

The Cut in Conflict: Female Genital Mutilation and the Concept of Religious Violence in the Western World

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Abstract: Female genital mutilation (FGM) is both a concurrent and historical practice, manifesting in geographically diverse regions and across different religious groups. Wherever it is practiced, the ritual cutting of female genitals is an act designed to undermine a woman's personal sexual autonomy and identity, as well as reify patriarchal power relations. Although historically practiced in Islamic communities, records of female genital mutilation predate Islam, and the validity of Quranic references to the practice are contested by modern Islamic scholars. The recent incidents of FGM reported to have occurred in expatriate Muslim communities in Western European and North American nations reveal an ancient tribal practice that has acclimated itself to notions of modern Western medical authority. In fact, there is evidence for the presence of FGM in Western culture since the nineteenth century, in a context distinct from Muslim communities or Islamic religious influence. The history and current iterations of FGM in the West conform closely to Foucauldian theories of sex and power, and echo Foucault's assertion, discussed in *The History of Sexuality*, that power relations must successfully conceal their own mechanisms in order to maintain viability within society. Consequently, patterns associated with twenty-first century FGM analogize the construction of "religious violence" as a cultural category in Western discourse. When gendered violence is categorized as "religious," it is inevitably subjected to a process of othering that serves to further embed its practices as part of the collective social reality.

Keywords: FGM; Islam; Foucault; immigration; patriarchy.

Even though female genital mutilation (FGM) manifests diversity in its form and execution, and can vary in severity and nature across communities and territorial regions, FGM is, fundamentally, an ideologically unified practice, perpetuated to ensure that women embody the (complex) patriarchal conditions present within their immediate environment.¹ Cross-culturally, the explicit justifications provided for FGM are multifarious, including: the enhancing of fertility; the prevention of vaginal cancers; the assurance of sexual

1. "In short, there is more to this issue than meets the eye. By no means is female circumcision a single phenomenon with a single purpose such as 'controlling women' or 'suppressing female sexuality'... The oppression or subordination of women, their poverty, and their restricted opportunities are a more fundamental issue to address if we wish to understand people's willingness to continue to participate in these practices and the obstacles that reformers must face" (Ellen Gruenbaum, *The Female Circumcision Controversy: An Anthropological Perspective* [Philadelphia: University of Philadelphia Press, 2001], 47).

fidelity; and the promotion of hygiene.² However, according to the World Health Organization, FGM has “no health benefits for girls and women, [and]... includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons,”³ and while it is also occasionally interpreted to possess a religiously-motivated justification by its practitioners and critics, FGM should be primarily understood as a patriarchal practice that transcends religious boundaries. “Culture and religion operate interdependently...[and] as long as cultural norms find legitimacy in religious values, they are normalized, internalized, and legitimized.”⁴

Not endemic to one specific faith, FGM is practiced by some adherents of Christian, Jewish, Muslim and various tribal religions, and it is estimated that 140 million girls and women have undergone FGM globally.⁵ Recent media reports of FGM in the West have linked the practice to Muslim immigrant communities, including the Dawoodi Bohra in North America,⁶ as well as in the UK, which currently hosts communities originating from Somalia and other countries in which FGM is known to be widely practiced.⁷ Due to the introduction of FGM as a “foreign element” in their societies, many Western countries such as Canada, the United States, and the UK have since outlawed the practice. However, primarily associating FGM with some Islamic communities ultimately serves to reduce FGM to a participant in a process of cultural differentiation, as the evidence for FGM as a patriarchal practice far outweighs the evidence that might denote it as an incursive religious practice. Obscuring the narrative of patriarchal violence through the identification of FGM with concepts of Islamic religious difference inevitably results in the continuation of FGM within Western culture.

In Western discourse, critiquing the act of patriarchally defining the female body through FGM is often conflated with critiques of colonial rhetoric, thereby replicating the inaccurate assumption of gendered violence as something that is defined by religious and other cultural boundaries, and not specifically the presence of patriarchal ideology. Muslim immigrants encounter a tradition of FGM in the West that has developed exclusive of Islamic influence, but they nonetheless adopt the unequivocally non-Islamic characteristics of Western FGM within the

2. Hiam Salaheldin Elgousi, “Female Genital Mutilation between Culture and Religion: The Case of Egypt,” in *Gender and Violence in Islamic Societies: Patriarchy, Islamism, and Politics in the Middle East and North Africa*, ed. Zahia Smail Salhi (London: I. B. Tauris & Co Ltd, 2013), 184.

3. “Female Genital Mutilation,” World Health Organization, last modified January 20, 2018, <http://www.who.int/mediacentre/factsheets/fs241/en/>.

4. Mary Nyangweso, *Female Genital Cutting in Industrialized Countries: Mutilation or Cultural Tradition?* (Santa Barbara, California: Praeger, 2014), 114.

5. “Q & A on Female Genital Mutilation,” Human Rights Watch, last modified June 16, 2010, <https://www.hrw.org/news/2010/06/16/qa-female-genital-mutilation>.

6. Jayme Poisson and Michele Henry, “Women in Small Muslim Sect Say They Have Had FGM in Canada,” *The Toronto Star* (Toronto, ON), Aug. 21, 2017, <https://www.thestar.com/news/fgm/2017/08/21/women-in-small-muslim-sect-said-they-had-fgm-in-canada.html>.

7. “In the UK the Department of Health in 2017 funded a study to establish the presence of FGM in [the] country... This study sought to estimate the number of women and girls in England and Wales living with FGM and those under fifteen years of age who [were] at risk. This survey revealed that about 30,000 in the UK are deemed to be at risk from this practice” (Isha Abulkadir, “Somali Memories of Female Genital Mutilation,” in *Women, Violence and Tradition: Taking FGM and Other Practices to a Secular State*, ed. Tamsin Bradley [London and New York: Zed Books, 2011], 54).

context of an environment that continues to understand FGM in Muslim communities as a religious act. Foucauldian theory reveals religion to be one of the many ways in which the perpetuation of patriarchal power is concealed within society, and FGM becomes an embedded practice only when it is insulated by various forms of social reasoning. By not acknowledging FGM as a globally-pervasive patriarchal practice, and instead associating it with religious distinctions within Western society, gendered violence has the potential to be effectively “othered” in the public mind.

Islam and the Patriarchal Purity of the Female Body

Women’s bodies are not physiologically designed to accommodate patriarchy. Patriarchy is an ideologically constructed institution whose symbolism is physically and socially imposed upon women to define them unequally in relation with men. Under patriarchy, women are physiologically and psychologically assimilated into systems of binary gender expression, in which their feminized roles are characterized as inferior. According to Simone de Beauvoir, the acceptance and codification of existential sexual inequality is inseparable to the construction of patriarchal discourse: “lawmakers, priests, philosophers, writers, and scholars have gone to great lengths to prove that women’s subordinate condition was willed in heaven and profitable on earth.”⁸ Simone de Beauvoir theorizes that patriarchy is dependent upon a concept of sexual dimorphism, one through which women’s bodies are externally defined in relation to the normativity attributed to masculine bodies. “The relation of the two sexes is not that of two electrical poles: the man represents both the positive and the neuter...woman is the negative, to such a point that any determination is imputed to her as a limitation, without reciprocity.”⁹

Patriarchy problematizes women’s bodies, rendering them into objects in need of definition by a subjective authority: “she is determined and differentiated in relation to man, while he is not in relation to her; she is the inessential in front of the essential. He is the Subject; he is the Absolute. She is the Other.”¹⁰ Therefore, the relationship between patriarchy and FGM is not causal, but corollary – FGM dynamically participates in perpetuating patriarchal order by operating as one means by which women’s bodies are objectified and defined as unequal to those of men. Gruenbaum’s analysis of the societal complexity of FGM sheds light on this phenomenon: “because the subordination of women and girls is so common, there is bound to be a strong correlation between patriarchy (broadly defined) and [FGM]. That does not make it causal, of course, because the vast majority of cultures that do not practice [FGM] are also patriarchal.”¹¹ To facilitate their integration into the wider patriarchal discourse, to become “woman” in relation to man, women’s bodies must first undergo subjective conditioning, and FGM is one particular example of this process.

8. Simone de Beauvoir, *The Second Sex*, trans. Constance Borde and Sheila Malovany-Chevallier (New York: Vintage Books, 2011), 11.

9. de Beauvoir, *The Second Sex*, 5.

10. de Beauvoir, *The Second Sex*, 6.

11. Gruenbaum, *Female Circumcision*, 42.

The act of FGM participates in the conditioning of female gender identity. The ritual of FGM effectively “accentuates the differences between men and women, and generally only women are allowed to be present during [female genital mutilations].”¹² Consequently, while anti-colonial narratives are an important form of criticism, it is nevertheless important to discriminate between concepts of sexual idealism specific to patriarchal conceptuality and discussions which focus on the general integrity of the human body, because under patriarchal conditions, the female body must be modified to matter. For example, the regulated conferment of bodily “purity” (or lack thereof) as a defining female characteristic is a patriarchal method used to ensure that women conform to a prescribed gender-based identity.

Religion simultaneously incorporates a more diverse approach to the applications of ritualized purity; indeed, “ritual purity is one way of thinking about behaviour related to core social values or to the persons, objects, and places embodying or enshrining them.”¹³ Mandinga women in Guinea-Bissau “describe [FGM] as a cleansing rite that enables women to pray in the proper fashion, making them ‘true Muslims’.”¹⁴ This position represents the complex relationship between ethnicity and religion, in which gender necessarily informs one’s public persona. For the Mandinga, “being Mandinga means being Muslim, and being Muslim requires one to pray... [T]hrough the practice of [FGM], Mandinga women in Guinea-Bissau reaffirm the fusion of ethnicity and Islam by permanently inscribing it onto their bodies.”¹⁵ In order to be both Muslim and Mandinga, women must conform to a patriarchal standard of purity that is achieved through the violent modification of their bodies, and one which is refined by the sublimation of female sexuality into prescribed social roles. “Mandinga men and women alike claim...that [FGM] ‘tames’ women’s sexuality, molding women into faithful and patient wives and mothers.”¹⁶ Given the social complexity of purity rituals within various religions, it is necessary to isolate the impact that patriarchal ideology has upon their expression.

Islam is a religion preoccupied with purity rituals, including those which relate to gendered constructions of purity and are patriarchal in nature. The vast majority of current Islamic assumptions pertaining to gendered purity are not codified or adjudicated by women and are informed by anachronistic resources. Celene Lizzio notes that “contemporary specialists on the matter of female purity (the utter majority of whom are *not* female) are more devoted to preserving rules exhumed from medieval debates than in deriving rulings based on either female well-being or contemporary knowledge of human reproductive physiology.”¹⁷ Despite the fact

12. Elizabeth Heger Boyle, *Female Genital Cutting: Cultural Conflict in the Global Community* (Baltimore, Maryland: The Johns Hopkins University Press, 2002), 28.

13. Douglas J. Davies, *Emotion, Identity, and Religion: Hope, Reciprocity, and Otherness* (Oxford: Oxford Scholarship Online, 2015), 131, [doi: 10.1093/acprof:osobl/9780199551538.001.0001](https://doi.org/10.1093/acprof:osobl/9780199551538.001.0001).

14. Michelle C. Johnson, “Making Mandinga or Making Muslims? Debating Female Circumcision, Ethnicity, and Islam in Guinea-Bissau and Portugal,” in *Transcultural Bodies: Female Genital Cutting in Global Context*, ed. Ylva Hernlund and Bettina Shell-Duncan (New Brunswick, N. J.: Rutgers University Press, 2007), 209.

15. Johnson, “Making Mandinga,” 211.

16. Johnson, “Making Mandinga,” 211.

17. Celene Ayat Lizzio, “Gendering Ritual: A Muslima’s Reading of the Laws of Purity and Ritual Preclusion,” in *Muslima Theology: The Voices of Muslim Women Theologians*, ed. Ednan Aslan, Marcia Hermansen and Elif Medeni (Frankfurt am Main: Peter Lang Edition, 2013), 168.

that attitudes toward FGM vary widely among Muslims throughout the world, it is relevant that, given the patriarchal nature of the discourse surrounding Islamic ritual purity, FGM continues to exist within Islamic communities as a means of enforcing ritualized gender differentiation.

Irrespective, however, of its continued perpetuation within Islamic communities, FGM is not explicitly required of Muslims as an Islamic act. “Female genital cutting is not mentioned in the Quran... [and FGM] is unknown in some Muslim countries.”¹⁸ Two *hadiths* (reports of sayings of the Prophet Muhammad) frequently used to justify FGM in Islamic communities are thought to indicate the Prophet’s approval of FGM, but the authenticity of and meaning of these teachings has been questioned by Muslim scholars.¹⁹ Correspondingly, one of these *hadiths* is often interpreted to be a declaration of the Prophet Muhammad in which he refers to FGM as a practice that, while a source of respect for women, is an act not mandated by Islam and therefore merely “allowed.”²⁰ If it is authentic (and accurately interpreted), this record of the Prophet “allowing” FGM to occur constitutes a concession to social stability within a very specific historical context – that is, permitting converts of the seventh century who were already committed to FGM to continue the practice, while not requiring it of those Muslims to whom it would represent an imposition. By the time of his death in 632, “Muhammad had unified most of Arabia and readied its tribesmen for expansion into Syria and Iraq.”²¹ The *umma* of the Prophet Muhammad was by its nature socially variant, requiring of its religious leadership appropriate concessions to diverse cultural norms in order to ensure social cohesion and consistency of decree.²² FGM exists within Islamic texts as an incorporated patriarchal practice of the seventh century, and not in the form of a religious injunction or devotional act.

FGM is not a universal Islamic practice, but it does exist as orbital to required standards of gendered purity found throughout the Islamic world. Female sexual purity is a widespread requirement for marriage in many Islamic communities, although this is certainly not a state of affairs unique to Islam, or indeed to any other religious community. Within Islam, the necessity of a bride’s virginal status is more intertwined with family politics than with religious rhetoric. Islamic marriage is essentially a social institution; its primary goal is to ensure the structural integrity of the patriarchal family unit, and it is not an explicitly spiritual undertaking. “The traditional Islamic family is patriarchal...[and] marriage is a civil contract, not a religious

18. Nyangweso, *Female Genital Cutting*, 107 and 111.

19. Adel S.Z. Abadeer, *Norms and Gender Discrimination in the Arab World* (New York: Palgrave Macmillan, 2015), 182.

20. Nyangweso, *Female Genital Cutting*, 109.

21. Hunt Janin and André Kahlmeyer, *Islamic Law: The Sharia from Muhammad’s Time to the Present* (Jefferson, N.C.: McFarland, 2007), 14.

22. “One *Jami at-Trimidhi hadith* suggests that there must be an essential bath after sexual intercourse between the two circumcised genitals of opposite gender. Though the supporters here take circumcision as a prerequisite to sexual intercourse and hence to marriage, the commandment of the *hadith* lies at the fact of taking a shower after sexual intercourse where circumcision may be spoken of as a natural presupposition. Written in Arabic, this *hadith* may have been told to a community that was culturally inclined towards [FGM] at the time it was said” (Debangana Chatterjee, “What Islam Says About Female Genital Cutting and How Far Are These Texts Invincible? [Part 1],” *Sahiyo* [blog], October 6, 2018, <https://sahiyo.com/2018/10/06/what-islam-says-about-female-genital-cutting-and-how-far-are-these-texts-invincible-part-1/>).

sacrament, between...the prospective husband [and]...the legal guardian of the bride, i.e., her nearest male relative.”²³ Traditional Islamic marriage is transactional, involving the transfer of material goods from the groom to the bride, and the bride’s virginity is a commodity implicated in this nuptial transaction. Therefore, “for both cultural and financial reasons, in conservative circles the bride is expected to be a virgin.”²⁴

In communities that practice FGM, it is a commonly-held belief that genital mutilation discourages women from illicit sexual activity, and reduces their sex drive; the interposition of FGM into the life cycle of a woman “reduces sexual acts as well as prevents promiscuity.”²⁵ It should come as no surprise that, under conditions in which the virginity of one’s bride has profound economic and social consequences, certain cultural practices are employed to maintain the integrity of a woman’s virginity until such time as it becomes officially transacted. As Nahid Toubia states, the perpetuation of FGM within Islam amounts to “a socially constructed criterion for gauging and ensuring the sexual ‘purity’ of women at [the] time of marriage.”²⁶ Within Islam, FGM exists to reinforce patriarchal networks of social exchange.

The Anti-Colonial Lens: A Sufficient Heuristic for Defining FGM?

FGM is implicated in the maintenance of systems of sexual differentiation within the Islamic countries where it is practiced, most notably among Sunnis in Somalia and Egypt, but now also within various Western immigrant communities. Currently, in addition to immigrant groups received by North America, “the United Kingdom and France are the European countries hosting the largest immigrant communities from countries where FGM is endemic.”²⁷ Important to understanding the relationship between anti-colonial advocacy and FGM is the observation that patriarchal patterns transcend cultures and religions. In many societies, whether explicitly religious or avowedly secular, to remain “pure” women must experience the violent suppression of any individualistic desire that does not conform to patriarchal interests. In the patriarchal communities in which it is practiced, FGM is commonly believed to interrupt a woman’s natural sexual inclinations, and that “because of lessened sexual desire, a woman will maintain her chastity and virginity before marriage, maintain her faithfulness during marriage, and increase male pleasure.”²⁸

FGM is sometimes understood to be compatible with Islam because of the presence of extant patriarchal attitudes and practices within Islamic communities. “Modesty conventions like [FGM], although predating Islam correspond with Islamic ideals of family honour and female

23. Janin and Kahlmeyer, *Islamic Law*, 37.

24. Janin and Kahlmeyer, *Islamic Law*, 37.

25. Rosemarie Skaine, *Female Genital Mutilation: Legal, Cultural and Medial Issues* (Jefferson, N.C.: McFarland, 2005), 22.

26. Alison L. Boden, *Women’s Rights and Religious Practice: Claims in Conflict* (New York: Palgrave Macmillan, 2007), 87.

27. Anouk Guiné and Francisco Javier Moreno Fuentes, “Engendering Redistribution, Recognition and Representation: The Case of Female Genital Mutilation (FGM) in the United Kingdom and France,” *Politics & Society* 35, no. 3 (September 2007): 481, <https://doi.org/10.1177/0032329207304315>.

28. Skaine, *Female Genital Mutilation*, 27–28.

chastity and seclusion.”²⁹ Any critique of FGM that seeks to avoid a colonial lens must also apprehend that patriarchal conventions do not represent a culturally-specific attitude. Specifically, systems of patriarchal control are present “wherever shame and honour are used to coerce and [victimize] women...[and] often the victims of these crimes do not [recognize] that they are victims of gender-based violence, but interpret their treatment as an intrinsic part of their culture.”³⁰ Anti-colonial rhetoric should not incorporate the acceptance of patriarchal behaviour patterns. Patriarchal trends are often conflated with vulnerable social practices by critics of colonialism. By challenging the “colonial gaze” that she perceives to be directed at African women who have undergone FGM, Janice Boddy simultaneously normalizes patriarchal practices as an inevitable component of cultural difference:

Even otherwise culturally perceptive publications include prurient photographs of disembodied female genitals; alternatively, terror-struck little girls are shown undergoing circumcision or in anguish from resulting pain. Seldom are we shown the smiling faces of their mothers and sisters, even the girls themselves, rejoicing at their accomplishment. Scarcely less problematic are the ubiquitous sketches of ‘normal versus circumcised’ genitalia. While these may serve a legitimate purpose in medical texts, they nonetheless produce the unintended effect of reducing African women’s bodies to savage curiosities for the scrutiny of powerful foreign elites.³¹

Challenging FGM is not a colonial act, because patriarchy transcends ethnicity, including religious affiliation. Actually, by ranking the suffering and “sense of accomplishment” experienced by women who have undergone FGM within their communities in terms of legitimacy, Boddy commits an appropriative act that merely reproduces the criticism she claims to revile. In other words, by privileging her own interpretation of the relationship between FGM and cultural difference, she reduces literal and photorealist depictions of FGM to racist distortions. Boddy assumes that girls who survive FGM privilege being successfully assimilated into a patriarchal tradition over the trauma they personally experience during and proceeding from the act of FGM.

To obtain a complex understanding of the relationship between FGM and colonialism, it is more important to incorporate the voices of FGM survivors, in addition to visual representations and second-hand reportage. Somali-born UN ambassador and anti-FGM activist Waris Dirie asserts that “FGM is not a question of culture. FGM is a question of torture.”³² She recounts the trauma of her own experience of FGM not as an identity-affirming ritual, ultimately

29. Boyle, *Female Genital Cutting*, 28. See also Marie Bassilli Assad, “Female Circumcision in Egypt: Social Implications, Current Research, and Prospects for Change,” *Studies in Family Planning* 11, no. 1 (1980): 3–16.

30. Aisha Gill, “Reconfiguring ‘Honour’-Based Violence as a Form of Gendered Violence,” in *Honour, Violence and Islam*, ed. Mohammad Mazher Idriss and Tahir Abbas (New York: Routledge, 2011), 220–221.

31. Janice Boddy, “Gender Crusades: The Female Circumcision Controversy in Cultural Perspective,” in *Transcultural Bodies: Female Genital Cutting in Global Context*, ed. Ylva Hernlund and Bettina Shell-Duncan (New Brunswick, N.J.: Rutgers University Press, 2007), 54.

32. Waris Dirie, *Desert Children*, trans. Sheelagh Alabaster (London: Virago Press, 2005), 11.

binding her to her culture and wider community, but as a violent assault on the integrity of her body:

I can see again the harsh, ugly face of the old woman and the fierce looks she gives me with her dead-seeming eyes. I can see the old carpet bag, see her taking out the rusty razor blade in her long fingers, can see the dried blood on the blade. My mother blindfolds me. Then I feel my own flesh being cut, my genitals being sliced away. I have never been able to describe what this felt like. There are no words which can give the measure of the pain. I can hear the sound of the blunt blade hacking away again and again at my skin. I remember how my legs were shaking, I remember all the blood and I remember trying too hard to sit still. I hear myself calling out prayers to heaven. Finally, I fall into a faint. When I come round my first thought is that it's over now, at least. The blind-fold has slipped off. I can see her clearly, the old butcher-woman, and I can see the pile of acacia thorns at her side. When she starts to push them through my flesh the pain is excruciating. She threads white cotton through the puncture holes she has made, sewing me up. My legs go dead. Then pain is driving me mad. I have only one thought in my mind: I want to die.³³

Integrating the memoirs and testimony of women who have undergone FGM centres their experience within scholarly dialogue. Women who have had the opportunity to internalize and address their experience of FGM should be seen as constituting an invaluable contribution to all forms of inquiry surrounding FGM, as their accounts narrow the gap between experience and interpretation. Fadumo Korn, another Somali survivor of FGM, offers her own interpretation of the practice and explains why it persists in her community:

Tradition is powerful. It's unthinkable to work against tradition. No girl would want to avoid circumcision, for it would mean exclusion. Somalis assume their religion sanctions circumcision, but people of different faiths perform it as well...Infibulation ensures girls' chastity, or so it is thought...My operation cost a good number of goats...The circumcision of girls is a lucrative business.³⁴

Korn identifies multiple social factors at play in the continuation of FGM, while providing her own criticism of FGM as a "religious" ritual. In her account, she suggests that the material and patriarchal economies of her tribe are inextricable, and together perpetuate the practice of FGM. The act of female genital mutilation ensures the commodification of virginity, while simultaneously operating as an independent economy. In Korn's community, a girl's status is defined primarily by the interposition of patriarchal violence.

In societies where FGM is practiced, female "accomplishment" is circumscribed by patriarchal values. In these communities, women's accomplishments are vicarious achievements, defined by norms of subordination. Accordingly, accomplishment is defined by an inverse ratio –

33. Dirie, *Desert Children*, 8.

34. Fadumo Korn, *Born in the Big Rains: A Memoir of Somalia and Survival*, trans. Tobe Levin (New York: The Feminist Press at the City University of New York, 2006), 42.

the more power a woman cedes, the greater her ability to exist successfully within patriarchal society. “Clearly, if in a community sufficient pressure is put on a child to believe that her clitoris or genitals are dirty, dangerous or a source of irresistible temptation, she will feel relieved psychologically to be made like everyone else.”³⁵ Revealingly, women’s “sense of accomplishment” changes when they are exposed to values that present an alternative to patriarchy. “Research shows that, if practicing communities themselves decide to abandon FGM, the practice can be eliminated very rapidly”³⁶ without necessitating the abandonment of religious and other ethnic ties:

The practice of [FGM] was accepted without question in many Senegalese villages, along with the assumption that the status of women was inherently inferior to that of men. In 1997 one group of women decided to abandon the practice in their community, based on the new understanding that it was harmful to their health and a violation of their human rights. They also learned from the words of respected Muslim leaders that it had no basis in the teachings of the Koran. Village by village, this awareness has spread throughout many Senegalese regions where the practice is traditional, and as of 2013 women in more than 6,400 villages, primarily in Senegal but also in Guinea, The Gambia, Mauritania, Djibouti, and Somalia, have decided to abandon the practice of genital cutting and also the forced marriage of children.³⁷

The same holds true for communities of Western immigrant Muslim women. Religious practice is by no means inert and is prone to reconstitute itself in relation to changes in the wider social fabric. A recent study conducted by Sahiyo, an organization composed of (Muslim) members of the Dawoodi Bohra community and anti-FGM activists, discovered that “more than 80 per cent of the 385 Dawoodi Bohra women surveyed – including all 18 Canadian participants – want [FGM] to end and would not do it to their daughters.”³⁸ Mischaracterizing the nature of religions as “inherently” patriarchal institutions eclipses the understanding of how religious individuals can react to elements of patriarchal violence within their own communities, and obfuscates the patterns of patriarchal control and gendered violence that cross religious boundaries.

Patriarchy is not an indelible part of the composition of any religion. Often, religious beliefs will be abandoned, changed, or reprioritized when a community immigrates and encounters new modes of theological interpretation, and this phenomenon has direct implications for the survival of FGM among Islamic communities in the West. Essén and Johnsdotter, citing Johnsdotter’s qualitative study, attest to the fact that “a thitherto strong conviction that [FGM]

35. Efua Dorkenoo, *Cutting the Rose: Female Genital Mutilation: The Practice and its Prevention* (London: Minority Rights Publications, 1994), 25.

36. “Female Genital Mutilation,” World Health Organization, last modified January 20, 2018, <http://www.who.int/mediacentre/factsheets/fs241/en/>.

37. Jimmy Carter, *A Call to Action: Women, Religion, Violence, and Power* (New York: Simon & Schuster, 2014), 155–156.

38. Poisson and Henry, “Small Muslim Sect.”

was required by religion was questioned when Somalis met Arab Muslims, who do not [genitally mutilate] their daughters, in Sweden.”³⁹ The patriarchal elements of religious belief can shift – or disappear altogether – as a result of new encounters with other believers who are members of different cultural milieu. As the aforementioned studies suggest, when women are empowered to reinterpret their theology as unencumbered by patriarchal prerogatives, they are more apt to prioritize a self-driven concern for their bodily and spiritual integrity, consequently abandoning the practice of FGM.

If it is true that “what religion claims is truth becomes truth for the genuine believer – and they can therefore justify as appropriate their regulations, limitations, and expectations regarding the body, severe and horrific as outsiders might view them...consequently, religions can...rightfully demand bodily mutilation.”⁴⁰ When we associate what constitutes patriarchal trends with religious truth, we fight a losing battle against gendered violence within religious communities. As FGM conforms more closely to generalized ethnic patterns than to religious categories, it is the wider ethnic landscape that provides the most support for the perpetuation of patriarchal patterns, serving to consolidate them in the public mindset. According to Christopher J. Coyne and Rachel L. Coyne, “incorporating identity into the rational choice analysis of FGM is crucial to a complete understanding of the practice.”⁴¹ Coyne and Coyne cite a cross-section study conducted by Natascha Wagner of thirteen African countries, whose evidence indicated that “ethnic identity is the most important determinant of the continuation of FGM.”⁴²

Evidence also reveals this to be the case among immigrant communities practicing FGM in the West, who associate access to the dialogue surrounding FGM with relatable ethnic similarities. Dr. Joseph Daly, an obstetrician/gynecologist at St. Joseph’s Health Centre in Toronto, who specializes in performing FGM reversal surgeries, says “it helps that he has connections in the Somali community, and in others whose cultures may practice [FGM]. Daly said the colour of his skin – he is Black – has been an advantage in making women from certain ethnicities feel comfortable to talk about the issue.”⁴³ When religion is isolated as the primary cause of gender violence within a community, we are unable to observe patriarchy as a cross-cultural phenomenon, limiting our ability to identify and redress it not only in other communities, but in our own as well.

39. Sara Johnsdotter and Birgitta Essén, “Cultural Change After Migration: Circumcision of Girls in Western Migrant Communities,” *Best Practice & Research Clinical Obstetrics and Gynaecology* 32 (April 2016): 18, <http://dx.doi.org/10.1016/j.bpobgyn.2015.10.012>.

40. Charles Selengut, *Sacred Fury: Understanding Religious Violence* (Lanham, MD.: Rowman & Littlefield, 2017), 154.

41. Christopher J. Coyne and Rachel L. Coyne, “The Identity Economics of Female Genital Mutilation,” *The Journal of Developing Areas* 48, no. 2 (Spring 2014): 138. <https://doi.org/10.1353/jda.2014.0036>.

42. Coyne and Coyne, “Identity Economics,” 138.

43. Michele Henry, “Ontario Doctors Repairing Cases of Female Genital Mutilation Done a World Away,” *The Toronto Star* (Toronto, ON), July 17, 2017, <https://www.thestar.com/news/fgm/2017/07/17/ontario-doctors-have-repaired-hundreds-of-cases-of-fgm-in-the-last-7-years.html>.

Pathologizing Women's Sexual Response: Patriarchal Purification in the West

While the context in which FGM is successfully performed may change according to religious or historical factors, FGM remains a practice that unilaterally conforms to patriarchal justifications. Islamic immigrant communities in the West often adopt modifications to their practice of FGM that coincide with the standards of a pre-extant “Western” tradition of FGM, one that flourished separate from an association with Islam. When Islamic communities practicing FGM arrive as immigrants in the West, they encounter a historical framework of FGM that ideologically mirrors their own; despite the fact that FGM in the West developed free of Islamic influence, it is nevertheless characterized by the same patriarchal constructs. The history of Western FGM can best be understood as a “medicalized” phenomenon, but, as a consanguineous patriarchal institution, it retains many characteristics in common with the FGM that is practiced in Islamic societies, and this includes its status as a ritual of purification and sexual differentiation for the female body.

FGM did not flourish as a practice in the West until after the development of an articulated, patriarchal theory of gender differentiation. Prior to the Industrial Age, FGM was largely unknown in the West, and it only became prevalent after the eighteenth century when sexual binarism began to inform established notions of male and female biology. “The eighteenth century...effected the modern framework of two sexes and two genders, where women and men have different bodies and gender corresponds to this anatomical difference...women’s bodies were reconceptualized as primarily passive vessels designed for men’s pleasure and their active reproductive drive.”⁴⁴ Consequently, in the nineteenth century, popular medical opinion conformed to the idea of women’s active sexuality as dangerous, and “nineteenth-century medical treatments designed to control the reproductive system strongly suggest male psychiatrists’ fears of female sexuality.”⁴⁵

Clitoridectomy and other forms of FGM became common in North America and Western Europe as medical therapies designed to regulate women’s behaviour in a manner consistent with patriarchal values. One of the most prolific endorsers of this method was Dr. Isaac Baker Brown:

Brown carried out his sexual surgery in his private clinic in London for seven years, between 1859 and 1866. In the 1860’s, he went beyond clitoridectomy to the removal of the labia. As he became more confident, he operated on patients as young as ten, on idiots, epileptics, paralytics, even on women with eye problems. He operated five times on women whose madness consisted of their wish to take advantage of the new Divorce Act of 1857, and found in each case that his patient returned humbly to her husband. In no case, Brown claimed, was he so certain of a cure as in nymphomania, for he had never seen a recurrence of the disease after surgery...The mutilation,

44. Kim M. Phillips and Barry Reay, *Sex Before Sexuality: A Premodern History* (Cambridge: Polity Press, 2011), 54.

45. Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830-1980* (New York: Virago Press, 1987), 74.

sedation, and psychological intimidation of...deviant and unladylike women seems to have been an efficient, if brutal, form of reprogramming.⁴⁶

Like the forms of FGM practiced in Islamic communities, the manifestation of FGM that arose in the West during the nineteenth century was meant to excise the particular sexual, social, and psychological appetites of women that threaten patriarchal hierarchies. Victorian marriage was dependent upon an ideal of female passivity and asexuality, in which the bodily autonomy of the wife was subsumed by that of the husband.⁴⁷ Western FGM “purified” women’s bodies of sexual individualism, and turned them into vessels suitable for a passive and subordinate role within heterosexual marriage. As such, Western FGM acted as a means of enforcement of nineteenth century notions of women’s gender difference.

While diagnoses of nymphomania have since waned in the West, FGM continued to be used as a surgical therapy well into the twentieth century. Women’s inability to obtain sexual gratification in the “missionary position” was pathologized in the 1970s, resulting in operations involving the removal of the clitoral prepuce to alter women’s bodies to be receptive to societal definitions of normalized marital congress. While this represents a change in the medical establishment’s understanding of feminine health (from an asexual state to a state of sexual sensation), the principle remains the same: “The history of female circumcision in the United States is the history of an operation used to direct female sexuality into culturally and medically appropriate behaviour: missionary-position heterosexual sex with the husband.”⁴⁸ The history of FGM in Europe and North America is, therefore, the history of the medical establishment’s surgical conditioning of women for inclusion in patriarchal society.

Medicalization and Immigration

Patriarchal imperatives continue to direct the survival of FGM in the communities in which it is practiced. FGM has historically been (and continues to be) practiced in Islamic communities as a method of socialization, and not a sacred act. In Islamic communities that practice FGM, un mutilated women are “not viewed as credible in participating in any recognized social structures,”⁴⁹ and this strict mandate has led non-Western Islamic communities to seek out alternatives to traditional practices. In developing countries, FGM is traditionally performed in a non-medical environment by individuals with no medical training: “in most communities, the practice is performed by traditional excisers or circumcisers, usually

46. Showalter, *The Female Malady*, 76.

47. “Sexual desires, if properly controlled, were acceptable in the male as necessary for procreation, but it was unthinkable that any decent woman should derive pleasure from sex. A physician writing in a New Orleans medical journal in 1883 declared that he did not believe that one bride in a hundred accepted matrimony from any desire for sexual gratification. He conceded, however, that some of the lower elements might admit to wanting sexual gratification. The modest woman, he concluded, submitted to her husband only to please him...” (John Duffy, “Masturbation and Clitoridectomy: A Nineteenth-Century View,” *Journal of the American Medical Association* 186, no. 3 [October 1963]: 246, <https://doi.org/10.1001/jama.1963.63710030028012>).

48. Sarah Webber and Toby Schonfeld, “Cutting History, Cutting Culture: Female Circumcision in the United States,” *The American Journal of Bioethics* 3, no. 2 (Spring 2003): 65–66.

49. Nyangweso, *Female Genital Cutting*, 29.

older women...[T]raditionally, no steps are taken to reduce the pain; instead, the girl is held down by several women with her legs open...the procedure is performed using a variety of instruments, including knives, razor blades, broken glass, or scissors.”⁵⁰

Contemporary developments reveal that these methods are not sacrosanct and indelible, as increasing penetration of Western medical knowledge and practices in non-Western countries – as well as contemporary health crises – have led to changes in how FGM is routinely performed in these environments. According to Rosemarie Skaine, “the Population Reference Bureau reports an increase in the use of medical professionals in some countries to perform [FGM]...[and] this discouraging trend represents a growing recognition of health risks and heightened concern for HIV transmission.”⁵¹ The ease and eagerness with which communities practicing traditional forms of FGM embrace the adoption of previously foreign techniques suggests the prioritization of the immediate, practical impact of FGM upon a female’s relationship to her community. The inclusion of medicalized methods is not performed out of concern for an individual woman’s health or well-being, but for efficiency’s sake. Thus, it is imperative that a female survive the process of genital mutilation in order to function in her society as an interactive representation of her society’s intact values.

Under patriarchal conditions, a genitally mutilated female body takes precedence over an un mutilated female body, because even under medicalized conditions, the immediate consequence of social status brought on by the act of FGM is prioritized over concern for women’s long-term health. G. I. Serour indicates that “though the medicalization of [FGM] may reduce the incidence of...acute complications, it has no effect on the incidence of late gynecological and obstetric complications.”⁵² By contrast, a religious ritual cannot be practically altered without reconstituting its spiritual consequences; religious rituals rely upon a sense of contextual conservatism that serves to enmesh the spiritual and physical worlds.⁵³ The medicalization of FGM divorces it from a previous practical context. For example, in Tanzania, FGM is traditionally performed with a razor, but since the impact of international programs emphasizing FGM as a health risk and concerns over the spread of HIV/AIDS, the Population Reference Bureau and Demographic and Health Survey reports that Tanzania now employs greater rates of medicalization.⁵⁴ The fact that communities utilizing traditional methods of FGM readily adopt medicalization as a more convenient option suggests that the act of FGM itself possesses no widespread ritual or cosmological importance.

50. Nyangweso, *Female Genital Cutting*, 24.

51. Skaine, *Female Genital Mutilation*, 32.

52. G.I. Serour, “Medicalization of Female Genital Mutilation/Cutting,” *African Journal of Urology* 19, no. 3 (September 2013): 146, <https://doi.org/10.1016/j.afju.2013.02.004>.

53. “Communal rituals usually include spiritual components that connect the participants and the community to powers beyond themselves and across time. There are often deliberate religious practices including prayer, singing, chanting, or drumming, invocation of the Divine, and a recall of traditional stories, teachings, texts, and ancestors. There is cultural wisdom in ritual practices that marks clear borders for people’s lives that function, at the same time, as a conserving and renewing force within a community” (Daniel G. Scott, “Ritual,” in *Encyclopedia of Religious and Spiritual Development*, ed. Elizabeth M. Dowling and W. G. Scarlett [Thousand Oaks, CA: SAGE Publications, Inc., 2006], 387–389, <http://dx.doi.org/10.4135/9781412952477.n207>).

54. Skaine, *Female Genital Mutilation*, 12.

Islamic communities are not the only groups to employ FGM as a tool of gender differentiation. We can observe FGM as a phenomenon characterized by the imposition of gender identity in multiple ethnic environments. Had the act of FGM possessed any cosmological significance in its tribal iterations, the introduction of medicalization and abandonment of previous practices would constitute a rupture between the actions of human beings and divine ordnance. While some tribal societies, including the Kono of Sierra Leone, imbue their practice of FGM with rite-of-passage ritual symbolism, it is important to note that “what triumphs in initiation is the cultural creation of sexual and gender identity through the ritual process.”⁵⁵

In this case, spiritual symbolism facilitates the separation of sexual roles by locating the inductee within the greater ethnic context, while the fundamental purpose of FGM remains to impose the sexual binary. The anthropologist Fuambai Ahmadu notes that “after undergoing a symbolic death, young initiates enter a metaphorical womb, the sacred grove, where they are circumcised – thus given an unambiguous sex – and then remain in a liminal state while they receive ritual instruction.”⁵⁶ Ahmadu recounts consensually participating in a Kono initiation ritual despite having spent most of her life and being educated in the United States. She describes being told by a close friend of her mother’s during the ritual itself what to expect and advised that she would be given antibiotics and painkillers in preparation of the genital procedure. Ahmadu also describes how her mother’s friend – who also happened to be a registered nurse – noted that the members of her family observing the ritual who possessed medical qualifications would be closely observing her, and that in the event of an emergency she would be brought to a nearby clinic.

Ahadu identifies these interjections as breaking the ritual’s “code of silence,” and theorizes that her mother’s friend “felt obligated to inform [her] of what was happening, perhaps because [she] was a full-fledged adult or because [she] had been brought up [outside of Kono culture].”⁵⁷ This suggests that the act of FGM is not dependent upon ritual protocol. As Ahmadu attests, she had already graduated to a recognized state of womanhood and had not been a member of the Kono community for some time. The invitation to an adult outsider to participate in an FGM initiation ritual, coupled with the simultaneous breaking of the normative ritual narrative to reassure that outsider that she would have access to Western medical aid during her genital cutting experience, does not denote FGM as a specifically religious act for the Kono. While occasionally co-existing within an explicitly religious framework, the primary function of FGM in both traditional and Westernized contexts is not dependent upon religious prescription.

Current trends in global immigration account for an increase in reports of FGM in the Western world. According to Skaine, “in increasing numbers, FGM is found in Europe,

55. Fuambai Ahmadu, “Rites and Wrongs: An Insider/Outsider Reflects on Power and Excision,” in *Female “Circumcision” in Africa: Culture, Controversy, and Change*, ed. Bettina Shell-Duncan and Ylva Hernlund (Boulder, CO: Lynne Rienner Publishers, 2000), 288.

56. Ahmadu, “Rites and Wrongs,” 288.

57. Ahmadu, “Rites and Wrongs,” 292.

Australia, Canada, New Zealand, and the United States, primarily among immigrants from the countries in which it is practiced.”⁵⁸ Upon arriving in the West, evidence shows that some Islamic communities adapt their practice of FGM to standards of medicalization. In April of 2017, a U.S.-based doctor and member of the Dawoodi Bohra sect was charged with the alleged genital mutilation of children. The mutilations were alleged to have occurred at a clinic in Livonia, MI, and federal lawyers claimed that she may have performed FGM on up to 100 girls in the preceding twelve years.⁵⁹ These incidents follow the pattern in which, “because of modern influence, in some countries, medical professionals are increasingly contracted to perform the procedure.”⁶⁰

However, members of groups who traditionally practice FGM are not the only medical practitioners currently responsible for attempting to perpetuate the medicalization of FGM in the West. Contemporary legal prohibitions against FGM in the West have also inspired some professionals with no direct connection to immigrant groups to advocate for medical alternatives to the more traditionally invasive forms of FGM. In the U.S. in 2010, the American Academy of Pediatrics called for changes to a federal ban to all forms of FGM by citing the importance of cultural and religious sensitivity, as well as by employing the rationale that some of the most serious health consequences of FGM might be mitigated through execution in sterile, professional environments. Doctors who supported changes to the FGM ban asserted that having a domestic alternative could also discourage FGM-minded parents from sending their children to be traditionally mutilated in their native countries (“vacation cutting”), environments in which the health consequences of mutilation could be much more severe.⁶¹

Contrary to this assertion, medicalization does not serve to deter the practice of FGM. In fact, “those individuals opposing [FGM] believe medicalization will institutionalize the procedure and undermine efforts to eliminate it.”⁶² The approach of the American Academy of Pediatrics (and that of other medical governing bodies in the West that seeks to integrate medicalized FGM) is illustrative of the bias depicting binary gender difference as an intransigent foundation of religious expression, particularly in the application of this attitude to the beliefs of immigrant groups.

Regardless of the fact that religious doctrine is often used to reify the imposition of separate social spheres for men and women, theological constructions of gender can be far more complicated, and complicating. For example, to Muslims, Allah represents the supreme source of all instruction, and “Islamic teaching is based on the Koran which seems to be, and is viewed

58. Skaine, *Female Genital Mutilation*, 35.

59. Alan Huffman, “Emergency Physician Arrest Raises Questions About Female Genital Mutilation in United States,” *Annals of Emergency Medicine* 70, no. 4 (October 2017): 20–22, <https://doi.org/10.1016/j.annemergmed.2017.08.012>.

60. Nyangweso, *Female Genital Cutting*, 24.

61. “This nationally recognized medical organization was calling for legal changes to allow pediatrician physicians to perform a ceremonial pinprick or nick on the clitoris of newborn girls from communities that embrace female genital cutting... The report claims that the outright ban of this procedure disregards any form of accommodation to custom or ritual” (Nyangweso, *Female Genital Cutting*, 86).

62. Skaine, *Female Genital Mutilation*, 35.

by Muslims as, the direct word of God. The Koran is the recitation of the word of Allah, a deity without identification of gender...Allah is said to be above gender.”⁶³ This does not mean, however, that gendered assumptions are not incorporated into the pedagogical methodology of Islamic texts. The Prophet Muhammad provides Allah with a gendered aspect when he wishes to teach his adherents a lesson about God’s compassion:

Islam offers...[an] image which describes how, during the Muslim conquest of Mecca, a woman was running about in the hot sun, searching for her child. She found him, and clutched him to her breast, saying ‘My son, my son!’ The Prophet’s Companions saw this and wept. The Prophet was delighted to see their *rahma*, (their emotion) and said, ‘Do you wonder at this woman’s *rahma* for her child? By Him in Whose hand is my soul, on the Day of Judgment, God shall show more *rahma* towards His believing servant than this woman has shown to her son’...This image is seen to give Allah a female characteristic – emotion.⁶⁴

The fact that the Prophet Muhammad compares an essentially non-binary deity to a feminized figure is proof of the complex role that gender difference plays in Islamic cosmological construction and theological motif. In Islam, absolute binarism of gender is an expression reserved for ideas relating to daily life, such as the complementarity of men’s and women’s roles, including women’s subordinate social and economic identity. However, even this interpretation is challenged by some Muslim scholars, who assert that women are assigned by Islam both political and spiritual equality.⁶⁵ Citing “religious sensitivity” as a reason for continuing the practice of FGM in a Western medicalized environment is therefore a fraught and biased argument, and one that betrays a predilection for accommodating ideas of gender binary across various ethnic identities. The survival of FGM in the West depends upon the acceptance and inclusion of gender binary by the medical establishment, of which it already has a long history in the form of “therapeutic” genital mutilation. It should therefore come as no surprise, given its own history of female genital mutilation, that the modern Western medical establishment should be amenable to integrating acts of FGM in the twenty-first century, ostensibly in the name of religious sensitivity.

63. Münevver Tekcan, “An Overview of God and Gender in Religion,” in *Gender and the Language of Religion*, ed. Allyson Jule (London: Palgrave Macmillan, 2005), 14.

64. Tekcan, “An Overview,” 10–11.

65. “The history of Islam reveals that women were educated together with men. There are even reports that some of the most famous male scholars and jurists were educated by women. There are even cases where women would enter into debates regarding the interpretation of the Qur’an. A famous story relates about a debate between caliph Omar and an unknown woman. According to the story, the caliph wanted to put limits on the amount of *mahr* a woman may demand from her would-be husband. A Muslim woman vehemently objected and cited a passage from the Qur’an supporting her argument. Omar immediately backed out and admitted this error. This is just one story that reveals to us that women during the early Islamic stages were educated not only in literature and art but in jurisprudence as well” (Melanie P. Mejia, “Gender Jihad: Muslim Women, Islamic Jurisprudence, and Women’s Rights,” *Kritikē: An Online Journal of Philosophy* 1, no. 1 [June 2007]: 21, <https://doi.org/10.25138/1.1.a.1>).

Foucault and the Concealment of Patriarchal Motive

Western attitudes are all too ready to interpret religions as intrinsically violent entities. In “The Myth of Religious Violence,” William T. Cavanaugh argues that “in what are called ‘Western’ societies, the attempt to create a transhistorical and transcultural concept of religion that is essentially prone to violence is one of the foundational myths of the liberal nation-state.”⁶⁶ By continuing to identify FGM as perpetuated in Islamic communities as a “religious” practice, and not a “patriarchal” practice, the Western medical establishment will continue its legacy of integrating FGM into its own procedural framework, in deference to perceived standards of religious and cultural sensitivity.

As to answering the question of *why* the myth of religious violence persists in the West, Foucauldian theory is a tool that is useful for unencumbering the narratives surrounding FGM. The motivating intentions and lasting effects of FGM are far from being merely skin deep. “Female genital mutilation is perhaps the clearest example of a female appearance or body norm that is fundamentally about the way women are supposed to act rather than how they are supposed to look.”⁶⁷ Hierarchical power relations depend, in large part, upon the element of concealment. Essentially, if we do not adequately apprehend the nature of the practices we perpetuate, the inertia of those practices within society that can propel them beyond the bounds of individual consent. In the nineteenth and into the early twentieth century, FGM was practiced by medical professionals as a therapeutic response to what were understood to be legitimate medical conditions arising from the tension between women’s individualistic desires and the role society had constructed for them, in a culture in which women’s identities were reduced to unacceptable and acceptable behaviours.

Effectively marketing FGM to women, and society at large, as an extension of objective medical authority ensured that the true patriarchal purpose of these procedures went undetected and therefore unscrutinised. In the West, where power manifests as a complicated puzzle of competing cultural mimetics, it nevertheless most often presents itself in very simple directive terms. For Foucault, this begs a question:

In a society such as ours, where the devices of power are so numerous, its rituals so visible, and its instruments ultimately so reliable, in this society that has been more imaginative, probably, than any other in creating devious and supple mechanisms of power, what explains this tendency not to recognize the latter except in the negative and emaciated form of prohibition? Why are the deployments of power reduced to the procedure of the law of interdiction?⁶⁸

66. William T. Cavanaugh, *The Myth of Religious Violence: Secular Ideology and the Roots of Modern Conflict* (Oxford: Oxford University Press, 2009), 4.

67. Clare Chambers, *Sex, Culture, and Justice: The Limits of Choice* (University Park, PA.: The Pennsylvania State University Press, 2008), 34.

68. Michel Foucault, *The History of Sexuality Volume I: An Introduction*, trans. Robert Hurley (New York: Vintage Books, 1990), 86.

To embed itself within Western society, power must conceal its true motives. FGM is presented to its recipients as a crucially necessary act; people who undergo FGM are taught that the vulva, in its natural form, is flawed and unfinished biology, and requires intervention to be refined in order to prevent negative personal consequences. As such, FGM participates in the continuity of patterns of concealed violence across cultures. For example, where FGM is practiced by Muslims in Somalia, it is rationalized as a necessary modification to the female body; during infibulation, the parts that are cut “have to be removed in order to humanize and feminize the woman, to secure her moral uprightness and bodily beauty...A tight opening is a sign of distinction for a Somali woman. It elevates her body to an aesthetic ideal.”⁶⁹ In societies that perform FGM, “where female virginity at marriage is considered vitally important...women derive their social status and economic security from their roles as wives and mothers.”⁷⁰ Ensuring a woman’s virginity ensures her ability to marry, so FGM serves a clear and compelling purpose: [it guarantees] virginity, morality, marriageability, and the hope of old age security.”⁷¹ An un mutilated woman is culturally handicapped because her virginity cannot be proven; she cannot be effectively integrated into patriarchal systems of status and social meaning, and consequently she inhabits a dangerous liminal space in her community.

In practice, FGM as body modification is less concerned with the physical vulva and more preoccupied with social consequences; the act of FGM symbolically manifests the ideal of feminine conformity by violently reshaping a woman’s unique physiognomy. Through FGM, the vulva is reorganized to conform to a model that is controlled and coordinated by a dominant power in order to manifest social consequences consistent with a patriarchal agenda. Therefore, the power dynamics defining FGM are in direct alignment with Foucault’s theory that “power is tolerable only on condition that it mask a substantial part of itself. Its success is proportional to its ability to hide its own mechanisms...For it, secrecy is not in the nature of an abuse, it is indispensable to its operation.”⁷²

Women in communities that practice FGM are conditioned to understand FGM as an inevitable necessity, and not as a patriarchal practice. Raqiya Abdalla’s case study of Somali women who underwent FGM as children reveals their attitudes to their own histories of mutilation. Faduma, who at the time of Abdalla’s interview was forty-five years old and had four living children, disclosed that, despite having endured the suffering she experienced as a recipient of FGM, she personally orchestrated the genital mutilation of her own two daughters. When asked why she had chosen to have her daughters circumcised and infibulated, she responded that although she “had suffered so much” because of FGM, she nevertheless affirmed

69. Aud Talle, “Female Circumcision in Africa and Beyond: The Anthropology of a Difficult Issue,” in *Transcultural Bodies: Female Genital Cutting in Global Context*, ed. Ylva Hernlund and Bettina Shell-Duncan (New Brunswick, N.J.: Rutgers University Press, 2007), 97.

70. Gruenbaum, *The Female Circumcision Controversy*, 46.

71. Gruenbaum, *The Female Circumcision Controversy*, 46.

72. Foucault, *The History of Sexuality*, 86.

that it was “a traditional custom and [she] had to have it done.”⁷³ Another of Abdalla’s interview subjects, Ardo, when asked why she thought women underwent FGM, responded that “uncircumcised girls are not accepted among [her] society.”⁷⁴ According to these women, being members of their communities was inseparable from being genitally mutilated.

Identity is determined by the intricate network of power relations in which a person happens to find themselves located. Helen O’Grady notes that “for Foucault, however, the very idea of a human essence is itself a product of power. It is an historically specific conception of what it means to be human. To deny this is to foreclose the possibility of freeing ourselves from subjection to an ‘essential’ identity.”⁷⁵ Clare Chambers identifies Foucault’s theory of genealogy as implicated in systems that perpetuate FGM: “the premise of genealogy is that even the most specific and everyday practices provide insight into the operation of forms of power and domination...the genealogical method demonstrates that a central site for the inscription of these norms is the body.”⁷⁶ Foucault’s theory of genealogy casts biology as a state that is culturally determined, which is consistent with how the process of FGM constructs an “essential” female body. M.E. Bailey explains:

For example, if...bodies are believed to have some sort of pre-social or extra-cultural status, then the arena of feminist political interventions is circumscribed. If biology continues to be understood as prior and to some extent external to what is social, then the differences—and similarities—which biology describes and inscribes will be reified. This means these differences will have a being of their own, a categorical, undeniable, eternal ‘natural’ status. Sex and gender as systems of division between people will remain, and feminist political projects will continue to revolve around the mutually constitutive axes of sex and gender. The notion of biological sex will remain sacrosanct...⁷⁷

The social construction of women’s bodies is dependent upon an understanding of biological sex as something that is essential. Paradoxically, FGM ultimately seeks to create a “natural” female body by violently imposing a patriarchally-manufactured, “essential” biology upon women’s bodies. Ironically, by manipulating women’s bodies, FGM succeeds in installing an ideal of the “essential” female body, and therefore an essential female identity. For Foucault, the body itself is inscribed with the evidence of power relationships. While it is often interpreted

73. Raqiya D. Abdalla, “‘My Grandmother Called It the Three Feminine Sorrows’: The Struggle of Women Against Female Circumcision in Somalia,” in *Female Circumcision: Multicultural Perspectives*, ed. Rogaia Mustafa Abusharaf (Philadelphia: University of Pennsylvania Press, 2006), 196.

74. Abdalla, “My Grandmother,” 197.

75. Helen O’Grady, *Woman’s Relationship with Herself: Gender, Foucault, and Therapy* (New York: Routledge, 2005), 15.

76. Chambers, *Sex, Culture, and Justice*, 33.

77. M. E. Bailey, “Foucauldian Feminism: Contesting Bodies, Sexuality and Identity,” in *Up Against Foucault: Explorations of Some Tensions Between Foucault and Feminism*, ed. Caroline Ramazanoglu (London: Routledge, 1993), 101.

otherwise by those who practice it, FGM is the indelible signature of patriarchy, and not an indispensable contributor to female identity.

FGM and Plurality of Discourse

FGM is not a culturally-specific practice, and appears in a multitude of forms across many diverse communities. FGM imposes norms of patriarchal power onto women's bodies, and this paradigm has continued into the twenty-first century West in the form of so-called "labiaplasty." Some forms of labiaplasty are associated with loss of genital sensation, chronic pain, and scarring. Women undergo this procedure as a result of patriarchal messaging, in that "they associate sagging or loose labia with old age, with childbirth, and with being sexually undesirable."⁷⁸ In the West, when women cut their genitals, they are participating in a tradition that requires women to modify their bodies in order to achieve an imposed ideal. "The patriarchy is willing to make literal use of the female body, and some women are willing to happily endure the pain to shape the body."⁷⁹

Affluent women born in the West are not the only ones being told that their genitals must be mutilated to be aesthetically acceptable. Muslim women in developing countries who practice FGM often do so with the belief that the vulva in its natural and unique state is ugly and unpleasant; "some body parts are believed to be masculine, and thus dirty and defiling, and [FGM] is believed to be one way of purifying, sanitizing, and beautifying a woman's body."⁸⁰ In 2003, a German-Austrian NGO providing aid to Islamic communities in Iraqi Kurdistan testified that "nearly every woman [they] questioned declared FGM to be a 'normal' practice. Most women referred to the practice as both a tradition and a religious obligation. When asked why they subject their daughters to the operation, many women respond 'it has always been like that'.⁸¹ FGM survives in various societies as a "traditional," "aesthetic," "therapeutic," or "religious" practice – never as a self-reflectively patriarchal practice. Imposing an artificial standard of acceptance upon the vulva is emblematic of the multiple and dynamic forces which patriarchy deceptively appropriates in order to render acts of gendered violence acceptable within society.

Like the concepts they define, the systems of power that determine our understanding of women's bodies are not always immutable, or permanent. The question of who governs the discourse regarding what is "natural" or "essential" about a woman's body is perforce implicated in the process of how women's bodies are interpreted. When women's voices can have an impact on patriarchal narratives, what were once codified as "essential" characteristics of womanhood can evolve, or be discarded:

78. Anna Horsbrugh-Porter, *Created Equal: Voices on Women's Rights* (New York: Palgrave Macmillan, 2009), 77.

79. Skaine, *Female Genital Mutilation*, 90.

80. Nyangweso, *Female Genital Cutting*, 28.

81. Thomas von der Osten-Sacken and Thomas Uwer, "Is Female Genital Mutilation and Islamic Problem?" *Middle East Quarterly* 14, no. 1 (Winter 2007), <https://www.meforum.org/1629/is-female-genital-mutilation-an-islamic-problem>.

Yet the cultural changes that have occurred through sex equality as a global norm have set the stage not for equal religious authority, but for religious pluralism. Within a majority of religious contexts, men and women experience the growing possibility of individual choices. Attempts by Muslim women in Germany to make themselves heard as experts of the Book thus may very well be considered part of another global trend. In all world religions today, some women question their age old function as symbol, while others consider this to be essential.⁸²

A plurality of perspectives is what allows patriarchal ideology to be identified, and subsequently challenged. Without a dominant voice that drowns out all dissent, patriarchy cannot effectively conceal its own mechanisms. Clearly, the concealment of power relations is not just a Western phenomenon, so it is therefore necessary to abridge Foucault and declare that *patriarchy* is dependent upon its ability to hide its own mechanisms. Religion is just one of the many masks by which the patriarchal origin of FGM is potentially obscured.

Conclusion

Patriarchal ideology within religion, and not religion itself, is the cause of gendered violence among religious adherents. In the case of FGM, anti-colonial rhetoric can obscure the patriarchal nature of the practice, thereby concealing its true nature as an institution that supersedes religious boundaries. When Muslim immigrants arrive in the West, they inevitably encounter a tradition of FGM that has developed in isolation from Islamic influence, but they nevertheless adopt the efficiency of “medicalized” forms of FGM within communities that continue to define FGM as a religious act. According to Foucault, religion can operate as one of the many systems by which the perpetuation of patriarchal power is concealed within society, therefore the continuation of FGM is ensured when it is insulated by various forms of social reasoning that neglect its patriarchal origins. While patriarchy and religion are often conflated, patriarchal attitudes exist as a consistent pattern that we can trace across global religions and across diverse cultural institutions. In the West, where we find the concept of “religious accommodation” as a human right, defining FGM and other examples of gender-based violence as religiously-motivated can have far-reaching consequences. The presence of FGM as a firmly-entrenched component of some Islamic communities illuminates the need to ideologically distance examples of patriarchal narrative from religious practice during deliberations surrounding public policy. As part of the contemporary and evolving human rights dialogue that incorporates an understanding of freedom of religion, we must intentionally seek to categorically separate patriarchal imperatives from religious values, or risk perpetuating systems of gender-based violence at the institutional level.

82. Gerdien Jonker, “Islamic Knowledge Through a Woman’s Lens: Education, Power, and Belief,” *Social Compass* 50, no. 1 (2003): 37, <https://doi.org/10.1177/0037768603050001962>.

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