## Sex, Pain and Ritual

by Karen L. Field

If it's true that a picture is worth a thousand words, then hurried readers of this volume might turn directly to pp. 202 and 203, where they will find two photographs, each labeled "Wedding Portrait." At first glance, these seem unexceptional portraits of attractive, well-dressed Third World couples. But on closer inspection, something odd strikes the viewer: while the men in the picture look pleased and eager, the brides' expressions are somber and full of dread. What pain is mirrored on their young faces? The answer is the subject of Prisoners of Ritual: An Odyssey into Female Genital Circumcision in Africa by Hanny Lightfoot-Klein (Binghampton, New York: Harrington Park Press, 1989), and is summed up by three words in its subtitle: "female genital circumcision."

Female circumcision (also called mutilation) first emerged from the realm of anthropological esoterica into American public awareness through articles in WIN News (Hosken 1978, 1982) and Ms. (Morgan and Steinem 1980), and has attracted growing attention from both Western and non-Western writers (Abdalla 1982; Dareer 1982; Walker 1991). The term glosses three kinds of operations that are typically performed by traditional practitioners like midwives and barbers upon prepubescent girls, some as young as six, in Africa and elsewhere: "Sunna circumcision," (cutting off part of the clitoris); clitoridectomy (complete excision of the clitoris); and infibulation or "pharaonic circumcision," which involves excising the clitoris and labia minora, scraping the pubic area with a knife or razor, and sewing together the labia majora so that only an opening the size of a matchstick remains for passing urine and menstrual blood-an opening which must literally be torn or cut open with a sharp object to permit intercourse or childbirth.

The origins of the procedures are unknown, but historians note their existence in Egypt as early as the 5th century B.C.E. Today they are chiefly practiced in north-central Africa, where many believe—erroneously—that they are mandated by the Koran in order to ensure the purity of one's daughters and hence the honor of one's clan. Though there is rising sentiment in Africa against mutilation, many parents continue to insist on it for their daughters out of the belief that it enhances male sexual plea-

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sure and makes a girl more marriageable. Approximately 94 million African women and girls have undergone these operations and although local opposition is growing, the practices remain widespread.

In *Prisoners of Ritual*, American social psychologist Hanny Lightfoot-Klein draws on interview data and observations collected during four trips through Kenya and Sudan in order to make some of these women and girls come alive for the reader. She offers a vivid, highly personalized view of how genital mutilation affects them, the men in their lives, and the health care professionals who are sometimes called in to deal with physical and psychological complications. She also recounts how she, a Western woman traveling alone in often rough and remote terrain, got from "here to there" in her quest for information. These travel tales, absorbing in their own right, provide contextual background as well as insights into the author's own

## What pain is mirrored on their young faces?

feistiness, empathy and flexibility, qualities which must account for her ability to maintain rapport with her informants even while questioning them about intimate matters like sexual response. Her interview transcripts, case histories and anecdotes form the heart of the book. They are loosely linked by several descriptive and analytical chapters in which the author, none too systematically, remarks on the possible cultural origins, functions and significance of the mutilations.

Clinicians and ethicists alike will find much of lasting value in *Prisoners of Ritual*. With respect to clinicians, it is no longer only African health workers who are called upon to treat complications resulting from genital mutilation; Garb (1990) notes that circumcised and infibulated women are showing up in more and more Western clinics because of increased immigration from Africa to Europe and the United States. Western health workers who are unfamiliar with the procedures are often shocked and baffled the first time they examine these women and are unaware of the related problems they may experience, from pain, trauma, hemor-

rhage, shock, septicemia and tetanus to urinary problems, dysmenorrhea, fistulae, keloids, sexual dysfunctions, miscarriages and stillbirths. Klein's account can help sensitize American health professionals to the needs of such patients and their families—including the psychological dilemmas of men who, like one young husband she interviewed, feel highly conflicted about the pain that intercourse causes their wives: "The thought that I was hurting someone I loved so dearly troubled me greatly. I felt like an animal. . . . It was bad for both of us."

The book will also make clinicians more empathetic with their counterparts overseas, such as the young intern at Khartoum Hospital asked to treat a girl who is bleeding to death from a botched circumcision. "How can we help them when they come here in that condition?" he demands. Or like Dr. Saida, one of a few female physicians in the Sudan, whose patients' mutilations turn what should be simple births and gynecological procedures into nightmares: the "constant stress," she admits, "makes me feel incompetent . . . (and) frustrates me terribly."

## Approximately 94 million African women and girls have been circumcised.

Those interested in medical ethics will find that the book raises many difficult and important ethical questions. What would you or I do, for example, in the shoes of the schoolteacher whose campaign to stop circumcision in his village fails and who must then decide whether to offer clean razor blades in lieu of the midwife's rusty old knife, so that a few more girls may survive the ordeal? Or suppose we were the Western-trained doctor approached by a father who wants us to perform a "nice, clean" infibulation on his daughter in the hospital, and know that if we refuse to do it the child will be sent to a barber instead. Even closer to home is the issue of cross-cultural analogues to the procedures and attitudes which sustain them. Most Western readers will be quick to deplore the suffering which the African custom creates. Even some of my fellow anthropologists, those stubborn standard-bearers of cultural relativism, have done so, and forcefully (Bagish 1990). But is it a case of noting a beam in our neighbor's eye while ignoring a similar beam in our own? A 50-year-old mother of five tells Klein, "Circumcision is a good thing, because men like it. Women do it for men." Is this qualitatively different from the attitude which underlies silicon breast implants, "tummy tucks," facelifts, or—at another level—the pornography industry, wife-battering, or the physical and emotional scars caused by the rapidly rising incidence of rape in the United States?

At the same time, one cannot avoid the comparison with male circumcision, still routinely performed in many American hospitals. Critics of the practice have begun using the term "mutilation" for that, too (Money 1982)—a trend bound to provoke controversy in many U.S. families and religious subcultures (including my own). Like the best anthropology, Klein's account doesn't just make us marvel at the strangeness of foreign customs; it also makes us reflect on the parallels such customs have here in our own taken-for-granted society, and what both may tell us about the human condition.

It is in considering this last question—what female genital mutilation tells us about human behavior—that Klein's book ultimately fails to satisfy. One needn't be a specialist in cultural evolution to wonder why a practice which seems so counterproductive to the survival of women and their babies would have developed in the first place, much less persisted over centuries. At one point Klein suggests that it may have functioned as a form of population control in regions like the Sudan where resources were never abundant. But why infibulation, so elaborate and chancy, rather than the simple infanticide practiced by many bands and tribes? From an anthropological perspective, I think she comes closer to the mark when she notes that circumcision was first done to upper-class women, suggesting a functional connection to the emergence of class society. Building on Engels (1972), anthropologist Eleanor Leacock (1981) argues that male concern over biological fatherhood, and hence over female chastity and fidelity, appears in humans only with the advent of private property (a relatively recent development in human history, dating from the beginning of intensive agriculture, c. 3000-4000 B.C.E.). Reduction or removal of the clitoris as a damper on female sexual pleasure may have begun as a way of ensuring fidelity among a propertied elite, later imitated and elaborated by the lower classes, and may persist because control of female sexuality is a highly effective way to preserve class and ethnic boundaries (Field 1983). Viewed in this light, the practices start to "make sense" as adjuncts of a cultural system in which property and position are more important to powerful rulers than individual lives and suffering. Such an analysis suggests that female circumcision will be abolished only when the systems which support it are dismantled. If Klein had consulted more of the relevant anthropological literature, her analysis of the practice would I think, have been more complete and therefore more intellectually satisfying.

I also find myself a bit bothered by Klein's implication that nobody is responsible for the persistence of these practices—that everyone, rich and poor, male and female, powerful and powerless, is equally enmeshed in a web of "ignorance and lack of experience" (288) in which an abstract entity called "custom" determines behavior and no one really "means to be mean." While she is understandably concerned about not offending her informants or their cultural sensibilities, these concerns sometimes make her skirt the harder questions raised by her research, such as why even educated people who are well-informed about medical consequences continue to infibulate their daughters, or whether the linkage of bodily mutilation with eroticism—by no means limited to Africa—has been carried to an unusually intense and widespread degree in the cultures she describes, and if so, why.

There are other minor problems with the book. Most annoying is sloppy editing: spelling the same woman's name "Moonah" and "Muna" on different pages, repetitious references to the Hadendewah people as "the Fuzzy Wuzzys of Kipling fame," confusing "jumps" back and forth in time, and so on. But neither these nor the issues mentioned above detract from the lasting importance of the author's primary data. Readers won't soon forget the women, young and old, who shared their stories with Klein, stories of pain and repression but also of courage and survival. Nor will readers

forget the complex questions these stories raise—questions that challenge their society and ours as well.

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