7. Provincializing the clitoris

Jeanette Edwards and Michael Thomson[1]

The tale of the clitoris is a parable of culture, of how the body is forged into a shape valuable to civilization despite, not because of, itself.
Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Harvard University Press, 1992), 236

To 'provincialize' Europe was precisely to find out how and in what sense European ideas that were universal were also, at one and the same time, drawn from very particular intellectual and historical traditions that could not claim any universal validity.
Dipesh Chakrabarty, *Provincializing Europe: postcolonial thought and historical difference* (2nd edition, Oxford; Princeton University Press, 2009), xiii

1. INTRODUCTION

In 2015, The Nuffield Council on Bioethics (NCoB) convened an interdisciplinary working party to investigate ethical issues emerging in the increasing use of cosmetic procedures in the UK. The final report, published on 22 June 2017, made a number of recommendations to various organizations, institutions, policy-makers and regulatory bodies.[2] One of the things that distinguished it from many previous NCoB enquiries was an insistence on shifting the discussion of ethics beyond the patient-practitioner encounter and locating the demand and provision of cosmetic procedures in the wider social, cultural and economic milieu. Both authors were members of the working party and we take the opportunity here to reflect on what we learnt in the interdisciplinary, collaborative and consultative process and to draw out a theme of mutual interest that emerged from our work with the Council but that fell outside its remit. We take this opportunity to put social anthropology and socio-legal studies into conversation and to discern fruitful directions for studying some of the intersections between law, medicine and society, the focus for a significant and growing subfield of study.

In the process of investigating cosmetic procedures, the working party was acutely aware not only of the challenges of definition—of what to include and exclude under the umbrella term 'cosmetic procedures'—but also of the difficulty in drawing sharp and consistent distinctions between them and many other non-medically orientated, but nonetheless physically inva-

[1] We would like to thank Josh Warburton for his research assistance, and colleagues in the Department of Social Anthropology at Manchester and the editors of the handbook for their helpful thoughts and comments on earlier drafts of this chapter. We would also like to acknowledge here the work of Nuffield Council staff, the Working Party and especially Katharine Wright and Kate Harvey who were instrumental in the research and final report on which this paper draws. We write here independently and not as members of the Nuffield Council, and our views should not be taken as representing those of the Council or the Working Party.

[2] 'Cosmetic procedures: Ethical Issues' (*Nuffield Council on Bioethics*, June 2017) <http://nuffieldbioethics.org/project/cosmetic-procedures> accessed 1 April 2018.

sive, beauty practices or with therapeutic and reconstructive surgeries that include aesthetic considerations. For example, the working party excluded tattoos, scarifications and piercings from its remit, as well as reconstructive surgery after mastectomy or dermal abrasions to treat skin disorders.[3]

We also excluded from our remit both male circumcision and what today is commonly referred to as FGM (female genital mutilation),[4] even though they share some of the characteristics of the cosmetic procedures we were considering.[5] While the final report did make reference to FGM and the Female Genital Mutilation Act 2003, it did so for comparative purposes only and to underline the point that some of the procedures that come under the umbrella of female genital cosmetic surgery (FGCS) are 'anatomically identical' to the procedures explicitly prohibited by the Act.[6]

It is our own boundary drawing in the working party and the wider and contradictory responses to FGCS and FGM that have inspired both the subject of this chapter and the conversation we intend between social anthropology and socio-legal studies. We take this opportunity not only to unbracket FGM but also to broaden and nuance discussions of FGCS. We do so by shifting our focus from practices, and their moral evaluation, to one of the key entities (either explicit or implicit) in the comparison—the clitoris.[7] In so doing, we have inevitably drawn other boundaries: notably, and for present purposes, between consenting adult women and children, bracketing out, for example, significant issues attached to minors and consent.

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[3] While recognizing the arbitrary nature of its classification, it proceeded with a working definition of cosmetic procedures as 'an umbrella term to cover invasive, non-reconstructive procedures that: aim to change a person's appearance primarily for aesthetic, rather than functional, reasons; are carried out by third parties in a medical environment, or in an environment that "feels" medical (such as a medi-spa); and are not ordinarily publicly funded through public health systems such as the NHS. Such procedures include cosmetic surgery and dentistry, as well as nonsurgical interventions' (A guide to the report, p. 3).

[4] The term 'FGM' is heavily contested. For many members of practicing communities, as well as many commentators, the word mutilation is prejudicial and derogatory, stigmatizing those who undergo the diverse and various interventions it covers, and begging the question of why some forms of genital cutting are considered to be mutilating and other aesthetically pleasing. See for example B. Shell-Duncan and Y. Hernlund (eds), *Female 'Circumcision' in Africa: Culture, Controversy, and Change* (Lynne Rienner Publishers 2000); D.S. Davis, 'Male and Female Genital Alteration: A Collision Course with the Law?' (2001) 11 Health Matrix 487; L.A. Obiora, 'Bridges and Barricades: Rethinking Polemics and Intransigence in the Campaign Against Female Circumcision' (1997) 47 Case W Res L Rev 275. We will continue to use the acronym FGM as it is used in UK legal, medical and feminist discourses, and will use the term female genital cutting (FGC) where analytically appropriate, and female circumcision (FC) where ethnographically relevant.

[5] There was an agreement that addressing male circumcision and 'FGM' would require specific detailed attention beyond the terms of reference set for the Working Party.

[6] 'Cosmetic procedures: Ethical Issues' (*Nuffield Council on Bioethics*, June 2017). <http://nuffieldbioethics.org/project/cosmetic-procedures> accessed 1 April 2018, 76–77.

[7] We acknowledge that there are significant ethical problems attached to carving out just one part of the female body for scrutiny.

2. MAPPING THE CLITORIS

According to Lisa Moore and Adele Clarke, scholarly attention to the clitoris has been 'dwarfed by phallocentric narratives, images and fascinations'.[8] Indeed, given laws enacted against FGM in the UK, and the wider attention the practices have generated, the clitoris appears surprisingly infrequently in legal debate.[9] Yet the clitoris was a key entity in feminist theorizing about female sexuality in the 1970s, and this strongly influenced both the legal debate about FGM in the UK, and the many international campaigns concerned with its eradication.[10] In focusing on the clitoris, we draw heavily on feminist accounts, but look to locate it in its historical and cultural specificity and thus to 'provincialize' it (a concept to which we return below). To do so, we track it across different, but interlinked, domains of knowledge: starting with medicine, law and feminism. These are domains in which the clitoris accrues specific meanings and where it is mobilized to underline distinctive truth claims. We add a fourth domain—ethnography—and draw on ethnographic examples to situate the clitoris in contexts that are usually absent from the production of medical and legal knowledge in the UK. In the final section we return to the beauty industry and FGCS with which we began. We draw on these four domains to address responses to FGCS which, we argue, have been shaped by these earlier narratives.

In tracking the clitoris across these fields, ending with our analysis of the clitoris in FGCS, our aim is to unsettle the medico-legal alliance where law and biomedicine each accept, often unexamined, the truth claims of the other. With reference to scientific claims, Stacey Pigg argues that they

> stick when they are taken up by others—not just fellow scientists who judge the findings to be sound but people for whom the insight solves a problem, bolsters a case, or furthers an aim. The finding becomes indispensable to the extent that it is melded with a wide range of interests and actions.[11]

Scientific, medical and legal claims have privileged purchase, and this is bolstered when their 'objective' accounts are counter-posed with 'subjective' cultural beliefs. It is unsurprising then that a distinction between biology and belief runs through the various accounts of the clitoris we present below. Writing of sexual and reproductive health campaigns in Nepal, Pigg shows how 'culture' and expert knowledge are consistently and unhelpfully pitched against one another, with 'culture' perceived as getting in the way of the solutions that experts propose.[12] Pitching culture against biology, or belief against expert knowledge, is instrumental in determining which facts get to stick. For Pigg, this is a colonial politics of knowledge, not only

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[8] L.J. Moore, A.E. Clarke, 'Clitoral Conventions and Transgressions: Graphic Representations in Anatomy Texts, c1900–1991' (1995) 21(2) Feminist Studies 255, 261.

[9] We note 27 references in Hansard in 200 years, some of which we go on to discuss below.

[10] Such as End FGM European Network (*Endfgm.com*, 2018) <http://www.endfgm.eu/> and Actionaid. 'Female Genital mutilation' (*actionaid.org*, 2018) <https://www.actionaid.org.uk/about-us/what-we-do/violence-against-women-and-girls/female-genital-mutilation-what-is-fgm> both accessed 4 April 2018.

[11] S.L. Pigg, 'Globalizing the facts of life' in S.L. Pigg and V. Adams (eds), *Sex in Development: Science, Sexuality and Morality in Global Perspective* (Duke University Press 2005) 59.

[12] ibid, Pigg adds that a 'biologized notion of sex makes other ways of knowing and having a sexual body *merely* local, *only* cultural' 58 (emphasis added).

between the west and 'the rest', but also across divisions of class. As we note below, the same binaries play out starkly in debates about female genital cutting (FGC).

By putting different accounts of FGC side by side, our aim is to render the facts about the clitoris less sticky and more contingent. In so doing, we also illustrate how anthropology can help unsettle the tendency in some sections of health law and bioethics to accept biomedical claims as settled facts for legal and regulatory focus, rather than contingent, often contested and open to scrutiny.[13] First, a note on how the concepts of provincializing and de-provincializing are useful for interrogating the implicit pact between medicine and law where each privileges the others 'facts' as authoritative.

3. PROVINCIALIZING THE BODY

Dipesh Chakrabarty's influential project of provincializing Europe rests on an excavation of the languages and 'the circumstances of their formulation' that fed what were assumed to be universal ideas coming from European thinkers in the years between the Renaissance and the Enlightenment.[14] For Chakrabarty, this task does not entail a simplistic out-of-hand rejection of Enlightenment rationalism as merely culturally specific, but rather an effort to unearth how its reason 'has been made to look obvious far beyond the ground where it originated'.[15] The problem, he argues, is the deeply entrenched historicism in European thinking that posits a universal history which places the European at the pinnacle and the non-European in the 'waiting room': waiting, that is, to catch up.[16] For Vassos Argryou, the critique of historicism at the heart of Chakrabarty's call to provincialize Europe is insufficient to dislodge the hegemony of European experience and thought: 'doing away with historicism does not automatically guarantee cultural symmetry and balance between native and western lives'.[17] He points to how the backwardness and inferiority of the Other is inscribed, by the dominant, onto the body of the dominated: for example, in idioms of vulgarity, barbarity and impurity. In his words, 'the dominated are associated not with the things of the past but with the things of the body, and the dominant not with the things of the present but with the things of the mind'.[18] While it is unhelpful to imagine that it has to be either/or (that is, ways of thinking about the past <u>or</u> ways or thinking about the body), Arygrou nonetheless draws attention to how fundamental western ideas about the human and fleshy body are mobilized in the stratifying practices of the dominant.

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[13] M. Meloni makes a related but larger claim regarding the incorporation of the biological into sociological—and we would add socio-legal—inquiry, suggesting there is a tendency 'to buy *prima facie* biological themes and tropes (from genetics, neuroscience or epigenetics) without much questioning of their plausibility within the life sciences themselves'. M. Meloni, S. Williams and P. Martin, 'The biosocial: sociological themes and issues' (2016) 64(1) The Sociological Review Monographs 7, 18.

[14] D. Chakrabarty, *Provincializing Europe: Postcolonial Thought and Historical Difference* (2nd edn, Princeton University Press 2009).

[15] ibid*,* 43.

[16] ibid, xiv. To be precise, Chakrabarty defines historicism, as he is using it, as a 'mode of thinking about history in which … any object under investigation retained a unity of conception throughout its existence and attained full expression through a process of development in secular, historical time'.

[17] V. Arygrou, 'Provincialising Europe: Reflections on questions of method and strategy' (2001) 9(2) Social Anthropology 217, 220.

[18] ibid, 220.

The call to provincialize Europe is to make room for other ways of knowing and of being. However, to provincialize Europe entails paying attention not only to how Europeans imagine their place in time, but also to their organizing categories and to ask how those categories manage to become self-evident. It is the case that certain understandings of the human body and its parts have more traction than others, and in this chapter, we take up the case of the clitoris. Provincializing what are, at first glance, universal and powerful truths about the clitoris, is not to reject them out-of-hand, but rather to investigate how they travel, why they congeal and what they occlude. It is not merely to state that all truth claims are culturally and historically specific, but to look at how some, such as biological truths, are pitched against others, such as cultural beliefs, and the consequences of this. This, we argue, is important for those engaging in legal and ethical studies of the body and health.

4. PROVINCIALIZING GENITAL CUTTING

Discussion of practices of FGC for aesthetic, symbolic or medical reasons is fraught. Some practices are categorized and debated under the rubric of FGM, others as FGCS, and yet others as biomedical operations necessary to alleviate physical or psychological suffering. Furthermore, how practices are recorded does not necessarily reflect the motivation and meaning for either individuals or communities of practice. Nevertheless, while all are contested and provoke debate, it is fair to say that those included under the category 'FGM' appear to be, by far, the most perplexing. On the one hand, they have generated opprobrium and forceful campaigns, both national and international, urging their eradication. On the other, they have become a flashpoint for a burgeoning critique of the continued dominance and imposition of 'western' or Eurocentric standards and world views, raising questions about who gets to articulate and impose what is socially, ethically and aesthetically desirable. Debate on FGM points to both the limits of cultural relativism,[19] and the potential of universal women's rights.[20]

The regulation of practices such as genital cutting that seek to modify the body has been charged with inconsistency and incoherence.[21] Within a confused regulatory landscape, the fact that law and professional guidance takes radically different positions on male, female and intersex genital cutting has been the focus of sustained academic criticism.[22] In a recent article, one of us has explored continuities across genital cutting practices affecting male and female children. This involved provincializing different forms of FGC, recognizing that practice,

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[19] M. Nussbaum, *Sex and Social Justice* (Oxford University Press 1999).

[20] M. Githae Mugo, 'Elitist Anti-Circumcision Discourse as Mutilating and Anti-Feminist' (1997) 47 Case W. Res. L. Rev. 461; L.A. Obiora, supra n 4.

[21] T. Bennett, *Cuts and Criminality: Body Alteration in Legal Discourse* (Ashgate Publishing 2015).

[22] See for example D.S. Davies, 'Male and female genital alteration: A collision course with the law' (2001) 11 Health Matrix: Journal of Law-Medicine 487; B. Earp, 'Female genital mutilation and male circumcision: Toward an autonomy-based ethical framework' (2015) 5(1) Medicolegal and Bioethics 89; M. Fox and M. Thomson, 'Foreskin is a feminist issue' (2009) 24 Australian Feminist Studies 195; M. Johnson, 'Male genital mutilation: Beyond the tolerable?' (2010) 10(2) Ethnicities 181, 202; M. Fox and M. Thomson, 'Bodily integrity, embodiment, and the regulation of parental choice' (2017) 44(4) Journal of Law and Society 501; M. Fox, M. Thomson and J. Warburton, 'Non-therapeutic male genital cutting & harm: Law, policy and evidence from UK hospitals' (2019) 33(4) Bioethics 467–74.

meaning, and experience differ significantly across social and cultural contexts.[23] The very different practices that are typically homogenized and flattened under the rubric of FGM were explored in order to locate male genital cutting on a spectrum of genital cutting practices. This challenges the prevalent tendency to approach male and female genital cutting as categorically different.

As well as a focus on the discrepancy between male and female genital cutting, a growing body of literature is teasing out the relationship between FGCS and FGM. In the UK, FGM has been explicitly criminalized since the Prohibition of Female Circumcision Act 1985 and the Female Genital Mutilation Act 2003.[24] Given the absolute nature of the UK's legislation which prohibits all cutting at any age, as well as extra-territorially, questions have been raised about the position of FGCS vis-à-vis the criminal law provisions. Brenda Kelly and Charles Foster, for example, note that many FGCS procedures are, 'as a matter of anatomical fact', covered by the UK legislation,[25] whilst Lisa Avalos asserts that 'the FGM Act on its face prohibits … any form of FGCS that involves the cutting away of tissue'.[26] Thus, academic commentary has addressed a seeming *double standard* whereby a white adult woman seeking FGCS is generally believed to be free to alter her genitals, whilst an adult woman of colour seeking genital cutting, which may be similar anatomically, is likely to face a different response.[27] This concern has also been raised by professional and governmental bodies, such as the UK Parliamentary Home Affairs Select Committee, and was noted in the NCoB report.[28]

Practices that come under the rubric of FGM make explicit what are deemed incommensurable gaps between the ideals of 'modern' society, coded as liberal, enlightened and rational, and 'traditional' society, concomitantly illiberal, irrational and cruel. This incommensurable gap is enshrined in the UK legislation prohibiting FGM. In the explanatory notes accompanying the Female Genital Mutilation Bill introduced to the House of Commons in December 2002, it is written that FGM involves 'procedures which include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons.'[29] A 'saving' is provided if a procedure is carried out by a registered medical practitioner and is necessary for physical or mental health:

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[23] B. Earp, J. Hendry and M. Thomson, 'Reason and Paradox in Medical and Family Law: Shaping Children's Bodies' (2017) 25(4) Medical Law Review 604.

[24] FGM has long been constructed as an international human rights issue and the procedures have been widely criminalized. See for example M. Fox and M. Thomson, 'Bodily integrity, embodiment, and the regulation of parental choice' (2017) 44(4) Journal of Law and Society 501.

[25] B. Kelly and C. Foster, 'Should female genital cosmetic surgery and genital piercing be regarded as ethically and legally as female genital mutilation' (2012) 119(4) BJOG 389, 391.

[26] L. Avelos, 'Female Genital Mutilation and Designer Vaginas in Britain: Crafting an Effective Legal and Policy Framework' (2014) 48 Vanderbilt Journal of Transnational Law 621, 637.

[27] B. Kelly and C. Foster, supra n 25; L. Avelos, supra n 26. S. Sheldon and S. Wilkinson, 'Female Genital Mutilation and Cosmetic Surgery: Regulating non-therapeutic body modification' (1998) 12(4) Bioethics 263; N. Sullivan, '"The price we pay for our common good?": Genital Modification and the Somatechnologies of Cultural (In)Difference', (2007) 17(3) Social Semiotics 395. And see contributors to Y. Hernlund and B. Shell-Duncan, *Transcultural Bodies: Female Genital Cutting in Global Context* (Rutgers University 2007); B. Essén and S. Johnsdotter, 'Female genital mutilation in the West: traditional circumcision versus genital cosmetic surgery' (2004) 83 Acta Obstetrica et Gynaecology Scandinavica 611.

[28] 'Cosmetic procedures: Ethical Issues' (*Nuffield Council on Bioethics*, June 2017) <http://nuffieldbioethics.org/project/cosmetic-procedures> accessed 1 April 2018, 4.49–4.50.

[29] Explanatory Notes to the Female Genital Mutilation Act 2003, para 3.

> Operations necessary for mental health could include, for example, cosmetic surgery resulting from the distress caused by a perception of abnormality or gender reassignment surgery. However, subsection (5) provides that in assessing a girl's mental health no account is taken of any belief that the operation is needed as a matter of custom or ritual. So an FGM operation could not legally occur on the ground that a girl's mental health would suffer if she did not conform with the prevailing custom of her community.[30]

Here culture and custom are pitched against medical expertise and judgement, and distress is hierarchized. In this formulation, suffering stemming from a 'perception of abnormality' is acknowledged as legitimate and a legitimate reason for medical intervention, but only if such abnormality is deemed either physical (anatomical) or psychological and diagnosed by a medical practitioner. Distress that might stem from not conforming with 'prevailing custom', which might also be rendered as a perception of being different (abnormal)—socially rather than psychologically or anatomically—is illegitimate. Such a formulation also rests on a distinction between the internal volition of the individual (good) as opposed to external coercion from the 'community' (bad). Distress, then, is not a good enough reason in itself to allow for the cutting of female genitals: it is the origin of the distress and the authority with which it is assessed that counts. We turn below to that authority, beginning with a discussion of what we gloss as *the medical clitoris*. But first a note on our taxonomy.

5. PROVINCIALIZING THE CLITORIS

In what follows we identify how the clitoris is mobilized in interlocking domains of knowledge, and point to how the facts in one gain their 'facticity' when they become useful in another.[31] We have deliberately and artificially carved out specific domains that, in reality, bleed into one another, and we are aware that there are notable absences.[32] However, the fields we have chosen reflect our work with the Nuffield Council, our own interest in collaboration between socio-legal studies and anthropology, and the themes of this volume—law, medicine and society. We focus on the clitoris as it appears in medicine, law, feminism and ethnography.[33] This is not to suggest that each domain is discrete, or that a different kind of clitoris is found in each. Our taxonomy of *the medical clitoris, the legal clitoris, the liberated clitoris* and *the circumcised clitoris* is a conceit: both contingent and incomplete. But it does, nevertheless, reflect specific preoccupations with the clitoris at various points in recent history. We start with the *medical clitoris* in part because it illustrates the mutability and multiplicity of understandings of the clitoris within even a single domain. Further, while we acknowledge the medical as a particularly privileged domain in terms of how bodies are understood and experienced, we also wish to highlight how meanings move between these domains and become (differently) refracted through them.[34]

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[30] ibid, para 6.

[31] B. Latour, *Science in Action: How to Follow Scientists and Engineers Through Society* (new edn, Harvard University Press 1988).

[32] We might have run our argument though other domains, for example, psychoanalysis, sexology or pornography.

[33] Ethnography here refers to the accounts by anthropologists of the life worlds of those they study.

[34] M. Lock and V.-K. Nguyen, *An Anthropology of Biomedicine* (John Wiley & Sons 2010) 7.

5.1 The Medical Clitoris

Biomedicine rests on an understanding of human anatomy as universal and stable. As discipline, anatomy draws on the assumption that the body is the same the world over: 'knowable, real and essential'.[35] In their account of how the clitoris appeared and disappeared in anatomy texts, published in English, over the twentieth century, Lisa Moore and Adele Clarke note that 'Because anatomies construct, preserve, and portray some of the supposed essentials of essentialism, prevailing anatomies are highly consequential not only for biomedicine but also for many other disciplines and for people's own understandings of their bodies'.[36] By the mid-1970s, it was confidently stated that the anatomy of the clitoris had been 'done': as far as the discipline was concerned, 'the structure of the organ [is] perhaps the least controversial aspect of the subject'.[37] It seems, in retrospect, that this confidence was premature and more recent, feminist inspired, anatomical portrayals of the clitoris show a more complicated structure than hitherto imagined and it is not clear just how much more stable current depictions are. But let us stay for a moment with the twentieth century and take some examples from the range of anatomical texts that interested Moore and Clarke. *Gray's Anatomy,* a standard textbook and published continuously in a series of editions throughout the twentieth century, labelled the clitoris (featured prominently) in its 1901 depiction of female reproductive organs, and left it out (completely) in its 1948 edition. From then on, until feminist inspired texts of the early 1970s, the clitoris was either absent or unlabeled in many of the cross-sectional images of female anatomy, at least in the texts surveyed by Moore and Clarke. As the authors note, this was at a time when other key publications were rejecting Freud's vaginal orgasm as a myth and asserting the clitoris as the site of the female orgasm (for example, Kinsey in 1953 and Masters and Johnson in 1966).[38] From unlabeled worm-like bits, the new wave of anatomical texts designed by and for women drew clitorises in exquisite detail labeling not just its tip but now hood, glans, shaft and crura. However, according to Moore and Clarke, the impact of such re-workings on 'dominant anatomy image makers' was worse than minimal. It took the form of a backlash—a determined deletion: 'visual clitoridectomy after a few decades of minimalist inclusion'.[39] They conclude that anatomy's clitoris has remained insulated from the challenges posed by feminist re-workings. We might see Moore and Clarke's efforts as an attempt to provincialize a dominant, and relatively stable, understanding of the clitoris that is exported as a universal truth. This process is important as other disciplines, such as law, rely on such findings where they become foundational in their own knowledge practices. This may happen regardless of accuracy or the status or contingency of knowledge claims within the original discipline.

Up to now we have focused on anatomy as foundational knowledge for biomedical understandings and practices. But medical practice in the UK has had its own distinctive and infamous brush with the clitoris. Clitoridectomies (here actual rather than visual) have a long history and were prescribed to counteract both homosexuality and over-sexuality. In the UK

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[35] Moore and Clarke, supra n 8, 257.
[36] ibid*,* 258–9.
[37] T. Power Lowry and T. Snyder Lowry, *The Clitoris* (WH Green 1976) 2.
[38] A.C. Kinsey, *Sexual Behavior in the Human Female* (Indiana University Press 1953); W.H. Masters and V.E. Johnson, *Human Sexual Inadequacy* (Little, Brown 1966).
[39] Moore and Clarke, supra n 35, 248.

the popularity of the procedure reached its peak in the 1850s, when a so-called ‘clitoridectomy craze’[40] hit Victorian Britain as response to the multiple ailments known, at that time, to be caused by masturbation.[41] The infamous Isaac Baker Brown’s cure for epilepsy and hysteria in women comprised the ‘complete excision of the clitoris with scissors, packing the wound with lint, administering opium via the rectum and strictly observing the patient’.[42] Brown was eventually expelled from the British Obstetrical Society, and soon after resigned his fellowship from the Medical Society of London, more it seems for publicizing his theories about clitoridectomy and talking publicly and graphically about women’s genitals than for removing their clitorises. This did not prevent Brown from influencing physicians in the US who took up his procedures with seeming gusto, increasing the number of ailments it could cure.[43] This history has significant parallels with the emergence of secular and medicalized male circumcision in the US and UK at this time. Here the promise of addressing the scourge of masturbation with its impact on individual health and the health of the nation saw the procedure proposed, normalized, and, by the end of the century, become the most frequently performed surgical intervention.[44] While the British medical establishment succeeded in getting rid of Brown, it did not discredit the practice of clitoridectomy nor discourage its use by others. As Elizabeth Sheehan remarks for the time, ‘The medical profession wanted it both ways: the clitoris was so unimportant to a normal woman as not to be missed if removed, yet lurking in its tissue was the greatest threat to female welfare ever known’.[45]

There is a significant body of literature on medical clitoridectomies which shows that it was used in Britain and North America to control the bodies and sexuality of girls and women.[46] While space precludes us from drawing any further from this literature—or indeed exploring other dimensions of the *medical clitoris*—we would nevertheless make three brief observations regarding medical practice lest this episode be thought of as a peculiarly Victorian phenomena. First, medical clitoridectomies lasted well into the twentieth century on both sides of the Atlantic. The last clitoridectomy to ‘correct emotional disorders’ in the UK was performed

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[40] A. Scull and D. Favereau, ‘Clitoridectomy Craze’, (1986) 53(2) Social Research 243.

[41] The degree to which there was a ‘craze’ in the UK is contested by some, see R. Darby, *A Surgical Temptation: The Demonization of the Foreskin and the Rise of Circumcision in Britain* (Chicago University Press 2005) 143. Nevertheless, it is accepted that the clitoridectomy was enthusiastically embraced by the American medical profession: S.B. Rodriguez, ‘Female Circumcision as Sexual Therapy: The Past and Future of Plastic Surgery’ (*Pacific Standard*, 24 February 2014) <https://psmag.com/social-justice/female-circumcision-sexual-therapy-past-future-plastic-surgery-73229> accessed 1 April 2018.

[42] Cited in F.J. Green, ‘From clitoridectomies to “designer vaginas”: The medical construction of heteronormative female bodies and sexuality through female genital cutting’ (2005) 7(2) Sexualities, Evolution and Gender 153, 162. The best-known advocate of ‘female circumcision’ in the UK was the prominent doctor Isaac Baker Brown. See, I. Baker Brown, *On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy and Hysteria in Females* (Robert Hardwicke 1866).

[43] ibid, Green.

[44] R. Darby, *A Surgical Temptation: The Demonization of the Foreskin and the Rise of Circumcision in Britain* (Chicago University Press 2005); B. Earp, J. Hendry and M. Thomson, ‘Reason and Paradox in Medical and Family Law: Shaping Children’s Bodies’ (2017) 25(4) Medical Law Review 604.

[45] E. Sheehan, ‘Victorian Clitoridectomy: Isaac Baker Brown and His Harmless Operative Procedure’ in R.N. Lancaster and M. Di Leonardo (eds), *The Gender/Sexuality Reader* (Routledge 1997) 328.

[46] B. Baker-Benfield, ‘Sexual Surgery in Late-Nineteenth-Century America’ (1975) International Journal of Health Sciences 279–98; G.J. Baker-Benfield, *The Horror of the Half-Known Life* (Routledge 2000).

in the 1940s on a five year old girl,[47] and clitoridectomies were available as a 'medical' procedure on some health insurance plans in the US until the 1970s.[48] Second, not having an orgasm in heterosexual penetrative sex was (and still is) pathologized in idioms of 'frigidity'. Marie Bonaparte, a follower of Freud, advocated an operation that severed the 'suspensory ligament' and thus moved the clitoris nearer the vaginal opening to cure frigidity,[49] and we shall return below to forms of FGCS that aim to facilitate and enhance female orgasm. Third, it might be argued that one contemporary manifestation of such surgical interventions can be found in the twentieth-century practice of cutting children's clitorises (cliteroplasty) if deemed too big (that is, too much like a penis). Here guided by the 'locker room test',[50] there is a compulsion to remove clitorises of more than three-eighths of an inch which, along with small penises which may also be removed, constitute 'a psychosocial emergency'.[51] In each of these instances, the biomedical clitoris appears as a site and means for marking the distinction between male and female bodies and for the management of female sexuality.

Moving now to the *legal clitoris*, we preface this by returning to where we started in our consideration of the *medical clitoris* and note that law is one of the disciplines and practices that regard anatomy not only as a stable science, but also as foundational truth from which the work of law can proceed. And, as we will demonstrate, the law also enthusiastically adopted the medical trope of the clitoris as the site of sexual excess.

5.2 The Legal Clitoris

Anna Funder's, '*De Minimus Non Curat Lex:* The Clitoris, Culture and the Law'[52] reflects the wider contours of legal discourse. Here, discussion of the clitoris is subsumed within a broader consideration of FGM, and in turn this becomes a discussion of cultural relativism. The article illustrates a number of the issues with legal scholarship we address in this chapter, not least the uncritical acceptance of medical knowledge claims as objective, ahistorical and asocial: 'The clitoris, culture, and the law seem to belong to different epistemological terrains. The clitoris belongs in biological discourse, culture is best analyzed in the terms of social sciences, and international law is the domain of normative international relations theory'.[53] As with much legal discourse, Funder treats FGM as a unitary practice occasioning a series of serious health impacts and risks including death, painful intercourse, obstructed childbirth, haemorrhaging,

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[47] Sheehan, supra n 45, 333; after D. English and B. Ehrenreich, *Witches, Midwives & Nurses*, (Feminist Press 1973).

[48] S.B. Rodriguez, *Female Circumcision and Clitoridectomy in the United States* (University of Rochester Press 2014).

[49] Cited in A. Koedt, *Myth of the Vaginal Orgasm* (New England Free Press 1970).

[50] As Chau and Herring explain, 'The doctor would imagine the child when older showering with other children: would the child be accepted by the others as a boy or girl or would they be teased.' P.-L. Chau and J Herring, 'Defining, Assigning, and Designing Sex' (2002) 16 International Journal of Law, Policy and the Family 327, 337.

[51] N. Sullivan, '"The Price to Pay for our Common Good": Genital Modification and the Somatechnologies of Cultural (In)Difference' (2007) 17(3) Social Semiotics 395, 401. See, also, M. Fox and M. Thomson, 'Sexing the cherry: fixing masculinity' in N. Sullivan and S. Murray (eds), *Queer(ing) Somatechnics: Critical Engagements with Bodily (Trans) Formations* (Ashgate 2009) 107.

[52] A. Funder, 'De Minimus Non Curat Lex: The Clitoris, Culture and the Law' (1993) 3 Transnational Law & Contemporary Problems 417.

[53] ibid, 418.

tetanus, septicaemia, infection, bleeding, pain, frigidity, insatiability, anxiety, melancholy and depression.[54] Difference and the clitoris are erased, while frigidity and excess reappear. As in the explanatory notes to the 2003 legislation, the biological remains black-boxed, its premises known as fact. These contours are reflected elsewhere in legal discourse. In the House of Lords debate on the Prohibition of Female Circumcision Bill in April 1983, for example, Lord Rea clarified for others in the House that the clitoris was the 'core or focus for a woman's sexuality and ability to experience sexual pleasure'. He went on: 'To deprive a woman of her clitoris is thus to deprive her of her major source of sexual pleasure and satisfaction. Sexual arousal can still take place, however, but without the relief given by a climax or orgasm this can lead to tension and unhappiness'.[55] Baroness Gaitskill agreed, similarly promoting the clitoris as *the* site of female pleasure: 'The clitoris is the organ which gives women pleasure.'[56] The next month, debating the same Bill, Lord Hale refers to a criminal libel case known as the 'Cult of the Clitoris'. This stormy trial, he tells the House, 'had juries going mad and judges beyond control'.[57] More egregious it seems than the libel itself, was the fact that both the judge and the Director of Public Prosecutions confessed to not having heard of the clitoris before the case. Understandably, perhaps, we were drawn to investigate the 'Cult of the Clitoris'.

5.2.1 *R v Pemberton-Billing* [1919]

The extraordinary case of *Pemberton-Billing* began with an announcement in the *Sunday Times* in February 1918 of a performance of Oscar Wilde's *Salome*. Salome was to be played by Maud Allen, a dancer who had become one of London's most famous (and scandalous) dancers. Less than a week later, *The Vigilante*, a minor right-wing magazine published by the Member of Parliament Noel Pemberton-Billing, reported on the performance under the title, 'The Cult of the Clitoris'. The magazine was the mouth piece for the Vigilante Society, an organization with a particular interest in combatting a secret German presence said to be responsible for spreading moral degeneracy in England and 'British failures in the war'.[58] Pemberton-Billing's short paragraph linked Allen to the claimed activities of German agents who had worked undercover for two decades to spread 'debauchery of such lasciviousness as only German minds could conceive and only German bodies execute'; that is, 'the propagation of evil which all decent men thought had perished in Sodom and Lesbia'.[59] As Jodie Medd writes, 'Homosexuality, it seems, was the enemy's secret genocidal weapon'.[60] In response, Allen accused Pemberton-Billing of criminal libel, implying that she was a lesbian and that her performance would promote perversion and espionage, specifically 'lesbian sexual espionage'.[61]

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[54] ibid, 435–6.
[55] HL Deb 21 April 1983, vol 441, col 680.
[56] HL Deb 21 April 1983, vol 441, col 687.
[57] HL Deb 10 May 1983 vol 442, col 442.
[58] The Vigilante, *Verbatim Report of the Trial of Noel Pemberton Billing M.P: On a charge of Criminal Libel*, (Vigilante 1918).
[59] ibid, 8.
[60] J. Medd, '"The Cult of the Clitoris": Anatomy of a National Scandal' (2002) 9(1) Modernism/modernity 21, 23.
[61] ibid, 29.

Medd argues that the phrase 'conjoins the allusions and associations of immorality, national betrayal, homosexuality, and aestheticism'[62] with the culturally unintelligible figure of the lesbian rendering it 'most appealing for symbolic appropriation'.[63] Here, however, it is the meaning of the clitoris within this very particular legal moment that is of interest. We have noted how the clitoris is associated in other domains with female sexual excess, or at the very least female non-reproductive desire and pleasure. Foregrounded within the euphemistic treatment of same sex desire, it 'simultaneously demands and refuses interpretation, inciting scandal through its very resistance to representation'.[64] More prosaically, the case of *Pemberton-Billing* provided 'a first in British legal history: a graphic explanation of the situation and function of the clitoris, and its method of arousal in lesbian sexual practices'.[65]

Whilst the case is not recorded, on his acquittal, Billing published a verbatim account of the six-day trial. This extended document provides some insight into understandings of the clitoris, and the role of biomedical and popular discourses as they travel across domains. For example, Mr Humphreys (giving evidence for the prosecution) provided an indication of popular (or perhaps 'polite') sentiment: 'I find words which I must read, although I see there are some ladies in Court. I must read them aloud: "The cult of the clitoris". (…) in my submission the words themselves are the filthiest words it would be possible to imagine'.[66] Captain Harold Sherwood Spencer, a medical expert, provided further guidance for the court describing the clitoris as 'a superficial organ that when unduly excited or over-developed possessed the most dreadful influence on any woman, that she would do most extraordinary things if she was over-developed in a superficial sense'.[67] Going further, Captain Spencer suggested that an 'exaggerated clitoris might even drive a woman to an elephant'.[68]

It seems incredible, from a contemporary vantage point, that the clitoris could be imagined as such a powerful and dangerous organ. And perhaps our inclusion of this scandalous and extraordinary case might be viewed as merely voyeuristic. In our defense, however, the libel case and the claims it provoked amongst its protagonists mirror elements of the *medical clitoris*, and the excesses imagined by Baker Brown and others in over a century of biomedical discourse and practice. While Baker Brown was discredited, we would state again that clitoridectomies were taking place in both the UK and US well into the last century and indeed up to the 1970s. 'The Cult of the Clitoris', we argue, provides a further stark and vivid example of the way in which this same, relatively small, fleshy organ conveys powerful ideas and carries weight. As Thomas Laqueur writes of Freud's dilemma that emerged in the decade preceding *Pemberton-Billing*: 'On the one hand, the clitoris is the organ of sexual pleasure in women. On the other, its easy responsiveness to touch makes it difficult to domesticate for reproductive, heterosexual intercourse'.[69] Freud's solution was to demote the clitoris as the site of immature female sexuality and promote the vagina, and the vaginal orgasm, as the marker of mature, adult, female sexuality. Thus, 'The Cult of the Clitoris'—freighted with associations of imma-

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[62] ibid, 32.
[63] ibid, 32.
[64] ibid, 32.
[65] ibid, 35.
[66] The Vigilante, supra n 58, 5.
[67] The Vigilante, supra n 58, 163.
[68] The Vigilante, supra n 58, 226.
[69] T.W. Laqueur, 'Amor Veneris, vel Dulcedon Appeletur' in M. Feher, R. Naddaff and N. Tazi (eds), *Fragments for a History of the Human Body, Pt. 3* (Zone Books 1989) 101.

turity, eroticism, masturbation and same-sex desire—become the 'filthiest words it would be possible to imagine'.[70] In Laqueur's words again, 'Perhaps because Freud is the great theorist of sexual ambiguity he is also the inventor of a dramatic sexual antithesis: that between the embarrassing clitoris that girls abandon and the vagina whose erotogenic powers they embrace as the mark of the mature woman'.[71] We turn next to a clitoris liberated from such Freudian constraints: that is, the clitoris reinstated and re-valued by feminism.

5.3 The Liberated Clitoris

The 1970s saw a number of robust responses to Sigmund Freud as the 'founding father' of the vaginal orgasm. Ann Koedt's *Myth of the Vaginal Orgasm* in 1970[72] and *The Hite Report* in 1976,[73] are landmark publications that nailed the myth of the vaginal orgasm to a misogynist and androcentric mast. Later in the decade, Gloria Steinem and Robin Morgan accused Freud of performing 'psychic clitoridectomies' on millions of European and North American women.[74] As Koedt explained, 'Women have thus been defined sexually in terms of what pleases men; our own biology has not been properly analyzed. Instead, we are fed the myth of the liberated woman and her vaginal orgasm—an orgasm which in fact does not exist'.[75] Powerful attempts to assert the centrality of masturbation, lesbian sex and the clitoral orgasm to female sexuality meant that the clitoris became a potent symbol of women's liberation.[76] As 1970s' feminism underlined and celebrated the complexity of women's sexuality and the diversity of self-pleasure, it privileged the clitoris. Alternative theories of dispersed sexuality were muted.[77] There was recognition, for example, that 'emotional orgasms' exist, but as Shere Hite urged 'their existence should never be used to discredit the fact that women have, enjoy, and *need* regular physical "clitoral" orgasms'.[78] The clitoris became a figure of emancipation and also a rallying cry for separation. The London Women's Liberation Workshop in 1974 was dominated by the row provoked by the 'CLIT statement': a series of articles decrying heterosexuality, calling for total separation from men, and accusing heterosexual women of collaboration with the enemy.

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[70] The Vigilante, supra n 58, 5.

[71] Laqueur, supra n 69, 101–2.

[72] A. Koedt, *Myth of the Vaginal Orgasm* (New England Free Press 1970).

[73] S. Hite, *The Hite Report: A Nationwide Study of Female Sexuality,* (2004 edn, Seven Stories Press 2004).

[74] Cited in C. Gosselin, 'Feminism, Anthropology and the Politics of Excision in Mali: Global and Local Debates in a Postcolonial World' (2000) 42(1) Anthropologica 43, 46.

[75] Koedt, supra n 72, 38.

[76] Note a pre-second wave feminist history to the erotic potential of the clitoris: prior, that is, to its 'discovery' by the women's liberation movement of the 1970s. Beatrix Campbell draws our attention to Helen Wright a medical doctor who, pre-empting the Kinsey report in the late 1940s, wrote about the penis-vagina fixation that was not conducive to the female orgasm. She and many other doctors and counselors at that time were well aware of the erotic potential of the clitoris, but were sidelined by the prevailing sex literature and expertise. B. Campbell, 'A feminist sexual politics: now you see it, now you don't.' (1980) 5 Feminist Review 1.

[77] For a brief overview of the literature see M. Dopico, 'Infibulation and the Orgasm Puzzle: Sexual Experiences of infibulated Eritrean Women in Rural Eritrea and Melbourne Australia' in Hernlund and Shell-Duncan, supra n 27, 224–47.

[78] Hite, supra n 73, 164 (emphasis added).

Feminist practice and politics in the 1970s also turned to self-examination. For Nancy Tuana it was an epistemic practice designed 'to undermine ignorance', and central to a politics that 'demanded embodied knowledge, which in turn illuminated the deep ignorance of standard accounts'.[79] Self-examination, she reminds us, required the speculum:[80] 'In the hands of Carol Downer and other members of the women's health movement, the speculum was transformed from a gynecological tool of control and suppression into an instrument of liberation'.[81] The speculum here was a tool directed at self-knowledge and within this the epistemic value of variation.[82] Thus, women were encouraged to examine themselves and others in groups, to become aware and be empowered. This came through both self-knowledge and an appreciation of variation that liberated the vulva from a pathologizing medical gaze which had hitherto defined (ab-)normality. Variation became 'unexceptional' difference that 'non-professionals could recognize, monitor and manage'.[83] While self-examination was clearly directed at self-knowledge and the appreciation of diversity for all parts of the vagina/vulva, the clitoris was obviously part of this and cannot be divorced from the feminist rewriting of clitoral anatomy discussed in the *medical clitoris.*

Of course feminists, whose political sensibilities were fashioned by consciousness raising efforts in the 1970s, would condemn, in no uncertain terms, any compulsion to intentionally excise the site not only of female sexuality and pleasure but also of emancipation. The idea that women in other parts of the world could not only cut the clitoris of their girls but also explain why it should be cut was unsurprisingly anathema to most. From many feminist and campaigning perspectives, the removal of part or all of the external clitoris undisputedly compromised sexual enjoyment and a woman's ability to reach orgasm. Campaigners following the pioneering work of Fran Hosken,[84] interpreted female circumcision as evidence of global domination of women by men.[85] As Christine Walley argues, in the process of writing about these practices for Western audiences, such cutting frequently became homogenized, divorced from its socio-cultural contexts and specificity, and characterized as the 'tormenting of girls … by a monolithic patriarchy'.[86]

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[79] N. Tuana, 'The Speculum of Ignorance: The Women's Health Movement and Epistemologies of Ignorance' (2006) 21(3) Hypatia 1, 8.

[80] In earlier versions of this chapter we identified the *speculum clitoris* but space prevented us from further and finer clitoral differentiations.

[81] Tuana, supra n 79, 14. Running a history of the clitoris through the lens of same gender female eroticism, prior to the instantiation of homosexuality, and avoiding the models that associate the clitoris with the penis, Traub writes: 'Locating the possibilities of psychic health, wholeness, and agency on the clitoris seems a lot to ask of any one organ, particularly if the embodied experience of desire, pleasure and orgasm are more fragmented and diffuse than unitary.' V. Traub, 'The Psychomorphology of the Clitoris' (1995) 2(1-2) GLQ: A Journal of Lesbian and Gay Studies 81, 100.

[82] M. Murphy, *Seizing the Means of Reproduction: Entanglements of Feminism, Health and Technoscience* (Duke University Press 2012).

[83] ibid*,* 86.

[84] F.P. Hosken, 'Female Genital Mutilation in the World Today: A Global Review' (1981) 11(3) International Journal of Health Services 415.

[85] K. Bell, 'Genital cutting and Western discourses on sexuality' (2005) 19(2) Medical Anthropology Quarterly 125.

[86] C.J. Walley, 'Searching for "voices": Feminism, anthropology, and the global debate over female genital operations' (1997) 12(3) Cultural Anthropology 405, 418.

Recent feminist and anthropological work has raised challenging questions about the way in which narratives that deny heterogeneity in practices, experiences and consequences are potentially counterproductive and inevitably patronizing.[87] Anthropologist and campaigner Fuambai Sia Ahmadu, for example, has steadfastly rebutted the claims repeatedly made that female circumcision, in her case excision of the external clitoris and inner labia, axiomatically and indisputably impacts women's sexuality and their enjoyment of sex adversely.[88] Other significant studies have questioned the evidence, now often taken for granted, about the inevitably harmful effects, physical and psychological, of *all* practices of female genital cutting and have insisted on remaining alert to the diversity of practices, experiences and outcomes that fall under the expansive rubric of FGM.[89]

Returning again to our opening concern with the *medical*—and in particular the anatomical—*clitoris*, one of the problems is 'the representation of the clitoris as a singularly universally understood and experienced entity'.[90] Feminism's tendency has been to de-provincialize the clitoris: to wrest it from its historical and cultural specificity.[91] In response, in the next section we consider the *circumcised clitoris*. Here we draw on ethnography as a domain of knowledge, and recognize how ethnography reveals other (often marginalized or erased) domains of knowledge and practice. In this regard we suggest a controversial recuperation of the *circumcised clitoris* as a challenge or counterweight to the drift of de-provincializing in the literature.

5.4 The Circumcised Clitoris

When social anthropologists have paid attention to the clitoris, it has been, for the most part, in the context of female circumcision. In attempting to understand the significance of female

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87 J.P. Boddy, *Civilizing Women: British Crusades in Colonial Sudan* (Princeton University Press 2007).

88 Ahmadu has spoken publicly and candidly about how the procedures she underwent did not diminish her own sexual enjoyment nor prevent her from reaching orgasm. F.S. Ahmadu, 'Rites and Wrongs: An Insider/Outsider Reflects on Power and Excision' in Shell-Duncan and Hernlund, supra n 4, 283; F.S. Ahmadu, 'Between Rites and Rights: Excision in Women's Experiential Texts and Human Contexts' (2009) 42(2) International Journal of African Historical Studies 283; F.S. Ahmadu, '"Ain't I a Woman Too?": Challenging Myths of Sexual Dysfunction in Circumcised Women' in Hernlund and Shell-Duncan, supra n 27, 278.

89 See for example C. Makhlouf Obermeyer, 'Female Genital Surgeries: The Known, the Unknown, and the Unknowable' (1999) 13(1) Medical Anthropology Quarterly 79; contributors to Shell-Duncan and Hernlund, supra n 4; R.A. Shweder, 'What about "Female Genital Mutilation"? And Why Understanding Culture Matters in the First Place' (2000) 129(4) Daedalus 209; E. Gruenbaum, *The Female Circumcision Controversy: an Anthropological Perspective* (University of Pennsylvania Press 2001); Bell, supra n 85;C. Makhlouf Obermeyer, 'The Health Consequences of Female Circumcision: Science, Advocacy, and Standards of Evidence' (2003) 17(3) Medical Anthropology Quarterly 394. Recent studies urge attention to the heightened risks of excision and infibulation as opposed to other procedures, for example, while others examine the contours and consequences of campaigns, particularly from western feminist standpoints, to eradicate female circumcision (for example S. Hodžić, *The Twilight of Cutting: African Activism and Life after NGOs* (University of California Press 2016)).

90 J. Rogers, 'Managing Cultural Diversity in Australia: Legislating Female Circumcision, Legislating Communities' in Hernlund and Shell Duncan, supra n 27; J. Rogers, 'The First Case Addressing Female Genital Mutilation in Australia. Where is the Harm?' (2016) 41(4) Alternative Law Journal 235.

91 It can be argued for good political reasons, not least feminism's insistence on the rights of women and the challenges it poses to male power and abuse.

circumcision for those who practice it, the ethnographer, as fieldworker, is compelled to take account of wider social and cultural understandings that give it meaning and make it valuable or matter-of-fact. It cannot, in other words, be extracted from the social and cultural milieu in which it is significant. Corrinne Kratz writes of how Okiek children in Kenya are made into adults through complex and orchestrated ceremonies that take place at different times in a young person's life.[92] One such ceremony is initiation and for girls usually takes place when they are between 14 and 16 years old. There are four stages of initiation stretching over several months and include periods of seclusion and instruction. Different ceremonies center on different kinds of bodily modification: shaving the head (of both initiates and their mothers), piercing and stretching the earlobes and cutting away part of the external clitoris and the inner labia. The girl is encouraged to demonstrate bravery and stoicism and her ability to withstand fear and pain marks her transition from child to adult. Kratz describes in detail the language of speeches, prayers, blessings and songs; the choreography of dances and the configuration of dancers; the nature of the gifts, drink and food exchanged. She writes of the involvement of kin, villagers, ritual experts and guests in the various ceremonies, as well the places and locations in which they take place and details the different roles of male and female kin in encouraging and supporting initiates. She describes how the girls are given moral instruction and told women's 'secrets' during the periods of seclusion, and of how they change costumes, ornaments and headdresses at different stages: the most beautiful and striking being reserved for the end of initiation. Kratz also describes the striking effect on initiates and their supporters of bodies and faces that are decorated and painted: at different stages, for example, with white clay and charcoal, or anointed and glistening with oil. The clitoris appears only fleetingly in Kratz's account. The cutting of it is just one, albeit the most painful, of a series of elaborate and orchestrated operations on the body that forge an Okiek woman. While cutting the clitoris is clearly an integral part of the initiation ceremonies, it is one part amongst many. We might say that in this ethnographic account the clitoris is de-centered: it is not by any means the only entity of significance, nor its removal the only significant practice in Okiek initiation ceremonies and rites of puberty.

For Okiek, circumcision creates a permanent physical sign on the body that marks the difference not only between an adult and a child, but also between Okiek and other ethnic groups who do not mark adulthood by circumcision. There is also something here about the visual appearance of the vulva—an aesthetic consideration. Kratz notes how Okiek women talk about excision in terms of 'cleanliness, beauty and adulthood'[93] and describe the healed vulva as 'smooth' and 'clean'—just as an adult woman's should be.[94] This theme of aesthetics and the pleasing appearance of the vulva will, of course, re-emerge when we turn to FGCS, but suffice to note here that considerations of beauty, for Okiek women, are intertwined with social distinctions of age, gender and ethnicity.

Circumcision in societies that practice it and that value its results is often one practice, amongst others, that marks and enacts a person's moral and social development. Thus, more

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[92] C. Kratz, *Affecting Performance: Meaning, Movement, and Experience in Okiek Women's Initiation*. (Smithsonian Institution Press 1994).
[93] ibid, 346.
[94] ibid, 114.

often than not it occurs before or just after puberty.[95] This makes Fuambai Sia Ahmadu's account of her own journey to be circumcised at the age of 22 all the more striking.[96] Ahmadu was born in the US, but spent part of her childhood and what she calls her 'formative years' in Sierra Leone. As an adult, she was invited by her mother and other female elders to be initiated. She travelled from the US to her ancestral lands in Kono to be circumcised along with her younger sister and a young cousin. Ahmadu writes of how, from her own experience, she had come to admire the strength and authority of Kono women. She also knew, through experience, the significance of the influential and all-pervading female 'secret society'—*Bundu*—to which all initiated women belong. A member of a high ranking Kono family, Ahmadu and her family were welcomed with warmth and excitement by both her mother and her father's kin. The initiation ceremonies took place at the homes of her mother's two sisters and spanned two days and a night. They were followed by a period of healing and seclusion (days or weeks, she cannot recall). Ahmadu describes the excruciating pain of being cut and the overwhelming fear she felt, not least for her younger sister and cousin. Despite the pain and distress that she recalls vividly, there is no regret in Ahmadu's account of her initiation into *Bundu*. Indeed she has taken on the awkward and exceedingly uncomfortable position of championing women who have been, or will be, circumcised and of questioning both the motives and the strategies of those who are vocal about its eradication.

Ahmadu is keen to convey the fact that women in Kono society are powerful and a force to be reckoned with. *Bundu,* she argues*,* is one means by which an ideology of transcendent female authority is communicated and reproduced. The *soko*—the 'mother of the community'—is responsible for creating and sanctioning women's reproductive and productive roles, and *Bundu* forges solidarity amongst women. For Ahmadu, the accusations from anti-circumcision perspectives that *soko* merely collude with patriarchy in the subjugation of women is overly simplistic and ethnocentric. She underlines the joy and enthusiasm with which Kono women embrace circumcision and concludes that they do it because 'they *want to'*. In her words: 'they relish the supernatural powers of their ritual leaders over … men in society, and they embrace the legitimacy of female authority and, particularly, the authority of their mothers and grandmothers. Also, they maintain their cultural superiority over uninitiated/uncircumcised women'.[97] For Ahmadu, cutting off part of the clitoris marks a woman for life: a woman who is not a man, nor a child and, significantly, who is Kono.

Underlining the role of women in both supporting and enacting female circumcision, and providing a counter-narrative to those that render women as only passive, subjugated and 'done to', is a necessary and important contribution to the over-heated debates on female circumcision.[98] However, for our purposes here, it is not enough to say that women 'want to' be circumcised or that they are in more control and have more authority than is often credited them from 'outsider' or western perspectives. It behooves us to look more closely at the particular cosmologies of the body that make modifications to it not only desirable but also imperative. Ahmadu also explains how Kono people are born neither complete, nor unambiguously or 'naturally' male or female. Bodies need to be worked upon and ambiguous body

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[95] E. Gruenbaum, *The Female Circumcision Controversy: An Anthropological Perspective* (University of Pennsylvania Press 2001).
[96] Ahmadu 2000, 2007, supra n 88.
[97] Ahmadu 2000, supra n 88, 301.
[98] And to counter what Githae Mugo calls the 'external Messiah syndrome', supra n 20.

parts removed. In this way, bodies are transformed or completed through social practices that make them fully and properly male or female. 'Women' and 'men' are thus made rather than given at birth.[99]

This idea of working on the body provides a clear link to the cosmetic practices considered by the working party and brings us to FGCS. We ask if the preceding brief account of the clitoris in medicine, law, feminism and ethnography might contribute to discussion of the contemporary popularity of FGCS. We might have headed up this section with reference to the *commodified clitoris* as we are talking about a domain that is highly marketized, with an industry that identifies specific bodily flaws and then provides a solution to rectify them. Instead, however, we have settled on the *cosmetic clitoris*, with a nod to its etymology in the Latinized form of the Greek *kosmos*, meaning order, or orderly arrangement.[100]

5.5 The Cosmetic Clitoris

The 'designer vagina' provides an easy—media-friendly—shorthand for a suite of procedures, the most common of which are labiaplasty (also known as labia reduction or vulvaplasty), vaginoplasty (vaginal rejuvenation or tightening), pubic mound liposuction and hymenoplasty (hymen repair or revirgination).[101] Other techniques include hoodectomy (reduction of the clitoral hood), G-spot augmentation or enhancement (fillers injected into the G-spot area), and fat transfer to the labia majora. These, and other interventions, provide the portfolio of procedure that constitute FGCS and it is reported that the market for these is increasing by 10 per cent per annum in high income counties.[102]

For some academics and commentators, the emergence and increasing demand for FGCS is tied to the ubiquity of pornography, contemporary sexual culture, neoliberalism, consumerism and sexism.[103] For others, FGCS is discussed in the context of FGM and the 'double standard' already noted. In starting our conversation across anthropology and socio-legal studies, we also began with this 'double standard' and the boundary drawing involved. However, our aim, in provincializing the clitoris, is to move beyond the familiar strategy of playing FGCS and FGM against each other.[104] In turning now to the *cosmetic clitoris* we draw on the clitorises we

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[99] There are other ethnographic examples of how removing all or part of the clitoris resolves gender ambiguity by removing what is understood to be male part of the body (for example Gruenbaum, supra n 95; M. Strathern 'Making Incomplete' in V. Broch-Due, I. Rudie and T. Bleie (eds), *Carved Flesh/ CasteSelves: Gendered Symbols and Social Practices* (Berg Publishers 1993) 41; A. Talle, 'Female Circumcision in Africa and Beyond: The Anthropology of a Difficult Issue' in Hernlund and Shell Duncan, supra n 27.

[100] With thanks to Richard Werbner for emphasising, in a different context, the origins of cosmetics.

[101] V. Braun, 'The women are doing it for themselves' (2009) 24(60) Australian Feminist Studies 233.

[102] R. Simmons, 'Why more teen girls are getting genital plastic surgery' *Time Magazine* (12 May 2016)

accessed 30 April 2020; J. Stark, 'Women opt for genital cosmetic surgery'The Age(2 November 2010)

[103] R. Gill and N. Donaghue, 'As if postfeminism had come true: The turn to agency in cultural studies of "sexualisation"' in S. Madhok, A. Phillips and K. Wilson (eds), *Gender, Agency and Coercion* (Palgrave Macmillan 2013) 240; V. Braun and L. Tiefer, 'The "designer vagina" and the pathologisation of female genital diversity: Interventions for change' (2010) 8(1) Radical Psychology 1.

[104] S. Sheldon and S. Wilkinson, 'Female Genital Mutilation and Cosmetic Surgery: Regulating non-therapeutic body modification' (1998) 12(4) Bioethics 263; N. Sullivan, '"The price we pay for our

have identified thus far to address how they provoke a different set of questions which might productively redirect the debate.

Much of the debate around FGCS concerns why women might want surgery on their genitals, thus the frequent focus on the circulation of pornographic images and the increasing visibility of female genitalia that implies.[105] However, our consideration of the *medical clitoris* provokes a different question; that is, why medicine might want to surgically alter female genitals?

Research on male genital cutting has addressed its persistence across time and cultures, and health professionals have been implicated in this since the middle of the nineteenth century.[106] During this period it has been promoted as a cure for everything from masturbation and 'club foot' to alcoholism, and as a prophylaxis against cancer and each of the major sexually transmitted diseases in turn.[107] The medical turn to clitoridectomies took place within this context of Victorian anxiety regarding masturbation and morality. Thus, we noted a medical fascination with female genitals, and the clitoris in particular as a site of immature or excessive sexuality. This provides part of the genealogy of FGCS. However, the Victorian genital cutting of both sexes was also part of the 'professionalization project' of what was an emerging occupation with limited means of justifying state recognition.[108] Thus, FGCS can also be contextualized within a more prosaic understanding of the history of medicine as a 200 year-old political project directed towards securing monopolistic control over the body. FGCS may be no more than the actions of a profession seeking to expand the market for its services at a time when the vulva has become more visible.

While FGCS as 'market-capture' may suggest coordinated action, the history of medicine is notable for the role of individual clinicians; be they heroic, maverick, or dangerous. We have seen how an earlier history of the *medical clitoris* was defined, in part, by Isaac Baker Brown. With FGCS we can similarly turn to David Matlock—self-styled 'cosmetic surgeon to the stars'.[109] Dr Matlock runs the Laser Vaginal Rejuvenation Institute (LVRI) of Los Angeles and has been at the forefront of the global emergence of the 'designer vagina'; including the development and patenting of a number of procedures. It was noted earlier that Baker Brown left England under a cloud of disapproval that was galvanized more by his discussion of female genitals and the impact this might have on the standing of the profession, than the procedures he performed. In the US the Committee on Gynecologic Practice of the American College of Obstetricians and Gynecologists has issued a clear statement of opinion regarding FGCS. While the statement stresses the lack of clinical evidence underpinning the development and provision of the procedures, they also allude to, but do not name, Dr Matlock. Somewhat reminiscent of London's Victorian Royal Colleges, the Committee raised ethical concerns for the marketing and franchising of an 'unproven surgical procedure with obvious risks', pointing to

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common good?"': Genital Modification and the Somatechnologies of Cultural (In)Difference' (2007) 17(3) Social Semiotics 395.

[105] Braun and Tiefer, supra n 103.

[106] R. Darby, *A Surgical Temptation: The Demonization of the Foreskin and the Rise of Circumcision in Britain* (Chicago University Press 2005); G.P. Miller, 'Circumcision: Cultural-legal Analysis' (2002) 9 Virginia Journal of Social Policy and the Law 497.

[107] ibid.

[108] M. Thomson, *Endowed: Regulating the Male Sexed Body* (Routledge 2007).

[109] D. Matlock, 'Cosmetic Surgeon to the Stars' (*drmatlock.com*) <http://www.drmatlock.com/> accessed 2 April 2018.

'a business model that controls the dissemination of scientific knowledge'.[110] As with Baker Brown, the question appears to be how Matlock publicly conducts himself rather than the legitimacy of the procedures and his clinical practice.

Finally, reference to FGCS, like reference to FGM, obscures a diversity of practices, meanings and motivations. In paying attention to the *circumcised clitoris*, we addressed the heterogeneity of practices, consequences and meanings attached to FGM, and to how the differences get erased in campaigns to eradicate it. Ruth Holliday has recently turned her attention to what gets included under the rubric 'designer vagina'. Her work complicates assumptions often made:

> Designer vaginas are most often associated in both feminist literature and media panics with young women having labiaplasties but the majority of women undergoing vaginoplasty—'tightening' surgeries also associated with the designer vagina—are older, post-childbirth, women. Furthermore, whilst vaginoplasty is a relatively recent named procedure, it has been practiced for many years as repair to prolapse.[111]

With 50 per cent of women experiencing prolapse at some point after childbirth, Holliday asks if it is possible to separate out 'repair to prolapse', 'vaginal rejuvenation' and the 'designer vagina'. Staying with our focus on medicine as a commercial practice, FGCS may therefore represent, in part, a rebranding of what is a therapeutic procedure often unavailable in public health systems.[112]

In considering the *legal clitoris* we noted how, in *Pemberton-Billing,* law echoed early medical understandings of the clitoris. While no doubt an extraordinary case, this nevertheless illustrated our interest in how certain understandings of the clitoris have more traction than others, and with the alliance between law and medicine. Looking at FGCS in the UK, we note that the medico-legal alliance continues to shape regulatory responses. While there has been pressure placed on government to bring FGCS within the ambit of the Female Genital Mutilation Act 2003, this has been resisted with the support of the professional bodies. Thus, in terms of contemporary practice where much regulation is provided by professional bodies, an alliance emerges that protects medical autonomy and decision-making. The judgment of individual practitioners trumps legal control. Of particular note in this regard is the work of the Parliamentary Home Affairs Select Committee. The Committee recommended that the Female Genital Mutilation Act 2003 be amended to make FGCS a criminal offence.[113] The

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[110] 'Vaginal "rejuvenation" and cosmetic vaginal procedures' (2007) 110 ACOG Committee Opinion No. 378. American College of Obstetricians and Gynecologists. Obstet Gynecol 737–8 <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/01/elective-female-genital-cosmetic-surgery> accessed 6 April 2018.

[111] R. Holliday, 'Vagina dialogues: theorizing the "designer vagina"' in G. Griffin and M. Jordal (eds), *Body, Migration, Re/constructive Surgeries: Making the Gendered Body in a Globalized World*, (Routledge 2019) 192–208 at 198.

[112] Holliday draws on her earlier research on cosmetic surgery tourism to note that working class women discussed their procedures in terms of 'enhancement' whereas middle-class women were more likely to identify their surgery as correction as repair. For her, 'The difference between repair to prolapse and the "designer vagina" may thus be a difference only of classed terms', supra n 11, 199. Holliday's example urges attention to the way in which FGCS is legitimated through biomedicine and to how the meanings attached to it, as well as how it is evaluated, are contingent on the classed bodies that undergo FGCS. It returns us also to colonial politics of knowledge that we mentioned earlier.

[113] House of Commons Home Affairs Committee 'Female genital mutilation: follow-up—Sixteenth Report of Session 2014–15' (*Houses of Commons,* 10 March 2015) 6.

government has not acted and medical professional bodies have also rejected the suggestion of a ban.[114] The Royal College of Obstetricians and Gynaecologists, for instance, stated that the case for an outright ban was 'weak', and this was rejected in favor of maintaining clinical freedom.[115] Similarly, the Royal College of Surgeons acknowledged the legal ambiguity but merely recommended that practitioners should 'consult The Royal College of Obstetricians and Gynaecologists (RCOG) web site before considering performing FGCS'.[116] Our analysis should not be read as a call for the criminalization of FGCS. Rather, we draw on our consideration of the *legal clitoris* to foreground the role of the medico-legal alliance—an alliance that continues to contribute to regulatory incoherence. Here medical autonomy and the medico-legal alliance trumps feminist voices either lobbying for FGCS to be brought within the FGM legislation, or feminist and anthropological approaches that draw attention to age and adulthood; that is, that focus on the discrepancy between laws that forbid FGM at any age (including competent adults), and a situation where FGCS appears to be permitted at any age (including for young people under the age of consent).

Our consideration of the *liberated clitoris* engaged the work of the women's health movement and active campaigns against FGM. These political movements mobilized the clitoris to liberate women from oppressive medical and customary practices. Looking at FGCS in the context of the *liberated clitoris* raises important but difficult questions. Michelle Murphy argues that vaginal self-examination was an integral part of the processes of responsibilization that have shaped contemporary health care: 'A new moral economy of healthcare arose—calling for the well-educated, well informed, self-knowing patient to be prepared to advocate for herself as a consumer within corporate medical institutions'.[117] Holliday links this same responsibilized consumer to the emergence of the 'designer vagina'. Thus, there is something of a paradox: a feminist epistemological practice becomes linked to FGCS—a suite of practices seen to embody postfeminism and the gains of neoliberalism.[118]

Turning finally to what we have dubbed the *circumcised clitoris* we draw again on the writing of Ahmadu. For her, the visible outcome of her excised vulva is aesthetically pleasing.[119] We know that many other circumcised women consider uncut/uncircumcised genitals ugly.[120] We also know from other ethnographic examples that female circumcision may underline a distinction between male and female bodies and their capacities, or between ethnic or classed sense of self and belonging; it can be one amongst a number of procedures and practices over the life-course that forges the adult woman, or renders the female body marriageable or fertile. We know little, however, ethnographically, about the meanings attached to FGCS, not only for

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[114] Royal College of Obstetricians and Gynaecologists, 'Ethical Opinion Paper—Ethical considerations in relation to female genital cosmetic surgery (FGCS)' 6.

[115] ibid.

[116] Royal College of Surgeons 'Is female genital cosmetic surgery (FGCS) covered?' (*RCSeng*, 2016) <https://www.rcseng.ac.uk/surgeons/surgical-standards/working-practices/cosmetic-surgery/surgeons-faq#femalesurg> accessed 16 November 2018.

[117] M. Murphy 'Immodest Witnessing, Affective Economies, and Objectivity' in C. Cipolla, K. Gupta, D.A. Rubin and A. Willey (eds), *Queer Feminist Science Studies* (University of Washington Pres, 2017) 189.

[118] Holliday, supra n 113.

[119] Ahmadu quoted in C.D. Londoño Sulkin, 'Fuambai's strength' (2016) 6(8) HAU: Journal of Ethnographic Theory 107.

[120] J. Boddy, 'Gender Crusades: The female circumcision controversy in in cultural perspective' in Hernlund and Shell-Duncan, supra n 27, 46–67.

the women who undergo the procedures that come under its remit, but also for their peers or for the social groups for which FGCS is one amongst other forms of body modification that are not only desirable or aspirational, but also life-enhancing. We are told that 'designer vaginas' are increasing in popularity and include procedures that trim and make symmetrical inner labia; unhood the clitoris; smooth out or augment the mons pubis or outer labia. Bikini waxes and the removal of pubic hair are also a means of beautifying vulvas, as are piercings and bejeweling ('vajazzling'). Advertisements sell procedures to re-position the clitoris or to remove 'excess' tissue from around it and cosmetic surgeons promote their services in feminist idioms: such as helping women, for example, to achieve their full sexual potential—'because you're worth it'.[121] But there are few ethnographic studies that locate FGCS in the social and cultural worlds of those for whom it is meaningful and who approach it matter-of-factly.

As already noted, in the UK the most common FGCS procedures are labiaplasty, vaginoplasty and hymen repair. While operations to trim inner labia seem to be more common than cutting the clitoris—a common logic prevails: the logic of containment, neatness and tidiness. Clitoral hood reduction is described on the American Society of Plastic Surgeons website as a procedure that can be performed alongside labiaplasty in order to balance the genitals. In other words if you reduce the size of the labia the clitoris might appear 'top heavy' if not also reduced. Thus, a clitoral hood reduction 'can lend balance'.[122] Here, then, we have beautiful female genitals as 'balanced', symmetrical and neat. Dr Alter, who offers clitoropexy (clitoral hood reduction), informs potential customers viewing his website: '[clitoropexy] repositions the protruding clitoris and reduces the length and projection of the clitoral hood. It is … indicated in the woman with mild clitoral enlargement who does not want to undergo a formal clitoris reduction'. He points out that:

> Some women are bothered by the size of the clitoral hood and the clitoris shaft or head (glans). The hood may protrude too much causing the woman to be self-conscious or irritated. She may feel that the protruding hood and clitoris cause a bulge in her clothing or the appearance of a small penis.

Thus, here also the removal of ambiguity and the re-assertion of a marker of distinction between female and male bodies.

In identifying the *cosmetic clitoris* our aim is also to locate FGCS in a wider range of aesthetic practices. Thus, we end with the pierced clitoris, of interest for a number of reasons. First, it is a legally ambiguous object. Piercing the clitoris may constitute an offence under the Female Genital Mutilation Act 2003. It falls within Type IV of the typology set out by the World Health Organization.[123] Second, clitoral piercing is a form of cosmetic work that may well be more popular than FGCS. Third, the pierced clitoris directs us away from socio-legal studies and back to ethnography.

Both the hood or glans of the clitoris can be pierced, and each allow for the insertion of ornaments or jewelry. As James Myers remarks for devotees of genital piercing in the US: 'A growing number of people … believe that the penis and the clitoris are just as deserving

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[121] Holliday, supra n 112, 205.

[122] 'Vaginal Rejuvenation' (*American Society of Plastic Surgeons,* 2018) <https://www.plasticsurgery.org/cosmetic-procedures/vaginal-rejuvenation/clitoral-hood-reduction> accessed 6 April 2018.

[123] WHO Reference. The use of this typology in English and Welsh courts was encouraged by Sir James Munby in *Re B and G (children) (care proceedings)* [2015] EWFC 3, 69.

of gilding as are earlobes'.[124] As he also notes, there appears to be much less ethnographic research on all forms of body modification in the global north compared to practices in 'traditional' societies of the global south.[125] His study of 'nonmainstream body modification' reveals an emphasis on sexual enhancement and self-expression, and a celebration and expectation of pain.[126] He writes about how intimate piercings can signify trust and love between sexual partners and affiliation amongst devotees. And, as in other 'extreme' body modifications,[127] they mark on the body an antipathy towards the 'mainstream' and render visible the category of person to which one belongs. Moreover, genital piercings and the decorations they allow enhance the body and are considered to be aesthetically pleasing: to be, in a word, beautiful.

6. CONCLUSION

We have argued that the clitoris should be provincialized. Our intention has been to place the *liberated clitoris*, in which both female sexuality and female identity are located, in its historical and cultural place and in doing so to de-universalize and thus provincialize it. Concomitantly, by removing the *circumcised clitoris* from the 'savage' slot, in which it is imagined as an entity of only the uncivilized or barbaric 'other', our intention has been to de-provincialize it: to show some of the features it shares with the *cosmetic clitoris*. By putting the *cosmetic clitoris* in the same frame as the *circumcised clitoris* we see both different and similar logics at play. The contained, balanced, neat and tidy vulva that is aesthetically pleasing; the removal of gendered ambiguity—the insistence on a clitoris that cannot be mistaken for a penis; the liberatory potential of knowing or cutting the clitoris, and so forth. Our aim has been to contribute to debates that are unsettling the common but glib notions that 'they' are mired in tradition, culture even, that 'we' have moved past; to interrogate the boundaries shored up between the rational and culture-free zones of the 'west' and the traditional and overly-cultural 'rest'; and to analyse the clitoris as mutable, accruing alternative (but always relevant) meanings in different contexts. By putting them in the same frame, also brings into relief ways in which the *cosmetic clitoris* is highly commodified, marketized and shaped by a relatively aggressive industry adept at manufacturing desire.

By looking at the clitoris in 'medicine, law and society' and by including both feminist and anthropological perspectives we have responded to the aims of this collection and hope to have illustrated the fruitfulness of putting anthropology and socio-legal studies into conversation. Focusing on the clitoris and important contemporary debates, we make a more general argument about wresting understandings of the body and health from the sole preserve of biomedicine and the life sciences. This means moving the object of study away from only those who have often assumed, and been granted, the privilege to define.

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[124] J. Myers, 'Nonmainstream body modification: genital piercing, branding, burning, and cutting' (1992) 21(3) Journal of Contemporary Ethnography 267, 299.

[125] ibid.

[126] V. Vale and A. Juno in *Modern Primitives* (RE/Search Publications 1989) also identify sexual enhancement as the main motivation for genital piercings and jewelry.

[127] Myers includes genital piercing, branding and cutting as 'nonmainstream body modifications'.