

ANALYTIC DUALISMS, STUNTED SEXUALITIES,
AND THE 'HORRIFIED GAZE':
WESTERN (FEMINIST) DIALOGUES ABOUT
FEMALE GENITAL MUTILATION

Breanne Fahs

"The power to set an agenda, to arrive uninvited in a country for a brief period of time, to tell people how they ought to feel and think about their sexuality and their bodies, to assume the right to rescue other people's children, and to use this experience as a yardstick of one's own freedom, is standard operating procedure in the textual tracks of imperialism's cultural production."¹

Introduction

The Feminist Majority Foundation's platform against Female Genital Mutilation (FGM) states, "Women and girls around the world are subjected to body mutilation, only one example of which is cutting or mutilation (FGM), in order to fit societal standards of beauty and/or sexual 'purity.' Various health problems develop as a result of FGM which sometimes lead to death."² "Rising Daughters Aware," an organization providing information on FGM which is "dedicated to the existence of support and culturally sensitive, qualified medical and advocacy assistance for women,"³ in

¹ Interpal Grewal & Caren Kaplan. "Warrior Marks: Global Womanism's Neo-Colonial Discourse in a Multicultural Context," *Camera Obscura: Feminism, Culture, and Media Studies* 39 (1996): 4.

² Feminist Majority Foundation. 2001. *Feminist Majority Foundation's Recommendations to the President's Interagency Council on Women: Women's Human Rights*. Available from the World Wide Web (http://www.feminist.org/Global/beij_whr.html).

³ Rising Daughters Aware. 2001. Available from the World Wide Web (<http://www.fgm.org>).

an attempt to provide medical advice about FGM, states, "Severe physical and psychological health consequences can result from both the initial *ordeal*, and its aftermath. In many instances, FGM is performed in *unsterile* surroundings with the girl *forcibly* restrained and cut with *rudimentary* instruments (razor blade, knife, glass, etc), although it is sometimes performed in a medicalized setting, particularly in *large cities*."⁴ Launching a critique from these baseline statements, this paper will seek to deconstruct, critique, psychoanalyze, and reframe FGM as it currently exists in feminist debates. Several assumptions will exist throughout this paper: Western women, both in the past and present, construct non-Western women and their body practices as strange, inferior, and often outrageous. These Western constructions of non-Western women are largely unreflexive, meaning they unconsciously draw upon the legacies of imperialism and colonialism and, as a result, pathologize and demonize non-Western women without acknowledging the possibility that Western norms are flawed. Additionally, FGM has historically been a primary site for criticism of non-Western women's body practices, even more so than recent debates surrounding the veiling of Muslim women. In the liberalist (i.e. the political, social, and cultural assumptions of the educated middle-class) feminist agenda of "helping" or "saving" non-Western women, Western feminists have largely avoided self-criticism, self-reflection, and consciousness-raising among themselves. Similarly, FGM activism has been adopted by Western feminists as a means to condescend to and ultimately recolonize non-Western women's bodies. Western feminists look upon non-Western women's bodies with a "horried gaze."⁵

⁴ Ibid, my emphasis.

⁵ Grewal & Kaplan, 4. A "horried gaze" refers to the process by which the Western woman looks upon non-Western women's body practices with disgust, shock, and "horror," both to pathologize the non-Western body, and to normalize her own body and body practices.

I argue that a textual analysis of Western constructions of FGM yields important information about the framing of FGM within feminist circles and provides some baseline insight about Western/non-Western relations in global feminism. I achieve this by performing discourse analysis of websites, empirical research, and theoretical articles on FGM. I then adopt the Western analytic technique of psychoanalysis to examine texts surrounding FGM as having the potential to both reflect and depart from concepts of Freudian sexuality. Such concepts include the valorization of penis envy to explain young girls' sexual development, girls' understanding of sexual lack, and relationships between mothers, fathers, and children. This is not intended to valorize FGM, but to point out the ways in which FGM elicits Western women's anxieties in important and interesting ways. I will use a psychoanalytic lens to look at Freudian penis envy as it relates to Western women's readings of FGM. Finally, I compare the relationships that occur within the therapeutic dyad involving clients and clinicians to the dyad involving Western and non-Western women. This examination relies heavily upon discourses of power, pathology, and Othering in order to highlight some of the problematic ways clinicians "help" their "pathological" clients throughout the course of therapy. Ultimately, my analyses and critiques center on the ways Western feminists construct FGM more than the detailed practices of FGM itself.

Part I: Textual Readings

Pathologization of non-Western women has a long history both within and outside of feminist circles. From U.S. mainstream media's portrayal of the "restricted" veiled women, to feminist activism on behalf of liberating female sexuality worldwide, we find non-Western female bodies viewed as

inferior to their Western counterparts.⁶ Textual readings conducted upon the body practices (and body politics⁷) of "Other" women often yield language of disgust, condescension, and barbarism. This becomes doubly problematic when that language remains steeped in discourses of altruism, as in, "Western Women unite to help those poor, suffering non-Western women realize how oppressed they are."⁸ Much of the recent feminist literature on FGM focuses on consciousness-raising efforts to remind Western women simultaneously of their own "freedoms," and of non-Western women's oppression. This potentially has the effect of distracting Western women from the freedoms we do *not* have, as Western feminists instead fight for "Others'" rights. Discourses surrounding FGM produce precisely this kind of dichotomy, with Western women attempting to *help* non-Western women, while at the same time placing those women in a position of inferiority, dependence, and pathology. Looking closely at the language of the Feminist Majority Foundation's platform against FGM, and Rising Daughters Aware's statement of explanation, we see this kind of structure, with words like "severe," "unsterile," "rudimentary," and "forcibly" describing FGM body practices, while Western practices are implicitly dichotomized as mild, sterile, sophisticated, and voluntary. When the Feminist Majority Foundation frames FGM as a beauty and purity issue, a similar effect is found. This construction draws upon several colonial legacies: conflating Other with Barbaric; championing Western technology and insulting all other medical practices; emphasizing violence and oppression as if those social problems afflict only "Other" women, thereby constructing "home" (Western countries) as liberated and free;

and portraying women and children as victims of certain social practices. In other words, well-intentioned or not, Western women's desire to "help" non-Western women escape FGM merely reifies a colonial dualism, where Western imperialism absorbs and erases non-Western women's subjectivities in the name of "bettering" the body practices of the non-Western world.

Online literatures and website information reveal several important features of the Western view of FGM. Rising Daughters Aware's website includes a variety of "informative" sources, ranging from legal texts to articles about the archetypal (Jungian) significance of FGM, marital problems resulting from FGM, and stark autobiographical stories about the horrors of FGM.⁹ Other more explicitly feminist websites state that "FGM is an ancient and terrible practice that is still prevalent in many countries."¹⁰ In describing FGM, they add: "In the last couple of decades, there have been significant advances in the campaign to eradicate FGM... Before, the practice was shrouded in secrecy and silence, and those who dared to challenge it were accused of cultural interference or betrayal. More recently, better access to education, the introduction of laws prohibiting FGM, and the work of development, health and human rights groups have started to give some positive results, especially in urban areas."¹¹ The Rising Daughters Aware website, which mirrors closely other liberal feminist websites such as the Feminist Majority Foundation,¹² National Organization of Women,¹³ and Feminist Organization to Stop Female Genital Mutilation,¹⁴ sets up a clear trajectory of FGM discourse: 1)

⁶ For a thorough analysis, see Mohanty, Russo & Torres, *Third World Women and the Politics of Feminism* (Indianapolis: Indianapolis University Press, 1991).

⁷ Body politics refers to the process by which bodies obtain discursive meaning (i.e. a "gendered" body; a "raced" body, etc.).

⁸ Quotations used to add emphasis.

⁹ www.fgm.org

¹⁰ Feminist.com. 2002. *Spotlight on: Female Genital Mutilation*. Available from the World Wide Web (<http://www.feminist.com/violence/spot/fgm.html>).

¹¹ www.feminist.com

¹² www.feminist.org

¹³ www.now.org

¹⁴ www.stopexcision.net

Other countries have a problem; 2) Western feminists will save Other women by providing assistance through their activist work; 3) Western feminists can then congratulate themselves for adding FGM to the list of "issues" deserving of feminist attention. Their liberal, "global" feminist agenda has been met. In being so concerned about FGM, Western feminists fail to notice their own oppressive cultural body practices. Furthermore, the process of helping Others shed non-Western pathologies causes those non-Western women to, unfortunately, ignore and deny Western pathologies. These acts, however, remain hidden under the umbrellas of "altruism," grassroots activism, and global assistance.

Western feminist ideology also permeates legal documents surrounding FGM, both in the United States and on the more global front when we consider the role of American "human rights" laws. In the United States, the law states that anyone who "excises or infibulates the whole or any part of the labia majora or labia minora or clitoris of another person who has not attained the age of 18 years shall be fined under this title or imprisoned not more than 5 years, or both,"¹⁵ and continues, "No account shall be taken of the effect on the person on whom the operation is to be performed of any belief on the part of that person, or any other person, that the operation is required as a matter of custom or ritual."¹⁶ The Health Code adds, "Female Genital Mutilation is an extreme form of child abuse and a violation of women's basic human rights. Female genital mutilation is a medically unnecessary modification of the female genitalia."¹⁷ These laws make clear that FGM is considered unacceptable in the United States, and that the U.S. will in no

way account for culturally-specific beliefs or practices when taking legal action. In other words, the legal system remains unreflexive in its stance toward FGM, both in that it pathologizes and prohibits FGM while it fails to consider its own pathological and damaging body practices. The legal system prohibits FGM but essentially ignores many mutilating body practices of Western culture (including plastic surgery, labiaplasty, corporeal adornment, etc.).

Several feminist articles, primarily those critiquing feminist activist stances and grassroots efforts, have attempted to deal with FGM in a more sophisticated, complicated manner. Here, we begin to see self-critique and reflexivity (i.e. recognizing oneself as complicit in systems of oppression, while actively fighting against these same systems in other contexts or cultures), as well as recognition of the colonizing impact of the Western world upon non-Western cultures. Christine Walley states, "Particularly when portrayed for international audiences, female genital operations have often been a symbol of 'backwardness' and a source of 'shame' to those in non-Western countries who are concerned that their nations live up to Western-defined standards of 'modernity.' At the same time, in a cultural nationalist tradition, defense of these practices has also served as a symbol of cultural integrity or resistance to Euro-American domination—ironically, a thoroughly 'modern' position."¹⁸ The position of self-critical feminist scholars thus becomes complicated by the recognition that *both* activism and the choice to *not* act are imperialistic. Grewal and Kaplan argue that Western feminists often crusade against FGM as if on a "postcolonial civilizing mission."¹⁹ These two scholars argue against the term "mutilation" and instead advocate for "surgeries" or "operations" as less moralistic terms. Additionally, they reject the notion of FGM as

¹⁵ United States Code, 1996. *United States Code, Title 18, Part 1, Chapter 7*. Available from the World Wide Web (www.fgm.org/USCode.html).

¹⁶ Ibid.

¹⁷ United States Health and Safety Code, 1996. *Health and Safety Code, Article 8-§ 124170*. Available from the World Wide Web (<http://www.fgm.org/HealthSafetyCode.html>).

¹⁸ Christine Walley, "Searching for 'Voices': Feminism, Anthropology, and the Global Debates over Female Genital Operations," *Cultural Anthropology* 12 (1997): 414.

¹⁹ Grewal & Kaplan, 4.

entirely patriarchal, just as they remind Western feminists to examine their own cultural practices. They state, "the high incidence of rape and domestic violence in the U.S. is not addressed as an international human rights problem in the mainstream press. Our point is not that any of these tropological instances are in and of themselves morally or politically defensible. Rather, their popular representation constructs a binary opposition between West and non-West that disallows an examination of the links between patriarchies in modernity and postmodernity."²⁰ In other words, women in the United States feel entitled to exercise a kind of patriarchal monitoring authority over Other women, largely without examining the ways in which their own lives may include certain tortures or abuses. Reflexiveness becomes a key element in deconstructing the liberalist feminist agenda. As Isabelle Gunning states it is essential to "understand one's historical relationships to the 'other' and to approach that understanding from the 'other's' perspective, i.e., to see the self as the 'other' might see you. Second, one must see the 'other' in her own cultural context as she sees herself."²¹ Instead, many Western feminists do not consider Other's perspectives; they simply use the "horrified gaze." We must examine the implications of this "horrified gaze."²²

On the whole, the FGM literatures appear in predictable places: legal texts, health documents, sociological feminist writings, and women's studies documents. Conversely, the practice of FGM remains understudied in the field of psychology. Most of the available psychological literature focusing on FGM speaks to the impact of FGM on sexual health and marriage, thereby revealing the ways in which FGM becomes a means of valorizing Western women's sexuality, while pathologizing non-Western body practices.

Psychological articles also focus primarily on popular culture's views about FGM, often reinforcing predictable and rudimentary understandings of global health issues. Moreover, the following studies reveal that these articles almost always assert a heteronormative, masculinist perspective to the exclusion of all other perspectives.

Self-critique or examination of the potential Western biases inherent in psychological research remains notably absent. A review of existing psychological literature on FGM, examining both U.S. and non-U.S. populations, yields an assortment of findings. First, we see discourse of FGM as it relates to men: Almroth et al.'s study, "Male Complications of Female Genital Mutilation," found that men with genitally mutilated partners had difficulty in penetration, wounds and infections on the penis, and psychological problems related to sexual functioning.²³ Lax argues that the motive for FGM is based on men's unconscious fear of women's sexuality, and reports that FGM leads to post-traumatic shock and depression symptoms in women, as well as a pervasive lack of trust in others.²⁴ We also find a discussion of the negative physiological consequences of FGM on women: Focusing on sexual symptomatology of FGM, El-Defrawi et al. found that FGM causes dysmenorrhea (80%), vaginal dryness during intercourse (48.5%), less frequency of sexual desire per week (28%), less initiative during sex (11%), less pleasure from sex (49%), decrease in orgasms (39%), less frequency of orgasm (25%), and difficulty reaching orgasms (60.5%), when compared to uncircumcised women.²⁵ Brighthouse states that FGM can cause difficulty achieving orgasm

²⁰ Ibid.

²¹ Isabelle Gunning, "Arrogant perception, world-traveling and multicultural feminism: The case of female genital surgeries," *Columbia Human Rights Law Review* 23 (1992): 205.

²² Grewal & Kaplan, 4.

²³ Almroth et al., "Male complications of Female Genital Mutilation," *Social Science and Medicine* 53 (2001): 1455-1460.

²⁴ R.F. Lax, "Socially-sanctioned violence against women: Female Genital Mutilation in its most brutal form," *Clinical Social Work Journal* 28 (2000): 403-412.

²⁵ M.H. El-Defrawi et al., "Female Genital Mutilation and its psychosexual impact," *Journal of Sex and Marital Therapy* 27 (2001): 465-473.

or, more frequently, death.²⁶ Finally, we find articles on attitudes about FGM, and therapeutic suggestions for dealing with FGM clients: Refaat et al. found that 78% of medical students were against FGM.²⁷ Omer-Hashi & Entwistle argue that women who have undergone FGM need psychological counseling to deal with issues of distorted sexuality.²⁸ McCaffrey found that FGM was associated with poverty, low status of women, and illiteracy. She also argues for continuous psychological counseling and education for those subjected to FGM.²⁹ Dandash, Refaat, & Eyada add that "It is a custom related to morals."³⁰ Collectively, the psychological literature on FGM suggests that FGM is a problem for a male partner, impairs women sexually, is difficult to "get rid of," and that women subjected to it need psychological counseling. Additionally, the psychological research constructs the female body in predictable ways, emphasizing vaginal orgasm, deemphasizing female pleasure, and championing heterosexual sex to the exclusion of other sexual models. In the name of practicing an objective social science, we falsely hide the imperialism of the researcher's standpoint. Again, the unreflexive, superficial, and intensely patriarchal position of the Western world appears. It may, therefore, prove useful and interesting to employ a key ana-

lytic strategy of psychology, psychoanalysis, as a means to further deconstruct existing debates about FGM in the Western context.

Part 2: Psychoanalytic Readings

From the outset, we must acknowledge the flaws of psychoanalysis as an analytic tool, particularly with regard to analysis of non-Western cultures. Psychoanalysis, both in its classical form and its more postmodern form, has long been situated among white, Western intellectuals largely within the limited scope of the academy. Its misappropriation as a means to erase larger social and cultural contexts within which we read texts remains quite problematic. By focusing intensely on the individual content of psychic processes, psychoanalysis largely ignores social and cultural identities, and rarely advances causes of social justice. In this way, psychoanalysis has rightfully been critiqued for its dogmatism, its overly psychological focus at the expense of a broader sociological focus, and its lack of reflexivity about sociocultural identity.

I argue, however, that its historic and temporal proximity to feminist critique (especially for critiques of penis envy), has allowed psychoanalysis to aid feminist debates in useful and interesting ways.³¹ In addition, psychoanalysis serves as an analytic tool capable of providing a nuanced, detailed, and subtle critique of different texts. Taking these concerns into consideration, I invoke psychoanalysis primarily as a means to critique feminist critics. In other words, my psychoanalytic reading will focus less on non-Western women's body practices and FGM itself, and instead deal with Western texts about FGM (i.e. how Western feminists

²⁶ R. Brighthouse, "Ritual female circumcision and its effects on female sexual function," *Canadian Journal of Human Sexuality* 1 (1992): 3-10.

²⁷ A.H. Refaat et al., "Attitudes of medical students toward female genital mutilation," *Journal of Sex and Marital Therapy* 27 (2001): 589-591.

²⁸ K.H. Omer-Hashi, "Female Genital Mutilation: Cultural and health issues, and their implications for sexuality counseling in Canada," *Canadian Journal of Human Sexuality* 4 (1995): 137-147.

²⁹ M. McCaffrey, "Female Genital Mutilation: Consequences for Reproductive and Sexual Health," *Sexual and Marital Therapy* 10 (1995): 189-200.

³⁰ K.R. Dandash, A.H. Refaat, & M. Eyada, "Female Genital Mutilation: A Descriptive Study," *Journal of Sex and Marital Therapy* 27 (2001): 453.

³¹ Psychoanalysis has long been criticized by feminist scholars, thus creating the impression that feminism and psychoanalysis cannot coexist as projects which advance each others' causes. For a more thorough analysis of the relationship between psychoanalysis and feminism, see Mari Jo Buhle, *Feminism and Its Discontents* (Boston: Harvard University Press, 1998).

interpret FGM; relationships between FGM and Western bodily mutilation practices, etc.). In this project, psychoanalysis becomes a critical, self-reflexive strategy of analysis rather than an imperialist, colonial clinical practice.

FGM remains largely absent within the psychoanalytic literatures. Little has been written about the psychoanalytic implications of women undergoing FGM, either from a cultural or individual perspective. This is not surprising given the trends of psychoanalytic literature, whereby female sexuality remains largely constituted by its lack, absence, and "hidden" characteristics. Historically, psychoanalysis has framed women's sexuality in terms of complications arising from penis envy, thus constructing the female clitoris as a stunted, deformed, unproductive version of the larger, more masterful, potent penis. Penis envy, though criticized heavily by feminist psychoanalysts, is still considered a key source of anxiety, depression, "hysteria," and pathology for women.³² More specifically, psychoanalysis frames female sexual development in terms of girls' key moment of "discovering" they have no penis. This occurs most often in terms of a girl seeing her father naked, being intensely shocked and surprised by the size of his "present" penis, and then referencing her own body as lacking such a penis. The young girl then reads onto her mother this same "absence," becomes intensely angry and upset about their collective inferiority, and secretly desires a penis for the rest of her life. Women, therefore, are haunted by their lack, their absence, and the ever-inferior clitoris they possess.³³

Feminist critics of psychoanalysis, and penis envy in particular, argue two main, sometimes conflicting points: 1) Women do not actually have penis envy and 2) Penis envy is more about the social and political power of the penis, rather than the tangible, sexual implications of the penis. Critics focused on the first point often state that women do not consider their genitalia to be inferior to the penis, and that in

fact many men likely have "vagina envy."³⁴ These critics argue that most psychoanalytic work has been conducted by men, that Freud himself probably suffered from feelings of inferiority, and that penis envy has never been substantiated in psychoanalytic treatments. In other words, it has never been "empirically" proven that women suffer from penis envy, nor has it been shown that penis envy can be "cured." Additionally, they suggest that the vagina is simply different than the penis. Critics arguing the second point say that penis envy focuses on sociopolitical concerns, not psychoanalytic concerns. They argue that young girls come to recognize the political and social power of men, associate this power with having a penis, and therefore want the penis that brings such sociopolitical power. This construction transfers penis envy from an inner psychological state to a yearning for political and social recognition.³⁵ Importantly, neither group of critics ever argues that the clitoris itself has "presence." Instead the critiques assert the vagina and clitoris as a "non-absence." Feminist critics fail to endow the vagina and clitoris with the same political power as the penis. In this model, the clitoris never gains presence in its own right and critiques of penis envy simply strive to dethrone the penis as something worthy of envy or worship.

FGM gains new symbolic meaning in the midst of this psychoanalytic debate, in that genital mutilation asserts a definite inscribed meaning of the clitoris *by its very ability* to be cut off. Only in discussing its removal does the clitoris suddenly gain a psychoanalytic identity. This subverts the psychoanalytic dialogues about female sexuality, in that the region of female sexuality largely constituted by a vast absence suddenly takes on meaning as a region of potential presence. Feminists and those concerned about human rights are suddenly advocating on behalf of this previously neglected organ; the cutting of the clitoris is seen as a violation of female sexuality. Reasons for FGM contain references

³² Buhle, 66-71.

³³ Ibid, 96-97.

³⁴ Ibid, 112-113, 116.

³⁵ Ibid, 22-53.

to controlling female sexuality, reigning in female desire, and containing wild female sexual longing. Asylum seekers, such as Lydia Oluloro and her daughters, take their cases to court, arguing that they should not have to return to a country that may cause harm to women's sexuality.³⁶ Sexual dysfunction, and loss of the championed clitoral orgasm, becomes a central argument as to why Western feminists should take FGM seriously. Worries about non-Western women's inability to orgasm, loss of sexual pleasure, and painful intercourse surges to the forefront of these debates. In other words, in this discussion of FGM, Western feminists (both liberal and radical) treat the clitoris not as a passive, lacking, stunted, dysfunctional object, but as a symbol of "free" female sexuality, and as an organ capable of bringing sexual happiness, pleasure, fulfillment, and even marital harmony. Additionally, the negative impacts of FGM on men are now discussed, indicating a preoccupation with how female sexuality "inevitably" references male pleasure (or lack thereof), whereby the mutilated clitoris results in health problems for male partners. Psychoanalytic readings have been subverted; the clitoris speaks.

With this newfound clitoral voice, Victorian models of Western (a)sexuality become further subverted. If Western women read non-Western mutilated women as "lacking" a clitoris, they then read themselves as "having" a clitoris, and therefore, having the sexualities that accompany the clitoris. Psychoanalytically, Western women project their feelings of lack onto the "Other" mutilated women, and in so doing, inscribe themselves with sexual agency. This agency, however, largely depends on the "Other" women replacing Western women as a symbol for repressed or absent sexuality. When, for example, the psychological literatures suggest "psychological counseling" for mutilated women, these researchers simultaneously behave "altruistically," but also further pathologize genitally-mutilated women and alleviate their (assuming a female researcher) own sense of sexual

repression. This model includes several implicit assumptions: *They* need counseling, because *I* no longer feel oppressed. *They* need to be saved, because *I* already have been saved. *They* need to be able to orgasm efficiently and frequently because *I* can. This process of projection imposes the Victorian model of repressed sexuality formerly associated with Western bodies onto the non-Western mutilated body, as an effort to assert the "free" sexualities of *all* Western women. Consciousness-raising efforts can therefore be seen as rallying support for Western women's collective notions of their own sexual presence, while *also* enforcing the "pitiful" sexual absences of non-Western women. Western women cannot claim the "potent penis" (intact clitorises) without simultaneously reading non-Western women as suffering from a kind of imperial penis envy.

Western women's sense of sexual lack is therefore so intense, so present, so capturing, that they spend an astounding amount of effort to (unsuccessfully) disassociate themselves from that lack. We see this, for example, in Western women's transfer of sexual lack from the clitoris to the breast. As an examination of discourses of plastic surgery and female sexual insecurities reveals, the breast now figures prominently into Western sexual imagination.³⁷ Instead of "enlarging" their clitorises (making them more like penises), Western women enlarge their breasts. Because Western women experience their clitorises as an absence, and this absence causes them to feel "envious" of the penis, they now transfer that anxiety onto the breast. In other words, the (large) breast stands in for a penis they cannot have. Yalom states, "From the beginning, the breast stood behind the penis, somewhat obscured by phallic glory. Yet, like a half-buried goddess statue, the breast could claim that it had been there earlier and had never lost its power. Freud always acknowledged the significance of the breast, without

³⁶ See Christine Walley, 405-438.

³⁷ Marilyn Yalom, *The History of the Breast*, (New York: Ballantine Books, 1997).

ceding an inch of the penis."³⁸ Through breast augmentation and the valorization of large breasts, we see women attempting to claim "phallic glory." Simultaneously, women learn to attach their self-worth to the breast as a measure of "present" female sexuality. This is the only physical means by which they can rival the power and presence of the phallus. The breast, as a symbol of female sexual potency, is showy. Because Western women can surgically enlarge their breasts to make up for their lacking clitoris, they can claim a sense of potency not otherwise afforded to them via their genitals. In short, women's psychoanalytic lack transfers itself from penis envy, to clitoris envy, to breast envy. Colonial, therapeutic, and even surgical reminders of this trajectory permeate Western sexual culture.

When considering the genesis of penis envy (the young girl's encounter with the large fatherly penis, through which she discovers her own lack), it becomes especially interesting to examine the dialogues surrounding images and pictures of the removed clitoris among FGM debates. Though FGM literatures often provide detailed information about the procedures and processes of FGM, it is exceptionally difficult to find visual images of a woman who has undergone FGM. One website, referring to frequent requests for photos, comments that "the profusion of prolific visual images of women in peril, women in violent situations, women beaten, etc., quickly become excuses to experience those situations vicariously. We encourage activism and solutions, not the perpetuation of yet more violent images of women and girls to be passed around."³⁹ Concern for misuse of the images constitutes the crux of this statement; the medical community fears that these images will be used in a pornographic, voyeuristic, or vicarious fashion. Psychoanalytically, this suggests that the image of the *absent* clitoris (literally) will

sexually arouse an audience (likely male, as they comprise the majority of pornographic viewers) and thus further eroticize violence towards women. In other words, even though *all* women (including those who *have* a clitoris) are constructed by psychoanalysis as having an absent, distorted, or stunted penis, those women who literally have no clitoris are now seen by a Western male audience as extremely violated and therefore highly sexualized and worthy of pornographic excitement. So, while the mutilated clitoris, for non-Western men, controls women's sexuality and preserves them for marriage, this same mutilated clitoris potentially inspires sexual excitement in the Western male audience. To further this psychoanalytic reading, we can argue that Western men find the mutilated clitoris sexually exciting because they once read this sexual lack onto their mothers when they were young men. The Oedipal drama, as it manifests itself later in life, searches for and transforms the desexualized mother-object into the most intensely experienced object of sexual desire (this being the mutilated non-Western woman). In short, the mutilated non-Western clitoris represents the male child's image of the "lacking" mother, and therefore becomes sexually arousing.

Psychoanalysis provides some important insight into the dualisms established between Western and non-Western women, especially as they relate to FGM practices. It highlights the sexual consciousness of the Western world which remains haunted by Freudian theory and psychoanalytic understandings of female sexual lack. The "horried gaze" exists not only as a means to colonize and reform other cultures, but also a means to project an internalized sense of lack. The women with "more lack" (in this case, non-Western genitally-mutilated women) therefore take on or are assigned the characteristics Western women have long assumed, allowing Western women to respond with feelings of sexual freedom and excitement. (Women's "liberation" of clitoral orgasm and rejection of vaginal orgasm represents one example of such "sexual freedom.")

³⁸ Yalom, 148.

³⁹ Rising Daughters Aware. 2001. *A Word about requests for FGM photos by non-medical personnel*. Available from the World Wide Web (<http://www.fgm.org/nophotos.html>).

I do not intend to deemphasize the importance of Western activist work on FGM, as much as highlight some of the more psychoanalytically-driven motives behind such activist work, including the drive to "rescue." Psychoanalysis also sheds light onto the symbolic meanings inscribed upon the image of the mutilated female body, including the mutilated clitoris. Though Western women may seek to "rescue" non-Western women from "violation," their desire to rescue is itself a violation. I argue that the pornographic male gaze maintains equal importance to the "horried" female gaze in the process of colonizing and "reforming" non-Western, mutilated women.

Part 3: Clinical-Colonial Readings

Discursive strategies employed by Western women as a means to "help" non-Western women's body practices closely mirror those of the Western clinical relationship between therapist and patient. Parallels between the therapeutic dyad and dialogues surrounding FGM abound: both rely heavily upon notions of altruism and "helping;" both aim to "cure" pathology and restore the Other to normality, health, and goodness; both construct power relationships based on paternalism (i.e. the authority dictates what is best to those not in power) and imbalanced power; both either implicitly or explicitly expect gratitude for moving the Other in the direction of "normal" and "healthy;" and both rely heavily upon fantasies of producing healthy sexual citizens.⁴⁰ These parallels draw discursive links between clinical psychology and feminist activism. This analysis provides more insight into the perils of altruistic practice, in that self-reflexivity often becomes the exception rather than the rule. By linking dialogues about FGM between Western and non-Western women to models of therapy between client and clinician, we see yet another way in which colonialism permeates discussions of female sexuality and normal sexual functioning.

⁴⁰ See James Hillman, *Healing Fiction*, (Woodstock, CT: Spring Publications, 1983).

"Helping" discourses, and the assumed hierarchical structures embedded within those relationships, clearly exist within the therapeutic dyad. Parallels to the "help" provided to non-Western women by Western feminist activists are striking. In order to "help" the Other, we must first pathologize this Other. In other words, the Other must have a problem that we can both identify and ultimately help to alleviate. Within the FGM discourse, this problem centers on non-Western women's body practices and the ways in which those body practices violate Western standards of morality, female sexual norms, and established boundaries between culture and the body. We also see this relationship within the therapeutic dyad, involving a clinician and a patient. The clinician focuses on the client's pathological symptomology, and the ways in which these symptoms violate "normal" and healthy human behavior. Even though we conceptualize FGM as a *cultural* practice (while therapy focuses on the individual), both exist within the "problem and solution" model of helping discourses, and both establish a similar means of critique. Both rely upon a posture of teaching cultural norms.

Therapeutic dyads and FGM maintain several similarities worthy of further elaboration. Both establish a dominance hierarchy, where the therapist and the Western woman become the model of appropriateness and idealization, while the client and non-Western woman focus on trying to become more like the therapist or Western woman, respectively.⁴¹ One essential goal of therapy focuses on the therapist setting a standard for "good" behavior, appropriate object-relations interactions (i.e. the therapist sees others as nurturing and open to connection), and "healthy" transference (working out one's own issues with the therapist as a "blank slate"). Clients then approach the therapist with their distorted and unhealthy object-relations and transferences, and through the process of projecting them onto the therapist, learn *better* ways of interacting with the world. The

⁴¹ Ibid, 1-31.

therapist exists, especially within the more classic psychoanalytic models, as a "tabula rasa" focused on eliciting the client's innermost feelings and thoughts. A successful therapeutic interaction occurs over the course of several years, whereby the client improves her distorted tendencies and becomes "cured" of her pathological symptomology.

FGM discourses involving Western and non-Western women include many of these elements. Western women establish themselves as the model of "normal" or "healthy" womanhood, valorize their own bodies as symbols of sexual health, and then seek to rescue non-Western women from their unenlightened and distorted conceptions of self. The goal of FGM activism focuses not only on ending FGM as a cultural practice, but also in helping Other women see FGM as an unhealthy body practice. This process, as many feminist activists have noted, often takes a considerable amount of time, involves significant resistance, and often ends unsuccessfully. "Success," according to Western feminist FGM activists, occurs both when Western women dissuade non-Western women from valuing FGM and from actually practicing it. In other words, a dynamic is established whereby the non-Western woman comes to see the Western woman (and her accompanying sexuality) as a idealized model of normality.

Importantly, in both the therapeutic dyad and Western/non-Western interactions, the therapist (with the possible exception of feminist therapists) and the Western woman have no regard for clients and non-Western women as people in their own right. Searching the script of "helping," we find no evidence of dynamic understanding.⁴² Instead, the Western/non-Western relationships, just like the therapist-client relationships, remain entirely unidirectional, whereby the person in the position of power "gives" the Other information, support, and means to change. The therapist's interest in the client is limited to the elements necessary to

achieve successful change (i.e. there is no contact apart from the therapy, no existing relationship outside the therapy room, no sharing of personal information by the therapist, etc.). While this arrangement may be appropriate for therapist-client relationships, it fails to develop respectful, balanced interactions between Western/non-Western women. For example, in FGM dialogues Western women do not ask non-Western women how they feel about FGM; instead Western women disperse information about the health risks of FGM, encourage mutilated women to understand themselves as violated, and establish support networks to "help" other young girls faced with potential mutilation. Reflexivity and self-critique remain notably absent in these exchanges; just as therapists rarely question their authority over the psychological dynamic of the therapy room, Western feminists rarely question the truth of their assumptions and assertions about FGM.

Scripts about sexuality become especially clear in both client-clinician relationships and in FGM debates among Western feminists. Much like sex therapy, FGM dialogues frequently point out the unhealthy sexual consequences of FGM and the impact it can have on healthy or functional sexual behavior. Western health organizations and feminist activists both point out that FGM leads to painful intercourse, loss of sexual pleasure and orgasm, infection, problems with child birth, and an increase in the spread of sexually-transmitted diseases, particularly AIDS.⁴³ Western women are deeply invested in portraying FGM as phenomena that produces sexually unhealthy women. Likewise, sex therapy aims to restore "normal" sexual behavior, especially female orgasm and feelings of sexual pleasure. Sex therapy seeks to bring women more in touch with their sexuality and often focuses exclusively on the development of women's capacity to achieve orgasm. In this exchange, the therapist

⁴² Dynamic understanding takes place when both parties learn from each other and exchange valuable information.

⁴³ Amnesty International. 2003. *Female Genital Mutilation: Strategies for Change*. Available on the World Wide Web (<http://web.amnesty.org/library/index/ENGACT770161997>).

serves as a giver of knowledge, and as such, asserts her power and authority. The restoration of a healthy environment that produces sexually functional female citizens constitutes the central goal of both FGM dialogues on female sexuality and sex therapy discourses in the United States.

Ultimately, therapeutic dyads and interchanges about FGM both operate within a colonial paradigm, whereby those with power control the Other's body and mind. A therapist diagnoses clients' pathologies and, through a process of discussion and exchange, makes the clients see their own experiences as faulty and the therapist's as "expert." Both therapist and client share an investment in being "healthy," but the therapist's definition of "healthy" trumps the client's version. Successful therapeutic exchanges thus involve the client's replacement of her own views with those of the therapist-as-authority. Similarly, Western women's forcing their own sexuality upon non-Western women has both moralistic and imperialistic implications. Western women impose the discourse of repression upon non-Western women and see non-Western women's motivation to preserve their sense of bodily "purity" and "chastity" as significantly different than their own. In other words, Western women strip non-Western women of their tools for self-empowerment by imposing a Western standard of purity onto "Other" bodies. Similarly, while a therapist seemingly endows her clients with self-empowerment tools, these tools exist within the rubric of a prescribed sense of normality. In other words, both non-Western women and therapy clients can become empowered only by following pre-established standards. Though Western women construct themselves as different than non-Western women (*their barbarism versus our glamour*), they still impose the same standards of sexual morality on non-Western women. Western women dismiss non-Western women's reasons for FGM as archaic and savage despite the fact that *both cultures* value the preservation of "purity." The purpose of the FGM exchange, then, is to shift non-Western women's *means* of preserving purity away from FGM and toward Western styles of sexual repression

(which can include breast augmentation, plastic surgery, sex therapy, etc.). The colonial impulse, whether enacted through FGM activist or therapy interchanges, remains fully intact and shockingly fierce.

Conclusion

A colleague at a recent meeting asked me whether I "believe in" FGM as a practice, particularly for women living in the United States. My vague and inconclusive response came partially from my own ambivalence about my identity as a Western woman answering such a question, but also from a place of comfortable hypocrisy. No, I do not support the practice of FGM - but I believe the discussion remains inherently more complicated than many activists realize. This complexity has formed the crux of these arguments and woven a kind of "unanswerableness" into the question of whether to "believe in" FGM as a cultural practice. More important questions include: What does it mean when Western feminists rally against a practice most often conducted by non-Western women? What right do we have as Western feminists to form activist groups on behalf of non-Western women? What cultural anxieties does this reveal or conceal? What legacies do Western feminists draw upon when theorizing about or acting on behalf of genitally-mutilated women? Why does this activism so often lead to a lack of reflexivity about U.S. cultural practices (i.e. plastic surgery, body alterations, etc.)? What psychoanalytic implications arise from the Western reading of FGM and how can we transfer the intimate aspects of the psychoanalytic exchange onto a massive sociopolitical exchange? Finally, what other exchanges parallel the FGM debates and how does this capture Western feminism?

To recognize ourselves as colonizing and colonized makes sense in the context of these questions. Additionally, embracing the contradictions of feminist struggles seems equally important. Within the discourse of feminism, we have the space to extend a "horrified gaze" onto the Other while still reflecting it back upon ourselves. We also have

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fied Gaze"

the ability to act on behalf of others while recognizing this activism has certain limitations. It is not wrong to ask these questions. The purpose of deconstructing the feminist dialogues surrounding FGM is not to inhibit these dialogues or stop the activism altogether but to remind us of our responsibility to pursue reflexive and self-critical research, activism, and scholarship. We cannot label others as "in violation of basic human rights" without acknowledging our own transgressions—toward other women *and* toward ourselves. Ultimately, we must be aware of the legacies we draw upon, the fluidity of "women's experiences," and the ideologies we endorse or reject. The body, as we know, remains intensely loyal to its political identities, Western and otherwise. Body politics are the politics of gender, the politics of the academy, the politics of nationalism, and the politics of imperialism.

*University of Michigan
Ann Arbor, Michigan*