Female Genital Cutting

Scholars do not agree on the precise historical origins of female genital cutting. There are some generally accepted reports of how and where the practices began, yet a comprehensive and accurate narrative has yet to be compiled. In fact, historical research on female genital cutting is quite scant (Asefa 1998: 93).³⁵ Opinions vary on whether it originated in one central area and then spread to other regions, or whether it independently developed in different places at various times (ibid). Some researchers believe that FGC began in the eastern part of North Africa, or possibly even on the Arabian Peninsula, prior to the Dynastic period in Egypt (4000-3500 BC) (De Meo 1997:10). One finding that leads researchers to this conclusion is the discovery of pharaonically circumcised (infibulated) mummies (El Dareer 1982: iii). Since only the privileged social classes were mummified, one could assume that excision and infibulation were prevalent at least among the royalty and upper classes (Daly 1978: 163). To confuse these findings, Egyptians refer to infibulation as “Sudanese circumcision,” while the Sudanese label it “pharaonic circumcision” (Dorkenoo 1995: 33).

Much later, in the early nineteenth century, travelers to Egypt reported that Egyptian girls of various socio-economic classes underwent excision. Infibulation was common among the class of slaves in order to prevent women from becoming pregnant, which would impinge their ability to work. Fran Hosken notes, “The slave dealers took

³⁵ Also, Abdalla states that, “To examine the past requires reliable, primary historical and documentary data, but written sources on the genital mutilation of women are rare, since this is an aspect of sexual practice, a subject involving a great deal of secrecy and taboo,” (1982: 64).

care to acquire infibulated girls, who naturally fetched a higher price on the Egyptian markets” (in Dorkenoo 1995: 69). These female slaves had a chastity belt made of flesh, and could therefore focus on the labor they were forced to do, rather than being physically affected by pregnancy. Thus, some believe that FGC began in ancient Egypt as a measure to control female sexuality. Once the economic landscape transformed from nomadic agriculture to trade, including the slave trade, women became a tradable good and invested property. Genital cutting was then carried out to ensure the value of the slave women as workers, as property, and as tangible goods.

Unfortunately, a complete, chronological history of female genital cutting does not currently exist. Each of these theories provides insight as to the possible origins of FGC, yet none fully explain the complex history of the expansive practices. What the historical accounts do illustrate, however, is the fact that genital cutting is not a primordial facet of ethnic or cultural communities. The practices and the meanings of the practices can be changed, have changed over time, and are affected by agents both within and outside of various cultures.

6 – Senegalese Definitions of Womanhood

Female genital cutting physically constructs bodies to fit into particular sexed forms. Through this “sexing” of bodies, FGC is simultaneously imprinting gender roles and norms upon them, such as the expectation of pre-marital virginity and the control of sexual desire. In practicing communities, then, FGC is intrinsic to the physical expression of both sex and gender identity. One way to understand this role that FGC plays in the

construction of identity more clearly is to locate and unpack its connection with existing conceptions of what it means, on a very basic level, to be a woman in practicing societies.

First, Senegalese interviewees were emphatic that achieving the status of a normal, adult, woman in their societies requires giving birth to children. This intrinsic element of womanhood clearly distinguishes “normal” women from abnormal women in particular Senegalese communities. Direct statements such as “To be a real woman, you have to bear children” (Interview 2), “A woman without a husband or kids is not normal” (Interview 29), and “A woman isn’t a real woman without a husband and kids” (Interview 25) reinforce the connection between a “real” and “normal” woman and her social and biological functioning. In this sense, “real” “normal” and “natural” are synonymous statuses, which all require marriage and children. Women who do bear children outside of marriage are not granted the same “normal” status, however, even though they are fulfilling their expected biological objective. Only two out of eighty interviewees had children outside of marriage, one woman and one man, and both appeared embarrassed when revealing that fact. Interviewee findings point to both Islamic doctrine and established social orders to explain the social pressures requiring marriage for proper childbirth and thus womanhood.

One respondent explained the role of Islam in constructing womanhood through the requirements of marriage and procreation, as she stated, “God wants for men and women to be together, otherwise, He would have just created Adam. Go forth and multiply, He said, so one has to be married to have a child. It cannot be out of marriage – that is against Allah” (Interview 1). There is a clear heterosexual expectation that

ultimately manifests in marriage and reproduction that is found, among other places, in the origin myth of both Islam and Christianity. Another Senegalese woman added, “Islam says that a woman must get married when she is of age, so not doing so is against religion” (Interview 56). Islamic doctrine orders much of certain Senegalese societies and when individuals do not fit into the established social order, they are also often crossing the will of God. Motioning toward an explanation of why procreation is required, a woman asserted, “Islam isn’t in agreement with living without a husband and children. If everyone practiced this, there would be no descendants” (Interview 59). Twenty-four respondents directly stated that not having descendants is against Islam and problematic for women, men, and society.³⁶

A Halpulaar woman touches on the socially, rather than strictly religiously, imposed obligation of motherhood in stating that, “A woman without a husband and kids is not very well seen by society – not even a woman, in fact. It is obligatory by society that she has them in order to be a woman” (Interview 30). A woman who does not have children, or who has them outside of marriage, does not fit the accepted norm in society. To fulfill one’s obligation in society, to truly experience life as a woman, or “For a woman to know the *gout de la vie*, she must have children and thus be married” (Interview 33). To experience womanhood and happiness, women “Must find husbands. A woman cannot have happiness without them. A husband and children – that is happiness in Senegal” (Interview 7), a man explained. In fact, this obligation, experience,

³⁶ In this sense, many women interviewees emphasized the point that women would not have help both in keeping a house, and with their own health as they got older if they did not have descendants. This speaks to the fundamental labor that that women provide in maintaining households and societies. Men were concerned with children – mainly sons – for inheritance reasons based upon patrilineality.

and sentiments of individuals define them as women. “A woman must be married, must have kids. That’s a woman, the definition” (Interview 31), a respondent concluded.

Acquiring a husband is also an essential act for women because women, who are incapable of existing as autonomous individuals, need husbands to guide and protect them. “Every woman must be *commandé* by a man,” one Mandinka man asserted. This is because “A woman does not have the means or the potential to live alone” (Interview 66). A combination of natural inferiority and socio-economic conditions necessitate men’s protection of women. A woman’s father is theoretically her first provider and protector, her husband the second. A male griot contributed his opinion based upon the inability of women to care for themselves: “A woman has to have someone to protect her because a woman doesn’t have the capacity to live completely by herself. But, discrimination isn’t a good thing either. She just needs to be controlled to a certain extent so she can be protected” (Interview 35). The precise “extent” of control is unclear, though the rhetoric of protection and paternalism is evident. According to these interviewees, women should not face discrimination, as “Women are the sources of life” (Interview 28). “If societies do things to harm their women,” like discriminate against them, or harm them, this male farmer argues, “there will be no more life” (ibid).

The idea of controlling women for the purpose of protecting them links directly with the practices of female genital cutting. As discussed earlier, cutting is often seen as a gesture of protection of female morality, worth, and future. Girls need to be cut, interviewees argued, to help them stay away from boys and to remain virgins until marriage. Female genital cutting is not carried out with the intention of harming girls, but

rather the opposite, to assist and protect them. The protection, however, comes with a sacrifice. The interpretation of the Hadith of Om Attiya explained “touch, but do not destroy,” just as the griot above did not endorse discrimination, but rather controlling women for their own protection. Women in this sense should sacrifice through cutting and/or submitting to the control of men, in return for the protection and stability they provide.

The economic roles of women constitute a final element that emerges from this deconstruction of Senegalese womanhood. In many ways, the economic conditions in which women operate provide the thread that sews together marriage, labor, hierarchy, and gender. Examining the economic conditions of women also begins to expose oppressive contradictions within the rhetoric of “protecting women.” Interviewees expressed the impact of money-earning labor upon marital relations, power dynamics, and the construction of gender in their own social fields. An urban and educated interviewee in Dakar estimated that “Probably only about ten percent of Senegalese women work [outside the home]” (Interview 3). The low approximated percentage of women laborers is partly due, he explains, because “Men are afraid of women who work, because money is power. If a man doesn’t have more money than his wife, she will have the power, she can be independent, she doesn’t have to obey” (ibid). Women should naturally want a husband to attain proper womanhood, and if men fear women who work, then perhaps women are dissuaded from independent wage earning because of their own fears of not adhering to the established norm of womanhood. A woman would not need

the “protection” of men if she can prove that she can be independent. Therefore, the justification of male control over females for their protection loses traction.

This interviewee was not alone in his assessment of the power of money. Another man, now an official with the Senegalese government added that, “men here don’t like to marry women with money because they like to be the boss, to lead the women, because they’re authoritarian. So this type of woman will likely stay single” (Interview 80). If this man is correct that a woman who does earn her own living will likely not marry, then she will ultimately fail at obtaining full womanhood, which requires marriage and childbirth, in that order.

There were, however, a few voices of dissent on this topic, such as another man in Dakar who expressed that he would like to have a wife who works outside of the home. “I don’t want all the responsibility of her, the kids, the house, everything,” he explained. “But, the negative side to this is that she’ll have two jobs. What will happen when she comes home, is tired and doesn’t have the energy to cook or clean?” (Interview 7). He recognizes the unpaid job(s) that women do have reproducing lives and households, and is not willing to lift that responsibility from his potential wife/wives. I should add that perhaps some women would not want that responsibility taken away, as the maintenance of a household and family is a fundamental element of gendered existence to many Senegalese women.

Respondents outside of Dakar communicated a positive reaction to the idea of financially independent women. Both male and female interviewees viewed the financial independence of women as positive, but only in terms of the effect that income could

have on the families of women. In this sense, women were not considered autonomous laboring agents, but rather as one piece in a broader kin system. “A woman with money can have a good house. It would only be to help her family and kids and to contribute to the family,” (Interview 61) a woman in Douba stated. Another woman in a nearby village added, “An independent woman must first support her parents, then her kids, then her household. If her husband works too, that could be great – they could have a good life” (Interview 60). The emphasis was clearly upon the effect that a woman’s income could have on the entire family, and not on potential opportunities that could arise for her as an individual in the liberal sense.

This section is intended to begin unpacking the complex social fields in which Senegalese women operate. Intersecting forces based upon religion, biological reproduction, social expectations of marriage, and economic conditions, all create the worlds of women with whom I spoke. These colluding structures also create the environments that foster and maintain the practices of female genital cutting. FGC would be impossible to understand isolated from its multifaceted context, and therefore I seek to understand the operations and structures of the social fields of practicing communities.

CHAPTER IV

NORMALIZING THE BREAST

Breasts are a defining attribute of all that is female: timeless icons representing female sexuality and motherhood throughout history.

Stephanie Pedersen, Bra: A Thousand Years of Style, Support, and Seduction

1 - Introduction

The aim of this chapter is to uncover the ways in which breasts are physically altered and controlled to fit gendered expectations within American society. I will first discuss the practice of breast implantation. I will present statistics, rhetoric from surgeons and other medical practitioners, and the accounts of women who have undergone the procedure. Looking at the surgical procedure of breast implantation, I will illustrate the power of “medical discourse about what constitutes “normal” or desirable appearance as well as what constitutes appropriate surgical intervention” (Davis 2003: 5).

Then I will explore the idea of breasts as the center of an American woman’s bodily experience. In doing so, I seek to understand the function breasts serve in creating fundamental identities based on sex categories. Sections of this analysis include the normalized, phallicized breast, breasts as symbols of adulthood, as the differentiating feature of the sexes, as functional maternal organs, and as sexualized, fetishized objects. Working through each of these interpretations of the breasts leads me to a set of questions: What is a “normal” breast? What does it look like and what function does it serve? What will individuals do in order to live in this normalized body? Most

importantly, who actually determines normalcy regarding bodies and breasts in the first place?

These interconnected questions address the broader issue of the control of women through expectations and regulations of their physical bodies, which is a main focus in chapters three and four of this dissertation. In order to answer the questions and to illustrate normalizing pressures upon women's bodies, I will present viewpoints and experiences of women affected by the pressures to have particular bodies. I will specifically discuss the experiences of women in the United States who have undergone surgical and non-surgical procedures on their breasts, as well as outside viewpoints of critique both within the US and also in Senegal. These opinions and experiences illustrate how the theoretical concept of ideological hegemony affects the lives and bodies of women in a concrete and immediate way.

2 - The Surgical Procedure of Breast Implantation

In the United States, breast implantation is a popular procedure. The American Society for Aesthetic Plastic Surgery, one of the two largest plastic surgery organizations in the United States, annually compiles national level data concerning plastic surgery.³⁷ A report is issued each year containing this data, including statistics on breast surgeries. In its most recent report (2007) the ASAPS reported that in that year, 399,440 women in the United States underwent breast augmentation surgery. This was almost 1,094 women per day obtaining implants. Of those augmentation surgeries, 60.6% of them used saline

³⁷ The Cosmetic Surgery National Data Bank Statistics from the American Society for Aesthetic Plastic Surgery can be downloaded from www.surgery.org. (accessed January 31, 2009).

implants and 39.4% of them used silicone implants (ASAPS 2007: 7). The gap between saline and silicone implants is narrowing, as in 2006, 81.4% of all implants were saline and only 18.6% were silicone (ibid). Silicone implants were outlawed in 1992 by the FDA in response to women's claims of injury and disease after their implants ruptured or leaked in their bodies. The Food and Drug Administration in 2006 allowed certain silicone gel implants from two corporations, Allergan and Mentor, back onto the market. Women report preferring silicone gel implants, as they "feel" more "natural" (ASAPS *Breast Implant Surgery Information*), though the legal age for getting silicone implants is 22, rather than 18 as is the case with saline, because of the increased risk of "silent rupture" (ibid).³⁸ When saline implants rupture, there is an obvious "deflation" of the breast, but when silicone implants rupture, it can be "silent," meaning unnoticeable, and the silicone gel leaks into the body (FDA).

Whether silicone or saline based, breast implants are the most prevalent surgical cosmetic surgery for women in the United States. In fact, in the past ten years there has been a 298.4% increase in the rate of breast implantation in the US (ASAPS 2007: 9). For women undergoing breast implantation, 7,882 of them were age 18 and under; 205,881 aged 19-34; 156,677 aged 35-50; 26,291 aged 51-64; and 2,710 aged 65 and over (ASAPS 2007: 12). *Table 1* includes this age breakdown and the percentages of the total number of breast implants each age range holds.

³⁸ It is unclear whether the more "natural feel" of silicone implants means that when *somebody else* touches them they feel more like natural breasts, or if women experience them as more akin to their natural breasts in terms of how they feel in their own bodies. This distinction remained muddled both within American interviews and in the literature on breast implantation.

Table 1. Age

Age range	18 and under	19 – 34	35 – 50	51 – 64	65 and up
Number	7,882	185,705	159,261	33,615	2,226
Percentage	2%	51.5%	39.2%	6.6%	0.7%

For almost all of these women the procedure of implanting the breast is done either in a surgeon’s office or in an affiliated medical spa, which has a medical office attached to a health/beauty spa.³⁹ The surgery itself is one to two hours long and costs on average \$4,087 for silicone gel implants and \$3,690 for saline implants (ASAPS 2007: 13). Typically, insurance carriers do not cover breast implant procedures, nor do they cover consequent reimplantations.⁴⁰ They often will cover the first post-mastectomy reconstruction procedure, however.⁴¹

A recent *New York Times* news article reporting on the rates of infection due to breast implants quoted a plastic surgeon detailing the surgery. He explained, “implantation involves a series of procedures — including one surgery to insert a skin-stretching device in the chest, followed by saline injections to expand the breast, another surgery to put in a permanent implant and a final surgery to attach a nipple” (Singer

³⁹ Breast surgeries for men – mainly for the treatment of gynecomastia (enlarged male breasts) – have their own category and are almost exclusively reductions or pectoral muscle implants. Transsexual surgeries, in this case male to female, are not included in the report. Transsexual surgeries on reproductive organs are not categorized as cosmetic. This is why only the term “women” is used in this discussion. Also not included in these numbers are breast reconstruction surgeries post-mastectomy. These types of procedures are categorized as “reconstructive” rather than “cosmetic” and therefore are not included in these statistics.

⁴⁰ The ASAPS explains that “Implants will not last forever and will likely need to be replaced with a subsequent operation” (ASAPS: *Breast Implant Surgery Procedure Information*).

⁴¹ Source: FDA Breast Implant Consumer Handbook 2004. <http://www.fda.gov/cdrh/breastimplants/handbook2004/introduction.html> (accessed February 21, 2009).

2008). Patients normally are able to work again in one to two weeks, depending on their occupation.

Along with the choice between silicone and saline implants, a woman can also decide upon textured or smooth implants. Textured implants have a rough surface and are intended to stay firmly attached in one place in the body. This unmoving type of implant is believed to help prevent capsular contracture, one of the most common side effects of implants (ASAPS: *Breast Implant Surgery Procedure Information*). Capsular contracture occurs when scar tissue forms around the implant and compresses it, causing the breast to harden and a visible ridge in the breast to form (ibid). Smooth implants are the other option for women, which are intended to move within the implant pocket. In terms of available shapes of implants, there are round implants and “variously shaped” implants that are limited to saline implants. Only one interviewee reported that she had a choice in terms of the implant shape, which was between a perfectly round and a “tear drop” shaped implant (Interview 51A).

Cosmetic surgery more generally appears to be a phenomenon that occurs at higher rates in white communities. Just over 78 percent of all cosmetic procedures in 2007 were performed on Caucasian patients. Racial and ethnic minorities comprised 21 percent of all cosmetic surgeries. Of that 21 percent, Hispanics conducted 8.8 percent of all procedures, African Americans 6.3 percent, Asian Americans 4.5 percent, and other non-Caucasians 1.9 percent (ASAPS 2007: 14).⁴² *Table 2* lists these surgical prevalence

⁴² Unfortunately, information that breaks down ethnic identity with the specific type of procedure is unavailable. It would be helpful for this study if statistics were compiled on each type of surgery in terms of demographic information of patients, however, this data to my knowledge does not exist.

rates in comparison with recent US Census numbers of each ethnic category, thus highlighting the proportional rates of cosmetic surgery.⁴³

Table 2. Ethnicity

	Caucasian	Hispanic	African American	Asian American	Other non-Caucasian
% of total cosmetic surgeries	78.6%	8.8%	6.3%	4.5%	1.9%
% of total US population	66%	14%	12%	4%	4%

Therefore, cosmetic surgery occurs more often in white communities, both in absolute and relative numbers. There are no available statistics concerning cosmetic surgery or breast implantation that include the variable of economic class, unfortunately. The ASAPS report itself does not include variables other than race, age, and sex. It rather simply states that the “best candidates” for breast augmentation are women with “small, disproportionate breasts” (ASAPS 2007: 16).

3 - Breasts: The Center of a Woman’s Bodily Experience

Women have different experiences with their bodies. Some may have similar experiences, though no two women have embodied existences that are exactly the same. Variations of culture, class, ethnicity, sexuality, geography, and ideology create environments diverse enough that women living in them experience their bodies

⁴³ Source: US Census Bureau, 2006 American Community Survey. <http://factfinder.census.gov/> (accessed February 22, 2009).

differently depending on the intersections of all of these identities. In addition, socialization, personal life experiences, and individual personality all play important roles in how women experience their bodies. The point here is that there are countless variables in women's lives and social fields that affect how they experience their bodies. For instance, an Olympic marathon runner from Kenya, an exotic dancer from Las Vegas, a Mormon housewife in Salt Lake City, and a political science professor from Massachusetts most likely differ in their corporeal experiences. Chances are these women view their bodies in assorted ways, deem certain aspects of them important or special, and feel affected by femininity and womanhood in diverse manners.

What remains constant for most women, particularly American women, is that breasts are a central component of corporeal experience.⁴⁴ Consciously or unconsciously, breasts are intertwined in the self-identification and body image of American women. Part of the role that the breasts play in forming this self-identification could stem from their location on the chest of the body. As Iris Marion Young writes,

The chest, the house of the heart, is an important center of a person's being. I may locate my consciousness in my head, but my self, my existence as a solid person in the world, starts from my chest, from which I feel myself rise and radiate. At least in Euro-American culture, it is to my chest, not my face, that I point when I signify myself (1990: 189).

In much of American culture, whether it is pointing to one's chest to signify oneself, or putting one's hand over one's heart (and thus between one's breasts) when making a pledge

⁴⁴ I am specifying American women in this context in order to avoid making universal claims about women's bodies that are based upon Western experience. I also am examining breasts and breast implantation in the United States and therefore will focus on women living in the US.

or swearing allegiance, or the symbolic nature behind one's posture, the chest remains central to the body as representation of the being. An individual with the chest out and shoulders back can put forth a message of confidence and engagement, which can be understood quite differently from a person with hunched shoulders, caved in chest, and breasts covered up. This latter individual without breasts "raised and radiated" is often assumed to be less confident and less open.⁴⁵ One interviewee explained that when he is confident or proud, he more often "puffs his chest out" (Interviewee 34A). This is perhaps true for both women and men, though for women the chest is even more important. For women, the chest is the house of the heart and the center of a person's being, but also a marker of womanhood, maternity, and sexuality. Another female respondent explained that she did not feel confident in her body and with her breasts, and therefore often was hunched over "trying to cover up her chest" (Interview 43A).

A woman in Southern California pointed out that body posture is "a non-verbal statement about yourself" (Interview 15A). In making this non-verbal statement, a person with his or her shoulders back, chest out, and stomach held in (thus centering the focus on the chest) "shows confidence and opens up [his/her] face and chest area, which makes [him/her] more approachable" (ibid). On the other hand, a person with poor posture – and therefore a caved in chest and hunched shoulders – "must not feel as confident about

⁴⁵ Much has been written about posture in American mainstream informational sources. There are books, DVDs, and accessories like large exercise balls, back braces, and workout regimes, which are marketed to the public as means to improve posture. There are also articles in magazines, on websites, and in newspapers interpreting what one's posture reveals about oneself. A key recommendation of many of these sources is to "stick one's chest out" which is almost always associated with confidence. See Charles Platkin "Good Posture Portrays Youth and Vigor," in *The Seattle Times* January 28, 2009 http://seattletimes.nwsourc.com/html/health/2008677152_zfoo28platkin.html, (accessed January 30, 2008).

themselves or maybe has some other psychological things going on” (Interview 61A).

The chest is a source of energy for the body and how an individual lives with this part of her body seeps into many other aspects of her bodily existence. Again, Iris Marion Young unpacks this concept:

If her chest is the house of her being, from which radiates her energy to meet the world, her breasts are also entwined with her sense of herself. How could her breasts fail to be an aspect of her identity, since they emerge for her at that time in her life when her sense of her own independent identity is finally formed? For many women, if not all, breasts are an important component of body self-image; a woman may love them or dislike them, but she is rarely neutral (1990: 189).

Illustrated in this quote is the idea that the chest is the primary physical meeting point between a woman and her external world, but also that the American women Young has studied have a complex relationship with their breasts that is intrinsically tied to their self-identifications. The American interviewee responses of this project similarly reveal that breasts are one of the main factors in sex identification, and that women experience their breasts differently.

4 - Breasts Representing the Phallus

As breasts can be understood as the center of an American woman’s bodily experience, I now want to explore what this experience is like. How do women relate to their breasts? How do they understand them as part of their sexed identity? What motivates women to bind their breasts, to display them, leave them alone, pad them, push-them-up, underwire them, and implant them? How can the actions women take

regarding their breasts and the sentiments and opinions they have toward them be understood in the greater social fields in which they live? Answering these questions will help us unpack the normalization of women's bodies and the pressures that they face to obtain and maintain particular physical forms.

We can address these questions by examining breasts in what Iris Marion Young, Luce Irigaray, and others call the phallographic order. This framework is not directly derived from interviewee experience, but is helpful to initially work through before using it to interpret the experiences of American respondents. A more explicit and body-derived term than patriarchy, the phallographic order in which we all live is "a discursive and cultural order that privileges the masculine, represented by the phallus" (Irigaray 1985: 81). The phallus is *the* measure of sexuality and desire in phallographic cultures and women's sexualities and women themselves are understood only in relation to the phallus.

Young asserts that woman is defined as "only not a man, a lack, a deficiency" (Young 1990: 84). Sex is penile penetration, power is the erection, and men are the subjects. Irigaray explains, "women are marked phallically by their fathers, husbands, procurers. This stamp(ing) determines their value in sexual commerce. Woman is never anything more than the scene of more or less rival exchange between two men" (Irigaray in Nicholson 1997: 328). Assertions of gender identity are "seen as the hallmark of the discursive order associated with men" (Nicholson 1997: 317) and thus the epistemological basis for womanhood is discursively and socially constructed within phallographic orders. Though Irigaray does emphasize potential ways of experiencing

female sexual pleasure that are based in biology, she does not locate the origins of gender identity in essential or primordial elements of individuals.⁴⁶

The male gaze is another key component in the phallographic order. Through the male gaze, men as subjects engage in the act of looking while women are looked at as objects. Women, Young describes, “experience our position as established and fixed by a subject who stands afar, who has looked and made his judgment before he ever makes me aware of his admiration or disgust” (1990: 190). The phallus exists as the most important and most powerful figure in this system both in terms of sight, touch, and representation. A woman can and does derive pleasure as the object of the male gaze within the phallic order, Irigaray believes, but the pleasure is a “masochistic prostitution of her body” that is dependent upon a partner “taking” her as the “object” of his pleasure (in Nicholson 1997: 324).⁴⁷

Phallographic systems are threatened by feminine power, particularly female sexual power. When women have sexual power independent of the phallus, the dependence they

⁴⁶ For example, Irigaray views female sexuality as autoerotic and plural. Female sexuality is autoerotic because of the anatomical construction of her genitalia. A woman does not need “instruments” such as hands, penises, and/or phallic replacements such as sex toys, because of the way in which her vaginal lips are in constant contact. She writes: “A woman touches herself by and within herself directly, without mediation...” (in Nicholson 1997: 324). Female sexuality is plural in the sense of having erogenous zones or “*sex organs just about everywhere*. She experiences pleasure almost everywhere” (in Nicholson 1997: 326, emphasis original). Irigaray highlights the breasts, the vulva, the cervix, and the posterior wall of the vagina as locations of erogenous zones on the female body. This discussion can be seen as essentializing in terms of highlighting biologically female sexual responses, though I read Irigaray here as exploring potential ways for people to experience pleasure that is not based on the penis. She is responding to Freud in this sense by pushing the focus from vaginal sexuality (penetration of the penis) and clitoral sexuality (the inferior penis) to other parts of the body. Though she does use the examples of female body parts – breasts, the cervix, etc. – we could extend her discussion to all bodies and focus on other, not-specifically female body parts such as the neck, the hips, the hands, etc.

⁴⁷ Sylvia Blood also offers insight into women deriving pleasure despite being the object of a gaze. She writes that women have become observers even of their own bodies (2005: 37) and thus, a woman can derive pleasure from gazing at the image of her body.

have upon men decreases. This challenges the position of power that men hold, which itself requires the subordination and dependence of women. I do not want to imply with this discussion, however, that individual men in contemporary American society are each responsible for reinforcing the phallocratic system or forcing women to view sexuality within phallocratic parameters. Though men do benefit more than women in phallocratic orders, I believe that men are also negatively affected by the reduction of sexuality to the penis. Shallow and potentially unfulfilling sexual experiences as well as heavy pressure on them to have the “longest, thickest, hardest penis” (Irigaray in Nicholson 1997: 324) are likely consequences upon men’s sexualities. I therefore do not want to engage in a blaming and shaming exercise regarding penises – that misses the point entirely, which is that phallocratic orders confine our understandings of sexualities and plays a large part in the modification and manipulation of women’s bodies.

Iris Marion Young studies women’s “breasted experiences” through this lens of the gaze by asserting that breasts in the United States are objects that are fetishized and phallocized. Breasts are one site of potential independent pleasure, as Irigaray points out, particularly the nipples. Deemphasizing feminine experience of the breasts or nipples and replacing it with a masculinized system of sexual pleasure based only on pleasure gained from the *gaze* upon the breasts then upholds the conception of female sexuality as dependent upon men.

The focus here is on the breasts looking a specific way and not on the physical sensations women can derive from breasts. In more detail, Young explains that “the ‘best’ breasts are like the phallus: high, hard, and pointy. Thirty years ago it was de

rigueur to encase them in wire, rubber, and elastic armor that lifted them and pointed them straight out. Today fashion has loosened up a bit, but the foundational contours remain; some figures are better than others, and the ideal breasts look like a Barbie's" (1990: 190). Since the Renaissance of the 15th century the ideal breast in most Western societies historically has been just this: the phallic, perky, Barbie breast (Pederson, 2004: 20).⁴⁸ An exception to this is the Twiggy-inspired waif look of the late 1960s and early 1970s in the United States and parts of Europe.

In developing this interpretation of breasted experience in a phallographic order, I do not want to impose a reductionist account of women's bodies. Breasts as subordinate phallus-objects for the male gaze is not the *only* way to comprehend them. Surely the perception and ideal of youth also plays an important role in understanding how breasts and bodies are controlled in our society. Youthful bodies are culturally rewarded in many environments, as Naomi Wolf argues, "they stand for experiential and sexual ignorance" (1992: 14). I would add that in specific contexts like Senegal, but perhaps in the United States as well, youthful, non-maternal bodies also symbolize untapped resources for reproduction. One effect that the idealization of youthful bodies has is to pit younger women against older women and foster competition between generations. "Older women fear young ones, young women fear old" (ibid) Wolf writes, because of the ways in which youthful bodies are desired.

⁴⁸ By the term Western, I mainly mean European and North American. Little research has been done on women's bodies outside of European and European-American societies in this regard. An excellent example of how the breasts were eroticized and phallicized during this time period is Agnes Sorel, the mistress of France's King Charles VII. Pederson writes: "Round, high and compact, her glorious globes were considered the aesthetic ideal by fashion followers of the time" (2004: 21).

The majority of women actually do not have breasts that fit the ideal of phallically formed, youthful breasts. Some women's breasts are rounded, symmetrical, "adequate" sized, perky, and firm - mainly younger women who have not had children - yet most women do not have breasts that look like this.⁴⁹ Thus, thanks to a highly developed capitalistic market system, women can turn to other products, tools, and procedures to obtain breasts of this sort. This can be as seemingly simple as buying and wearing bras. As a Senegalese interviewee noted, "[Implanted breasts] make women beautiful. There is no harm in trying to be beautiful. Isn't this why women wear bras? Why else would a woman wear one but to have high, firm breasts?" (Interview 39). Why else *would* women wear bras, except to fit this ideal? A woman interviewed explained that for her wearing a bra was mostly a question of "making sure that things don't move around," (Interview 35A) which demonstrates the unmoving ideal of the phallic breast. When prodded further, this woman did explain that she did not want her breasts moving around because of comfort reasons, and not necessarily because of appearance. She did add, though, that

⁴⁹ This idea of "young" breasts as ideal is quite prevalent in interviews in both Senegal and the United States. For instance, one man interviewed explained that "Women get implants to be beautiful and to not age. For instance, a fifteen year old girl can wear a bra or not and have firm breasts. But a woman who has breast fed has breasts down to here [motions to waist] and that just isn't pretty" (Interview 57). Another respondent noted that "Men say that it is more interesting to touch firm, new breasts than fallen ones. They are like the sacs of water that are sold in the market"(Interview 42). On the other hand, an American plastic surgeon interviewee asserted that "The notion of youth or turning back time is probably more of a factor in patients undergoing facial procedures [rather than breast implantation]...Post partum/post lactation patients who seek breast surgery (implants and/or breast lift) [want] to return their breasts to pre pregnancy size or appearance...Patients are often trying to restore confidence in their appearance. This to a certain extent, probably ties in to feeling attractive, sexually appealing (Interview 58A).

for most women, it is a different story “with push-up bras and such” who wear them so that their breasts do appear larger and specifically shaped.⁵⁰

According to Young, this appearance of the breasts – and not the sensations that women experience through them - is what matters in a phallocratic order. Considering women as objects of the male gaze, one can see how breasts are measured up through a process of normalization. In this normalized conception, “there is one perfect shape and proportion of breasts: round, sitting high on the chest, large but not bulbous, with the look of firmness,” Young writes. She points out, however, that this norm is illogical because large breasts tend to be droopy or pendulous as they are pulled down by their weight (1990: 191). Regardless of breast size, many women do wear bras in an effort to attain this phallicized, youthful breast. An older interviewee explained that she wears a bra every day so as to not look “sloppy and saggy” (Interview 3A). She also noted that though bras are definitely not comfortable, she will always wear one to not only “look nicer” but also for modesty reasons.⁵¹ When asked what these modesty reasons are, she

⁵⁰ I do not want to imply that women who wear bras for comfort are erroneous or confused. Nine American interviewees did directly communicate that comfort is a reason why women wear bras. However, I further asked these women to think about whether this form of comfort is more a function of habit than of actual physical comfort. For example, one respondent explained to me that “wearing a bra is just more comfortable than going without” (Interview 47A). I then asked her if she had ever not worn a bra, she responded that she had not, but then asked “don’t you just jiggle around and stuff?” To me, this signaled that she had not experienced “going braless” and perhaps understood comfort only in terms of what she was accustomed to. If she chose to not wear a bra for a certain amount of time, maybe she would find it comfortable, and maybe she would not. The point is that for interviewees like this one, they had not left their breasts unrestrained outside of sleeping and showering.

⁵¹ She further explained that taking off her bra is the first thing she does each day when she comes home. The interviewee’s husband, who was also interviewed, ironically noted that women wear bras mainly “because it is just more comfortable to wear them. It is really uncomfortable without a bra” (Interview 34A).

communicated that wearing a bra helps her to feel more modest in making her breasts, and particularly her nipples, less noticeable in work and other professional situations.

This specific idea of the male gaze upon breasts repeatedly surfaces in discussions of women's experiences with their breasts. In particular, radical feminists of the second wave have often been criticized for the action of going braless or "burning" their bras for the exact reason of drawing attention to the most outward sign of their femaleness or oppression. Why, then, did feminists unbind their breasts and either symbolically or literally burn their bras? Or, as Young asks, "Why is burning the bra the ultimate image of the radical subversion of the male dominated order?" (1990: 195). Young argues that this type of action occurred because unbound breasts mock the ideal of a perfect, youthful breast in that they "show their fluid and changing shape; they do not remain the firm and stable objects that phallographic fetishism desires" (ibid). Women were demonstrating that they did not have to hide their possibly older, maternal breasts in an effort to appear young and inexperienced. They could experience their breasts in whatever form they take, without molding.

Do unbound breasts cause a stir because they go against what a breast is "supposed" to look like and break the mold of an unmoving and firm breast? Or, is the answer found more in what previous critics have claimed: that a different type of attention is simply drawn to the chest when breasts are unbound? There is variation here between the male gaze upon normalized breasts and the male gaze upon breasts not adhering to the phallographic order. One interviewee explained that when a young, attractive woman chose to not wear a bra, it could be interpreted as a sexual sign and she

could be perceived as “hot.” On the other hand, an older woman, like “some of those hippie types” and others who have “saggy” breasts would not be talked about in the same sexualized sense (Interview 14A).

Another male interviewee said that he “is not a big fan of the braless look.” When asked why, he expressed that the braless look, to him, has associations with “looseness.” This respondent did differentiate older women from younger women, as he noted that younger women with “perky perkies” might be able to “pull off this look,” while older women with “dinglie danglies” could be seen as more unattractive (Interview 20A). In this interviewee’s analysis, women not wearing bras are attracting two types of disciplinary attention. Women with “perky” breasts are drawing a harassing desire, while women with “dingly dangly” breasts are receiving a judgment of ugliness. For a woman in either situation, she should then wear a bra in order to avoid either form of unwanted attention.⁵²

Young does provide an alternative to this male-centered breasted existence when she hypothesizes the ways in which a woman could experience her breasts outside of the phallographic order. She imagines what a woman-centered experience regarding breasts could be like, completely removed from the phallic ideal that emphasizes youth. In this imaginary environment, breasts would be fluid, free, and sensitive. The focus would not be on the male gaze or simply the sight of breasts, but rather on the comfort, sensation,

⁵² Female American respondents also introduced the variable of breast size into the bralessness equation. Eight interviewees mentioned that not wearing a bra was easier or more acceptable for women with smaller breasts and more difficult or inappropriate for women with larger breasts. The plastic surgeon referenced above gave her opinion that “for a woman with small, non-ptotic (‘perky’) breasts, I think [not wearing a bra] is fine....For larger women who need the support, I don’t find going ‘bra-less’ appealing” (Interview 58A).

and the feel of the breasts for women. Various shapes, sizes, symmetries, and forms of breasts would be acceptable and appreciated and women would feel less pressure to mold their bodies to fit a rigid physical shape. Also, the male gaze would not have unrestrained access to women's bodies, or hold power over them, and women could control the ways in which their bodies are regarded by others. Unfortunately, Young does make it clear that this alternative reality is anything but a reality and develops it only to see what other possibilities *could* potentially look like.

Finally, there are various methods for normalizing or regulating the breast within this system. One method comes in the form of familiar, colloquial practices regarding bodies that litter the socialization of women. For example, stuffing tissue in a bra is part of many American's pre-teen dramatic lives. One interviewee exclaimed "Put tissue in your bra or something if that is what you need. We all have done that!" (Interview 9A). Or, consider the "pencil test." A "normal" sized and shaped breast should be able to hold a pencil underneath it without either letting it roll out or covering up the entire pencil. This ensures that the breasts are sufficiently, though not overly, large. A self-identified large-breasted interviewee brought up the "pencil test" and joked that she "could put a whole frying pan" under her breasts. Later, she also did admit that once she "snuck in a beer bottle into a movie theater under [her] breasts" (Interview 1A). Whether it is stuffing one's bra with tissue, testing what can fit underneath a breast, or chanting the old faithful "we must, we must, we must increase our bust!" (Interview 5A) the fact remains that there are numerous methods in the everyday lives of girls and women for normalizing breasts.

Another example of a normalizing force is the enormously profitable undergarment industry. This industry is responsible for such inventions as the wonderbra, the corset, the blow up bra (which literally came with a straw for blowing up the cup), the water-filled cup bra, and the bustier, among many others. These types of devices have become so normalized in our society that being in most situations without some sort of forming contraption seems improper. For example, how would a braless woman be viewed in a job interview or at a public lecture?⁵³ What would patients think of a doctor who had unbound breasts, or how would diners at a restaurant react to a free flowing waitress? In many “normal” societal interactions, an unbound breast would be disruptive because a woman cannot be consumed as an object in the manner she normally is. Put simply, a disturbance in the phallographic order occurs when women do not wear bras.⁵⁴

A final regulatory force in the phallographic order is the medicalization, and consequent normalization, of ideal breasts. Plastic surgeons in particular have the power to dictate what a desirable breast looks like.⁵⁵ This is evident in cases of breast augmentation, breast reduction, and in breast reconstruction. The experience of a respondent who underwent breast reduction surgery illustrates this idea. Having had

⁵³ One respondent in Seattle, Washington expressed that not wearing a bra would be “totally inappropriate” in her work environment and that she “just couldn’t do that – [she] would lose her job!” (Interview 18A).

⁵⁴ There is no clear answer to *why* this disturbance is occurring. It could be that others simply are not accustomed to seeing unbound breasts, or that a woman is seen as loose, hippieish, or making a political statement against the phallographic regime. I do not want to imply that there is a clear answer here, but rather to emphasize that not wearing a bra in many situations does have an effect.

⁵⁵ I would like to emphasize *looks like* in this case because this relationship of medical surgeons to women’s bodies is very much indicative of the male gaze. The concentration is on what the breasts look like and not what they will feel like for the woman. The surgeon is regarding the breasts as a male subject, while the woman and her breasts remain fetishized objects. A plastic surgeon I interviewed from Atlanta estimated that approximately 85% of all surgeons are male (Interview 62A).

extremely large breasts her whole life – an “H” cup-size – this woman decided to heed the advice of her doctor and undergo a breast reduction. After taking 25 pounds of tissue out of her chest, the woman had an intense reaction to her “new” post-surgery body. She explained:

At first, you’re bound up and it is all swollen and out of shape and you’re thinking what in the hell did I do? And it is *so* not what you’re thinking. There are tubes coming out of you and all these stitches everywhere. But after it heals and everything it is ok. I’m 43 years old and I pretty much have perky breasts. I can go without a bra if I want to (Interview 7A).

Despite her traumatic recovery process, this woman was proud that her breasts were no longer a nuisance to her bodily existence. She felt like less of a spectacle in her daily life and was sure to highlight the fact that she could even “go without a bra.” Since the reduction, she is less often the recipient of unwanted attention from teachers and business associates, and feels that she looks more “normal.” The unwanted attention that she was receiving was not of the sexualized male gaze type, but rather made her feel like a disproportional distraction.

In her case, the doctor who performed the surgery was the key figure in determining breast normalcy. He made the ultimate decision on what her breasts would look like based upon what they *should* look like. As she noted:

I actually wanted to go smaller, but my surgeon wouldn’t let me. He said that with my bone structure and my body frame I would look totally bizarre and I’d be coming in telling him to put something back in. He said that D was all he would take me down to. I wanted Bs or Cs, but he knows the frame, he knows the body, and he wouldn’t let me (ibid).

Though this woman lives with her body every day, knows it better than anybody else, and must deal with the ramifications of any procedure done to it, she was not the ultimate decision maker in what it was going to look like. She wanted a normal, standard body. Therefore, she listened to her doctor and now has the breast size that he deemed was right for her frame and appropriate for her body. He had the medical knowledge and “expertise” concerning women’s bodies and thus fit her into the normalized ideal of what breasts, and women’s bodies more generally, should look like.

An interviewee who is a plastic surgeon herself commented on the role that the surgeon plays in deciding upon the breast size and shape in breast surgeries. She explains:

Some patients come in requesting a specific shape/size, but I can almost always persuade them to what I would personally recommend. I always emphasize that I cannot guarantee a specific cup size....the goal is to achieve proportionality and what will look good, not a certain number or size (Interview 58A).

Women interviewed who have undergone implantation do not seem to recognize the “persuasion” of the surgeons. These interviewees reported that surgeons “advised and suggested,” (Interview 55A), “recommended,” (Interview 51A), “saw what would look best,” (Interview 42A), “gave me a book to look at of women who had implants” (Interview 52A), and “discussed with me what would be best for my body size” (Interview 54A). In each of these cases, women felt

they retained the right to decide upon the ultimate appearance of the implantation, regardless of the power or personal opinion of the surgeon.

Women with implants perceived the recommendations of surgeons as medically health-based, as surgeons are trained in medical surgery, but also as aesthetic judgments based upon experience and specialized knowledge. In this sense, it is apparent that the influence and framing power of the surgeons, much of which is *not* technically medical or health related – such as whether women should become a “C” cup or a “D” cup and which shape of implant they should choose - can go undetected.

5 - Breasts as Symbols of Adulthood

Breasts also signify the distinction between a child’s body and an adult body. A girl begins to develop breasts usually at the beginning of the physical maturation process, before the onset of menstruation, which is another marker of impending womanhood. The development of breasts is seen as a sign that a girl is on her way to “becoming a woman.” A female respondent noted that there is a “whole big thing as you’re growing up and when you start getting breasts you’re finally becoming a woman or whatever” (Interview 3A). In fact, young girls frequently feel anxiety concerning this change, and often fret about when their breasts will grow, when they can purchase their first training bra, and why their best friend’s breasts have grown and theirs have not. One can note even the use of the term “training bra.” What is it, exactly, that is being trained? What are the wearers of these bras preparing for? A pre-teen website for girls discusses the training bra:

While bras of these sizes [32 AA and smaller] don't provide much support, breasts of these sizes don't particularly need it, and shaping effects would be of limited utility. Instead, the training bra serves to familiarize its wearer with the feel of wearing bras, the processes of securing and removing them, the way they affect the clothed form and appearance, and the like. Further, the bras also reaffirm their wearers' femininity, an effect whose importance should not be underestimated in young girls anxious about puberty and the beginning of "womanhood", or those who may feel unwomanly and insecure for having smaller breasts than their peers (Everything2).

Girls and young women are being trained and socialized to properly fit a prescribed physical and behavioral ideal of femininity. The question is not whether a girl *wants* to train for any specific version of womanhood, but she is simply expected to. One interviewee explained that she began wearing a bra because "that's just what you did. That's what your mom told you to do" (Interview 24A). When girls in the same age category begin "training their breasts," other girls also felt pressure to do so. Nora Jacobson, a medical sociologist who studies breast implantation, notes that for women she interviewed with implants, their "feelings of inadequacy reached back at least as far as adolescence, when she noted the breast development of her schoolmates" (2000: 114). Interviewees in my project expressed similar sentiments. One woman with implants said "I have wanted implants since I was a little girl" (Interview 52A), while another implanted woman added, "I have wanted bigger breasts since I was a teenager" (Interview 55A). Both of these responses point to the importance of developmental stages in the lives of girls.

Breast growth is an important distinctive period in the aging process that is accompanied by a new set of rules. When a girl begins to develop breasts, she most often starts wearing a bra or other restricting clothing, can no longer run and play without a shirt on as children often do, and is less likely to bathe and be naked in front of others. In addition, actual legislative mandates exist in many states that require breasts to be covered. For instance, the New York State Penal Law 245.01 specifically prohibits the “exposure of a person” and defines such exposure as:

A person is guilty of exposure if he appears in a public place in such a manner that the private or intimate parts of his body are unclothed or exposed. For purposes of this section, the private or intimate parts of a female person shall include that portion of the breast which is below the top of the areola. This section shall not apply to the breastfeeding of infants or to any person entertaining or performing in a play, exhibition, show or entertainment (Naturist Action Committee).⁵⁶

Laws such as this New York Statute clearly send the message that views of breasts – specifically nipples – are indecent in public settings and should be reserved for private, sexual encounters, “exhibition” or “entertainment.” Even the breastfeeding exception listed in this law is a right that women are continually fighting for, as the “decency” of breastfeeding in public is continually contested.

How are legal regulations like this affecting the way that girls and women understand their bodies? What messages are these laws sending about women’s bodies and about the rules by which women are expected to operate? One answer to these

⁵⁶ To my understanding, each state has its own nudity law, though they do differ in their composition. Nudist Law. http://www.nudistlaw.com/new_page_3.htm (accessed February 20, 2008).

questions is that these regulations signal to girls that the changes in their bodies are more than simple physical changes. The social factors associated with the emergence of breasts clearly indicate that there is something particular about women's sexual organs that must be controlled. Whether that is through the "training" of female body parts with contraptions and clothing, or through the legal regulation of bodies, women's bodies are subjected to specific forms of discipline.⁵⁷

The pressures that girls experience in their pubescence do not end once they become adults. Young explains that as American society fetishizes breasts more than any other part of a woman's body, a woman with small breasts often suffers embarrassment and a sense of inadequacy. With surgical augmentation relatively accessible, Young claims that it is "little wonder that many women seek augmentation" (1990: 92).⁵⁸ Implants can provide women the concrete and symbolic physical distinction of female adulthood. Vanderford and Smith help to elucidate this idea in recounting their interviews with women who have implants. According to many of their interviewees, "normal" women had breasts, not necessarily very large breasts, but at least noticeable breasts. One woman in particular explained to them that without implants, she didn't feel like a mature woman, but rather more like "a little girl" (Vanderford and Smith 1996: 64). She further explained, "breasts are important to a woman to feel feminine and total....There's just a few things that make us feel totally feminine" (ibid). Thus we can see that breasts play a significant role in the aging process of females and for some women, breast

⁵⁷ Though I am not focusing on it here, I do believe that men's bodies are disciplined and regulated as well.

⁵⁸ Acknowledging the expense involved (the national average cost for breast augmentation is \$3,690 for saline implants and \$4,087 for silicone gel implants), access to medical facilities, and other very concrete privileges like time off from work, assistance during the healing process, etc.

implants can provide the missing link for obtaining symbolic adulthood. Female adulthood, therefore, can in many ways be understood as dependent upon the perceptions of others. If women want to have apparent or noticeable breasts, and it is the presence of them and not necessarily any function they serve or sensation they provide, then adulthood is largely symbolic and reliant upon the gaze of others.

6 - Breasts as the Differentiating Feature of the Sexes

Breasts also serve as a concrete demarcation of the sexes in that they visibly signify femaleness. Though males also have a form of breasts, they are not capable of the biological function of lactation, and do not generally grow to the same size as female breasts. The prevalence of surgical “correction” of gynecomastia – enlarged male breasts – is evidence that breasts are theoretically strictly female body parts. Young writes: “Breasts stand as a primary badge of sexual specificity, the irreducibility of sexual difference to a common measure” (1990: 82), which illustrates this idea. All females “should” naturally have breasts in order to situate themselves physically and physiologically into the category of woman. As an American woman interviewee remarked, “both sexes have legs, both sexes have butts, but both sexes do not have boobs. I mean they have breasts but they’re just not viewed in the same way” (Interview 3A). Likewise, a male Senegalese respondent noted, “Breasts attract men. If one sees a woman with big breasts, he’ll be attracted to her because it shows femininity. She’s a real woman with breasts. If you see someone without them, or with really small breasts, she’s missing something in her femininity” (Interview 80).

Consequently, if a woman lacks normalized ideal breasts in that they are “too small,” not round, or asymmetrical, then implantation is an option for her. Implantation could result in her more visibly fitting into the proper sex and gender category. One American woman with implants explains that now she “just feels more feminine” (Interview 42A). Another American respondent shared her experience of undergoing breast reconstruction after she had a double mastectomy. She survived breast cancer, had both breasts removed, and now refers to her implants as “protheses.” She explains:

I am sure I would not feel as much “like a woman” without my protheses. I have had the same “man-friend” for over 10 years, and I am more bothered by my “fake boobs” than he is. It is difficult to explain, but even though they help me feel “like a woman,” they do not feel a part of me like my natural breasts. For the general population, my protheses “make me a real woman” (Interview 56A).

Implicit in this woman’s statement is that having breasts, even if this is accomplished by surgical implants, is how the “general population” determines womanhood. Women who have lost their breasts often express feelings of losing their gender identity.

On the other hand, some women want to downplay their femininity in certain situations and do so by deemphasizing their breasts. One female respondent works as a bike mechanic - an almost exclusively male field - and each workday takes steps to minimize the sex differences between her and her colleagues. For example, she wears fitted sports bras that bind her breasts rather tightly, which she feels takes attention away from her most differentiating feature, her breasts. Doing this gives her coworkers and clients less ammunition for treating her like a woman bike mechanic instead of simply a

bike mechanic (Interview 16A). Therefore, womanhood can be highlighted or downplayed, depending on the situation of a person, just by how breasts are presented.⁵⁹

7 - The Functional Maternal Breast

Examining the link between breasts and maternity provides another way of understanding the symbolic meaning of breasts and breast implantation. This link between maternity and breasts is evident in that breasts most often swell during pregnancy, they serve as the foremost food source for newborns, providing essential nutrition for growing babies. Connected to this functioning is the idea that males, under the impression that breast size and shape is related to function, consciously or unconsciously seek out females with ample, symmetrical breasts in order to mate with a partner who will be able to nourish their offspring.

“Adequate” breast size, symmetry of the breasts, proportional nipple size, and a round shape are often associated with good physical health.⁶⁰ This idea is evident in the development of plastic surgery, for instance. One of the pioneering plastic surgeons in the United States, H.O. Bames, proclaimed at one of the first meetings of the Society of Plastic and Reconstructive Surgery in 1935, “What woman with abnormal breast development does not look with envy upon the well formed figure of another woman, and

⁵⁹ Six American interviewees introduced another component of womanhood and breasts. These respondents explained that since they are athletic individuals, having larger or pronounced breasts was not important to them and that they actually felt quite neutral about their own breasts.

⁶⁰ It is important to note here that there are medical criteria for “normal” breasts, and consequently criteria for “misshapen” or “abnormal” breasts. There are diagnoses of “severe asymmetry,” and “congenital micromastia” (severe underdevelopment) for example, that the surgeons associated with the American Society for Aesthetic Plastic Surgery utilize with patients. See the ASAPS Annual Report, 2007.

rightly so, for is not a well formed figure the outward manifestation of normal health and development, and thus representative of an ideal to which we all subscribe?" (quoted in Jacobson 2000: 59).

A middle-aged American woman communicated a notion of breasts as nourishing organs whose potential function is their most important aspect. She explained that breasts "serve a function and I just don't view them as something sexual as much as functional. So, it would make no sense to me to mess with them." When asked if this were true for non-mothers as well, she responded, "I think so because it is part of being a woman that you can function in that fashion. And so, yeah" (Interview 8A). According to this respondent, then, having breasts that can potentially lactate is an intrinsic part of womanhood.

Another American respondent who is a mother said that with breastfeeding her children she "felt like [she] was a woman, like they fulfilled a purpose. I just appreciated their function. And I think they look better, in terms of aesthetics after. If I try to say I'm not caught up in that...They actually felt more full after I had children than before" (Interview 9A). The function that some breasts can perform in terms of lactation is an important aspect of bodily experience to many women. This was true also with the interviewees who have implants and who had the procedure done before having children. One woman explained that she got implants "over the pectoral muscle," because she was told that the chances of being able to breastfeed are higher with this location than when the implant is inserted underneath the muscle (Interview 42A). Another woman reported getting implants underneath the pectoral muscle, as her doctor told her that this method

was more likely to enable her to breastfeed (Interview 43A). Both women wanted to retain the functionality of the breast, even with the implants. The first woman was not able to breastfeed her children, while the second woman was.

In breast implantation procedures, the four options for incision are: inframammary (under the breast), periareolar (around the nipple), transaxillary (in the armpit region) and transumbilical (through the belly button). The options for the implant pocket location are subpectoral (under the pectoralis major muscle) and subglandular (over the pectoralis major muscle), (*ASAPS Breast Implant Surgery Procedure Information*). There are varying reports concerning which combination of incision points and pocket locations will result in a higher potential for breastfeeding. The FDA simply states, “Breast Implants may affect your ability to breastfeed, either by reducing or eliminating milk production” (USFDA, *Breast Implants* 2009). Breastimplantsafety.org, however, which is a website run by a group of surgeons, asserts that “it is reasonable to expect that the ability to breast feed should be unaltered” (2009).

The surgeon addressing breastfeeding for breastimplantsafety.org does follow up this expectation by noting, “it may be more prudent to stay away from any incision around the areola and use the inframammary (skin fold under the breast) approach instead” (ibid). The ASAPS identifies a risk of implantation in “changes in the ability to breastfeed,” (ASAPS) while the Baby Center explains that “incisions under the fold of the breast or through the armpit shouldn’t cause any trouble” (www.babycenter.com).

The point here is that there is conflicting information concerning whether women who undergo implantation will be able to breastfeed. There seems to be some consensus

that the periareolar incision is most risky, as the nerves around the nipple can be affected, which “are vital to breastfeeding because they trigger the brain to release prolactin and oxytocin, two hormones that affect milk production” (www.babycenter.com). There is no clear information, however, on which location of the implant is more likely to affect breastfeeding.

Aside from the perceptions of women as child bearers and nurturers, there is another psychoanalytic understanding of breasts: men are seeking to reconnect with their own experience as suckling infants. Interviewees discussed this hypothesis when asked why breasts are objectified and fetishized in American culture. One respondent brought up these subconscious ideas concerning desire for the breasts in a patriarchal culture. She asserts, “...it has to go back to nursing and that comfort of the breast. If I had to get down past all the layers, that’s what I really think it is. We’re all born to suckle. And for [men], it is their comfort level of their basic instinct” (Interview 7A). Another woman added to this idea in stating, “You can go back to psychological studies attaching [men] to their mothers. I don’t know of any other reason why men would desire breasts besides a connection to the mother figure” (Interview 8A).

This male desire to suckle has been studied by evolutionary psychologists, psychoanalysts, and medical researchers. The National Psychological Association for Psychoanalysis, for instance, published a review in 1917 that explained, “In the union of the offspring with the mother through contact of the lingual and labial mucosa with the erectile nipple, we have a reaction which both from the implications of analogy as well as from the trend of psychoanalytic experience may be most fittingly correlated with what

we know later as the sexual impulse” (1917: 276). More recently, Nancy Chodorow writes, “The early experience of being cared for by a woman produces a fundamental structure of expectations in women and men concerning mothers’ lack of separate interests from their infants and total concern for their infants’ welfare” (Chodorow in Nicholson 1997: 195). Men perhaps are seeking to recapture or return to this experience of being cared for unequivocally by a mother figure. Men may also be yearning for the “infantile jouissance” (Young 1990: 86 – 89) associated with the breastfeeding, and may be seeking to reconnect with that pleasure.

The connection of men to their mothers, and the expectation of women to *be* mothers, are forces in the normalizing of breasts. The look of the breast is theoretically indicative of where the woman is in terms of motherhood, which “should” be a major part of her identity as a woman. A young girl generally has firm, perky breasts, as she is coming into womanhood and preparing for her role as child bearer. While pregnant, a woman’s breasts often swell with the emergence of breast milk. After nursing an infant, a woman’s breasts change, commonly losing some of the fullness that comes with pregnancy. In this sense, the breasts can potentially indicate the reproductive status of women. Firm, perky breasts can signal pre-maternal bodies, swollen, lactating breasts can be evidence of pregnant or nursing women, and drooping breasts can symbolize post-maternal women.

I am not mentioning these potential breast signals as evidence of “facts” about women’s bodies, but am rather demonstrating that for some women, the shape and size of

their breasts coincides with their reproductive state.⁶¹ For instance, one interviewee shared her experience of having a “nice B-cup all throughout [her] young adult years,” but after two pregnancies, during which her breasts swelled, she “was down to an AA,” and “just had nothing – my breasts were like deflated balloons” (Interview 43A). She has since undergone implantation and now has breasts similar to her pre-partum state.⁶²

Further, the ideal phallicized breast represents only one of these stages that women go through – that of pre-child bearing, reproductively useful, ripeness. Young explicates this idea:

Whatever her age, if she has given birth her breasts sag away from the ideal; perhaps they have lost some of their prepartum fullness and roundness, and her nipples protrude. Whether a woman is a mother or not, gravity does its work, quickly defining a woman’s body as old because it is no longer adolescent. The truly old woman’s body thereby moves beyond the pale. Flat, wrinkled, greatly sagging, the old woman’s breasts signify for the ageist dominant culture a woman no longer useful for sex or reproduction, a woman used up (1990: 192).

The notion of a woman “no longer useful for sex or reproduction” is a particularly important one, as it connects both with the idea that heterosexual men seek mates with a specific breast type, as well as the inherent ageism in US society. Breasts like those of

⁶¹ Davis Buss makes a similar point. He explains that “Budding breasts are associated with pubescence; developed, firm, high breasts are associated with nubility; engorged breasts indicate lactation; and degree of breast “sagginess” and lack of fullness tracks increasing parity and declining reproductive value” (2005: 325).

⁶² The incidences of breast reductions are also relevant to this discussion. Breast reduction surgery is the fifth most common surgical procedure among women in the US. 44.3% of breast reductions occur when women are between the ages of 35 – 50 (ASAPS 2007: 12). Nearly three times as many breast augmentation procedures took place in 2007 as breast reduction surgeries. In both instances, the desired aesthetic result of the procedure is similar, though women seeking breast reductions are often motivated by health concerns such as back pain and discomfort.

some young girls that are firm, bouncy, and high on the chest can signal to a man that a woman's body has not yet been used for sex or reproduction, and will thus provide him an untainted, fresh, untapped resource in producing offspring. On the other hand, "if the woman is middle-aged or old, her breasts may be perceived as being even more dispensable, since she will have no more children and her sexuality is usually denied" (Young 1990: 204). Perhaps this is why some women seek breast implants.⁶³ They may not want to be considered non-sexual, or used-up, and could still seek the desire of sexual partners. Again, this analysis is based upon cultural belief, interview responses, and theory, rather than "facts" about all women in society.

Women may feel differently about their breasts as symbols of their maternal and sexual "availability." Postmenopausal women in particular may not consider themselves primarily as sexual beings, but rather as past that period of their lives. For example, one postmenopausal woman in Albany said, "I think now because when you're older, you kind of figure out that [large breasts] are not that big of a deal. It's not who defines me. It's not who defines me and I think more so when I was 30 it did. And then I was more sexually active then and so it was a bigger thing" (Interview 3A). This woman seems accepting of the changed look of her breasts over time.⁶⁴ Many women are not accepting of their changing breasts, however, which is indicated by the continually rising number of

⁶³ A recent New York Times article discussed women's discomfort with their post-childbearing breasts. Natasha Singer, the author of the article writes: "Even *Cookie*, a luxury parenting magazine, recently ran an article that described postpregnancy breasts as 'the ultimate indignity' and promoted implant surgery; a photo of droopy water-filled balloons accompanied the article." *New York Times* October 4, 2007. Also, almost 40% of breast augmentation procedures occur on women between the ages of 35 – 50. Women tend to be, though are not always, post-child bearing in this age range. This theory, however, does not explain why the majority of breast augmentation surgeries (51.5%) are carried out on women between 19 – 34.

⁶⁴ This interviewee did however discuss discomfort with other areas of her body, especially her stomach.

breast implants each year in the United States.⁶⁵ These women are then undergoing a procedure that recreates a symbol of youth, sexuality, and reproductive potential. One young interviewee mentioned in chapter two alluded to this idea in explaining this story of her own mother:

My mom, she had about the same sized boobs [as me] and then she got pregnant and they disappeared. She got very self-conscious and went and got breast implants when I was about 5 years old. She has wonderful breasts. They are very perky – rock hard because of the implants, but very nice breasts....She was depressed because she had boobs but then lost them after having kids. It was like she lost her womanhood (Interview 4A).

For this young interviewee's mother, the loss of her prepartum breasts signaled a loss of her womanhood; womanhood represented by a young, ripe, and pre-childbirth body. For her then, implantation was an accessible procedure for regaining her lost body and lost femininity.

8 - The Sexual Breast

The connection between breasts, breast implantation, and sexuality serves as a final lens through which one can analyze the experiences that women have with their breasts. Female sexuality has been linked to the motivations of women seeking and undergoing breast implantation, and one of the most reported aftereffects of implantation is that women feel more sexual, attractive, and desirable. There is a common sentiment of

⁶⁵ In 2007, there were just over 54,000 breast augmentation and breast lift surgeries performed on women over the age of 51 in the United States. Source: ASAPS 2007 Cosmetic Surgery National Data Bank Statistics, p. 12.

increased confidence, particularly regarding sexuality and body image. A respondent in Albuquerque explained that undergoing implantation “made me feel sexier, more self confident, and I felt more positive about my body” (Interview 43A). Another woman with implants noted: “I have felt I was an 8 or 8.5 on a good day, so since I've had the implants I feel even more confident” (Interview 55A). This respondent continued to address the link between her implants and sexuality in stating “I have always been an extremely sexual person, so now it's off the charts!!” (ibid).

That women do react to breast implants in this fashion then begs the question of why, or in what way, women feel their sexualities are enhanced. I argue that perhaps a woman’s sexuality is affected *not* because her larger, symmetrical, normalized breasts provide her more physical sexual stimulus than her natural breasts. In fact, because of potential nipple sensitivity loss, some women who get breast implants are technically reducing or interfering with their erogenous zones and can be consequently less able to obtain sexual pleasure than before.⁶⁶ I believe, rather, that women may feel more sexually attractive and confident because they fit the ideal of male desire. In this sense, women are deriving sexual satisfaction from being successful objects of the male gaze. This line between physical sensation and ideals of sexual attractiveness is an important one to unpack, because it points to the argument that in this patriarchal society, it is not the woman’s own sexuality that is taken into consideration.

⁶⁶ The FDA includes “nipple and breast sensation changes” as one of the complications of the procedure. The complicated is listed as intense nipple sensation, intense skin sensation, or loss of all nipple sensation. These changes may affect sexual response and the ability to nurse a baby. See the FDA Breast Implant Consumer Handbook, 2004. In this handbook, one implantee described the post-operation feeling as “pinching sensations.” Of the 13 interviewees in this project who have undergone some version of breast surgery (augmentation, reduction, mastectomy, reconstruction), ten report a loss or change in nipple sensitivity.

The sexualization of breasts in men's interest is prevalent even in Senegal, a society that almost exclusively does not have the practice of breast implantation. Six Senegalese interviewees communicated that breasts are a source of arousal and pleasure for men. Granted, the breasts were by no means presented as the most sexual body part of a woman; that was reserved for the buttocks, colloquially referred to as the "jai fondé."⁶⁷ However, breasts *were* still mentioned by Senegalese respondents as a common part of sexual interactions. No Senegalese respondents mentioned the sexual of pleasure that women can derive from their breasts (and only ten American interviewees did so). Senegalese women and men who did discuss breasts in sexual acts talked about them in terms of men enjoying and gaining sexual satisfaction from "playing with them," (Interviews 44, 68, 69) though none alluded to the idea that women could derive sexual pleasure through them.

One man explained, "A man is encouraged when he sees a woman he's interested in and she has large, firm breasts because of pleasure. There is sexual sensation involved. To my touch, firm breasts just feel better" (Interview 38). It is clear in this man's reaction that the "sexual sensation" he is referring to is his own, not the woman's. A female respondent added: "Women [get implants] to be beautiful for her husband and so that he can play with them during sex," (Interview 64) which again points to this idea of men experiencing sexual pleasure through women's breasts. A married American man

⁶⁷ "Jai fondé" would most likely be best translated as "big ass" but technically means "sold millet." It is said that a specific type of millet eaten in Senegal (fondé) helps to plump up the eater and specifically give that person a large behind. The woman who sells fondé is said to never lose because even if she does not earn much money, she will have an ample derriere, which is a positive thing. There is even a colloquial song that talks about this: "jai, jai, jai fondé, amul pertement...." The buttocks of women were repeatedly referenced in interviews in Senegal as desirable or sexual body parts.

responded to the question of why men like breasts by noting, “It is the shape, feel, being able to touch the forbidden fruit” (Interview 2A).

The enjoyment men take in breasts is not the fact that the female sexual partner herself experiences pleasure through this part of her body, but that he does. He likes to play with his partner’s breasts because of their shape, their feel (as long as they are not like the sacs of water at the market or deflated balloons as noted earlier), and their status as “forbidden fruit.” This discussion presents an analysis of the breasts that is different than the framework of the male gaze used earlier in that it is not the medium of sight that is operating, but rather that of touch. The male gaze and the male touch in this sense are still compatible, however, because they both retain the position of the male as subject and the female as object.

Young discusses a male-centered understanding of nipples in particular. She first distinguishes nipples from cleavage within the phallogocentric system. The area between a woman’s breasts, the line where the breasts touch in the middle of the body if the woman’s breasts are shaped and sized in a particular way, or the breast surface not involving the nipple, are all different forms of “cleavage.” Baring this part of the body is considered sexy, feminine, and attractive. Plunging necklines, cleavage baring dresses, and a host of assorted accessories for facilitating the process of showing off cleavage are found in magazines, department stores, and fashion news articles.⁶⁸ An exception to culturally encouraged cleavage is when women are attempting to downplay their gender,

⁶⁸ Accessories include “pasties” or nipple guards, convertible bras with adjustable straps to allow for cleavage baring clothes to be worn with a bra, Wonderbras, which have a goal of creating the line of cleavage for women with smaller breasts, double sided tape that sticks to skin and holds dresses and shirts in place, etc.

or to operate more generally in a male dominated sphere, like specific workplaces, where exposing cleavage would be inappropriate. Other than these situations, however, Young argues that baring cleavage is rewarded in our society.

Unlike the rest of the breast, which is the object of the male gaze, the nipple is something that is not to be seen in public. It is a sought after, eroticized, forbidden body part that is reserved only for private, sexual interactions, and maternal lactation. Just look to the outrage, governmental censoring, and public outcry at the glimpse of Janet Jackson's nipple in the halftime show of the 2004 Superbowl. Why is this? Why do some women seek to attract male attention with cleavage, and encouraged to do so, yet are embarrassed when their nipples show, even if it is due to cold weather and through clothing?⁶⁹ What is the apparently significant difference between these two sections of the breast? Obviously, as the New York Penal Code implies, there is a very clear difference between the nipple and the rest of the breast, with legal ramifications for exposing the former. Though this can simply be seen as drawing boundaries concerning the human body in the public sphere, I believe, like Young, that there is more behind the nipple/cleavage distinction.⁷⁰ There is a qualitative difference between breast tissue and the areola/nipple. There is a particular meaning or symbolism of the nipple that does not transfer to the entire breast. The nipple exists in a complex web of maternity, eroticism,

⁶⁹ Fifteen American women mentioned not wanting their nipples to show in public when discussing bras, bralessness, and breasts in general. One male interviewee also expressed his opinion that seeing a woman's nipples was "just tacky" (Interview 40A).

⁷⁰ One woman emphasized her desire to always cover her nipples because "this is just where you draw the line. Nipples are sensitive and a mystery. If you show them, why not just show your vagina?" (Interview 19A).

sensitivity, independent pleasure, and bonding that excludes men, that the rest of the breast does not.

Young addresses this issue by asserting that nipples shatter the border between motherhood and sexuality. Nipples are taboo because they are in between the two roles of women as mothers and as sexual beings, “literally, physically and functionally” (1990: 199). Breasts are sexual organs; they attract mates, contain nerve endings that provide sexual stimulus, and in some evolutionary sense perhaps demonstrate the fecundity and child nurturing potential of women. Nipples, on the other hand, have the dual function of acting as independent sources of sexual pleasure for women, and as the intermediary in the transmission of breast milk during nursing.

Both as erogenous body parts and as vehicles for breastfeeding, the nipples challenge patriarchy because men are not involved in either of those processes. The phallus is not needed to derive sexual pleasure in that sense, nor are men part of the nursing experience that mothers have with their babies, which can be a physically and emotionally gratifying activity. Therefore, the access that men have to women’s bodies is denied in this one specific instance. This is not to say that men do not enjoy interacting in various ways with the nipples during sexual activity, as mentioned earlier. Though this desire is due to the very “forbidden fruit” nature of the nipples already discussed.

Men are not *supposed* to have access to the nipple; they exist biologically for the transmission of breast milk. They are, in a sense, the connector between a mother and a child and create a physical and emotional bond between the two. Men, then, can be understood as desiring the nipple because it is not *meant* for them. They are challenged or

threatened by the nipple and thus seek to reappropriate it and regain control by eroticizing it in a phallographic way. This is achieved by controlling who gets to see nipples through legal restrictions, as well as who can gain pleasure from them through the denial of breastfeeding as erotic and the downplaying of lesbian sexual interactions (which are often rendered as erotic spectacles for male consumption).

Linking back to the development of sexuality, we can see that at the time when a female begins to develop breasts, she also produces hormones for the first time. Experiencing puberty creates a strong connection between breasts and sexual sensation. At the same time, going through puberty and consequently growing breasts signifies to the girl (and to society) that she is approaching the stage where it is appropriate and natural for her to become a sexual being. Before this point, it is a deeply embedded norm in society that a pre-pubescent girl should not and does not naturally express any form of overt sexuality.

In adulthood, breasts remain intrinsic to sexuality. Women with large breasts are often seen as more sexual beings in American media. The fact that a large proportion of female sex workers, exotic dancers and strippers, all professions in the sex industry, have breast implants emphasizes this link between sexuality and breasts.⁷¹ The increased confidence, improved body image and greater comfort with sexuality that the majority of women with implants report also supports this link. As one interviewee explained,

⁷¹ I am not inferring here that most of the women who get breast implants are somehow connected to the sex industry. When I asked two interviewees who are plastic surgeons what approximate percentage of women seeking implants work in the sex industry, one surgeon replied “probably 15 – 20%, depending on the doctor” (Interview 58A) and the other responded “zero” (Interview 62A). In a follow-up conversation, the first surgeon explained that she has found a higher percentage of women within the sex industry have implants, than, say teachers, while women sex workers do not constitute a high percentage of total women seeking implants.

“[implants] definitely have affected my sexuality – I say that with a giggle, sorry”
(Interview 43A).

This association between breast augmentation and sexuality does begin to highlight differences in the reasoning given for the two practices of breast implantation and female genital cutting. Whereas on the surface breast implantation is an enhancement of a woman’s sexuality, female genital cutting is the reduction of sexual organs and serves to control the sexuality of the woman in a different and more concrete manner. This argument can be, and has been, made.

One can critique the claim, however, that a woman’s sexuality is necessarily enhanced when she has implants. When this purported increase in sexuality is broken down, one can see that a woman’s own sexuality is not boosted post-implants, physiologically speaking, but rather she obtains a sort of “sexual false-consciousness” because she now “rightfully” fits into the sexualized role expected of her. I do not want to say here that this critique is correct and there is an authenticity to women’s sexuality based in some biological reality. I do not know the “true” answer to the puzzle of women’s sexuality. I do want to assert, though, that American women’s sexualities have been formed within a patriarchal social field that does understand sexuality in phallic terms. Therefore, we should retain this critical lens when exploring female sexuality, as long as we live within phallocratic social fields.

Examining these two practices in this way brings forth other characteristics of the US and Senegal that are connected with the practices. The United States can be considered a commodified, individualistic society, where the free market transforms all

material, including people, into products to be bought and sold. With women, then, breast implantation theoretically increases women's "value" and thus their worth as commodities. Societies that practice FGC most often have social orders with entrenched status group roles and hierarchies, which determine category membership. Women in these communities practice FGC in order to fit into proper positions and groups in hierarchical social orders (i.e. an adult, marriageable woman), and cannot fit into these positions without undergoing the practice. Therefore, both contexts house an exchange in women, albeit in particular forms.

9 – One Final Testimonial

"Good candidates" for breast implantation are listed by the American Society of Aesthetic Plastic Surgery as those who may feel their breasts are too small, who feel self-conscious in a swimming suit or form-fitting top, and who have one breast noticeably smaller than the other (ASAPS 2007: *Breast Implant Surgery Procedure Information*). One of these candidates, or more specifically the parents of one of these candidates, provided a testimonial of their experience with the procedure. The letter is posted on the website of a well-known Beverly Hills plastic surgeon and brings up many of the issues discussed in this chapter. It is copied below in full:

One year ago my husband and I entrusted our 17 year-old daughter, Meghan, to you for surgery to correct a significant breast asymmetry that had plagued her since puberty.⁷² This physical issue had caused Meghan a

⁷² Breast asymmetry is not clearly defined by the ASAPS, the FDA, or the American Society of Plastic Surgeons. The only specification I could find was the ASPS outlining a "rule of thumb" that when a woman's breasts differed more than "even half a cup size," this could constitute breast asymmetry (2009).

great deal of embarrassment throughout her teen years and had negatively influenced her self-image and self-esteem. As Meghan's parents were extremely committed to finding someone who could help our daughter, but were understandably very concerned about finding the right physician to address her problem.

After a great deal of research, and consultations with local physicians, we found you. From the moment that we visited your office and spoke to you about our concerns, we knew we were in the right place. Meghan distinctly remembers when you looked her directly in the eye and gently told her, 'Don't worry, Meghan. We are going to make you beautiful.' You not only calmed her fears, but reassured us as parents that you would take care of our daughter.

The results of her surgery have been nothing short of amazing. It was difficult for us to believe the outcome could look so perfect, yet natural. The physical and emotional transformation that has occurred since then is equally impressive. Meghan feels so much better about her appearance and is more outgoing and confident. She works out regularly and has lost 20 pounds. Meghan is a full-time college student now and hopes to become a teacher some day. She has such an optimistic outlook regarding her future, an attitude that you helped to support.

Thank you again for using your skill, artistry and compassion to make such a positive change in our daughter's life.⁷³

There is much to unpack in this testimonial. First is the language present throughout the letter, which highlights a lack of agency Megan has in this decision about her body. She was being "entrusted" to the surgeon by her parents, was going to be "made beautiful" by a cosmetic procedure. She communicated discomfort and unhappiness with her body to her parents, and needed assistance to make her body normal. Breast implantation in this sense could correct a disfigurement or disorder in the patient. A diagnosis of asymmetry as disorder is especially important as she was just below the age of consent.

⁷³ Dr. Stuart Linder. <http://www.drLinder.com/testimonials.htm> (accessed February 4, 2008).

After the implantation, Megan's life has improved in many ways. She lost 20 pounds, enrolled in college full time, and has career goals. One can take away from this testimonial then, that when a woman has breasts that fit a prescribed form in this patriarchal society, perhaps the rest of her life will more likely fall in line as well. She may more easily be able to fulfill the individualistic goals of controlling one's body and keeping it thin, and she might succeed economically. Having proper breasts – and a positive body image – is just the start.

In discussing this situation of one young woman, the point is not to offer a pretentious critique of a woman's actions. I interviewed women who *do* feel better about themselves after undergoing implantation (Interviews 42A, 43A and 52A). I want to critique instead the culture that says a female body “should” look a certain way and if it does not, it is abnormal or disordered. Women physically experience the world around them based from the bodily center of the chest, yet why does that chest have to look a certain way in order for a woman to experience the world positively? If we lived outside of a patriarchal order where all breasts – regardless of shape, size, location on the chest, symmetry, firmness, etc. – were accepted as normal, natural, or attractive, then girls and women like Megan would possibly be able to feel comfortable in their bodies and not in need of “impressive physical and emotional transformations.” She would not be considered, by surgeons and by herself, as deformed or disordered, but rather as a “normal” developing woman.

CHAPTER V

CHALLENGING HEGEMONIC DISCOURSE

There probably is not anything similar to female genital cutting in the US. Not that I can think of. Breast reduction, breast implants, neither of them are culturally driven. There is no deep culture in the US, like there is in some places in Africa. They have their culture, and then we have just a way of life.

– Interview with 60 year-old retired man from Albany, Oregon on March 3, 2008

I had my first baby in a doctor's office...I had just had an episiotomy and was in so much pain. My husband was in there with the doctor, and he made the crack, "you know, you could put another stitch or two in." That is the only thing I could think of.

– Interview with a 58 year-old woman from Williams, Oregon on January 10, 2008

1 - Introduction

This fifth chapter takes an analytical step back from the two case studies of physical construction and control. I look further into what can be learned through a comparative study of this kind. What does the material gathered in each context tell us, and therefore allow us to say? How do the interview responses interact with established narratives of embodiment? I argue that exploring body normalization using this comparative approach and analyzing interviews from each case allows me to make two claims, the first of which is the basis for this chapter.

This first claim is that discourse emerging from my interviews disrupts existing viewpoints regarding body modifications in general and female genital cutting specifically. The comparative interview responses interrupt the literature and discourses produced by Western scholars and activists that posits female genital cutting as a barbaric mutilating ritual (Hosken 1979; Lightfoot-Klein 1989; Daly 1978; Walker 1993; WHO 2001). This literature often essentializes practitioners of FGC as agency-less individuals

controlled by culture, which in the process creates the counterfact of autonomous individuals with rights and decision-making power. This can be understood as the Western manifestation of the individual.

The comparative evidence interrupts this body of discourse, and at the same time it supports the scholarship of recent anthropologists who work on FGC, namely Gruenbaum (2001), Shell-Duncan and Hernlund (2000, 2007), and James and Robertson (2002). These scholars, as I will detail in the following section, approach the study of FGC in a less ethnocentric manner than the previous scholars of FGC such as Daly, Walker, Lightfoot-Klein, and Hosken. Their work provides contextual information, cultural knowledge, and more holistic (and accurate) understandings of the societies that practice female genital cutting.

The comparative interview material of this project thus allows us to challenge the dichotomy created by the first discourse mentioned: that of Western women as autonomous individuals in a free society, while African women are oppressed and controlled by an essential culture. African women's experiences and opinions on both female genital cutting in Senegal and breast implantation in the United States bring a historically ignored perspective to the debate. In the interviews, women recounted their own experiences as well as critiques of Western practices, introducing new angles for examining body modification. The inclusion of non-Western voices not only provides an essential viewpoint to the study of FGC, one that *should* have been the heart of activism and scholarship on this topic, but it also serves as a tool that breaks the hegemony of the established discourse. The inclusion of traditionally excluded women into the debate, as

well as the comparative nature of the study, further provide an illustration of what non-colonialist scholarship, like that mentioned above, looks like when put into practice.

In order to formulate the claim that this comparative examination interrupts existing discourse, I will first revisit ethnocentric academic and cultural literature about female genital cutting. Then, I will work through interview responses that further support the established binary of American women as free and African women as oppressed. Finally, I will present interview material that allows me to *challenge* this dichotomous discourse created by Westerners. The challenge emerges from the comparative interviews and is particularly prominent in Senegalese reactions to the practice of breast implantation. Themes of disgust, hypocrisy, and the recolonization of discourse strikingly confront the dominance of a binary understanding of the cultures at hand. Specifically, I will show how the comparative interview set up is one step toward creating a new discourse based on inclusion, cultural understanding, and equal participation.

2 - Brief Summary of Otherizing Discourse

There is a significant discourse in the West surrounding female genital cutting that has traditionally relied upon ethnocentric presuppositions about both the practice and the practitioners of FGC. Embedded processes of otherizing or orientalizing (Said 1978) have been intertwined in this historically prominent approach to studying the practice. That FGC is most often studied alongside Chinese foot binding and Indian *sati* is one example of how this otherizing/orientalizing process operates. The reduction of comparison to only non-Western practices is evidence of the either intentional or

incidental efforts of Western scholars “to construct a ‘Third World’ or even an ‘Orient’ in which gender oppression is subtly explained as symptomatic of an essential, non-Western barbarism” (Butler 1990: 6). In this sense, the practices of the “Third World” or “Orient” are labeled as barbaric and mutilating, as are the people who participate in them. Most importantly, the practices and practitioners are decidedly non-Western.

The actual practices of FGC, foot binding, or *sati* are often examined with dramatic language and shocking images. For instance, the consideration of female genital cutting as an “unspeakable atrocity,” “sexually blinding,” and a “blood ritual” often accompanies graphic explanations and images of the practice, such as that shown in *figure 1*. Fran Hosken used this figure in lectures and presentations both in the United States and in various parts of Africa, including the Sudan and Somalia, where she was an anti-FGC activist. Not surprisingly, the African women who actually viewed these images and listened to Hosken’s lectures, were not moved to incorporate Hosken’s images of health and development into their lives.⁷⁴

Their resistance to Hosken’s teachings was pushed even further in reaction to statements she put forth clearly locating African women outside or isolated from the civilized, developed world. She writes: “Local women – who it is said should speak for themselves (the majority of whom are illiterate...)- have no connection with the outside

⁷⁴ For example, Obioma Nnaemeka writes: “Female circumcision is no longer practiced in some African communities not because Fran Hosken published *WIN News* (which most women in Africa do not read) or because Alice Walker produced the film *Warrior Marks* (Which most African women have not seen and probably will never see)...Who is Fran Hosken writing for? Who is Alice Walker filming for? Certainly not for the African women who are there on the ground working tirelessly against female circumcision. There is a huge difference between writing and filming *about* African women, on the one hand, and writing and filming with/for African women, on the other. That difference may determine the success or failure of the campaign against female circumcision” (2005: 39).

world and have no way to organize against the practice” (Hosken 1981:10 in Walley 2002: 34).⁷⁵ Through viewpoints such as this, Hosken served to reify pronounced binaries of modern/traditional, civilized/barbarous, developed/undeveloped, and in doing so, to alienate African women.

⁷⁵ Though Hosken’s work is over two decades old, it is still important to discuss. As Claire Robertson writes: “The *Hosken Report* is the single most influential document responsible for raising Western consciousness of FGC. It is still cited by many sources as current information, although it dates from the 1970s and was flawed from its inception” (2002: 61). Though this specific quote is not directly from *The Hosken Report*, it is still illustrative of Hosken’s perspective.

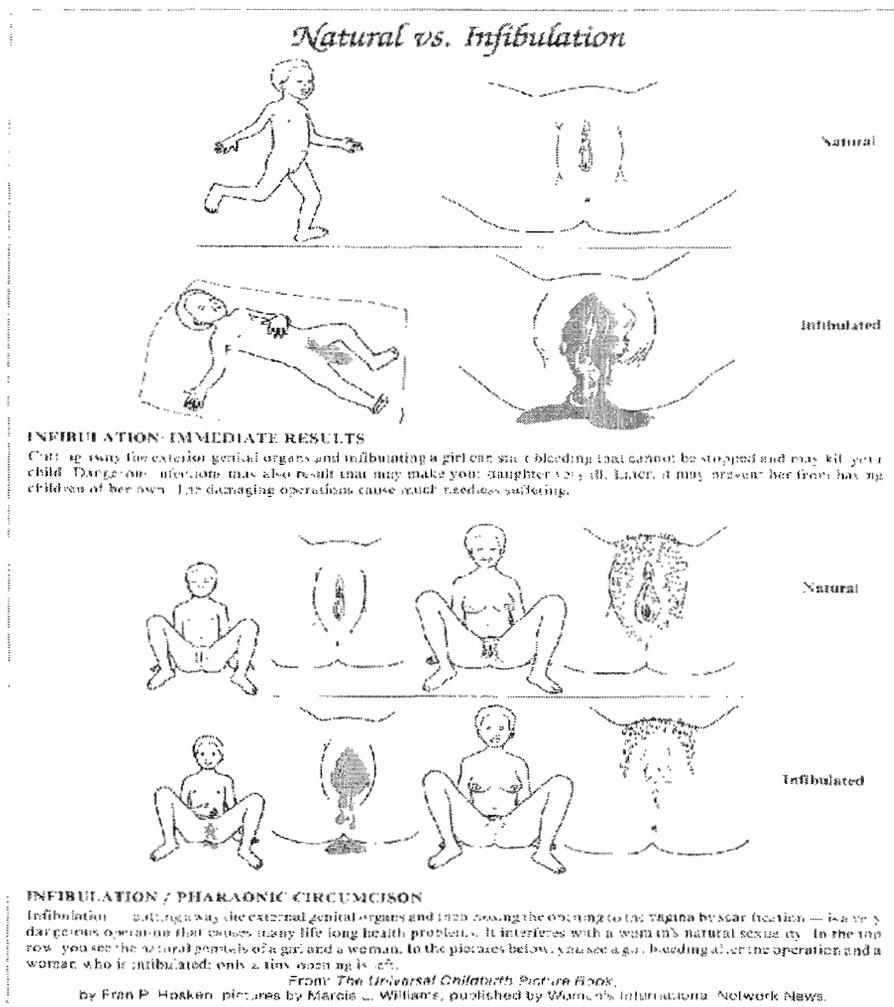


Figure 1. Hosken diagram

Hosken is not alone in her Western style of anti-FGC activism. The discourse presenting FGC in this way is also found in popular and social discourse in the US. News stations, television programs such as the Oprah Show, reality television shows like America's Next Top Model, and informational programming on Oregon Public

Broadcasting, are all examples of spaces where female genital cutting has been presented in this manner. These sources are important because they reach many more Americans than academic publications do, and they shape general public opinion in a more immediate way than academic work can. Of my American interviewees, thirteen out of sixty-five responded to the question “have you heard of female genital cutting/mutilation?” with direct references to sources within popular culture.

One example of popular discourse that depicts FGC as barbaric comes from Forrest Sawyer, a news anchor on ABC, who commented on a story the channel did on female genital mutilation. He stated: “This is a brutal, disabling ritual so tied to culture and tradition that for thousands of years women have been powerless to stop it” (quoted in Walley 2002: 35). Likewise, Linda Burstyn wrote in *The Atlantic Monthly* that “the extreme yet common forms of the practice are as horrifying to most Americans as Nazi human experimentation or brutal child abuse” (1995). In the West, Female genital cutting is often presented in this manner, both in current cultural and popular media as well as in academic scholarship. Specific camps within academic circles and popular culture both present FGC as a traditional ritual, clearly representative of one side of the American/African binary.⁷⁶

The continuous naming of FGC as an uncivilized and barbaric practice inherently

⁷⁶ There is an identifiable link between this older scholarship, à la Fran Hosken, and popular culture in the United States. At the same time, there is a definite lack of links between newer, anthropological literature on female genital cutting and popular culture. This discrepancy may be a product of time needed for the newer information to trickle down to popular culture sources. Or, I believe that the discrepancy can be explained by established stereotypes of Africa, Africans, and “traditional” practices. I believe that many American media outlets are more likely to present the practices as barbaric mutilations rather than work through the complex and nuanced specifics in various practicing communities.

creates its opposite: the normal, the acceptable, the civilized. In other words, by deeming FGC a practice of traditional, undeveloped societies, one constructs the counterpart of modern, developed societies. The effect of this citational process “is to perpetuate a dichotomous understanding of first and third worlds, an enduring division between ‘us’ and ‘them’” (Walley 2002: 38). This division between “us” and “them” is intrinsically connected to the first interviewee quote at the beginning of this chapter: Africans, Indians, East Asians, and others are assumed by some Americans to be controlled by deep essential cultures. Americans in the United States, on the other hand, exist as agents freely operating, independent from an oppressive cultural force. Americans simply have a “way of life” and *choose* their beliefs, their practices, and their ideologies.

For example, many in the West tend to think of the aforementioned practices of *sati*, foot binding, and FGC as analogous practices that are manifestations of Indian culture, Chinese (or “Oriental”) culture, and African barbarism. References to the “most secret of African customs” (Burstyn 1995), Africa as “one uncivilized place mired in tradition,” (Robertson 2002: 70) and Africans as “either evil torturers or victims, constructed as other compared to modern civilized Westerners,” (ibid) are examples of the reductionist and essentializing presentations of FGC in particular. Yet, rarely are practices of US society, such as domestic violence, rape, male circumcision, or breast implantation, put in the same frame of analysis. The distinction of a practice as harmful or oppressive often links with this pre-established conception of other cultures.

Ethnocentrism materializes in the isolated reduction of other practices to essentialized cultural rituals, while Westerners most often do not “explain violence

against Western women with vague references to some reified notion of ‘Western’ or ‘Christian’ culture” (Walley 2002: 114). Oppressions that are recognized in the United States are often understood as abnormalities of a democratic society, or social ills that can be addressed through the governmental and social framework currently existing. It is thus not a problem of an oppressive culture, but rather disturbances within a society that can be alleviated or controlled through societal and state apparatuses, such as rehabilitation programs, schools, women’s shelters, and jails.

In other words, a “developed” society like the United States has institutionalized mechanisms for correcting social irregularities and gendered oppression. There are also “free choices” available in these “developed” societies that allow for autonomous individuals to modify their bodies, to perform certain gender roles, and to protect and heal themselves from violence. These ideals of liberty and individual freedom directly contrast the notion of an essentialized, controlling, “deep” culture. Christine Walley applies this distinction to the particular case of FGC scholarship in asserting: “In contrast to this image of sub-Saharan and North African societies as tradition-bound and oppressed by culture, Euro-American institutions and values are depicted as exemplars of culture-free reason and rationality...” (2002: 36). Western feminists have often based their activism off of this culturally defining discourse. Their role is to fight against the “sexual and social insanities that allow the mutilation of half their population” (*New York Times* 1992: A15, quoted in Walley: 2002: 36) by offering the Western ideals and rights of bodily integrity, autonomous choice, and sexual freedom.

Recent feminists, more aware of Western hegemonic culture, view their role differently. Several scholars such as Ellen Gruenbaum (2001), Janice Boddy (2003, 2008), Stanlie James and Claire Robertson (2002), Drucilla Cornell (1998), Claire Chambers (2008) and Yvla Hernlund and Bettina Shell-Duncan (2000, 2007) approach the study of female genital cutting in a manner that does not reify the ineffective binary created by generations of previous scholarship. For example, Drucilla Cornell in *At the Heart of Freedom* writes:

‘First world’ women are not the most knowledgeable about female genital mutilation, and should not pretend to be so, which does not mean that we should not be fearless in lending support against the practice in whatever ways we can. We should understand that feminists in the third world do not need us as saviors, particularly as the United States has one of the highest incest and rape rates in the world... Too, we must remember that projecting a ‘savagery out there’ is often easier than facing the glaring wrongs in one’s own culture (1998:171).

As Cornell points out, despite access to Western education, medicine, and privilege, Western women are not experts on the practices of others, such as female genital cutting. Rather than putting forth efforts to “save” African women from the “savagery” they are forced to undergo, Western women should follow the lead of women living in practicing communities, as Gloria Anzaldua (1987) argues, in terms of what actions, *if any*, they want to take regarding FGC. It is particularly important to further recognize the cultural oppressions and barbarism that are far too prevalent in our society, such as incest and rape, as Cornell mentions. Therefore, though colonialist discourse has dominated the discussion of female genital cutting for over a century, there is a contemporary movement to redirect the efforts and power of Western feminists. This energy to alter the discussion

of FGC is growing, however it has yet to succeed in replacing the dichotomy-based understanding of FGC, which is still prevalent both in academic circles and in popular culture.

This dissertation project fits into this discussion in two direct ways. First, I have approached this study from a perspective that adheres to the theory of Gloria Anzaldúa (1999). As a white, Western woman, I attempted to follow the lead of Senegalese women, rather than trying to “save” them from my definition of gender inequality and injustice. I spoke with eighty men and women in Senegal, and though I asked them a particular set of questions, I listened to their experiences and opinions, and built the project from their responses. Also, I am not extracting the communicated experiences and viewpoints from their social contexts. I am seeking to understand the economic, religious, cultural, historical, and environmental conditions that create the social fields operating in practicing communities. I am simultaneously examining practices and structures within my own environment that are “glaring wrongs” so that this process is based upon reflection and deconstruction, rather than otherizing and exoticizing.

Second, this dissertation project empirically operationalizes the theories and approaches mentioned above. I aim to take the theoretical frameworks concerning cultural reflexivity and deconstruction, as well as discursive inclusion into the “field,” particularly through the interview processes. Philosopher Claire Chambers theoretically unpacks conceptions of “choice” and “mutilation,” as she directly compares breast implantation and FGC on an analytical level. Janice Boddy and Ellen Gruenbaum have both applied their commitments to non-colonialist, context-specific scholarship to their

work in the Sudan. I aim to empirically employ Chambers's philosophy of challenging normalization, and to expand the normative commitments held by Boddy and Gruenbaum so that they include *both* the United States and Africa. In other words, I want to "test" whether Chambers's theoretical engagement with conceptions of autonomous choice and mutilations of the body are compatible with the opinions and experiences of women in various environments. At the same time, I want to extend the conscious and applied methodologies of Boddy and Gruenbaum to social contexts outside of Africa. I am attempting all of this in order to play a role – in whatever capacity I can – in shifting the discourse, both public and academic, surrounding practices of body modification so that excluded women become included. This inclusion, along with the democratization of discursive spaces in which body modification is discussed, could help push us towards Benhabib's "global, moral, dialogical community."

3 - Interviewees Promulgating the Binary of "Free/Oppressed"

Many American interviewees present understandings of the practice that are similar to those of Fran Hosken. Messages of this type are projected in mainstream US culture, as briefly discussed above, in the form of television documentaries, Alice Walker books, Oprah Winfrey episodes, supermodels-turned-anti-FGC-activists such as Waris Dirie, and the most recent example of an excised Somali contestant in the reality television show "America's Next Top Model." These images, in combination with exposure to FGC in anthropology, global studies, and women's studies classes in high school and college, are where Americans who were interviewed report forming their

understandings of the practice. In quite explicit terms, American interviewees put forth the idea that FGC is a backwards, mutilating practice. The notion that American women have liberty, autonomy, and freedom of choice, all which apply to their own physical existences, contrasts sharply with notions of African women as victims with no agency.

In the following sections, I will lay out two particular ways in which interviewees employ dichotomous discourse and in doing so reinforce inequality between Africans and Americans. The first is through communicating understandings of the American body as a malleable surface that one can alter, shape, and form however one desires. Susan Bordo calls this the “postmodern” body (2003) and explains that many cultural and social factors have created the situation in which the materiality of the body is a bygone idea, replaced by the perceived opportunity to create any body one desires. I will demonstrate that for many American interviewees the perceived existence of “free choice” rendered acceptable any modification of bodies, even if the modification carries risks of physical or emotional harm. The right of an individual to do what she desires with her body, regardless of motivation or potential consequences, was the most important factor for many interviewees in the United States. This right is an important building block in the construction of the dichotomy, as many interviewees considered Africans as clearly lacking this right.

The second way that American interviewees contribute to the existing dichotomous discourse is through the expressed opinion that Americans are freely operating individuals within in a liberal democracy. According to certain interviewees, democratic governmental and societal structures protect the decision- making power of

individuals and also challenge culturally oppressive forces. These respondents do not see “African” societies as based upon the same democratic, liberal principles, as the United States. Individual rights, freedom, and bodies, are then perceived to not be protected by the government. Both of these sections demonstrate the construction and reinforcement of an “Americans are free” concept that underlies existing discourse concerning FGC and other body modifications, but also points to the “Africans are oppressed” section of discourse.

3a - Poststructural Interpretations of Body Transformation

The “American” half of the binary utilizes discourse that relies upon the concept of choice concerning body modifications. This discourse and ideology of choice is fetishized in contemporary political culture and can be clearly deconstructed using poststructural feminist theory. Susan Bordo, for instance, first presents and then strongly challenges the argument that individuals have the power of self-determination regarding their bodies and appearances, and thus live in the “postmodern body.” Here I will focus on what the “postmodern body” argument is, rather than work through in detail her challenges to the idea. I will show how interviewees experience their bodies within this framework based on postmodern ideals of malleability and the right to decide what form the body takes. The lens of the “postmodern body,” in other words, will be used to interpret responses from interviews and provide a broader understanding of embodied experience.

Cultural images from a variety of sources continually create the belief that as

autonomous individuals, we can all “choose” our own bodies. In *Unbearable Weight*, Bordo describes this postmodern body as “increasingly fed on fantasies of rearranging, transforming, and correcting, limitless improvement and change, defying the historicity, the mortality, and indeed, the very materiality of the body” (2003: xvi). Changing one’s body can be seen as a form of empowerment within this poststructural framework, and women making decisions about the form and appearance of their bodies are “taking charge of their lives” (2003: xxvi).

Bordo argues in subsequent sections of her text that this postmodern ideal of empowered decision-making concerning the shape, appearance, and materiality of the body ignores important structural elements of difference. Not only are class and racial identities erased by the postmodern “choose whatever body you want” concept, but the postmodern body also fails to recognize, as she phrases it, that “not any body will do” (2003: 250). Perhaps on an ethereal level, the possibility exists for women to form and manipulate their bodies in a variety of ways. Exercise, diet, plastic surgery, beauty products, and other technologies are available for individuals to create bodies of different forms. However, as Bordo asserts, our choices are circumscribed and we are “surrounded by homogenizing and normalizing images” that are “suffused with the dominance of gendered, racial, class, and other cultural iconography,” (2003: 250). Idealized bodies have become normalized and women believe that the means are available for them to achieve a normalized body.

For example, the options theoretically exist to form the breasts (just to choose one body part for illustration) into whatever shape and size one desires. Yet, women are not

flocking to their surgeons in order to create longer, flatter, sideways-facing breasts. Breast implantation is a homogenizing procedure that replicates one ideally shaped breast within a set size range. Thus, though women perhaps on some level do have the option to alter their bodies as they desire, not all transformations will “do.” Applying this concept to the purpose of this chapter, American women are perhaps not as “free” to alter their bodies as it appears.

Interviewees echo this idea of the postmodern body. One woman explained that “people have to choose what they want to do with their bodies. It is a matter of personal choice and I can only decide for me” (Interview 41A). The notion is clear that the choice exists on an individual level and each individual only has jurisdiction over herself. A woman having power to make and judge her own choices is supported by statements such as: “Getting plastic surgery, like breast implants, is wonderful if that is what a woman chooses. If that is what she wants to do it is a great thing. To each his own” (Interview 42A), and, “Everyone has their own idea in life. What makes me happy may not make someone else happy” (ibid). This theme of individual choice removed from the judgment of others was repeated throughout the interviews.

As one woman who recently underwent implantation concluded: “I think it's great that men and women have the option to change their appearance if they should want to do so” (Interview 55A). For these interviewees, the opportunity exists for women to modify their bodies in whatever way they desire. Unlike Susan Bordo, they do not see their choices as restricted or shaped by structural determinants outside the willing and choosing “I.”

Finally, many interviewees understand body modification as an option for obtaining a normal or natural body. One interviewee stated: “I think getting breast implants is a personal choice. What if someone said you can’t have a nose job, or you can’t fix a hare lip. If people choose to do that, it’s their choice” (Interview 3A). The choice to augment breasts in this case is put in the same frame of reference as correcting a cleft palate, or changing the form of a nose. Individuals can freely choose to correct “deformities” and this interviewee, like many others, does not distinguish between forms of body modification aimed at “normalcy” and those aimed at beauty. Implicit in many interviewee responses is that not many people oppose cleft palate correcting surgeries, as they are seen as ways to rectify obvious abnormalities and return the body – in this case the mouth - to its natural state. Some interviewees interpreted breast implantation, as well as other forms of plastic surgery, as another point along this continuum between normalcy and beauty.

One particular way of interpreting this interviewee’s statement is by locating it within historical debates about the plastic surgery industry itself. Originating during World War I, plastic surgery was developed in order to return injured soldiers to physical normalcy (Kuczynski 2007). Plastic surgery reformed injured, burned, broken, and blown apart body parts so that the affected body part of the soldier (and later of civilians as well) could regain functionality, and so that the individual could operate as a “normal” member of society.⁷⁷ For instance, if a soldier suffered an injury to the jaw, he could

⁷⁵ As Alex Kuczynski writes in *Beauty Junkies: Under the Skin of the Cosmetic Surgery Industry*, during World War I, “the human face was a direct target: wounds were often inflicted in the close confines of trenches, and mortar and grenade fire were propelled directly into the soft tissues and delicate bones of the

undergo plastic surgery so that he could chew, swallow, and smile, all natural functions of the jaw. Surgery would also prevent him from being forced to exist as an abnormal “freak” with a large part of his face missing. In its early developmental stages, then, plastic surgery was used to this end: to recreate “normalcy.”

The normalizing aim of plastic surgery historically shifted within the mainstream industry. “Gradually and surely,” Bordo explains, “a technology that was first aimed at the replacement of malfunctioning parts has generated an industry and an ideology fueled by fantasies of rearranging, transforming, and correcting...” (2003: 245). The focus of plastic surgery since its early development has debatably moved from “reconstructive, or ‘serious’ surgery” to cosmetic or “frivolous surgery” (Kuczynski 2007: 62), which creates a continuum of reconstruction, social acceptance, and functionality on one end, and beauty, improvement, and perceived vanity on the other.⁷⁸

When the respondent above mentioned surgeries to correct cleft palates in the same frame of reference as rhinoplasty and breast augmentation, she was in a sense inferring that the entire continuum should be understood as one unit. She is identifying the role that individual choice plays in cosmetic surgery in that a person is allowed to

face. One of the war’s most frequent injuries was having one’s jaw simply blown off” (2007: 61). Surgeons therefore developed techniques to restore the form of the face, along with other body parts.

⁷⁸ Kuczynski writes, “It is clear that plastic surgery didn’t originate with an eye toward the flashy. It was not grounded in a woman’s desire for impossibly large breasts and inflatable-doll lips. Before the First World War, plastic surgery began with the notion that social acceptance and the ability to belong to a community were inextricably related to looking like, not better than, other people” (2007: 64). Most American interviewees with implants actually used this rhetoric of looking normal, or like others, when explaining their motivations for breast implantation. American respondents who do *not* have implants often viewed women who undergo implantation as attempting to rather improve appearance and look better than others. In other words, there was a discrepancy between implanted and non-implanted women regarding whether women undergo implantation to gain normalcy or for reasons of vanity.

change her body in “cosmetic or frivolous” ways, just as she can rightfully “reconstruct” the body in order to return its functionality and normalcy. The individual choice simply exists in the postmodern, technologically advanced world in which we live, regardless of a historically developed continuum that argues over and separates necessary renormalization from vain obsession with appearance.

An important point to reemphasize in this discussion of “freely choosing” to alter the postmodern body is that interviewees privileged the liberal concept of choice regardless of the context in which it is concretely housed. American interviewees repeatedly emphasized the unbreakable hegemony of autonomous choice that is presumed to be the right of all individuals. Women could modify their bodies in whichever ways they desire, even if the modifications could cause physical, mental, or emotional harm. As the dichotomy informs us, this is part of being a civilized, liberated, rational individual. One can choose one’s own corporeal destiny, regardless of risk or of what that destiny may materially look like. For example, one interviewee explained that she “feel[s] sad for a woman who gets implants. . . . I think it is just sad. But I also respect that every woman has a choice” (Interview 21A). Another interviewee added that the actual procedure of breast implantation “seems dangerous” and that she would “ask women why they would want fake breasts” (Interview 25A). Yet, she concluded that she “would respect their decision because it is their body” (*ibid.*). Further, a woman who recently underwent breast implantation expressed this idea quite clearly as she recounts her own experience:

I had pushed off getting breast implants for financial reasons. I wouldn't hesitate to do it again. For me it was the right decision. I would do it again tomorrow. I was also at the right age to get it done. I was so excited. Going into it I was very aware of the risk involved and I know that I may need another surgery. And I'm ok with that (Interview 51A).

What comes across in this personal account is that a rational, autonomous individual chose to alter her body in a specific way. She was not forced to undergo the procedure, but rather planned for the surgery both in terms of finances and age. She was aware of the risks involved in the procedure and is content with the actions she did take. The financial and medical preparation, the awareness of risks, and choice in the matter are what make her decision "rational" to both the woman herself and outsiders judging her actions and her body.

In this case, "choice becomes a normative transformer, rendering an outcome just by its mere presence" (Chambers 2008: 167). It is acceptable and just, therefore, if this woman felt pressure to conform to a gender ideal created by a particular patriarchal force, or if she will suffer physical consequences or complications as a result of her surgery, or that she must undergo another surgery to replace the implants, because of the fact that she "chose" this surgery for herself. In the end, most interviewees were clear that breast implantation and other forms of body modification are indeed "a woman's right if she wants to. It is her business, her money and it is none of [anyone else's] business" (Interview 49A). In other words, nothing matters but the choice. A woman has the right to make that choice, regardless of what cultural conditions create the environment for its existence.

3b - Americans as Autonomous Individuals in the “Land of the Free”

Women and men throughout the set of interviews in the United States, and also some in Senegal, communicated opinions that Americans enjoy the right of autonomous choice as well as the right to political and cultural liberty. “We have more laws that let you express your freedom and do what you want than most countries” (Interview 17A), one man explained. “We have more freedoms and we have less government controls, so you can make more decisions on your own” (ibid) he continued, indicating the political nature of this assumed freedom. Another woman explained: “as long as you don’t hurt other people, you can do whatever you want. It is a freedom here that is based on legal rights” (Interview 26A). Again, interview responses express the notion of individuals holding legally and politically guaranteed freedom, insofar as they do not infringe upon the rights of others.

These fundamental liberal rights of citizens transfer to physical lived experience and directly apply to decisions concerning body modification. A middle-aged female mentioned in chapter one clearly expresses this idea: “Here in the US women are free to make whatever choice they want regarding their own bodies” (Interview 3A). A young professional respondent agreed with her in concluding: “In this country the power to choose is inherent in our freedom. The way our country is run is on individual freedom. You are always taught you can do whatever you want. It is based on the idea of independence in our country” (Interview 25A).

A Senegalese development worker also asserted the notion that the US protects the right of free choice. He, however, does not view liberty as a positive characteristic.

He explains: “In the US there is a lot of liberty. Americans claim too much liberty and it is harmful. Gays, breast implants, etc. All these show too much liberty. It is excessive that people can do whatever they want” (Interview 23). Though this man recognizes the formal liberty granted to Americans, he views it as clearly excessive and harmful to the social order. The interviewee later added that the liberty of Americans is dangerous because it and its consequent “immoral” allowances such as breast implants and homosexuality, can “spread like a disease to the rest of the world” (ibid). Because the US is influential internationally, the liberty of individuals to look and act as they wish must be curbed, lest these ideas spread to other cultures. Through observing this interviewee interact with others, I clearly grasped his attachment to the status quo order of society. During conversations with me and with his colleagues (he worked for the NGO Tostan) he espoused beliefs in polygyny, “traditional” patriarchal gender roles, and resistance to external pressure for social change.

An American retired teacher contributes to this elemental belief in a very different manner. She understands American liberty in comparison with abuses and oppressions that exist in other countries. She explains that “at least here in this country, you do have choices. Nobody has to stay in an abusive relationship, for example, but that isn’t true in many countries. Those things are hard for us to understand – your father choosing who you are going to marry and stuff like that” (Interview 49A). Freedom and the consequent ability to make choices in one’s life is realized in this case through the contrasting evidence of societies that take away individual rights, such as in the case of arranged marriages.

Interestingly, however, this respondent does not address the fact that though women *do* theoretically have the option of leaving an abusive relationship in the United States, they often do not permanently leave. The continual threat of physical and mental abuse, the detrimental effects on self confidence caused by domestic abuse, and the lack of alternatives and social resources available for women leaving abusive relationships, all combine to restrict or even destroy both the “free” and the “choice” that are assumed to exist in this situation.⁷⁹ Thus, though the laws and cultures of other countries may *explicitly* deny women the right to leave abusive relationships, the social structures in the United States often do so through tacit failure to provide women adequate resources.

Another way that American interviewees understood their freedom links back into the construction of the “third world” discussed earlier. A woman in Boston explains how she believes Americans understand freedom and how this freedom contrasts with women in the “third world”: “I think when people talk about breast implants, for instance, they will talk about self-expression. With FGC and other practices in a third world country, people are being forced to do something. It is connected to how people see more broadly third world countries” (Interview 46A). In this case, Western body modifications like breast implants are seen as independently chosen forms of self-expression. The freedom to express oneself physically is “one of the freedoms that we have here,” (Interview 4A) a young interviewee explained. Women in the US are not forced or pressured to modify their bodies like in cases of female genital cutting. “Really,” the interviewee concluded,

⁷⁹ For discussions of and empirical data concerning domestic abuse, including why abused women sometimes do not exit abusive situations, see: www.domesticviolence.org; US Department of Justice, National Crime Survey 1995; National Coalition Against Domestic Violence (www.ncadv.org); Donald Dutton’s *Rethinking Domestic Violence*, Vancouver: UBC Press, 2006, and; Kristin Kelly’s *Domestic Violence and the Politics of Privacy*, Ithaca: Cornell University Press, 2003.

“changing your body is a form of freedom” (ibid). This form of freedom does not exist in “third world countries” according to the perceptions of these interviewees.

4 - The Other Half of the Binary: FGC as Symbolic of the Oppression of African Women

Turning now to the second half of the constructed binary in FGC discourse, we can see the various ways in which both American respondents and Western scholars present African women as oppressed and agency-less. Many American respondents and some Western scholars judge FGC-practicing societies themselves as undeveloped and backwards, in large part because of a perceived lack of individual choice. I am not entirely clear whether these Westerners view practicing societies as backwards because they practice of FGC, or whether they practice FGC because they are backwards. The causal arrow seemed to go in both directions, depending on the American interviewee. I will explore below these key issues of choice and cultural assumptions that each support established dichotomous understandings of African and American people and cultures.

4a – Children and Consent

The first issue repeatedly emphasized by American interviewees is that female genital cutting is usually performed upon children (which is problematic) who have no choice in the matter (which also is problematic). Following Claire Chambers’s logic, when choice is taken away, American respondents view the outcome of any practice as unjust. This is the case with female genital cutting; girls usually do not have a choice in

the cutting and are therefore victims of an unjust culture that either requires or allows for the cutting of their genitalia against their will.

One specific component of this inequitable lack of choice is that FGC most commonly occurs on children between the ages of four and eight (Gruenbaum 2001: 2). Discomfort with the young age of girls undergoing the practice is evident in comments from interviewees such as: "...deforming a child – with complications like death – is horrendous and children have no choice and cannot make those decisions" (Interview 1A). Speaking more with this interviewee, it was evident to her that children, because of their minorhood, their developmental levels, and their relatively weak power in society, cannot exist as rational actors making decisions for themselves about their bodies. This belief is clear in her statement that children "cannot make those decisions." Also, girls are traditionally physically restrained while the cutting is performed (James and Robertson 2002: 8), which, highlighting further conversation with this interviewee (and others), makes the procedure even more clearly infictive and deforming, rather than chosen. Children cannot choose this procedure because they are children, and the nature of the practice – in that children are often forcibly restrained - itself takes away the capacity to choose in most cases.⁸⁰

⁸⁰ I can think of two counterarguments to the assertion that children do not have the capacity to exercise choice in the case of FGC. The first counterargument, a historical empirical example, comes from Kenya in the 1950s. When the British colonial government banned FGC, a group of young girls organized and continued the cutting on their own terms, against the edicts of the British. This group, called *Ngaitana*, meaning "I will circumcise myself" seemingly exercised agency, though the influence of adults in the community, particular those involved in the Mau Mau rebellion, must be examined. See Robertson (1996) and Thomas (2000). The second potential counterargument to the assertion that children do not have choice or agency can be seen in the film *Mooladé*, directed by Senegalese filmmaker Ousmane Sembene. In this film about female genital cutting, two girls choose to throw themselves down the village well, rather than be cut. Though this account is fictional and though the girls are choosing death over cutting, the point

The roles of the parents of children also must be considered here, as parents often control the ability of children to choose. Several American interviewees focused on the role of parents as protectors and guardians of children, which was transferred to the practice of female genital cutting. One man explained: “It seems like [FGC] would be traumatic, and regardless of issues of consent, as the father of an eleven year-old girl, I wouldn’t want my daughter to experience trauma. We live as parents to prevent our children from experiencing trauma” (Interview 20A). To this man, even if a young girl decides (he does grant the possibility that a girl could consent to the practice) that she wants to be cut, the experience “seems like it would be traumatic” for the girl, and thus he, as a father, has the responsibility to prevent it from occurring. Children, because of a lack of experience, knowledge, and decision-making cannot decide for themselves what to do with their bodies. This manifests in American society in the form of parental consent for health care, tattoos, abortion, etc. And as this interviewee states, parents should protect their children from trauma and harmful decisions.

Interviewees also expressed discomfort towards FGC because it is the parents, and particularly the mothers *themselves* who are forcing the children to experience the harmful practice. “What really makes it bad is that the practice is on children who don’t have a choice,” (Interview 3A) one woman, a mother herself, noted. “They have no idea what’s going to happen. The choice is made by their mother or grandmother or whatever and they have no choice in it” (ibid). Respondents such as this mother find it disconcerting that maternal figures in children’s lives make permanent decisions about

remains that not every person in the debate over FGC, or who discusses FGC, believes that children have absolutely no choice in the matter.

the physicality of their children. As American interviewees view FGC as a traumatic, damaging practice, it is problematic that mothers and grandmothers – people who are supposed to love and protect their children and grandchildren – are forcing their girls to undergo cutting. If FGC was *not* seen as an injurious procedure but rather as a necessary safeguard for the future of girls, then perhaps American interviewees would not find the appropriation of individual choice by mothers as problematic. Yet because FGC is seen as damaging, and children are not seen as having a choice, the discourse locating Africans, and African mothers in this particular case, on one half of a civilized/uncivilized binary is reinforced.

To further unpack this concept of children's non-consent to physical modifications, we can look to concrete examples relevant to American lives. Interviewees question parental power over children's bodies in the case of female genital cutting, yet do not in instances such as male circumcision in the US, children getting braces, surgeries to "correct" intersex conditions, etc. In these situations, parents are intervening in the physical lives of their children, without the consent of the children, and altering their bodies in ways the parents consider nurturing and loving. The children, however, would likely not choose these alterations on their own.

The level of trauma inflicted during the procedures, the long-term consequences on the human body, and the normalized results of the practices are what appear to qualitatively differentiate FGC from these other practices. Teeth moved and straightened, penises without foreskin, and clearly distinguished male and female genitalia, are all examples of "normal," and "healthy" bodies in the United States. Because of these

produced physical effects of the practices, then, the procedures themselves and the particular way in which force is seen as replacing choice is acceptable and understandable. The practices are making children “normal” and with better chances of success in society, which justifies the suspension of their individual choice. Female genitalia without clitorises, however, are *not* “normal” or “healthy” to American interviewees and therefore the procedure that creates this condition is not acceptable, neither is the replacement of choice by force.

Interviews found it troubling that FGC occurs in large part on young girls not only because of the immediate lack of choice in the procedure, but also because the *future* capabilities of the girls to choose what to do with their bodies are decreased. “A woman should be able to choose what she wants to do with her body,” a woman notes, “and I know that it is their culture and background, but if they don’t want it, they shouldn’t have to be forced” (Interview 6A). If female genital cutting occurred on adults who consent to the procedure, several American interviewees express openness to accepting the practice, even if it is not beneficial to the health or sexualities of women. That it does occur mainly on unconsenting children, though, is problematic.

Children are not at intellectual and developmental levels to decide upon their future sexual capabilities. Yet, as human individuals, they still have the right to define their sexual integrity as they see fit, when they are capable of doing so. Interviewees see FGC as taking away the right of children to eventually determine their own material sexuality. Just because they cannot yet make those decisions because they are children, does not mean that the eventual right to decide what to do with their own bodies should

be permanently denied to them by their mothers and grandmothers. When exactly an individual becomes a rational, decision-making, agent in society is at the heart of this issue. American interviewees were clear that children, or minors however defined, need the protection of adults, which often results in their ability to choose being taken away by their parents. What American interviewees do not see, however, is that Senegalese interviewees – even those that practice FGC – agree with them. What is causing a disconnect here is the definition of “protection.”

An interviewee confirmed this idea in stating: “...all I can say is that I’m glad I wasn’t born in one of those countries. I don’t think it is right to hurt anybody for any reason. I’m sure there are reasons behind it, but I don’t see the benefit of inflicting pain on children, no matter where they live. I just think it is horrible” (Interview 47A). The important component for this interviewee was that it is a practice that inflicts pain on children. Again, highlighting the differences between practices of body modification involving children in the United States and FGC in African countries, helps to interpret this interviewee’s statements. In the US, procedures carried out on children that inflict pain upon children, do provide a “benefit” to them. Braces are painful and hurtful and often make mouths bleed. But the benefit of having straight teeth is understandable to most Americans and is worth the pain.

The crux issue here appears again to be the normalized and naturalized products of the practices. Interviewees were most often comfortable with risk, damage, or pain resulting from body modification, *as long as* the person either chose to have the procedure, or if the results of the procedure conform to a naturalized version of the body.

In this case of female genital cutting, girls are not freely choosing to be cut and the resulting clitoris-less genitalia is far from natural or normal, according to most American interviewees. These different understandings of normalized bodies helps to explain the foundation of the discourse that exists concerning body modification in general and FGC in particular. Americans have been in relatively more powerful positions than Africans and have therefore determined the form that discourse was going to take. Highlighting these key components could potentially help shift the discourse to be more effective and inclusive and could help facilitate cross-cultural dialogue. In other words, until these important discrepancies between cultural understandings are acknowledged, having equal discourse will be very difficult.

4b - Female Genital Cutting as a Barbaric Mutilation

Just as both academic and mainstream Western literature have historically presented female genital cutting as a barbaric, mutilating ritual, many American interviewees also see the practices and practitioners in this way. A slight majority of respondents addressed FGC as a horrible atrocity and a mutilation of women.⁸¹ These Americans believe that female genital cutting is carried out by undeveloped and uncivilized people, which is evident in responses such as: “I think it is barbaric and I am angry. I am really angry that this goes on. It is primitive, a primitive practice” (Interview 9A). In communicating this idea, the interviewee’s voice raised and her words were clearly and firmly expressed. An older woman from New Mexico also explained, “I am

⁸¹ Thirty-four out of sixty-five interviewees responded in this way.

horrified. The fact that a woman would be cut like that to – I’m not even really sure why they do it. The practice is so barbaric” (Interview 45A). Finally, another interviewee concisely added: “It is barbaric and beyond inhumane!” (Interview 55A). These Americans view female genital cutting as clearly on one side of the established civilized/barbaric binary.

Another way that American respondents express disgust at FGC is by equating the practices with torture or mutilation. One woman exemplifies this in saying: “It is beyond my wildest imagination why you would torture somebody like that” (Interview 7A). Another interviewee directly asks, “How could you mutilate somebody like that?” (Interview 8A). Because interviewees see FGC as a barbaric, mutilating, torture of women, many of them had visceral responses to it. They made statements such as: “It is an atrocity, I don’t even know how to describe it,”(Interview 2A) and “I think FGC is disturbing and horrible” (Interview 60A). Another woman added “that is absolutely disgusting. I can’t believe that they would take that gratification away from women. How dare they” (Interview 42A). As she repeated “how dare they,” it was unmistakable that the visceral disgust she has for FGC is linked with the fact that “they,” certain actors in African society, force girls and women to endure cutting. Powers beyond the individual women are responsible for taking away their sexual gratification and damaging their bodies.

Respondents also introduced gender and autonomous choice in relation to female genital cutting specifically. One man highlights a sex-based aspect of the mutilation as he notes: “If you mutilated men like that, it would stop. I just don’t understand that,

especially if it is your own flesh and blood” (Interview 31A). It is permissible to mutilate women’s bodies in practicing cultures, yet the mutilation of men, particularly those of one’s “own flesh and blood,” would be stopped. Yet because FGC by definition affects female bodies, patriarchal forces continuously allow this mutilation to occur.

A Catholic woman from Oregon emphasizes the effect the mutilation has on the female body: “That is female castration. Even if the women never have sex. It is just mutilating the body” (Interview 5A). For this woman, the removal of the clitoris is akin to destroying the sexuality of women, much like the removal of the testicles impacts male sexuality. American interviewees also understood female genital cutting as a way for men to control women through their physical and sexual bodies. A woman in New York explained that the practice of FGC “happens because men take control of women. I think it is disturbing and horrible” (Interview 61A). A patriarchal system and the actual men who benefit from it are the agents responsible for this practice. Interviewees view this horrible and mutilating practice that occurs upon women and girls who have no choice in the matter as “just another way to control of women” (Interview 49A) or “as another way to repress women” (Interview 41A).

Many interviewees view African women as controlled and oppressed by a deep, patriarchal culture. Unlike American women, who appear as beneficiaries of freedom of choice and self-determination, African women are forced to endure barbaric and uncivilized mutilation. Women who actively participate in the practices, such as the mothers and circumcisers, are co-opted by patriarchal culture, and then become tools for the patriarchal systems.

5 - Challenging the Established Binary

The existence of an “Americans are free, while Africans are oppressed” dichotomy held mainly by Americans has been expounded, both through examining scholarly as well as literary discourse and through considering interviewee responses. It is evident that many Americans have internalized this dichotomy and use it to frame their interpretations of body modification. Examining the interview material in a comparative manner, however, sheds new light onto this topic. Comparatively considering the interviewee responses, and therefore including normally excluded participants into the discussion, provides a direct challenge to this established understanding of Western and non-Western cultures.

In order to present this challenge, I will first provide material from Senegalese interviews that posits Western practices and Western culture as foreign and bizarre. Then, I will unpack Senegalese interviews that expose perceived hypocritical foundations of anti-FGC activism and rhetoric. Third, I will discuss what I term “recolonizing” responses of African women. Finally, I will provide examples of the similarities interviewees found between practices from *both* contexts, which shrinks the gap that separates the two cultures.

5a - Breast Implantation as Foreign and Bizarre

Senegalese interviewees expressed disgust and disdain toward Western practices, particularly breast implantation, as well as toward the women who undergo such

procedures.⁸² These reactions provide a counterbalance to the power of Americans to deem African practices as barbaric and horrible while simultaneously accepting their own practices as products of choice. This uni-directional rhetorical power of Americans is disrupted through the opening of channels that allow for a reciprocal analysis.

Many Senegalese respondents reacted to the idea of women choosing to undergo breast implantation with clear disgust, as illustrated by the following excerpts. First, a Halpulaar woman exclaimed that “people should stay natural, they way they were born!” (Interview 19). Altering the body from its natural form goes directly against the will of God, as “He put us on this earth a certain way and a person does not have the right to change her body” (Interview 76). The Western-derived postmodern body discussed earlier is immoral and unholy, as women do “not have the right to change” their bodies. Only God has this right. Senegalese respondents in this sense counter the American notion that all is admissible as long as it is chosen. When a woman chooses to alter her body by implanting silicone breasts, she is acting beyond her natural right as a human created by God. One woman succinctly put forth this argument: “[Breast implants] are against Islam and against morals because you are putting something unnatural in the body” (Interview 11).

⁸² An initial clarification often had to be made concerning the role of breastfeeding. Many Senegalese interviewees had the first impression that women undergoing breast implantation were doing so to increase the amount of breast milk in order to breastfeed longer. Thus, some initial responses were quite supportive of the practice. It was understood as a way to improve upon the natural ability of a woman to nourish her children, a fundamental component of womanhood in Senegal, and the perceived purpose of breasts. When I explained that breast augmentation does not increase milk production, and that often women with implants cannot breastfeed, the responses change dramatically. Several respondents then saw this practice as impeding this natural female function of the body.

Another young woman responded in a similar manner: “I have never heard of this artificial catastrophe. I’m scared of the idea. Why would women put something in their bodies that God didn’t give them? I have no idea why people would be against female genital cutting and not this practice” (Interview 18). The incomprehension of how Western women could fight against female genital cutting and not work to stop this “scary” idea is clear. Perhaps it is also important to note that this interviewee herself underwent FGC at a young age, specifically the practice of “sealing” mentioned in chapter three.

Two wives in a small village in Senegal had a parallel take on the practice. The first wife responded to the question of what she thought of breast implantation by stating: “I have never heard of this, and never in my life do I want to know about it. The women who do this aren’t really women” (Interview 25), while the second wife added that “...operations of that sort must be caused by a sickness” (Interview 26). Individuals with implants are ill, unnatural women who have erased the inherent womanhood that existed in their bodies through the implantation of unnatural substances.

Senegalese respondents also wonder about the motivations of women who get breast implants. The interviewees were direct in claiming that “women who get [breast implants] must do it to prostitute themselves” (Interview 72). They either “want to be prostitutes” (Interview 76), “are obviously prostitutes” (Interview 80), or “ must be prostitutes -- or maybe women who are done having babies and who are trying to be beautiful” (Interview 78). The intention of women who undergo implantation was strongly presumed to connect with the selling of their sexual bodies. In the last quotation,

the woman's body has completed another physical function – that of bearing children – and thus can be used to fulfill other roles or can be used for other purposes. The increased breast size represents the heightened sexuality of the female form, which materializes in the form of selling sex.

Some Senegalese respondents also put forth the notion that “women who do this are uneducated, poorly raised, irresponsible, and maybe don't have parents” (Interview 73). The perception that women who have breast implants are uneducated and poorly-raised parallels American opposition to the practice. Certain American interviewees – mainly women and all without implants – express the idea that they feel sorry for women who have breast implants, that implanted women likely have low self-esteem, and perhaps that they ultimately modify their bodies in this way for somebody else. In this Senegalese quote, the addition that these women “maybe don't have parents” introduces another element that echoes the previous American discussion of parental guidance and nurturing care. If women are not raised by nurturing parents who protect them and shape their bodies in normal, healthy ways, then disrespectful practices like breast implantation can occur. Most Senegalese interviewees did not view women with implants as proper, chaste, or “good” women who are worthy of respect and acceptance. Senegalese respondents then are drawing the link between “uneducated and irresponsible” women with those who sell their bodies sexually.

5b - Hypocrisy Regarding Health, Liberation, and Eradication

Along with considering implanted women as prostitutes or as ill, Senegalese interviewees also view Americans as hypocritical for fighting against female genital cutting while bodies in their own culture are modified in drastic manners.⁸³ Most interviewees were not aware of practices of body modification like breast implants before the interview, and they seemed alarmed at the perceived hypocritical stance of Americans. For example, after I described the practice to one interviewee, she physically moved away from me while stating: “this practice should be abandoned. I have no idea why people would be against excision and not breast implantation” (Interview 18). The physical distance she created between us while communicating her opinion is symbolic of the emotional and mental distance she wanted to create between herself and people who work for the abandonment of excision while accepting practices like breast implantation.⁸⁴

This interviewee was by no means alone in her questioning of the motives of anti-FGC activists. Other respondents echoed concerns of this type, though their feelings about what Americans should or should not do varied slightly. One woman asserted:

⁸³ Thirty-six out of eighty interviewees responded in ways that communicate this feeling of hypocrisy on the part of Westerners.

⁸⁴ Harvey Russell Bernard explains “participant observation gives you an intuitive understanding of what’s going on in a culture and allows you to speak with confidence about the meaning of data...It extends both the internal and the external validity of what you learn from interviewing and watching people. In short, participant observation helps you understand the *meaning* of your observations” (1999: 325). I observed this interviewee both within the interview environment and in interactions with others in the community. She, like most Senegalese women I encountered, is usually physically in contact with those she is speaking with. Touching hands, arms, playing with other women’s (particularly my) hair, and other forms of physical contact were the norm. Having background knowledge of the way the participant carried herself allowed me to interpret her movement away from me as one of creating distance and dissonance. The meaning of her actions were translatable having observed her previously.

“women must first start changing things in their own homes and then come here” (Interview 42). If the intention of Western feminists really is to protect the bodies and choices of women, then they should begin with women in their own communities. As another interviewee added: “If I, as an African, was really conscious, I would forbid Americans from entering Africa without being *sensibilisés* themselves.⁸⁵ If Americans really have the health of women in their own best interest, they must start themselves with stopping practices like that” (Interview 23). If they ignore the issues that women in their own culture are facing, their intentions become questionable. Are Western activists working to improve the health of all women, or are they instead focused on “saving” African women from traditional customs?

An interviewee calls for Western women to “talk about both practices” (Interview 69) as an alternative approach, thus removing the hypocrisy of activism and more fully focusing on improving the physical conditions of *all* women. This woman is articulating precisely one of the points I wish to make with this project. If we do simply “talk about both practices” and recognize the similarities and differences in the ways that women are being controlled through their bodies, we can avoid colonial discourse that reifies power inequalities between Americans and Africans.

Western organizations that actively fight to eradicate female genital cutting in Africa often rely upon the rationale of protecting the physical and sexual health of women. When Senegalese interviewees learned of American women undergoing a practice that carries negative health risks, they outwardly questioned the basis of the

⁸⁵ *Sensibiliser* can be translated as “to enlighten,” “to educate” or “to inform.” More metaphorically, the term implies “to have one’s consciousness raised.”

health discourse used. One woman expressed this reluctance to accept the arguments presented, “It is unimaginable that women come from the US and say ‘we have your health in our best interest’ and ‘FGC must be abandoned,’ but then they do things that are bad for their own health” (Interview 28). Interviewees such as this woman translated this paradox of when health concerns are applied as hypocrisy of Western activists.⁸⁶

Senegalese responses were clear that, “if there are health consequences, there are health consequences. There are not Western consequences and African consequences” (Interview 23). Thus this magically transforming power of individual choice does not specially qualify Western health consequences as acceptable to Senegalese respondents.

Linked with these notions of recognizing power imbalances and hypocrisy is the sentiment of Senegalese interviewees that if they had the financial and logistical means, they would reverse the power dynamics and “save” American women from the physical oppression that they face, as evidenced by women undergoing breast implantation. As one interviewee explained, “I have never seen or never heard of anything like that in Senegal. *That* is what needs abandoned. If we had the means to go to the US and *sensibiliser* people, we would. That is the only reason why we don’t” (Interview 14). What is harmful to women is a practice like breast implantation and that is what should be eradicated, not excision, or not only excision. This woman was unwavering in her assertion that the only obstacle in the way of Senegalese enlightenment of American women was financial.

⁸⁶ Anti-FGC discourse in the West focuses extensively on the environmental conditions in which FGC occurs. In most rural areas where the practices occur, the procedure is conducted in non-sterile conditions with crude instruments. This difference between the practices of breast implantation, carried out in medical facilities, and female genital cutting, with a higher risk of infection due to the context, is a plausible counterargument to the charge of hypocrisy on the part of Western activists.

Likewise, another interviewee noted that “People come here and look at the culture and if we had the means, maybe we would send a group there to the US” (Interview 33). We all need to examine American culture just as much as we need to examine Senegalese or African culture. The only reason that the latter occurs is because “[Africans] don’t have the means to go to the US, but Americans have the means to come here” (Interview 20). Further, even if the Senegalese men and women who were interviewed do not have the financial and logistical capacity to travel to the United States to help women, somebody must. An outside force is needed to intervene in the clearly harmful practices of Americans. As one young Senegalese woman concluded, “We don’t have the means to go to the US, but *somebody* should. Breast implantation should be abandoned” (Interview 19).

5c - Non-verbal and “Re-Colonizing” Responses

An additional way in which Senegalese interviewees challenged the existence of the ethnocentric discourse and their particular position within it is through the recolonization of discourses and interpretations of bodies. This recolonization occurred in two specific ways. First, in addition to the variations of disgust discussed above, Senegalese women exposed their breasts to me during the interview in a deliberate display of what a “true” breast, representing a “true” woman was. More than ten older women thrust their bare breasts at the translator and myself as a non-verbal exhibition of their opinion regarding this issue. When a woman thrust her breast in this way, she was demonstrating how her own body fits the communally accepted definition of what a

woman *is*. This action communicated that a woman is not a person who fills her chest with unnatural substances in order to be more beautiful or to prostitute herself. Rather, a real woman has breasts like the ones exposed by the interviewees. These breasts have nursed five, seven, or nine children, look “old” and hang low, and are not perky the way a pre-maternal young woman’s are. To these women, that is what a true “woman” is.

For decades, feminists and human rights organizations have traveled to Africa to eradicate female genital mutilation and to engage in many other forms of “liberation.” These foreigners addressed inappropriate subjects, made African women’s bodies the objects of scrutiny, and, like Alice Walker, reduced women to mutilated genitalia. When interviewees reacted by thrusting their breasts at me, I understood it as a way for them to tell *me* what was important about their bodies in a way they wanted to. The action temporarily disrupted the power I held to define their bodies and demonstrated that I should not be concerned with their cut genitalia, but rather with the breasts I showed pictures of that lacked function, true womanhood, and naturalness. In this sense, these Senegalese women were reclaiming the framing power of normalization that was taken from them by Western researchers and activists like myself.

To be sure, Western-defined notions of bodies and their appropriate modification were in fact replaced by a preexisting hegemonic idea of physical construction that is based in interviewees’ home patriarchies. Understanding women’s bodies mainly as resources for the reproduction and nourishing of children is an interpretation that is also a restricting and naturalized idea, just from another cultural source – their Senegalese form of patriarchy. The dominant understanding of women’s bodies as vehicles of

reproduction was continuously taught to the women I interviewed from the beginning of their lives. I am therefore not arguing that this recolonizing action of interviewees is a sign of liberation from any culturally oppressive and patriarchal definition of the female body. Rather, I am arguing that it is indicative of the challenge to *Western* instituted definitions, control, and regulations.

In addition to this physical reclamation, respondents also discursively re-colonized rhetorical spaces. What I mean by this is that women throughout Senegal communicated disbelief; disbelief that people would travel across the globe to fight female genital cutting while the unnatural and ungodly practice of breast implantation exists in their own communities. One woman explained, “How could women choose to do something that is possibly bad for their health? Maybe we [the women of Sedo Abass] should go to the US to *sensibiliser* people about health risks. Americans have spent forty years coming here to talk about FGC, maybe it is time to go to the US!” (Interview 11). Based on their reactions to the questions at hand, there are other interviewees who would gladly join in her mission.

Both the physical and discursive reclamation of power serves to interrupt the prominent binary of Western/African. When Africans, or in this case Senegalese interviewees, are included in the conversation about body modification and cultural characteristics more generally, the binary proves not as concrete as when only the relatively more privileged voices are considered. The binary exists for US respondents and some Western scholars and activists, but when Senegalese respondents are included in the debate, the binary is disrupted. This inclusion of women and men as new

participants in debates over body modification demonstrates that the existing dichotomous understanding of cultural practices is subjective at best, colonialist at worst.

6 - Do Similar Practices Exist in Both Environments?

At the end of interviews in both the United States and Senegal, I asked respondents whether there was a comparable practice to either FGC in the US, or to breast implantation in Senegal. The point of this question was to determine whether interviewees identified commonalities between their own cultures and practices, and those of the “other.” If similarities were found, it would seem to imply that perhaps the distance between the cultures was not as wide as projected by the existing binary. When only differences between the cultures were highlighted, however, this would not immediately signify that the binary is correct in creating a hierarchical divide between the cultures. Rather, differences between Senegal and the United States could be identified and respected, particularly considering the specialized patriarchies that operate in each society, without reducing them to a hierarchal, dichotomous relationship. Some responses reaffirm the conceptual space between Senegal and the US, yet others point to the beginnings of a reduction in the space between the cultures.

To begin with, approximately half of all respondents in Senegal adamantly answer “no!” to the thought of a practice similar to breast implantation existing in their communities. One Halpulaar woman claimed that: “There is nothing similar here in Senegal. We would never have a practice like that here. People in the US are truly bizarre” (Interview 14), which is an illustrative example of cultural dissociation. There

are other interviewees who either laughed at the thought of a similar practice occurring in Senegal, or defensively and firmly expressed, like this woman quoted, that “they would never have a practice like that.” However, the other half of the interviewees in Senegal replied that similarities can be found in the forms of: *khessal*, which is the depigmentation of the skin; *timmi soo*, which is the tattooing of the gums with black ink; fattening pills; abortion; and, notably, female genital cutting.⁸⁷

For instance, one woman explains why she thinks excision and breast implants are similar, as she reasons that “something is changed or taken away from the woman in both cases” (Interview 61). A woman’s body is altered – either through the removal of a body part or the changing the form of another – in both of the procedures. On the other hand, an ex-circumciser notes that the “...difference between FGC and breast implants is that Western women know all of the consequences where African women don’t. They never learned the health information, for instance” (Interview 60). Thus, though interviewees identify the fact that a woman’s body is changed in both cases, there do remain important distinctions between the practices such as informed participation. A woman deciding to get implants *despite* being aware of the potential health consequences is even more bizarre to this interviewee. The space between cultures then is narrowed in certain senses, but also widened in others. The fact that interviewees are discussing the space itself and engaging in cross-cultural dialogue remains the important point.

⁸⁷ Senegalese respondents drew connections between breast implantation and these practices because the female body is simply changed. The link with abortion was drawn because of a perceived harm done to the body.

Interviewees in the United States were less willing to draw connections between female genital cutting and practices that occur in American society. Most interviewees were unable to theoretically move beyond the perceived existence of choice in most American practices and the lack of choice in cases of FGC. In few instances did interviewees identify comparable practices, and most of the practices that were labeled were male body modifications. For instance, one interviewee noted: “I do think it is hypocritical for Christians to tell non-Christians to not cut their girls when they cut their boys. I appreciate the differences between the practices, but on another level it is the same thing” (Interview 22A). This man later expanded his rationale for the comparison based upon the lack of choice both males and females have in the respective practices, though he did clearly distinguish FGC as a more direct “abuse” of children.

One other interviewee did pinpoint similarities between the cultures that practice female genital cutting and breast implantation and consequently compared forms of modification in each context. She explained: “I mean we do stuff like bleaching our hair and doing things to our bodies that aren’t so normal. But we just do things because we have been taught these things” (Interview 23A). In this statement, there exists the indication that perhaps the “choice” that is assumed to exist is not as solidly established as nearly all other interviewees believed. Women are taught to modify their bodies in specific ways like bleaching their hair and implanting their breasts, instead of independently choosing to do so. Bodies are modified in specific ways in American culture, and perhaps some characteristics of the modifications can be found in other cultures as well.

The purpose of asking interviewees about the respective practices was to create a situation where some form of cross-cultural dialogue could take place. Discussing the similarities and differences identified by the interviewees in each context helps us to see how the creation of this dialogue affected perceived cultural distance. In the first cases mentioned, interviewee responses reaffirmed the discord between “us” and “them.” Even in these cases, though, interviewees were exposed – even if just briefly in the space of a twenty-minute interview - to some aspect of other cultures. In the second cases discussed, interviewees conceptually narrowed the space between cultures in finding similarities in the practices of each. As feminist scholars in a globalized, interdependent world, we benefit both in the existence of cross-cultural dialogue, and also in the increasing understanding of other cultures, or even knowledge about other cultures, whether or not we distinguish similarities with those other cultures.

7 - Conclusion

In this chapter, I first summarized the literature on body modification that establishes and reinforces the hierarchal relationship between Western and non-Western cultures. I then worked through the recent anthropological scholarship that discusses female genital cutting in a more comprehensive and less ethnocentric manner. Though much of the former literature is relatively older, it is important to address because of its continued presence in forming the ways in which most Americans understand body modification and FGC in particular.

After this review of literature I worked through interview responses that furthered the conception of Africans as oppressed and culturally controlled, and Americans as

independent and autonomous. These interview findings reinforced the cultural hierarchy established by older scholarship on body modification. Then, I discussed the challenges interviewees made to this academically and culturally rooted dichotomy. Challenges took the form of recolonizing discourse and normalization, communicating perceived hypocrisy, and also locating similarities between cultures. The opening of channels of communication that usually travel in only one direction is what allows these challenges to take place.

Transforming discourse so that it is more inclusive of all women – particularly those “under study” in the case of FGC - is important because when feminist activism concerning the practices was based off of discourse that is exclusive and one-sided, it has historically failed at attaining its own goal of reducing the incidence of the practices. African women, whom Westerners have been working for over a century to “save,” do not react to this discourse in the ways that Westerners desire. Also, when discourse becomes more inclusive, the mutual recognition of patriarchal practices becomes possible, as is evident in the horror that many Senegalese respondents felt toward breast implants as well as the disgust American interviewees communicated regarding FGC. Perhaps this outsider perspective on practices within contexts can reveal the normalized, naturalized, and invisible operations of patriarchies upon women’s bodies.

Discourse that does not rely upon an African/American binary and that is not founded on Western normative conceptions of women, justice, and freedom, but that instead privileges communication between and among women of all cultural contexts, is more likely to actually positively affect the lives of women. This discourse, or “global

dialogical moral community” in Benhabib’s terms, cannot form if the binary understanding of the “West and the rest” exists, and uni-directional, lecturing discourse is the norm. The binary and its ensuing discourse must first be challenged and disrupted, so that equal participation and inclusive conversation can take place. One interviewee provides a clear description of this possibility:

[We] need to know about the economics, social context, and social relations in the cultures or countries where practices exist, and the historical context and everything that is pushing for the practices. You can’t just pull either practice, but particularly FGC, and just look at it alone. We have to ask ‘why *do* 6 year-olds need to be protected?’ We have to ask the same thing though – ‘why do 16 year-olds need DDs?’ What I’m saying is that we can’t address women’s rights without understanding rights to what or to where (Interview 36A).

Challenging the established hierarchy between American and African cultures that exists in the minds of some Americans could help American women with consciousness-raising in their own lives. Rather than dismissing the pressures, regulations, and modifications of women’s bodies through sweeping adherence to an idea of free choice in a poststructural world, we could increase our identifying and questioning of the cultural forces that circumscribe our choices. Thus instead of acting as the saviors for oppressed African women, we could call out patriarchal institutions that allow for situations such as that mentioned at the very beginning of this chapter to exist. Why does a woman, after just giving birth, have to be subjected to banter between her doctor and her husband about the size of her vaginal orifice? Her husband made remarks about “putting one more stitch in” so that *he* could experience pleasure through penetration of

her body. Identifying how women's bodies are objectified and disrespected, as exemplified in this anecdote, could help start the process of women reclaiming control over their own bodies in many contexts, not just African.

CHAPTER VI
REFLECTION WITHIN INTERVIEWS

1 - Introduction: Opening a Space for Reflection

Chapter five explored one benefit of conducting a comparative examination of this type. There I detailed the ways in which analyzing the cases in a comparative manner disrupts the binary that locks Africans, undeveloped societies, and barbarism on one side, while situating Westerners, development, and rational decision-making on the other. The interruption of this binary is important both because its continued presence does not reduce the incidence of female genital cutting, and also because its deconstruction is one step toward locating an alternative approach to discussing body modification.⁸⁸

Another way to take this step in finding an alternative discourse is to unpack how the interview processes of this comparative study created a space for critical and cultural self-reflection. This second benefit is based on the idea that the interview environment provides an opportunity for women to temporarily theoretically remove themselves from their cultural contexts and examine the practices of other societies as well as their own. It is this momentary opening of culturally restricting exit doors that allows for the possibility of more thoroughly reflecting upon their own normalization that is often invisible under the cloak of one's own culture.

⁸⁸ Again, the goal of many proponents of this binary understanding of Africa and the US, such as non-governmental organizations and anti-FGC activists, do have the goal of eliminating female genital cutting in practicing communities.

One way of understanding this main benefit is by framing it in terms of reflection, as mentioned in the introduction. Some interviewees used the exercise of discussing the cultural practices of others as a type of window, through which they gazed upon “others,” judging their practices and cultures, and oftentimes reinforcing the normalcy of their own practices as part of their judgment. These interviewees were presented a situation where they were asked to comment on various customs, and they remained at a distance, with their critical selves looking through the window at the “other.” Other interviewees, however, used the interview situation as a form of a mirror, in which, while looking at the other, they also reflected back upon normalization and practices that occur in their own environments. Seeing and thinking about the customs and normalization of other cultures led to reflection upon their own experiences. This opened the mental boundary of comprehension and turned the window of judgment into a mirror, in which one’s own normalization and custom could be viewed in the same frame of reference.

In order to be able to discuss the “mirror” versus “window” stances of the interviewees, both theoretical and empirical groundwork must initially be laid. To this end, I will first provide the theoretical background that underlies this benefit of the comparative study. I will work through the philosophy of Pierre Bourdieu, and specifically his ideas of “fields” and “habitus” in order to set the scene for interpreting the interviews. Following this theoretical set up, I will then detail instances of interviewees using the interview space as a window of judgment through which they viewed the practices of others in an isolated, removed manner. Then, I will highlight the

opposite: I will discuss the interviewees who, for various reasons, utilized the discursive space of the interview as a reflective pane. In the latter case, specific respondents used the interview space as a mechanism for a particular type of consciousness-raising in terms of sex-based normalization within fields. I will conclude with the question of why this all matters. Bringing back in Seyla Benhabib's theory of a "global, moral, dialogical community," I will discuss why creating a space for potential cross-cultural and individual consciousness-raising is important, what can be accomplished in doing so, and how this fits in with creating an alternative discourse regarding body modification.

2 – Theoretical Backdrop: Fields, Fissures, & Consciousness-Raising

To begin this discussion, I first would like to take a step back and develop an understanding of both the interview environments themselves and the broader social worlds in which they operate. Working toward this understanding, I start with the Bourdieu-expounded claim that we all exist within social, historical, material, environmental and cultural contexts that are created and bound by diffuse structures of power. These contexts or webs of power and meaning constitute our realities and dictate our options for existence. Bourdieu calls these spaces "fields" which are "spheres of action that place certain limits on those who act within them, according to their status within the field" (Chambers 2008:52). The fields have certain rules and regulations that are obeyed because of internalized normalization, or what is termed habitus.

Bourdieu claims that an individual's habitus, or the "classificatory schemes," that "make distinctions between what is good and what is bad, between what is right and what

is wrong, between what is distinguished and what is vulgar, and so forth” are developed according to the social spheres of action in which the individual lives (1998:8). Because of the internalized classificatory schemes, obedience to social structures and powers does not require conscious thought and rational decision-making. Rather, following the socially prescribed order becomes simply what one *does* with no deliberation. Claire Chambers discusses how the social orders of fields operate through habitus as she writes, “habitus operates through the mechanism of embodiment. We understand the norms we obey through acting them out. We do not think consciously about them, and consider on each occasion whether to comply with them. Rather, we comply as a result of prereflexive, habitualized action” (2008: 53).

In other words, we all inhabit social fields that mold our understandings of right and wrong, normal and abnormal, etc. These understandings are internalized and lead to unconscious “prereflexive” actions by habitus, which reinforces the social order of the field. Subjective behaviors, regulations, and thoughts are internalized or normalized, and once embedded, they are very difficult to change. This is due partly because the normalization and embodiment of concepts and categories so deeply embeds specifically formed consciousnesses within fields. Habitus is a powerful process. “The structures of dominance reach so deeply into the understanding” (Chambers 2008: 57) of individuals, creating a particular and rigid comprehension of life. Also, the sources of power within the social order are everywhere - there is not one concentrated location of power. Again, this makes resistance to the social order difficult.

Does this then mean that life within fields follows a deterministic path? Does the possibility to change status or categorization exist, for instance, only if the changes remain within the parameters of the social structures of fields? Or, are there fissures in the social order that allow for the opening up of alternative realities? How we can locate and access these fissures or areas of potential outlet from the field, becomes the question for those seeking other options, or the release from oppression. As Chambers asks, “If we can perceive the world only through such structures, where will we find the material from which to construct an alternative consciousness?” (2008: 57).

I argue, along the same lines as feminists like Catharine MacKinnon, that consciousness-raising is one method for locating this material. Women must first become aware of the “unthought category of thought” that creates “symbolic gender violence,” in order to do something about their subordinate position in the field. Put differently, “if we attempt to identify our habitus, to bring it to consciousness, we can start to resist the social structures to which it corresponds” (Chambers 2008: 61). A way for an individual to wriggle out of her involuntary positionality is through the identification of the processes of normalization that create the conditions that put her there. Consciousness-raising, in the form of individuals looking internally at themselves as well as externally towards others, can help them understand the social structures that determine positions, behavior, and preferences (Chambers 2008: 59).

Is there a way to specify exactly how this mechanism of awareness and expanded understanding could operate? How can consciousness-raising locate socially ordering structures within fields? One way to update this emancipatory method embraced by

second wave feminists is to utilize it in respect to the globalized and interconnected world of today. So that women can be aware of the regulating power of their social fields, perhaps they need to engage in consciousness-raising through interaction with women who exist in *other* fields. Chambers describes what this globalized version of consciousness-raising could look like:

When people move between fields, or when communities encounter each other and their norms collide, there will be a disjunction between habitus and field. In multicultural societies, the norms of different groups, or the logics of different fields, provide constant cross-challenges. As people are increasingly mobile, interaction between groups increases, and complacency over the dispositions that make up the habitus is lessened. One way of encouraging changes in habitus that open up greater options for people, then, is to encourage interaction between fields, between communities or ways of life, so that individuals become aware of new options” (2008: 66).

Important in this description that Chambers provides is that it is the habitus, or normalization and internalization of behaviors, regulations, and control that must be uncovered. The fight in this sense is not against men themselves, or even the patriarchal state, but rather against the normalization of one’s own inferiority, both in terms of actions placing individuals in less powerful positions, and in believing in one’s subordinate status. Calling out this process of normalization can perhaps occur, as Chambers argues, through interaction with other communities who provide “cross-challenges” to the habitus that continually reinforces the fields that individuals inhabit.⁸⁹

⁸⁹ This “updated” form of consciousness-raising moves beyond that used in the early second wave of feminism in the United States. I argue that cross-cultural encounters between women could pry open the invisible norms and cultural practices that discipline gendered behavior in particular contexts. I am not

In terms of this project, then, the interaction between cultures takes place in the created space of the interview, with myself as the interlocutor. It is not feasible at this stage to transport, for instance, twenty-five women from the Fouta region of Senegal to Albany, Oregon in order to convene an actual consciousness-raising meeting between cultures. Similarly, the likelihood of logistically moving the same number of women and men from Southern California to travel even to Dakar in order to have an open discussion with Senegalese men and women about their practices, is miniscule. However, conducting interviews throughout each country serves as an alternative method for initiating this conversation, encouraging interaction between fields, and opening the opportunity for norms to collide. With this theoretical foundation thus laid in terms of fields, habitus, consciousness-raising, and the role that the interview process plays in all of these, I now want to turn to the interview data in order to understand first, how interviewees view the practices of others, and second, if and how they used those views to then reflect upon their own fields and habitus.

3 – Interview Space as a Window of Judgment

In this section, I delve further into the instances of respondents retaining moral and analytical distance between themselves and others. First, interviewees in both contexts articulated opinions about the practices of other fields that emphasized fundamental differences between the cultures under study. These opinions focused on the idea that “*We* would not do something like that here,” accentuating the judgment being

arguing, on the other hand, that these encounters could, will, or should generate a universal critique of patriarchal oppression.

passed upon the practitioners of certain forms of modification. This is reminiscent of chapter five in that an otherizing process is clearly at work. In this sense, though, respondents in both contexts are otherizing each other, rather than Americans doing all of the otherizing. The people in one field were viewed as fundamentally different than those in the other. Also, interviewees stressed another view that “we would not do something like that *here*,” which focuses on the perceived nature of the society rather than simply the inhabitants of the field. In this case, particularities about the field, and even the very structure of the field, were seen as incompatible with the originating cultural environment.

3a – Interview Windows Creating “Us” versus “Them”

Statements from each set of interviewees clearly make the distinction of “us” versus “them.” One woman discussed in the previous chapter noted: “people in the US are truly bizarre” (Interview 11). Another man added: “This isn’t our practice. There are men who want breasts like that, but there are others who prefer the better method” (Interview 66) as he pointed to the ‘before’ picture in a before-and-after set of breast implantation photographs. A third interviewee simply stated “People here would not do that” (Interview 77). A final married male respondent specified this sentiment in noting, “for Muslims, breast implants are a bad thing because God created our bodies and we must leave them that way” (Interview 38). Each of these responses highlights the fact that a judgment was being passed on the *people* who choose this practice. Breast implantation is not “our” practice, but rather a practice of those bizarre Americans. The reification of

us versus them is evident. “Us” in this case is the people who are not bizarre, who don’t have practices like breast implantation, who have natural breasts, and, as Muslims, obey God’s law.

Senegalese interviewees are not alone in making this distinction between the people who live in cultures in which breast implanting exists and those who live in cultures that practice female genital cutting. American interviewees also distinguished between the people of the two diverse societies. One way this was communicated is through the personal distance that was drawn between the cultures. When asked if there were any similar practices to FGC in the United States, for instance, one male physician replied “Jesus, no. No way, I really don’t...I have never encountered anything like that” (Interview 31A) with a strong sense of foreignness attached, or even a sense of taking a step back at the question. The implication that perhaps there may be similar practices in the US was striking to this man. I interpret his reaction and the subsequent discussion that arose, as a perception of the people who inhabit this man’s fields as undoubtedly distinct from those within fields in which FGC occurs. It is not in the realm of this man’s consciousness that a practice like FGC would be tolerated by any forces of the social order of his field.⁹⁰

Another interviewee responded to the same question by exclaiming “God I hope not! I don’t think so. But there are a lot of sick people out there...” (Interview 47A) which points to the notion that she does not want people practicing FGC in her

⁹⁰ I am extending the interpretation this far because of the lengths to which this interviewee discussed the situation of Somalis in the US (“just the worst that we have”) who not only practice FGC, but also are known to this man as abusers of their women. This man is a physician whose fellow doctors and colleagues worked with infibulated women from Somalia in public health clinics in the US. He discussed how FGC is not and will be not tolerated in the US by the law, the medical establishments, the government, etc.

environment. This reaction also brings up the idea that people who do practice FGC are sick in some way. And, there are “sick” people who exist in the US, so the chance that this “outrageous” practice could occur within those marginalized, abnormal populations does exist. In terms of Bourdieu’s fields, again, the two fields at hand are different in that social forces in the US do not condone a practice like FGC, but the fringe contingent of “sick people” in the US do have similarities with all of the people who practice FGC.

This element of perceived “sickness” or abnormality showed up in other American interviewee responses as well. A woman with a similar reaction to that just mentioned explained “I’d hope that we’d have more common sense and that we’d see it as a castration. A vulgar, inhumane...I wouldn’t even do that to a dog. I would hope we don’t, but then who knows what kind of sickos are around. And to me, that’s just sick” (Interview 5A). This response echoes the woman above in that normal and humane people with common sense – i.e. the true and appropriate inhabitants of social fields – would not practice female genital cutting. People who are “sick” and who do sick things like castrate people practice FGC.

An additional overlap that emerged in the interviews focused on globalization and immigration. Along with “sick people” in the margins of society, there also exist immigrants, also on the fringes of society, who may continue to practice FGC, despite moving to new locales. A middle-aged woman noted, “I have heard that FGC does go on in the US with immigrant communities” (Interview 9A) and another added that some immigrants do continue the practice, but in the US, “it is considered a crime of some sort” (Interview 49A). Thus, immigrants remain foreigners to the fields of the US, who

do not follow the same social script, and who retain their previous norms, values, and “criminal” practices.

3b – Interview Windows Creating “Here” versus “There”

The second piece of this window-gazing comes in the form of judging and critiquing the other field or environment itself, and not necessarily the people who operate within it. Assumed differences between the structures and characteristics of the cultural contexts created a significant wedge of disassociation in the mentalities of interviewees. A Senegalese participant responded to a question about breast implantation by noting, “there is nothing similar here in Senegal. We would never have a practice like that here” (Interview 11). This response alters the construction of the other from an “us” versus “them” to a “here” versus “there.” Here, in the home environment of the interviewee, nothing similar to breast implantation exists, and it never would. There is something qualitatively different about Senegal that prevents practices of this sort from occurring.

An American female teacher had a similar reaction that created a “here” versus “there,” binary. She, however, used the practices even more specifically to bring forth disparities between the fields. She explains, “All practices that are done to genitalia in the United States are done for health reasons, which put them, in my perspective, on a different level than just social reasons. In the US it isn’t just society saying this is what should happen” (Interview 8A). This statement connects with the conception discussed in chapter five of Americans as rational decision-makers, who practice genital surgeries

only for health reasons, while communities who practice FGC operate solely on social dictum. In another way, this interviewee is recognizing the habitus that occurs in another field that constructs understanding and dictates behavior, yet remains blind to the habitus in her own field. Her field remains objective, rational, and non-controlling, or perhaps even non-existent as a field. It is rather just normal “reality.”

In these cases, what results from the otherizing judgment taking place, both in terms of the other field and the people who live within it, is the solidification of the divide between fields. Interviewees in this section view the other practice as bizarre, the people who participate in the practice as abnormal (“sick” or as “not real women”), and the field in which it occurs as flawed. A critique of Susan Moller Okin’s essay *Is Multiculturalism Bad for Women?* is quite applicable in this case. The critique written by Sander Gilman asserts: “In advocating the abolition of other people’s rituals, [Okin] fails to see ceremonial acts in her own culture as limiting and abhorrent. Only the world of ritual *as she defines it* holds this power. The ‘bizarre’ rituals of Anglo-American culture are for her the norm” (Gilman, in Okin 1999: 58). When transferred to the Americans who use the interview space as a window for critical judgment of others, it is clear how the men and women who communicate this opinion take the place of Okin herself. They are failing to see the ceremonial acts in their own fields as limiting and abhorrent – outside of the marginalized “sick” individuals, that is. Because of a powerful habitus within fields, the rituals in US societies are, as Gilman writes, the invisible norm.

The same concept applies to Senegalese interviewees as well. Men and women – including cut women – emphasize the bizarre, unnatural, and ungodly nature of breast

implantation. Both women and men do advocate for the abandonment of breast implantation, evident in responses such as “*that* is what must be abandoned” (Interview 14), “maybe we should go *sensibiliser* the Americans so they abandon this practice” (Interview 24), and “please promise me that you will never go through with this practice” (Interview 72), even when they view female genital cutting as a normal process of womanhood that is not in need of the attention of outsiders.

Senegalese responses to breast implantation that are of a different nature also reinforce both the “us” versus “them” and the “here” versus “there” binaries. These responses involve the role of breastfeeding and were initially based on confusion. Many interviewees in Senegal had the first impression that women undergoing breast implantation were doing so to increase the amount of breast milk in order to breastfeed longer. Thus, some initial responses were supportive of the practice. Statements like “this is great – you could feed your children until they are five or six years old and they would be so strong” (Interview 38) illustrate the way in which breast augmentation was connected with breast feeding, which itself is tied to the nutrition and good health of children. Further, this misconception about the procedure augmenting not only the size, but also the milk production, of the breasts, links back to an issue discussed in the introduction: the perceived purpose of a woman’s body.

It makes logical sense within Senegalese fields that milk production would be intrinsically tied to any procedure involving the breasts, as in most parts of Senegal, this is what the breasts are for. Women by definition bear children, and their breasts exist for the nourishment of those children. Why else *would* they exist? Granted, interviewees did

mention the idea that “men do like to play with them during sex” (Interview 64) and male interviewees in particular noted that firm, round, and full breasts are attractive on their own, both because “they just feel better to touch” (Interview 38) and “they represent girls coming into womanhood” (Interview 44). Therefore, although some respondents pointed to the sexual nature of breasts, understandings of breasts as functional organs far outweighed the sexual aspects.

For example, when I explained that breast augmentation does not increase milk production, and that often women with implants cannot breastfeed, the interviewee responses changed dramatically. A Pulaar mother explains, “Babies need the milk of their mothers. It’s true that men prefer women with breasts, but it’s only so they can feed their babies” (Interview 11). Likewise, a woman in Kounghoul reasons that if “it doesn’t augment the milk then it isn’t a good thing. Better to stay natural if there isn’t more milk” (Interview 54), demonstrating this triumph of breasts as functional organs over breasts as aesthetics body parts. For many interviewees, the opinion is clear that “breast milk is too important to lose” (Interview 69) and therefore, “if you can’t feed your babies, then this practice must be abandoned” (Interview 41). In other words, if this practice impedes the natural function of a woman, it should be stopped.

These Senegalese respondents, like the Americans mentioned above, used the interview space as a mechanism of division and distance between the two environments. The interview was a reinforcing, safe space where interviewees could stake their ground and solidify the normality of their position and their field through a reification of “us” versus “them” and “here” versus “there.” The interactions between cultures, then, did not

raise the consciousness of the interviewees discussed, but rather seemed to support the normalized habitus in each respective field.

4 - Interviews as Impetus for Self-Reflection

The previous section detailed the ways that women and men in both contexts used the interview process to solidify the distance between fields and to confirm their position as a critic, removed and separate from the other culture. These interviewees did not use the process of questioning as an opening of the exit door of fields, or as a blurring of the boundaries. Rather, the walls restraining the social structures of fields were reinforced. This section, however, works through the responses of interviewees that demonstrate the stepping beyond the walls of the field in order to engage with outsiders in a self-reflective manner. To keep the metaphor going, openings were found in the walls of the respective fields that provided a temporary outlet for interviewees. They used the exercise of the interview as one moment where they could walk through the door, taking a step out of their field, examine another field, and then turn back around to critically examine their own. It is this brief theoretical removal from one's field that allows individuals the mental space needed to locate their habitus and to potentially begin the ideological deconstruction of their fields.

This cultural self-reflection will first be shown through the ways that American interviewees continued their reliance upon the element of autonomous choice. This fundamental component of liberal societies has shown up in almost every area of the American interviews, and is even utilized when Americans do critically examine their

own fields. Second, I will detail the responses of interviewees who specifically found connections between the control and regulation of women's bodies in both social contexts. Finally, I will address the perceived control of men's bodies, particularly through the associated practice of male circumcision.

4a - The Ever-Present Element of Choice in American Interviews

Even when American men and women did reflect upon their own rituals, the element of individual autonomous choice remained a key component of that experience. Interviewees often identified certain practices in their own fields they found similar in some way to female genital cutting, but while working through this process, they packed with them the ideological baggage that relies upon individual choice as a determinant of right and wrong, acceptable and unacceptable. In other words, when these interviewees stepped out of their fields in order to engage the questions at hand, they took with them one of the foundations of social order of their own field: the concept of individual choice. In this case, then, we are led to the question of whether one is actually stepping out of one's field, if one takes with her the basic mentality she has developed.

A young woman in Portland, Oregon, explains, "There is definitely body mutilation in the US, but not for the same reasons. We do things but we inflict it upon ourselves. We take ourselves there and get it done ourselves. It isn't something that happens at a certain age or something we've been taught or forced to go through" (Interview 23A). Her words here take us back to the previous chapter that detailed the ways in which American interviewees were accepting of nearly any practice, *as long as*

an individual chose it. In this specific case, mutilation is qualitatively different in the US, because we are choosing to mutilate ourselves. We were not taught anything that would force us to self-mutilate, but instead we are independently making the isolated decision. Another woman added that “People get pierced but that seems to be their own choice and it is supposed to make things more pleasurable” (Interview 32A). Rational agents are thus making decisions to alter their bodies.

One man further asked: “What about piercings? How is that any better? What is the difference? You are still mutilating or changing the body, right?” (Interview 27A). A woman added to this connection, “Body piercing is definitely something I feel is a practice to harm the body. It is basically hurting your body by changing it in a way for an aesthetic purpose” (Interview 46A). A third interviewee specified piercings involving female genitalia in stating, “Well, you know when you pierce the vaginal opening. It can kill nerve endings and that is taking pleasure away from the woman and they are doing it to be more attractive for men, really” (Interview 37A). Each of these responses addresses practices in the US – specifically body piercings – where the paradox of voluntary mutilation is revealed. Individuals can *choose* to modify their bodies in this way, even when the modification is perceived by others as harmful.

American respondents presented, however, examples in the US where an individual’s autonomous decision-making power is perceived as taken away. A man explained “The closest thing to FGC in the US is when people are forced to get a tattoo or brand, like when they are in gangs, that is a part of initiation into a group. It is something that is forced on someone in order to be in a group” (Interview 22A). The issues of force,

initiation, and group acceptance in this man's example clearly connect with opinions regarding female genital cutting. FGC is forced upon girls as part of an initiation into adulthood in the same way that a gang member must go through a process to be clearly identified as a member of a group. If a girl from a practicing community does not undergo FGC, she will not be considered a true or proper woman. A gang member, according to this respondent, will not be considered part of the group if s/he also is not clearly "marked."

4b – Similar Instances of the Control of Women's Bodies

American respondents expressed culturally reflective viewpoints in a way that relates back to a concept first discussed in the introduction of this dissertation: the various purposes of a woman's body. The focus upon women's bodies in Senegal tends to be on their reproductive functioning, while in the United States, a stronger emphasis is put on the external appearance and beauty of the female. However, this section highlights instances where there is overlap between the United States and Senegal in the treatment of women's bodies as well as the ways they are understood by respondents. In certain Senegalese interviews, men and women communicated understanding about why women in the United States would want to alter their bodies in order to achieve a certain standard of beauty. Likewise, the connection with female physicality and birth was introduced by interviewees in various ways in both fields. Unpacking reflection in this way, I want to draw out the importance of *both* beauty and birthing, as reported by interviewees.

First, women and men addressed the significant pressure put on women to be physically attractive. When asked about breast implants, for example, a 55 year-old Senegalese man, responded:

I can understand them to a point because in Senegal to measure beauty, one should have a waist the size of 2 hands, breasts the size of each hand, and women must be pretty and lean. Omar Hayssi, who was born between Jesus and Mohammed, wrote a lot about women and previewed that it would come to this. Women have been working trying to find ways to be more and more beautiful, this is just a next step (Interview 17).

This historically grounded, quite specific explanation of what a beautiful female body looks like clearly demonstrates this interviewee's comprehension of why women would seek breast implantation. This is not to say that this man is able to locate the rationale behind the model of a woman's body in either context, or explain *why* a woman should have specifically shaped and sized breasts, or *why* her proportions should be measured by the hands of a man. He rather says that women should have a body of that type and that Omar Hayssi predicted that women would get to the point of modifying their bodies in order to achieve this look. This is an organically occurring next step.

This respondent is highlighting the overlapping expectations placed on women's bodies. Pushed further to complicate the understanding of women's bodies in the US and Senegal, one could say that women's bodies in Senegal also have aesthetic pressures put on them, and are not solely considered in terms of their reproductive capacity. Of course, the rationale behind the pressures themselves may be tied to reproduction, but perhaps that cannot be the entire explanation.

Youth and sexuality are two other issues introduced by Senegalese interviewees. They both surfaced in the expressed understanding toward breast implantation in the US, which lead to reflection upon cultures within Senegal. One man noted his own preferences, though he generalizes them to include other men as well, as he explains, “A man is encouraged when he sees a woman he is interested in and she has large, firm breasts, because of pleasure. There is sexual sensation involved. To my touch, firm breasts just feel better” (Interview 38). This was reported to me with the goal of illustrating his understanding of why women rationally undergo breast implantation. The reflection that is occurring here is evident of an outsider bringing to the surface potential motivations for women seeking implants, which are often buried underneath the rhetoric of individual choice, free agency, and the construction of normalcy in the United States.

A second Senegalese respondent who speaks to these issues brings forth even more strongly the connection that breast implants have to youth. In her positive reaction to learning about the practice of breast implantation, she stated, “This is a very good thing because each time you see a woman with breasts like that, you think it is a sign of youth and beauty. It is for women who want to stay young. For example, when one sees my breasts, they know that I’m old” (Interview 56). As she verbally exposed what gives her away as “old,” she simultaneously lifted her *mbou mbou* to show me her “fallen” breasts: the physical evidence of her age.

This particular interviewee also did not go further into the social structures that privilege youth and beauty in terms of women and women’s bodies. She instead highlighted – as an outsider to the fields that house this practice, and who therefore has

not experienced the same habitus as insiders of the field – what is perhaps driving these processes of normalization. It is not simply that women in the US naturally want to have pre-maternal breasts, or that they just happened to want to change their bodies in particular ways. Women are rather recognizing that youth and beauty – or beauty equated as youth – come with tangible benefits within fields. In the United States, habitus, the installation of hegemonic ideologies, and the socialization of women into patriarchal hierarchies, have covered up to a certain degree this recognition, and placed over it a rhetoric and ideology of agency and choice.

Put differently, the acknowledgment that in the United States women benefit from acquiring standards of beauty based upon the male gaze that specifically form the breasts into pre-maternal globes is not occurring. Rather, individuals undergoing implantation often use the rationale of “I’m doing it for me,” (Interview 42A) and “it is something I have always wanted” (Interview 51A) when they seek the procedure. When individuals outside of these implanting fields reintroduce ideas implying that there is more behind the notion of choice, the mask hiding the patriarchal structures that create the “choice” begins to unravel.⁹¹

Finally, the cultural self-reflection that occurred within the interview space also highlighted the ways that women’s bodies are controlled, formed, and regulated because

⁹¹ Interviewees within fields are also at times able to identify processes of normalization. I do not want to imply that there *must* be interaction with an outside culture. For example, one American woman quoted earlier expressed that with procedures like breast implantation, “you are cutting your body to fit a mold, to define who you are through physical attributes. A lot of women who are older and get botox too – they want to be attractive and beautiful and young again. Who told you that that is how to do it?” (Interview 50A). Thus, it is possible for individuals within fields to recognize their habitus, though this recognition does often come via consciousness-raising of various kinds, which is the case with this particular interviewee.

of their capacity to reproduce. As developed in chapter, the emphasis in Senegal particularly is on the childbearing functioning of the female body. The form of the female body then is continually molded so that the reproductive capacity of a woman is enhanced. This process itself of creating women's bodies in this form over time becomes invisible to women within the field. Women as child bearers, mothers, and wives, becomes simply what women *are* rather than something they are either choosing to do, or are socialized to do. As one (among many) Senegalese respondent explained, "A woman must bear children. That is what a woman is – a mother" (Interview 2). The role of the mother and the consequent emphasis on particular forms of the body become the unthought category of thoughts or the naturally existing comprehension of gendered life.

Comparative interviews however, uncover not necessarily why women are socialized to be mothers, or why the reproductive components of their bodies are focused on, but rather that the power of a woman's reproductive abilities is threatening to the patriarchal orders of both environments. Women and men in the US especially highlight the various strategies used by patriarchal institutions for controlling the reproductive bodies in their social fields. In this particular case, it was being asked questions about female genital cutting – and the reproducing bodies to which this practice occurs – that compelled American women to see the ways that their own reproducing bodies are normalized and regulated. Again, this is not to say that this cultural self-reflection would not occur independently from the comparative study at hand. I do want to say, however, that the interview space cultivated an environment where deconstruction of this type was encouraged and welcomed.

For instance, in response to the question “is there anything similar to FGC in the US?” an American mother of three children gave her opinion that indeed, there is. “Episiotomies,” she explained are similar, because they “are just unnecessary. They have been proven unnecessary and not useful. I think women are totally disempowered in the birth process. The whole medical establishment is set up to disempower women” (Interview 41A). The birth process, a strictly female occurrence, according to this woman, has been hijacked by the patriarchal medical establishment. What could be an empowering experience of women has been taken over by the institutionalized medical community. Doctors – traditionally male – prescribe episiotomies, caesarian sections, particular positions of the woman in labor, and/or the induction of labor with Pitocin, not for the benefit of the woman delivering the child, but rather for the doctor and nurses themselves.

On another side of reproduction, that of preventing childbirth, women’s bodies were also presented as controlled in a similar way to when they are genitally cut. One young man identified “unsafe and dangerous practices to the female reproductive system, like improper abortion” as similar to FGC. He added to this connection, “Though abortion is done with the woman’s consent, though that depends on how you understand consent really” (Interview 65A). A married woman in Eugene, Oregon made a similar reference, as she stated, “When they make abortion illegal and women have to do scary things to get it done, so sometimes women resort to things that are very unsafe and they are forced by society to do that – and it isn’t talked about. You just don’t talk about it if you are getting it done” (Interview 21A). In both of these examples, the interviewees

begin to deconstruct the omnipresent element of choice. The first interviewee challenges the prima facie element of individual consent, and the second interviewee recognizes the way that women are forced to undergo dangerous procedures, particularly relating to reproduction. These responses are powerful examples of interviewees leaving their fields, gazing back upon them, and locating elements within them they view as oppressive.

4c – The Circumcision of Males

I have generally attempted to steer clear of equating the practices of male and female circumcision, and even of addressing male circumcision on its own. Part of this deliberate exclusion stems from wanting the focus of the project to remain on the control of *women*, modifications of *female* bodies, and regulation of *female* sexuality. I do, however, recognize the potential benefit that exists from including at least a brief examination of male circumcision.

In general, the most common reference to male circumcision came in answering the aforementioned question “is there anything similar to FGC in the US?” Statements such as “the closest thing is circumcision” (Interview 61A), “when we circumcise men” (Interview 7A), “Circumcision would be the closest thing” (Interview 4A), “male circumcision - I think about that a lot” (Interview 30A), and “male circumcision, depending on who it is that you speak with” (Interview 64A) are examples of the types of responses made by interviewees connecting FGC and male circumcision. Along with these interviewees, a handful of scholars are likewise beginning to draw certain links

between the two practices. One of these scholars, anthropologist Zachary Androus explains why a connection can be made between the practices. He writes, “Some of the broad trends that are apparent are a social expectation for genital modification, perpetuation of the practice by older generations who manifest it for their offspring, and the acceptability of the behavior within the community of practice. This last feature is of course the basis for a relativist approach...” (2005: 9).

Even with the similarities established by academics like Androus as well as the interviewees of this project, the perceived differences between the two remain. In fact, nearly all of the interviewee reactions were presented with attached disclaimers or caveats. Follow-up opinions on how the two practices were still different, despite the initial move toward connecting them, came in various forms. One woman explained that the two practices of FGC and male circumcision are “different because it depends what you take off” (Interview 4A). She did not clarify further, though she evidently does distinguish between the actual cutting that occurs in each context. Another woman justified the practice that occurs in her environment by adding, “But yet, what we do to men isn’t mutilating them or...[FGC] is totally changing the way women’s bodies operate. And how they menstruate, urinate. I mean that is totally changed and we don’t do that with men, per se” (Interview 7A). The consequences upon other bodily functions in cases of FGC, or infibulation specifically, render it qualitatively different than male circumcision. A final interviewee responded in a similar manner, yet with a concentration on sexual ramifications. She asserts, “the difference is that male circumcision does not have a negative effect on men’s sex lives like genital cutting does” (Interview 61A).

Once again, all of these perceived differences were brought up by interviewees who first drew the connection themselves between the practices.

This interview question in particular did open the space for women and men to reflect back upon their own fields and the practices within them. These responses concerning male circumcision, along with all of the others discussed before them demonstrate that interviewees were momentarily outside of their fields, looking back at them. Important here is that interviewees did not have to find absolutely similar oppression in their own contexts in order for this exercise to be successful. The instance of interviewees taking the step of considering “normal” or “natural” practices in their own fields in the same frame of reference as bizarre or barbaric practices in another, is the goal of the interview, as well as the first step in cultural deconstruction.

5 - How and Why Does This “Reflection” Matter?

In this chapter, I first discussed the theoretical foundations of social fields, processes of habitus, and the need for some type of globalized consciousness-raising. I then briefly presented the role that comparative interviews could play in creating the space for consciousness-raising to occur. With this background established, I then worked through interviews where the respondent did not use the questioning as a moment to step outside of herself and reflect upon her own culture. These interviewees remained within their familiar fields and in that time did not change their perceptions of bodies and cultures. Following this discussion, however, I highlighted instances where respondents did reach beyond their fields and looked back toward their own processes of

normalization. In this section, interviewees deconstructed their own practices to various levels, whether that deconstruction involved identifying similar pressures upon women in their fields, communicating comprehension about why practices occur, or through the viewing of a variety of ways that women are controlled through their bodies.

I now want focus on why this reflection is important, how it could affect women operating in diverse fields, and what influence it could have on the discussion of body modification in the academy and beyond. Because of the interdependent nature of today's world, cultures are colliding, communities have become dependent upon each other, and individual lives are affected in a direct way by this new world order. As Seyla Benhabib writes in *Cultural Complexity, Moral Interdependence, and the Global Dialogical Community*, "If in effect the contemporary global situation is creating real confrontations between cultures, languages, and nations, and if the unintended results of such real confrontation is to impinge upon the lives of others, then we have a pragmatic imperative to understand each other, and to enter into a cross-cultural dialogue" (1995: 250).

Bringing this global understanding back to the practices at the heart of this project, one can see that the case of feminist and colonial activism surrounding female genital cutting is an illustrative example of Benhabib's imperative. The contemporary global situation – as well as historical situation, in the case of FGC – has in fact created confrontations between cultures. The lives of women who experience FGC have been impinged upon by feminists, activists, non-governmental organizations, international organizations, and their own governments, who under international pressure, often have created laws banning the practice. Thus the pragmatic imperative to understand each

other and to enter into cross-cultural dialogue *does* exist quite clearly in this situation. Looking back to the ethnocentric approaches taken toward female genital cutting discussed in chapter five provides further motivation for creating this global dialogue Benhabib is seeking. If we do not attempt to create non-colonialist dialogue, people from many different fields within the globalized world will remain separated from each other, and unable to understand one another. In the metaphor created by this chapter, they will remain with a window of separation between fields, continuously serving as a barrier to cultural understanding and connection.

This is not to say that if dialogue is created between cultures that individuals and groups from various contexts will always *agree* upon issues and concepts. At the minimum, however, people from different fields can better understand each other, and in the case of FGC, social definitions will not continue to be forced upon relatively less powerful communities. Concepts like justice, equality, women's rights, and autonomy, could be defined by individuals within communities without organizations and individuals higher on the global hierarchy forcing their definitions upon them. Having a space for cultural reflection and for raising one's consciousness, could allow for this self-definition and empowerment to occur.

Without cultural self-reflection occurring, however, conversations are bound to remain unequal and colonialist, and the habitus that forms social and political fields is more likely to remain invisible, unthought, and naturalized. Whether this self-reflection occurs through constructed environments like the interviews of this project, through the

physical interaction between women, or through another example in today's interdependent and globalized world, the importance remains simply with its existence.

CHAPTER VII

CONCLUSION

In many ways, this dissertation is comprised of two connected sections. Chapters two, three and four lay the theoretical and empirical groundwork for an examination of body modification practices. Chapters five and six constitute the second section, and take an analytical step back from the empirical material to consider what this type of comparative study can accomplish. I begin the first section by addressing the theoretical framework I employ in this examination of sex-based body modification. In chapter two I establish my theoretical commitments to two concentrations within feminist political theory. The first is social constructivism, specifically in terms of gender and sex categorization. Second is the importance of challenging naturalized (Western) assumptions about Third World or African women. I view these two concentrations within feminist political theory as distinct, but also as compatible. I believe that it would be difficult to analyze the multiple oppressions in women's lives around the world without employing both theoretical tools, particularly considering the increasingly globalized and interconnected world in which we live. I assert that deconstruction of naturalized categories, in this case of sex and gender, combined with a resistance to dominant and universalizing Western discourse is a conscientious approach to studying sex-based body modification in general, and female genital cutting in particular.

In chapters three and four I then explore the practices of female genital cutting and breast implantation using this combined philosophical framework. I examine the ways that physical markings and modification of women's bodies reify normalized

gender roles in specific contexts. This process is circular in that gender roles mold women's bodies in particular manners, women's sexed bodies reinforce gender norms, and the cycle continues. The repetition of this cycle is largely responsible for the naturalized effect of marked and sexed bodies. I illustrate that different norms and expectations are placed on women in each culture, which construct and regulate female bodies in distinct ways. This is why the practices cannot be studied using one universalist rubric. Western definitions of womanhood, sexuality, and physicality are not applicable to the lives of many Senegalese women, and vice versa. Women's experiences must be studied respective to the social fields in which they operate, using the ideologies and worldviews of those women as the foundation.

The second section of the dissertation demonstrates what can be accomplished when we study practices of body modification from this theoretical perspective. When we do not rely upon universalized Western conceptions of rights, gender, and sexuality, but rather build theory and discourse from the experiences of women in particular fields, we can avoid the "colonialist move" that Mohanty criticizes. As Western feminists, we can learn to listen to and follow the lead of Third World women, rather than continue the tradition of co-opting their voices and speaking for them. In this vein, I detail in chapter five how this project moves past the existing colonial discourse of body modification – FGC discourse especially – and works toward creating a dialogic model akin to Benhabib's "global, moral, dialogical community." I begin to construct this type of dialogical community by simultaneously examining practices of body modification from

different cultural contexts and by creating interview spaces where women and men can challenge dominant discourses.

In chapter six, I analyze how the cross-cultural discursive space created by the interviews of this study can allow for the uncovering of normalization within social fields. Normalization of bodies is difficult to detect because of perceived naturalness, habitus, and the constructions of reality within social fields. Chambers writes, “There is usually a fit between field and habitus, as most people remain within compatible fields most of the time. In such circumstances, the habitus is continually reinforced. When the individual encounters circumstances incompatible with her habitus, however, it is gradually weakened” (Chambers 2008: 66). In the interview space, I created a situation, albeit brief, where individuals “encountered circumstances incompatible with” their own fields and habitus, with the goal of weakening the hegemony of “normalcy” and “naturalness” in individuals’ social fields.

Underlying both sections of the dissertation is the importance of establishing and nourishing cross-cultural dialogue. “Conversations across cultures,” as Benhabib terms this dialogue, allow us to more accurately comprehend practices within particular cultures. These conversations are also necessary for constructing alternative non-colonialist discourses concerning women and oppression. I do recognize that constructing these speech situations is logistically difficult. In terms of this project, physically getting women and men from Senegal and the United States together into one space for deliberation would be an extremely difficult task. This is why I created a dialogic space via the interviews. I served as the moderator of those spaces and tried to leave them as

open as possible so that women and men in each context could use the space how she or he desired. Alternative discourses surrounding body modification are not going to develop, after all, if participants in conversations are corralled into established rhetorical pens.

In this project, it is important that I situate myself not only in terms of my own normalization, privilege, and ideological biases, but also in the recognition of my normative goals. Who am I trying to reach with this project? What am I hoping to accomplish with alternative discourses concerning women and the modification of their bodies? Jana Sawicki prompts me to ask these questions as she writes, “We must continually ask ourselves why we write. What do we hope to achieve through our writing? This is an especially important question for academic feminists since there are so many pressures to write without regard for audience or purpose, and to privilege our conversations with men and their traditions” (1991: 2).

One normative goal that I have is that the women who read this dissertation, have listened to one of my lectures about it, participated in an interview for it, or happened to be unfortunately standing nearby when I was discussing it, will stop, even if for just a second, to reflect upon their own normalization. I do feel that both breast implantation and female genital cutting are phallogratically driven practices. I also believe that both practices only benefit women within patriarchal orders, which by definition, do not operate in the interests of women. Within patriarchal social fields, normalization is invisible and remains the unthought thoughts behind actions and norms. My hope, then, is that this project will provide a fissure needed in the walls of social fields, through which

women can step and gaze back upon the various forms of habitus that construct their realities. With this distance, women can then decide what is “normal” and how they want their bodies to look, feel, and function. Ultimately, I want women to gain the power of defining and experiencing their bodies, outside of the regulations and disciplinary mechanisms of patriarchal orders.

In a broader sense, I would like to engage with both academics and popular culture in Africa and in the West and would like to help foster dialogue among all of these camps. In my ideal world, Oprah would have Stanlie James, Claire Robertson, Obioma Nnaemeka, and Interviewee 11 as guests on her show along with or instead of Alice Walker. The World Health Organization would utilize more information gathered from Ellen Gruenbaum (like it is starting to), rather than Fran Hosken. I argue that collapsing the divide between African and American, as well as between academic and “public,” can only help to increase understandings of cultural practices.

Finally, I also want to create scholarship that is about women, derives from women, and is empowering for women. One female respondent in Atlanta explained why she answered my solicitation for interviewees on craigslist. She states, “The reason that I did answer your ad is because I like to talk about my experience and I like to hear about women’s issues. We need that. We are always dependent on men. We need something for women and to be able to read about women” (Interview 57A). I completed this project to provide that space for women to discuss their experiences and also to construct a cross-cultural forum for understanding women’s issues. With the collision of cultures within the interview space, my objective was to pry open the grip of normalization within both

social fields, so that women could share their experiences. I also want, however, for women to deconstruct their experiences, uncover forms of normalization creating them, and ultimately feel empowered through challenging normalization that is not in their interest beyond the walls of patriarchal society.

APPENDIX A

SENEGAL INTERVIEW BIBLIOGRAPHY

The persons listed below were interviewed in Senegal between August and December, 2005. Names and any identifying information have been omitted from citation to protect anonymity of participants. Interviewee number corresponds to citations within text. For contextual information, I have listed here age, marital status, ethnic identity, sex, occupation, location of interview, and date of interview. All data is self-reported.

- Interview 1: 23 year-old single Serer female Student. Dakar, 8 August 2005.
- Interview 2: 28 year-old single Serer male Student. Dakar, 9 August 2005.
- Interview 3: 26 year-old single Serer male Student. Dakar, 9 August 2005.
- Interview 4: 39 year-old married Wolof male Teacher. Dakar, 10 August 2005.
- Interview 5: 28 year-old single Wolof/Halpulaar female Student. Dakar, 10 August 2005.
- Interview 6: 34 year-old single Wolof/Halpulaar male Data Processor. Dakar, 9 August 2005.
- Interview 7: 37 year-old single Halpulaar male Teacher. Dakar, 10 August 2005.
- Interview 8: 30 year-old single Wolof male Student. Marseille, 13 August 2005.
- Interview 9: 40 year-old divorced Halpulaar female Vegetable Merchant. Sedo Abass, 30 August 2005.
- Interview 10: 73 year-old married Halpulaar male Village Chief, rancher & farmer. Sedo Abass, 30 August 2005.
- Interview 11: 37 year-old married Halpulaar female Vegetable Merchant. Sedo Abass, 31 August 2005.
- Interview 12: 26 year-old single Halpulaar male Cloth Maker. Sedo Abass, 31 August 2005.

- Interview 13: 28 year-old married Halpulaar female Homemaker. Sedo Abass, 1 September 2005.
- Interview 14: 40 year-old married Halpulaar female Homemaker. Sedo Abass, 1 September 2005.
- Interview 15: 22 year-old married Halpulaar female Homemaker. Sedo Abass, 1 September 2005.
- Interview 16: 40 year-old married Halpulaar female Homemaker. Sedo Abass, 1 September 2005.
- Interview 17: 55 year-old married Halpulaar male Shoemaker & Village Councilman. Sedo Abass, 1 September 2005.
- Interview 18: 20 year-old married Halpulaar female Homemaker. Sedo Abass, 2 September 2005.
- Interview 19: 24 year-old single Halpulaar female with no occupation. Sedo Abass, 2 September 2005.
- Interview 20: 25 year-old married Halpulaar female Homemaker. Sedo Abass, 2 September 2005.
- Interview 21: 18 year-old single Halpulaar female Student. Sedo Abass, 2 September 2005.
- Interview 22: 18 year-old single Halpulaar male Student. Sedo Abass, 2 September 2005.
- Interview 23: 30 year-old married Halpulaar male Coordinator for Tostan. Sedo Abass, 1 September 2005.
- Interview 24: 25 year-old single Wolof/Halpulaar female Student. Sedo Abass, 1 September 2005.
- Interview 25: 43 year-old married Halpulaar female Homemaker. Sedo Abass, 2 September 2005.
- Interview 26: 40 year-old married Halpulaar female Vegetable Merchant. Sedo Abass, 31 August 2005.

- Interview 27: 37 year-old married Halpulaar female Merchant. Sedo Abass, 31 August 2005.
- Interview 28: 49 year-old married Halpulaar male Farmer. Sedo Abass, 31 August 2005.
- Interview 29: 38 year-old married Halpulaar female Homemaker. Kaatooté, 5 September 2005.
- Interview 30: 43 year-old married Halpulaar female Homemaker. Kaatooté, 5 September 2005.
- Interview 31: 20 year-old single Halpulaar male Farmer. Kaatooté, 5 September 2005.
- Interview 32: 45 year-old married Halpulaar female Homemaker. Kaatooté, 6 September 2005.
- Interview 33: 45 year-old married Halpulaar female Hairbraider. Kaatooté, 6 September 2005.
- Interview 34: 18 year-old single Halpulaar male Student. Kaatooté, 7 September 2005.
- Interview 35: 28 year-old married Halpulaar male Griot. Kaatooté, 7 September 2005.
- Interview 36: 45 year-old married Halpulaar male Village Chief & Farmer. Kaatooté, 7 September 2005.
- Interview 37: 54 year-old married Wolof female Merchant & Farmer. Ablaye Fanta, 30 September 2005.
- Interview 38: 40 year-old married Wolof male President of Youth Association. Ablaye Fanta, 30 September 2005.
- Interview 39: 35 year-old divorced Wolof male Chauffeur. Ablaye Fanta, 30 September 2005.
- Interview 40: 38 year-old married Halpulaar female Merchant. Ablaye Fanta, 30 September 2005.
- Interview 41: 18 year-old married Wolof female Hairstylist. Ablaye Fanta, 30 September 2005.

- Interview 42: 25 year-old married Wolof female Homemaker. Thiakho, 3 October 2005.
- Interview 43: 21 year-old married Wolof female Homemaker. Thiakho, 3 October 2005.
- Interview 44: 35 year-old single Malinke male Health Care Worker. Kougheul, 8 October 2005.
- Interview 45: 20 year-old single Wolof female Homemaker. Kougheul, 8 October 2005.
- Interview 46: 39 year-old single Mandinka female Tostan Program Director. Kougheul, 9 October 2005.
- Interview 47: 20 year-old married Wolof female Homemaker. Kougheul, 9 October 2005.
- Interview 48: 22 year-old single Halpulaar female with no occupation. Kougheul, 11 October 2005.
- Interview 49: 35 year-old married Wolof female Homemaker. Kougheul, 12 October 2005.
- Interview 50: 18 year-old single Wolof female with no occupation. Kougheul, 12 October 2005.
- Interview 51: 26 year-old divorced Wolof female Tostan Facilitator. Kougheul, 12 October 2005.
- Interview 52: 35 year-old married Wolof female Merchant. Kougheul, 18 October 2005.
- Interview 53: 40 year-old married Wolof female Fabric Merchant. Kougheul, 17 October 2005.
- Interview 54: 24 year-old divorced Halpulaar female Homemaker. Kougheul, 17 October 2005.
- Interview 55: 18 year-old married Soninke female Homemaker. Ida Gedega, 18 October 2005.

- Interview 56: 50 year-old married Soninke female Homemaker. Ida Gedega, 18 October 2005.
- Interview 57: 35 year-old married Soninke male Farmer. Ida Gedega, 18 October 2005.
- Interview 58: 53 year-old married Serer/Soninke female Hospital Worker. Ida Gedega, 18 October 2005.
- Interview 59: Unknown aged married male Mandinka Imam. Koungheul Socé, 19 October 2005.
- Interview 60: 35 year-old married female Mandinka Ex-Cutter. Koungheul Socé, 19 October 2005.
- Interview 61: 34 year-old married female Mandinka Homemaker. Douba, 20 October 2005.
- Interview 62: 43 year-old married female Mandinka Homemaker. Douba, 20 October 2005.
- Interview 63: 35 year-old divorced female Mandinka Tostan Supervisor. Koungheul Socé, 21 October 2005.
- Interview 64: 35 year-old married female Halpulaar Homemaker. Koungheul Socé, 22 October 2005.
- Interview 65: 40 year-old married female Mandinka of unknown occupation. Koungheul Socé, 22 October 2005.
- Interview 66: 54 year-old married Mandinka male Development Worker. Koungheul Socé, 22 October 2005.
- Interview 67: 45 year-old married Mandinka male Farmer. Koungheul Socé, 22 October 2005.
- Interview 68: 35 year-old married Mandinka female Homemaker. Koungheul Socé, 22 October 2005.
- Interview 69: 33 year-old married Mandinka female Homemaker. Keur Lamine, 28 October 2005.
- Interview 70: 35 year-old married Mandinka female Homemaker. Keur Lamine, 28 October 2005.

- Interview 71: 32 year-old married Mandinka female Homemaker. Keur Lamine, 28 October 2005.
- Interview 72: 36 year-old married Mandinka male Farmer. Keur Lamine, 28 October 2005.
- Interview 73: 47 year-old married Halpulaar female Homemaker. Koumbidja, 27 October 2005.
- Interview 74: 36 year-old married Mandinka female Homemaker, Koumbidja, 27 October 2005.
- Interview 75: 53 year-old married Mandinka male Farmer. Koo Socé, 27 October 2005.
- Interview 76: 45 year-old married Mandinka female Homemaker. Koo Socé, 27 October 2005.
- Interview 77: 30 year-old married Mandinka female Homemaker. Koo Socé, 27 October 2005.
- Interview 78: 62 year old married Mandinka female Ex-Cutter. Koo Socé, 27 October 2005.
- Interview 79: Unknown age Coniagui female Cutter. Kougheul, 9 November 2005.
- Interview 80: 24 year-old single Wolof male Student. Kougheul, 10 November 2005.

APPENDIX B

DEMOGRAPHIC TABLES OF SENEGAL INTERVIEWS

AGE

Age Range	Teens	Twenties	Thirties	Forties	Fifties	Sixties	Seventies	Do not know
# of interviewees N=80	6	21	26	17	6	1	1	2
% of interviewees (rounded)	7.5%	26.25%	32.5%	21.25%	7.5%	1.25%	1.25%	2.5%

SEX

Sex	Female	Male
# of interviewees N=80	54	26
% of interviewees (rounded)	67.5%	32.5%

ETHNICITY

Ethnicity	Wolof	Soninke	Serer	Pulaar	Mandinka	Malinke	Conaigui	Mix
# of interviewees N=80	16	3	3	33	19	1	1	4
% of interviewees (rounded)	20%	3.75%	3.75%	41.25%	23.75%	1.25%	1.25%	5%

RELIGION

Religion	Muslim	Christian
# of interviewees N=80	77	3
% of interviewees (rounded)	96.25%	3.75%

MARITAL STATUS

Marital Status	Single	Married	Divorced
# of interviewees N=80	19	56	5
% of interviewees (rounded)	23.75%	70%	6.25%

MARRIAGE TYPE

Marriage Type	Monogamous	Polygynous
# of married interviewees N=56	23	33
% of married interviewees	41%	59%
% of total interviewees	28.75%	41.25%

EDUCATION LEVEL

Level	None	Koranic	Primary School	Secondary School	High School	University	Advanced Degree	Do Not Know
# of interviewees N=80	34	3	10	1	7	9	2	14
% of interviewees	42.5%	3.75%	12.5%	1.25%	8.75	11.25%	2.5%	17.5%

APPENDIX C

US INTERVIEW BIBLIOGRAPHY

The persons listed below were interviewed in the United States between November 2007 and September 2008. Names and any identifying information have been omitted from citation to protect anonymity of participants. Interviewee number corresponds to citations within text. For contextual information, I have listed here age, marital status, ethnic identity, sex, occupation, city of residence, and date of interview. All data is self-reported.

- Interview 1A: 34 year-old married white female Environmental Health and Safety Manager. Eugene, Oregon, 4 November 2007.
- Interview 2A: 40 year-old married white male Sales Representative. Eugene, Oregon, 4 November 2007.
- Interview 3A: 57 year-old married white female Teacher. Albany, Oregon, 13 November 2007.
- Interview 4A: 18 year-old single white female Student. Albany, Oregon, 13 November 2007.
- Interview 5A: 50 year-old married white female Educational Assistant. Albany, Oregon, 13 November 2007.
- Interview 6A: 40 year-old married white female Educational Assistant. Albany, Oregon, 13 November 2007.
- Interview 7A: 43 year-old divorced white female Special Education Assistant. Albany, Oregon, 13 November 2007.
- Interview 8A: 53 year-old single white female Teacher. Albany, Oregon, 13 November 2007.
- Interview 9A: 53 year-old married white female Career Center Coordinator. Albany, Oregon, 13 November 2007.

- Interview 10A: 27 year-old single white male Computer Programmer. Washington, DC, 6 December 2007.
- Interview 11A: 38 year-old divorced Hispanic female Office Administrator. Klamath Falls, Oregon, 31 August 2007.
- Interview 12A: 63 year-old married white female Writer. Eugene, Oregon, 27 August 2007.
- Interview 13A: 28 year-old married white female Public Relations Account Executive. Portland, Oregon, 29 August 2007.
- Interview 14A: 34 year-old single white male High Technology Trainer. Portland, Oregon, 27 January 2008.
- Interview 15A: 37 year-old married white female Dancer. Vista, California, 25 January 2008.
- Interview 16A: 26 year-old single white female Bike Mechanic. Eugene, Oregon, 28 January 2008.
- Interview 17A: 59 year-old married white male Retired Accountant. Albany, Oregon, 13 January 2008.
- Interview 18A: 30 year-old married white female Advertising and Sales Manager. Seattle, Washington, 9 February 2008.
- Interview 19A: 30 year-old single white female Education Counselor. Sutherlin, Oregon, 9 February 2008.
- Interview 20A: 35 year-old married white male Union Organizer. Eugene, Oregon, 29 March 2008.
- Interview 21A: 37 year-old married white female Researcher. Eugene, Oregon, 1 April 2008.
- Interview 22A: 35 year-old married white male Computer Research Fellow. Eugene, Oregon, 1 April 2008.
- Interview 23A: 29 year-old single white female Account Manager. Portland, Oregon, 5 April 2008.
- Interview 24A: 27 year-old single Asian-American female Bookseller. Portland, Oregon, 6 April 2008.

- Interview 25A: 28 year-old single white female City Planner. Portland, Oregon, 6 April 2008.
- Interview 26A: 33 year-old married Hispanic female Chemistry Instructor. Springfield, Oregon, 13 April 2008.
- Interview 27A: 33 year-old married white male Engineer. Springfield, Oregon 13 April 2008.
- Interview 28A: 59 year-old married Hispanic female Unemployed. Williams, Oregon, 13 April 2008.
- Interview 29A: 65 year-old divorced Hispanic female Retired Teacher. Point Reyes Station, California, 13 April 2008.
- Interview 30A: 22 year-old single white female Student/Bartender. Eugene, Oregon, 13 April 2008.
- Interview 31A: 60 year-old widowed white male Physician. Albany, Oregon, 23 April 2008.
- Interview 32A: 41 year-old domestic partnered African-American female Librarian. Albany, Oregon, 25 April 2008.
- Interview 33A: 52 year-old married white female Special Education Assistant. Albany, Oregon 26 April 2008.
- Interview 34A: 56 year-old married white male Accountant. Albany, Oregon 26 April 2008.
- Interview 35A: 31 year-old married non-identified female Research Analyst. Eugene, Oregon 29 April 2008.
- Interview 36A: 35 year-old single white female Assistant Professor. Eugene, Oregon, 30 April 2008.
- Interview 37A: 26 year-old single Hispanic female Archeologist. Eugene, Oregon, 2 May 2008.
- Interview 38A: 30 year-old married white female Student. Eugene, Oregon, 3 May 2008.

- Interview 39A: 26 year-old single white female Student. Eugene, Oregon, 3 May 2008.
- Interview 40A: 35 year-old married African American male Military Officer. Vista, California, 6 May 2008.
- Interview 41A: 55 year-old married white female Retired Psychologist. Yellow Springs, Ohio, 8 May 2008.
- Interview 42A: 35 year-old married white female Homemaker. Phoenix, Arizona, 22 May 2008.
- Interview 43A: 38 year-old married Hispanic female Business Owner. Albuquerque, New Mexico, 25 May 2008.
- Interview 44A: 19 year-old single Hispanic female Student. Eugene, Oregon, 30 May 2008.
- Interview 45A: 56 year-old married Hispanic female Retired Teacher. Hurley, New Mexico, 6 June 2008.
- Interview 46A: 33 year-old married Chinese female College Professor. Somerville, Massachusetts, 13 June 2008.
- Interview 47A: 34 year-old divorced white female Teacher. Silver City, New Mexico, 13 June 2008.
- Interview 48A: 22 year-old single white female Student. Eugene, Oregon, 13 June 2008.
- Interview 49A: 59 year-old married white female Retired Teacher. Silver City, New Mexico, 16 June 2008.
- Interview 50A: 21 year-old single Hispanic female Research Assistant. Eugene, Oregon, 18 June 2008.
- Interview 51A: 32 year-old single white female Manager. San Diego, California, 19 June 2008.
- Interview 52A: 43 year-old divorced white female Retail Manager. Vista, California, 20 June 2008.
- Interview 53A: 59 year-old married white female High School Counselor. Palm Desert, California, 21 June 2008.

- Interview 54A: 50 year-old married white female Receptionist. Vista, California, 21 June 2008.
- Interview 55A: 42 year-old divorced African American female Unknown occupation. Atlanta, Georgia, 11 July 2008.
- Interview 56A: 57 year-old single white female Retired Teacher. Albany, Oregon, 12 July 2008.
- Interview 57A: 39 year-old divorced white female Accountant. Atlanta, Georgia, 12 July 2008.
- Interview 58A: 39 year-old single white female Plastic Surgeon. Atlanta, Georgia, 13 July 2008.
- Interview 59A: 28 year-old single Chinese-American female Campus Planner. Eugene, Oregon, 16 July 2008.
- Interview 60A: 32 year-old married white female Homemaker. Las Cruces, New Mexico, 16 July 2008.
- Interview 61A: 31 year-old married white female Swim Coach. New York City, 2 August 2008.
- Interview 62A: 42 year-old married Asian American female Plastic Surgeon. Atlanta, Georgia, 26 August 2008.
- Interview 63 A: 22 year-old single white male Retail Salesperson. Eugene, Oregon, 27 August 2008.
- Interview 64A: 43 year-old married African American male Personal Trainer. New York City, 29 August 2008.
- Interview 65A: 24 year-old single white male Teacher. Los Angeles, California, 31 August 2008.

APPENDIX D

DEMOGRAPHIC TABLES OF US INTERVIEWS

AGE

Age Range	18-19	Twenties	Thirties	Forties	Fifties	Sixties	Seventies	Do not know
# of interviewees N=65	2	14	24	8	14	3	0	0
% of interviewees (rounded)	3%	21.5%	36.9%	12.5%	21.5%	4.6%	0%	0%

SEX

Sex	Female	Male	No Answer
# of interviewees N=65	51	13	1
% of interviewees (rounded)	78.4%	20%	1.5%

ETHNICITY

Ethnicity	White	Hispanic	Asian American	African American	Other
# of interviewees N=65	47	9	4	4	1
% of interviewees (rounded)	72.3%	13.8%	6.1%	6.1%	1.5%

RELIGION

Religion	None	Christian/ Catholic	Agnostic	Mother Nature	Jewish
# of interviewees N=65	21	38	3	2	1
% of interviewees (rounded)	32.3%	58.4%	4.6%	3%	1.55%

MARITAL STATUS

Marital Status	Single	Married	Divorced	Domestic Partner	Widow
# of interviewees N=65	22	34	7	1	1
% of interviewees (rounded)	33.8%	52.3%	10.7%	1.5%	1.5%

EDUCATION LEVEL

Level	Less Than College	College	Advanced Degree	MD
# of interviewees N=65	16	21	25	3
% of interviewees (rounded)	24.6%	32.3%	38.4%	4.6%

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